

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Aging in Place 2023

Session: Antipsychotic Medications

Name: Michelle L Davis

Date: 6/8/2023



Patient Information

Gender: Male Female

Age: 81

Race: Caucasian

- American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Black/African American White/Caucasian Prefer not to say

Ethnicity:

- Hispanic/ Latino Not Hispanic/Latino Prefer not to say

Strengths and Preferences (goals, motivators, preferences, Important to the individual)

This individual's motivation is to not live in a nursing facility for the remainder of his life.
This individual prefers to live in his own house he owns.
What is important to this individual is he can:
Own his own home.
Own a car.
Go dancing 3 to 4 times a month.
Have supports stop by his home to help with his daily living needs (cooking, cleaning, shopping, and medication management).

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

This individual's current living situation is a nursing facility and he had worked in construction for 20 years of his adult life. He has a high school education and construction trades certification.

This individual has a legal history, charged as a felony sex offender in his fifties. He was incarcerated, served his sentence, and was required to register with the county Sheriff's department.

Project ECHO: Sunflower Health Plan Case Presentation

Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>This individual relevant medical history</p> <ul style="list-style-type: none"> *Unspecified Dementia with severity behaviors F03.91 *Pure Hypercholesterolemia E78.5 *Anemia, unspecified D64.9 *Chronic Pain in the back G89.29 *Wandering In Diseases Classified Elsewhere Z91.83 *Paranoid Schizophrenia F20.0 *Benign Prostatic Hyperplasia N40.1 *Major Depressive Disorder, Single Episode F32.9 	<ul style="list-style-type: none"> *Acetaminophen 1 Tab 650 mg by mouth 3 x daily *Amlodipine Besylate Tab 10 mg 1 tab 1 x daily (hypertension) *Aricept Tab 10 mg 1 tab 1 x daily (Dementia) *Atorvastatin Calcium Tab 40 mg 1 tab at bedtime (hyperlipidemia) *Bio freeze Gel 4% (topical) apply to any painful area 3 x daily *Flomax Capsule 0.4 MG Give 20 mg by mouth 1 x a day (related benign prostate hyperplasia w/ lower urinary tract symptoms) *Lisinopril Tab 20 MG 1 tab 1x daily (Primary hypertension) *Mirtazapine Tab 7.5 MG 1 tab at bedtime (depression) *Mybetriq oral tab Extended Release 24 hours 25 MG 25 mg by mouth 1 x daily (benign prostatic hyperplasia) *Hydrocodone-Acetaminophen Oral Tab 5-325 MG 1 tab 3 x daily (pain / discomfort) *Polyethylene Glycol 3350 Powder 17 gram by mouth 1 x daily (constipation) *Triamcinolone Acetonide External Cream 0.1% apply to affected areas topically every 12 hrs. as needed for Pruritus *Zofran oral Tab 4 mg 1 tab every 6 hrs. as need for emesis
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>No lab results at this time</p>	<p>No toxicology results at this time</p>
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>Period of sobriety more than 10 years Substance of choice is alcohol and nicotine Sobriety was achieved by incarceration, and behavior health counseling bi-weekly.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>The individual received behavioral health support after his incarceration in his fifties. He did not receive behavioral health treatment before his incarceration; the individual was later diagnosed with Schizophrenia and episodes of depression.</p>	

Project ECHO: Sunflower Health Plan Case Presentation

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

He currently visits with his behavioral health professional two times monthly as part of his treatment plan in a nursing facility, when he was living outside of the institutional setting he would visit his behavior health community program, and behavior health case management would visit him.

Was incarcerated over 30 years ago, court ordered to serve 5-7 yrs. dismissed at 5 yrs. and received behavioral health treatment ongoing.

Checks in and registers by way of his sister transporting him every other month with the Sheriff department.

He attends treatment bi-weekly when the counselor visits him, he is not always mentally present in his treatment plan, he will sleep, turn his back to the counselor and at times engage.

Barriers to Treatment

Cares that have been attempted provided

Lower level of care- Assisted Living w/ attendant care support

Behavior Health Case Management

Nursing Facility Care- with wander guard and without wander guard

Pre-loaded transportation card for transit

Pre-loaded debit card for Uber

Pre-planned outings with individual to desired parts of his hometown

Assisted Living care in various locations

Personal Care in his own home w/ behavior care case management passing medication

The Individual lives with the beginning stages of Dementia.

The Individual will wander about the city, approach car dealerships, and open an argument at car lot in an attempt to purchase a vehicle. His sister states she feels he knows he has limitations, not having the income or a driver's license, and unsafe ability to drive- which has resulted in police involvement

Will ride the city transit until he spends all his cash and may end up in various parts of town, unsure how to return to his assisted living home. He has become overheated, collapsed from heat exhaustion, or was taken to the emergency department when he has been placed in assisted living setting.

He does not always take his medications as prescribed, when living in an assisted living setting or on his own, refuses meds by the Medication aids and nurses. Moving the member to a lower level of care has been attempted three different times in the last 5 years. Each time resulting in two hospitalization and police escorts back to the assisted living.