



## 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:** DCOP003

**Name of presenter:** St Christopher's Hospice

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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.

OOH pressure with visits to patients with delerium  
Failed discharge  
Fluctuating capacity- capacity assessments  
Use of anti-psychotic medication

### Background information/setting the scene

#### **Introduction to the person, their care context (All 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.

Initial referrral 11/2 for symptom control/support- unwell sleepy during initial visit  
12/2 Admitted with GI bleed, very poorly during long admission  
20/3 Discharged home on ab's for CI/UTI (sister called 2/7 earlier concerned that discharge was planned and he had been hallucinating)  
21/3 OOH visit requested by sister as lives 2 hours away- neighbour had called her as confused and hallucinating

80 year old male. Lives alone. Partner visits daily. Sister not local. QDS care package  
Diagnosis- Bladder cancer- ileal conduit formation  
Vascular dementia, IHD, AF, MI, PE, hypertension, CKD3 , Type 2 DM,

## 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.

OOH visit 18,30 Problems-Intermittent confusion, hallucinations, verbally aggressive at times and trying to get out of bed intermittently throughout visit,. Blood in catheter bag, blood sugar 3.8 mmols, refusing hospital or IPU admission.

-Mental capacity assessment

-Administered Haloperidol 1.5mg

-Stayed with for 3 hours until carers arrived then Marie Curie night nurse 22.00-07.00, partner to visit next morning when the nurse leaves

## Output

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

Time- to assess capacity, ensure safety, liaising with colleagues

Patience/good communication

Use of medication

Team work

## 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?

Impact on patient- Patient was kept safe throughout

Impact on family- Kept updated by phone at several times throughout visit

Impact on service- 3 hour visit, only nurse on call from Bromley, good teamwork/liaison with Registrar and Consultant who monitored incoming calls for me whilst at visit

Without intervention may have had a hypo, fallen over cot sides and admitted to hospital

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

OOH visit was necessary and he was kept safe throughout.  
Difficult staying for such a long period as only one on call for my area  
On reflection should I have called in the OOH Doctor?  
Would he have listened to Dr and agreed to admission

Any ideas???