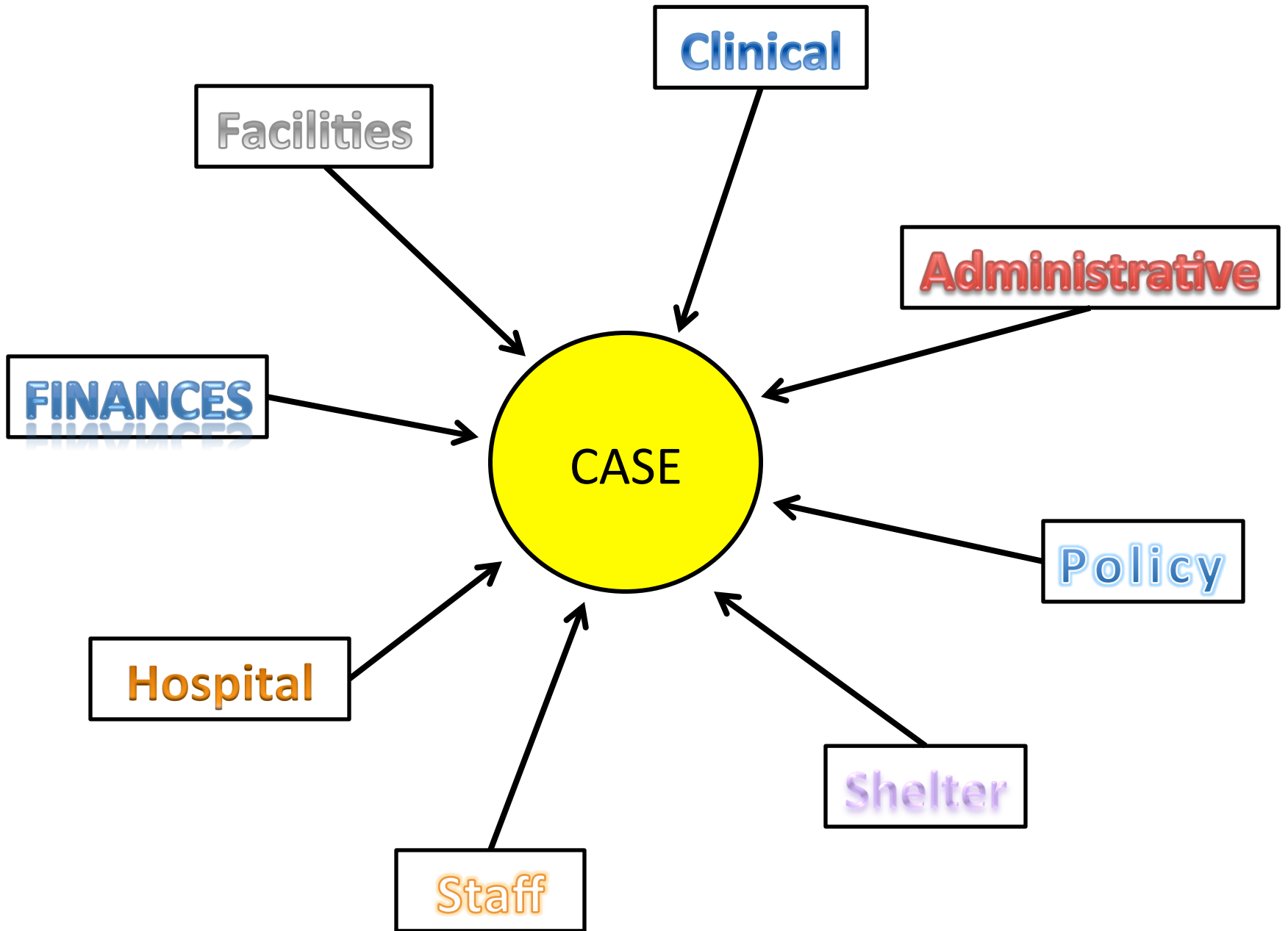


A Case of Dilemmas and Hope: 360°

Adele O' Sullivan (Phoenix)

Jessie Gaeta (Boston)



Outline

- Introductions
- Case Presentation
- “Stage” Presentation
- Conclusions

Case Presentation

- Referral from key hospital partner
- Patient with COPD exacerbation

Case Presentation

- Hospital calls again
- Mobility is improved
- Review of respite facilities
- Transfer occurs

Hospital Course

- 40 year old morbidly obese man with COPD and multiple medical problems
- Evicted from a trailer, staying outside
- Intubated earlier in the year
- Admitted with shortness of breath
- Treated for COPD and heart failure
- Discharge plan for continuous oxygen, frequent nebulizers, complex medical regimen

Presentation to Respite

- Clothed in 3 hospital gowns
- “Fall Risk” bracelet
- Search reveals: wire cutters, cooking spoon, syringes and needles
- Complaints include abdominal pain attributed to withdrawal from methadone, chronic knee pain

