



## Dementia Community of Practice ECHO Knowledge Network

### Patient Case Study

The purpose of this form is to provide top line information of the case being presented.  
Please read prior to the presentation.

**ECHO ID:** DCOP001

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### Key Theme For Case Presentation

Decide what the key issues you wish to highlight are and, the objectives of the interventions.  
Consider the ECHO participants and how you may be able to demonstrate value to them.

Behaviour that challenges in dementia care.  
Holistic assessment  
Educating others  
Co morbid conditions

### Background information/setting the scene

#### **Introduction to the person, their care context (All patient ID to be anonymised)**

Include key points to help the participants understand the situation. This may include information about the reasons for referral, presenting needs, risk issues, existing problem, service set up, where the intervention took place, particular skills of the nurse pertinent to the objective.

Patient lives in a nursing home and receives 1-1 care funded by Continuing Healthcare (CHC) between 8am –10 pm as she has been biting and scratching staff .

I was present at a CHC review at the nursing home in the role of specialist dementia nurse to assess the ongoing need and consider any changes that may be of benefit to the patient, the family, the care provider with the view to reducing the 1-1 intervention if possible (to reduce costs). Prior to the meeting I met Patient and her family in her room, she was in bed a slight lady in the foetal position.

The original CHC assessment had been carried out some 4 months before and the decision was based on documentary evidence that was submitted for review which indicated there had been multiple occasions that Patient had been verbally and physically aggressive to staff particularly during personal care interventions.

## Care interventions

### Key points - Interventions/ actions/ activities

This may include what you did e.g. direct care, therapeutic interventions, advance care planning, education sessions, assessments, care plan etc. Whom you did it to/with e.g. family, person with dementia, other professionals etc. Be clear and explicit; do not assume others will understand your role.

When meeting the patient she kept shouting that she wanted the toilet, I was advised that she had a pad on. I requested information from the staff about her toileting needs and they said they didn't get her on the commode because she became agitated.

I could see that the patient had some curvature of the spine and information was sought from staff regarding her PMH and medication.

The patient had long history of rheumatoid and osteoarthritis. She was prescribed, PRN oramorph but had not had any for the past 2 weeks. The patient was also prescribed risperidone BD Lorazepam PRN which had been regular given over past 6 weeks.

The staff reported that she refused her pain relief. I encouraged the patient to have a PRN dose of oramorph by using clear language she accepted it but clearly did not like the taste.

10 mins later I supported the staff to transfer her onto the commode using a hoist, using touch and enhanced communication to reassure the patient throughout and role modelling such techniques to the staff.

There were no aggressive incidents and the patient emptied her bladder on the commode. Her urine was offensive smelling, and it was likely she had a urine infection. Staff were advised to get a sample for analysis.

Discussed management with staff and GP re pain relief, infection and continence management

Patient prescribed pain patch no PRN meds, antibiotics and care planned for regular access to commode. PRN lorazepam removed and risperidone decreased until stopped. 1-1 care reduced and stopped within 2 weeks. Patient much more alert and continent.

## Output

What did it take to achieve the interventions? Key points:

Enhanced assessment skills, high level assessment skills. Ability to challenge staff  
Engagement and high-level communication with staff, Patient and her family.  
Understanding of the effects of co morbid conditions and dementia.  
Understanding of medication related issues.

## Outcomes

Impact on client/family, you and/or your service, other services or the health and social care system. Include here any outcomes, changes that were made because of the intervention of either you or the service. Were there any barriers/constraints? What might have happened without this intervention?

Patient's care was more dignified and recognised her individual needs, less oppressive as 1-1 care can be interpreted as very oppressive.  
Reduced medication side effects

Pain managed  
Reduction in risk of hospital admission due to sepsis  
Significant reduction in care costs  
Enabled conversations about future palliative care needs and Patient remained in Nursing home until her death 3 months later  
Improved staff understanding and confidence to challenge in best interests of the patient

### Reflections, points for discussion and questions for the community.

Diagnostic overshadowing  
Failure to consider individual needs  
Expectation of Nursing home staff  
Acknowledgement that this is a complex and specialist area of work  
Behaviour as communication