

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Chronic Conditions through a Health Equity Lens

Session: COPD

Name: Cindy Lawrence

Date: 12/1/2022



Patient Information

Gender: Male Female

Age: 76

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 is currently in a Rehab facility and is looking to transition out into an Assisted Living Facility. Previously member had his own apartment, but he got evicted. Member had been intoxicated and fell asleep with a lit cigarette that caused a fire in his apartment that was a non-smoking campus. Luckily the member didn't have his oxygen on at that time. Member is not currently working and is not interested in working. Member has had no known issues with the law. Member has graduated high school. Member is divorced and this happened several years ago but at this time has no current relationship or children. Member does have extended family but has worn his welcome out because he has overstayed with them while trying to find his own place. He does have a cousin who will come and visit him every week to 2 weeks to check in on him. Member previously lived with this cousin in a "tiny" house that didn't have enough room for cousin, cousin's wife, and member to stay in.

Member has decided that he will need to move into an ALF so that he can get the care he needs. However, member also only is willing to stay in 2 different small communities. Both are very rural communities and have only a combined number of 4 ALFs available. Two of the ALFs do not have room for member, 1 he has previously stayed at and didn't like it, and the other one we are waiting to hear if he is accepted.

Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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ALCOHOL ABUSE WITH INTOXICATION UNS	Acetaminophen Tab 500 mg - Give 1000 mg by mouth every 8 hours as needed for pain.
PSORIASIS VULGARIS	
LOCALIZED EDEMA	Albuterol Sulfate Nebulization solutions (2.5 mg/3ML) 0.083% 3 ml inhale orally via nebulizer every 6 hours PRN related to shortness of breath
CHRONIC/UNS GASTRIC ULCER W/HEMORR	
DYSPNEA UNSPECIFIED	Amiodarone HCl TAB 200 mg - Give 1 TAB by mouth daily.
INFECTION FOL PROCEDURE OTHER SURG SITE SEQUELA	Atorvastatin Calcium TAB 40 mg - Give 1 TAB by mouth at bedtime.
BENIGN PROSTATIC HYPERPLASIA W/LUTS	
CHRONIC ATRIAL FIBRILLATION	Benzonatate Capsule 200 mg - Give 1 CAP by mouth every 8 hours PRN for cough related to COPD.
DISEASE DIGESTIVE SYSTEM UNS	
ANEMIA UNSPECIFIED	Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT - 2 puff inhale orally two times a day related to COPD.
ATHEROSCLEROTIC HRT DZ NATV COR ART	
UNSPECIFIED LACK OF COORDINATION	Fluticasone Propionate Suspension 50 MCG/ACT - 1 spray in both nostrils 1 time a day related to allergic rhinitis.
MUSCLE WEAKNESS GENERALIZED	
ALLERGIC RHINITIS UNSPECIFIED	Furosemide TAB 20 mg - Give 20 mg by mouth 1 time a day related to COPD.
HYPERLIPIDEMIA UNSPECIFIED	
NICOTINE DEPEND CIGARETTES UNCOMP	HydroXYzine HCl TAB 25 mg - Give 1 TAB by mouth every 8 hours PRN for anxiety.
TOBACCO USE	
CHRONIC ISCHEMIC HEART DISEASE UNS	Ipratropium Bromide Solution 0.02% 1 ml inhale orally every 6 hrs PRN related to shortness of breath
UNI PRIM OSTEOARTHRITIS RT KNEE	
COPD UNSPECIFIED	MiraLax Packet 17 GM - Give 17 Gram by mouth every 24 hours PRN for constipation.
GERD WITHOUT ESOPHAGITIS	Multivitamin-Minerals TAB - Give 1 TAB by mouth daily for vitamin supplement.
ESSENTIAL PRIMARY HYPERTENSION	Nicotine Patch 24 Hour - Apply 1 patch transdermally 1 time daily.
PERSONAL HISTORY SUDDEN CARD ARREST	
ST ELEVATION MI COR ART INF WALL	Nitroglycerin Tablet Sublingual - Give 0.4 mg sublingually every 10 minutes PRN for chest pain.
ASTHMA	
DIAPHRAGMAT HERN W/O OBST/GANGREN	preniSONE TAB 5 MG - Give 1 TAB by mouth daily related to COPD.
Hypoxemia	

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	<p>Robitussin Cough+Chest Cong DM Liquid 20-400 MG/20ML - Give 20 ml by mouth 4 times a day for congestion and cough.</p> <p>Sucralfate TAB 1 GM - Give 1 TAB by mouth every 12 hours PRN for Ulcer Flare.</p> <p>Ventolin HFA Aresol Solution 108 (90 Base) MCG/ACT - 2 puff inhale orally every 6 hours as needed for shortness of breath related to COPD.</p> <p>Oxygen</p>
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>
<p>No information available.</p>	<p>No information available.</p>
<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>	
<p>It is unclear at what age the member began to smoke and drink alcohol, but it is thought to be at a young age teen - early 20's. It is not known at what age it became problematic, but the member has never seen it as such. As previously stated, member was intoxicated at the time of falling asleep with a lit cigarette that caused his apartment to catch fire, resulting in him going to the Emergency Room and being admitted to the hospital for a 4 day stay. It is also unclear the longest period of sobriety member has experienced.</p> <p>Member is currently on a nicotine patch but plans to smoke again as soon as he can. The current Nursing Facility is a none smoking campus. The only potential ALF, currently, allows smoking outside but there is no covered shelter. Member still plans to smoke again.</p>	
<p>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</p>	
<p>No know psychiatric history or diagnosis.</p>	
<p>Treatment Summary (Form of treatment, date entered, voluntary, etc.)</p>	

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Member has had 3 hospital stays and 4 Emergency room visits this year.

January- ER and hospital admission due to Sepsis

April- ER and hospitalization due to smoke inhalation from the fire

October- ER and hospitalization due to bleeding ulcer

October- ER for periumbilical pain Member went to emergency room on at the beginning of the year and was admitted

Barriers to Treatment

Member wants to live his life as he wants to live it. He understands that smoking and drinking are not the healthiest choices for himself, but he continues to smoke and drink. Member has no personal transportation so if he can't catch a ride, he would only be able to go if he walks. Member has been homeless and "couch surfing" since May 2022. During this time, he has not used his oxygen like he is supposed to.