Examination

- 418 lbs
- 90% on 2L O2
- Foley catheter in place
- Scattered wheezes
- Erythematous patches in intertriginous folds
- Otherwise unremarkable

Respite Course

- Terrible knee, hip, back pain
- Demands methadone 120 mg, the dose he was buying on the street
- Threatens to leave for the street near Walmart, where he can buy the methadone cheaply

Management Issues

- Medical necessity for respite care
- Demand for methadone / pain control
- Nursing considerations
- Hospital relationship

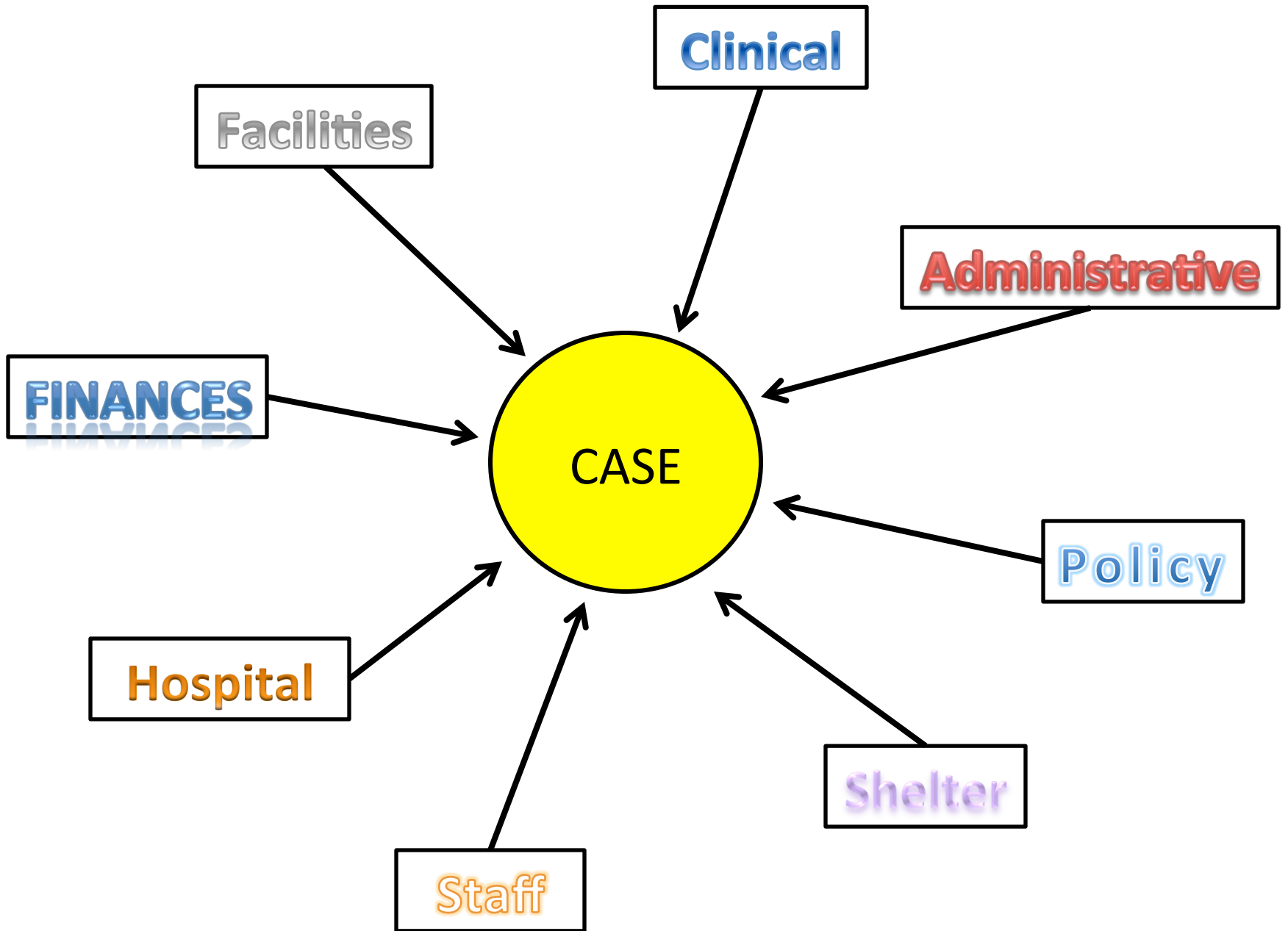
Stage Presentation #1

- Hospital (played by Adele)
- Respite (played by Jessie)

Stage Presentation #2

- Patient (played by Adele)
- Nurse (played by Jessie)

Follow-Up



Conclusions

- Respite programs are often in difficult situations with hospital partners.
- There are times when patients treat staff badly and strategies are needed to help staff cope.
- Respite administrators often need to consider a balanced view, taking into account all vantage points in decision-making.
- When things don't go well, it's not necessarily a failure.