ECHO case presentation template

ECHO ID: DCOP002

Key Questions For the Network

- Management of night terrors/distress
- Assessment and management of periods of agitation
- Pain management
- How else could we support / help carers, Who else can we involve?

Background

Age: 100	**Gender: Male**
Main diagnosis and approximate date:	• Diagnosed 2016 Alzheimers Dementia (98yr) • Referred to St Christophers Oct 2018 by GP (carer support, ? whether now parkinsonian symptoms) • Main concerns are – inc agitation at night including hallucinations (sees bees/wasps in room), son disturbed nights as consequence and carer stress increasing
Other diagnoses:	• Wet macular degeneration (poor vision) • Bilateral hearing loss (no hearing aids) • Chronic renal impairment (stage 3) • Left leg injury during war – pins/plates – does not bend and now resultant ulcers/pain – DNs dressing wounds
Treatment and significant investigation to date:	• Surgery for bowel obstruction (hernia) and afterward was inc frail and bedbound prior to referral to St christophers (2017) • Medications for agitation – low dose Haloperidol at night, low dose lorazepam at night, 'trialled by GP but ineffective' – (? This precipitated parkinsonian signs). Current trial of low dose zopiclone (3.75mg ineffective inc to 7.5mg) BUT sleeps next day with reduced oral intake/interaction so not helpful • Given advice re environment (separating day and night) • Leg ulcers being dressed twice a day by DNs. Family reluctant for inc in analgesia (opioids) • Other medications – laxative, prn paracetamol and oramorph, aspirin/simvastatin (?stop). Travoprost eye drops.

Holistic Assessment (Brief) *(If no issues leave blank)*

Physical: **(Drugs discussed only if related to key issue)**	• Bedbound • Needs assistance with all ADLs • Feeding – family support but can still swallow. Fortisip supplements. Intake variable. SALT assessment suggested thicken fluids. • Continence – uses pads, skin intact • Pain – mainly from legs, taking oramorph pre dressing changes. Not on regular pain meds- paracetamol prn. • Struggles to move himself in bed – hospital bed. In a microenvironment downstairs.
Psychosocial/Family:	• Son lives with him and is main carer • Daughter visits twice a week to support son and give some respite • Care package – doublehanded TDS, private funding. SS assessment.
Spiritual:	Christian - nonpracticing
Ethical:	Capacity – decisions made in best interest. Son has LPA for health and finance DNACPR (GP discussion), Coordinate my Care. PPC home PPD home. Ceilings of treatment – keep comfortable at home, would have oral antibiotics only
Communication:	Patinet can be talkative but conversation confused. Will sometimes request food. When awake - responds to touch, aware of family around Pain – will self report but stoical – DNs report ‘tears in eyes when doing dressing but wont complain’.
Collaboration/Partnership	• DNs • Carers • GP • St Christophers Bromley Care Coordination Team (CNS/CSN/HCA with medical support) • Signposting to Dementia Hub • Offered SW support for son (? Compassionate neighbours, ? Coach for Care, Community volunteer sitter)