

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Aging
 Session: Aging in COVID
 Name: Amy Salazar
 Date: 8/13/2020



Patient Information

Gender: Male Female

Age: 59

Race:

- 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

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

Member currently resides at nursing facility. Was admitted to XX Nursing Facility Fall of 2011, and has remained at same facility entire time. He was admitted directly from the hospital. Single, never married. He has siblings: 4 sisters and 1 brother that visits when they are able. He uses email and Skype to stay in touch between visits. Member has GED with previous employment as a plumber and handyman.

Member is a Kansas Registered Sex Offender.

Inappropriately touched staff (repeatedly) and given 30 day notice to leave facility

Admitted to NF from prison with a history of being a sex offender. Had altercation with another prison inmate which resulted in severe closed head injury which resulted in right-sided weakness and paralysis after recovery. Was in a coma for 9 months and discharged from prison due to physical disability resulting from the altercation.

Medical History (Diagnosis, conditions, etc.)

Hemiplegia and Hemiparesis following following cerebrovascular disease, affecting right dominant side, acute embolism and thrombosis of deep veins of lower extremity, History of transient ischemic attack and cerebral infarction, primary hypertension, unspecified mood disorder, epilepsy unspecified, unspecified convulsions, generalized anxiety disorder, unspecified osteoarthritis, muscle weakness, unspecified glaucoma, irritable bowel syndrome without diarrhea, major depressive disorder, pure hypercholesterolemia, personal history of urinary tract infections, personal history of traumatic brain injury bilateral temporal lobe surgeries required, edema, constipation, anemia, schizoaffective disorder, atherosclerotic heart disease, benign prostatic hyperplasia, no teeth, incontinence of bowel and bladder needs assistance x2, history of GERD with reflux, has had recurrent UTIs with MRSA in the past. Has had a PEG tube in the past, and multiple abdominal surgeries but is poor health historian. Basically nonambulatory and needs assistance with ADLs. Can eat independently. At high risk for falls due

Medication Summary (Name, dose, frequency, route)

Ondansetron 4 mg, 1 tab 2x day
 Vitamin D 1000 daily
 Oxcarbazepin 300 mg, 1 tab 2x day
 Prozac 20 mg, daily
 Prilosec 40 mg daily
 Lisinopril 10 mg daily
 Ferrous Sulf tab 1 tab 2x day
 Hydrochlorothizide 25 mg daily
 Eliguis, 5mg 1 tab 2x day
 Depakote 250 mg 2x day
 Colace 1 cap 2x day
 Clonidine .01 tab daily
 Baclofen 10 mg daily
 Artificial tears 1 drop in both eyes 2x day

Project ECHO: Sunflower Health Plan Case Presentation

<p>to gait/balance problems, limited ROM right hand, memory loss, and psychotropic drug use</p>	
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Anemia Nausea and vomiting Chronic anticoagulation BP 128/68</p>	<p>Click here to insert summary</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>No alcohol, drug or tobacco use noted</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>History of being sexually molested by his mother at age 9. Previously imprisoned for 8 years in a different state for molestation of children. Has diagnosis of depression and anxiety and can become very agitated with yelling, cursing, and shaking fists (angry outbursts). Previous TBI. Due to sex offender status he is not allowed to visit other residents in their private rooms, and must interact with them in public areas.</p>	
Treatment Summary (Form of treatment, date entered, voluntary, etc.)	

Project ECHO: Sunflower Health Plan Case Presentation

3/2020 Had Esophagogastroduodenoscopy and Colonoscopy with biopsies. Endoscopy of esophagus, stomach and duodenum within normal limits with the exception of a moderate size hiatal hernia. Colonoscopy revealed scattered diverticula withing the sigmoid colon region. Some hyperpigmentation of the colon suggestive of melanosis coli, and a few random biopsies were obtained from ascending and decending colon to rule in/out microscopic collagenous colitis.

7/2014 Hospitalized for right flank pain, had anemia, and esophagogastroduodenoscopy. Nothing remarkable indicated

Past surgeriges for kidney and bladder stones.

Brain CT conducted 11/2013 to try to discover source of nausea/vomiting and the results stated it was a GI issue

Barriers to Treatment

Kansas Registered Sex Offender