



Case Studies

Case Study #1- Mrs. L.

- 82-year-old woman, living in a LTC home for 2 years
 - Transferred to the ED with worsening aggressive behaviour – unable to return if aggressive
 - For the past 3 days LTC home staff have had difficulty assisting with personal care as she has been hitting out when they try to turn her and also screaming very loudly.
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Mrs. L. (cont.)

- **PMH:** Alzheimer's Disease, Hypertension, Osteoarthritis, Depression, Coronary Artery Disease with history of 2 MI's.
 - **Medications:** HCTZ, Ramipril, Multivitamin, Tylenol, Nortriptyline, Lorazepam qhs prn.
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Mrs. L. (cont)

What would you do first?

1. Ask social work to look into options for patients with dementia with behavioural problems
 2. Refer to psychiatry to assist with managing behaviour.
 3. Talk to staff at LTC facility regarding her baseline functional status and behaviour
 4. Refer her to the general internal medicine team
 5. Give Haldol to settle her behaviours so she can return to the LTC home
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Case Study #2 – Mrs. S.

- 89 year old woman , living with her daughter who is on vacation – granddaughter is now primary caregiver
- To ED with her granddaughter, complaining of back pain
- Granddaughter is unable to manage and leaves patient in the ED
- In the past week, patient has had a fall and this is the 3rd ED visit
- All investigations are negative

Mrs. S. (cont)

- **PMH:** Osteoporosis, left hip replacement 6 months ago, L5 compression fracture, hypertension, constipation, urinary retention
 - **Medications:** ASA, Altace, Didrocal
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Mrs. S. (cont)

What one strategy would you recommend to prevent recurrent ED visits in this case?

- 1) Follow up with family physician
 - 2) Refer to CCAC for home safety assessment and PSW support
 - 3) Address pain issues in the ED through medication management and education for the patient and family
 - 4) Perform a walk test in the ED to determine if the patient is safe and able to return home
 - 5) Recommend admission to the hospital
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Case Study #3 – Mrs. M.

- 91 year old woman, lives alone in apartment
 - To ED as directed by her family physician with a 2 day history of hallucinations
 - Complaining of feeling tired for 1 week
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Mrs. M. (cont)

- PMH: MI 2001, Type 2 DM, Anxiety, CVA x 2, Breast ca with mastectomy 1977, Hearing impairment, Depression
 - Medications: Vasotec, Metformin, Coumadin, Micardis, Celexa, Renedil, Metamucil, PeptoBismol
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Mrs. M. (cont)

What would be the best combination of screening to use in assessing this patient?

- 1) Capacity assessment, orientation/memory/concentration test, and social assessment
 - 2) Cognitive screening, delirium screening, and depression screening
 - 3) Functional assessment, depression screening, and pain assessment
 - 4) Orientation/memory/concentration test, ADL assessment, IADL assessment
 - 5) Cognitive screening, pain assessment, and delirium screening
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