PCH Case Study #1 Nov 21, 2016

|  |  |
| --- | --- |
| BACKGROUND | CASE #1 |
| Demographics | 92 F Persian |
| Med surg and fam hx | Myelodysplasia: Hb falls, regular transfusions ~ q2m. Dementia (mild). DM2 |
| Social, substances | Lives c dtr in downstairs suite. Needs care. Family declines placement.  |
| SDH | Nil of note: middle class family, managing ok financially.  |
| Agencies | NS Pall program (from a distance). Lab. GP. LGH Chemo clinic for transfusions |
| MHSU and comorb | Mild depression, nil else of note.  |
| Meds and alt | Nil of note |
| Allerg | NKA |
| Dietary RX | Nil of note |
| Px | Weak bedridden |
| Lab (and flow sheet) | Hb  |
| Imaging | Nil of note  |
| Surgery | Nil |
| Final Diagnosis | As above |
| Outcome of Tx | stabilized |
| Plan or Management  |  Weekly home bloodwork. Regular transfusions at hospital: V Difficult for daughter. Home support as needed.Housecalls, as needed.  |

PCH CASE #2 Nov 21, 2016

|  |  |
| --- | --- |
| BACKGROUND | CASE #2 |
| Demographics | 91 yo M. Ex longshore, WW2 vet. At home c supportive wife. No kids.  |
| Med surg and fam hx | DM. Vascular disease. Complex surg Hx. Pacemaker. CHF. COPD. Dementia. Leg wounds. Blindness. Deafness. Glaucoma. Psoriasis. Mis.  |
| Social, substances | Past smoking, etoh.  |
| SDH | Getting by financially. Veterans support.  |
| Agencies | Vet. Pall care team. LGH inpatient. Community support. Wound clinic. ER frequent visits. Many MDs. |
| MHSU and comorb | Aging. Early dementia. Impact of various illnesses on alertness and judgement. Nil else of note.  |
| Meds and alt | DM, Heart, BP, analgesia, occ abx, diuretics.  |
| Allerg | Nil  |
| Dietary RX | DM |
| Px | Weak, sl confused.  |
| Lab (and flow sheet) | DM stable. Anemia.  |
| Imaging | As appropriate |
| Surgery | Vascular. Pacemaker. And much else.  |
| Final Diagnosis | As above |
| Outcome of Tx | Stabilized with many chronic issues.  |
| Plan or Management  | Leg wounds for dressing twice weekly. At home, for placement (? 3-6mo). Wife exhausted. Pall care team now involved (wanting 'referral' and documentation). ER prn. Regular MD visits. Frequent med renewals and adjustments. Frequent lab.  |

PCH CASE #3 Nov 21, 2016

|  |  |
| --- | --- |
| BACKGROUND | CASE #3 |
| Demographics | 79 yo F. Lymphoma. Lives c husband, retired businessman.  |
| Med surg and fam hx | Lymphoma diag 2015. (Chemo. In remission.) MI. Epilepsy. Hypothyroid. |
| Social, substances | V supportive spouse. Financially stable. |
| SDH | Nil of note. |
| Agencies | LGH Chemo, MD (GP and specialist). Chemo sessions. Lab visits.  |
| MHSU and comorb | Increasing confusion and frailty. No dementia.  |
| Meds and alt | Meds. Chemo. No alt.  |
| Allerg | NKA |
| Dietary RX | Adapted (by husb) as needed.  |
| Px | Pale, frail, weak, forgetful, needs constant support.  |
| Lab (and flow sheet) | Monitoring WBC, CXR, occ CT |
| DI | Nil of note.  |
| Surgery | Nil of note.  |
| Final Diagnosis | Lymphoma. Remission-recurrence.  |
| Outcome of Tx | As above.  |
| Plan or Management  | Regular: GP visits. Spec visits. Labs. Chemo. Needs increasing support.  |

PCH CASE #4 Nov 21, 2016

|  |  |
| --- | --- |
| BACKGROUND | CASE #4 |
| Demographics | 83 yo M of German descent |
| Med surg and fam hx | Dementia. Parkinson's. Recent admission for pneumonia. |
| Social, substances | Nil of note. |
| SDH | Nil of note.  |
| Agencies | Private home support. Family support.  |
| MHSU and comorb | Dementia. No Hx substance use. |
| Meds and alt | As appropriate.  |
| Allerg | NKA.  |
| Dietary RX | Nil of note.  |
| Physical findings | Nil of note.  |
| Lab (and flow sheet) | Nil of note.  |
| DI | Nil of note.  |
| Surgery | Nil |
| Final Diagnosis | Dementia. Parkinson's.  |
| Outcome of Tx | Stable. (via a very long path) |
| Plan or Management  | Well supported at home. Live-in homecare, ceiling liftOcc GP visitsOcc admissions as needed. Needs more consistent GP visits and/or some more consistent monitoring, beyond and in support of, his current team: attentive family (2 sons) and one paid caregiver. |