

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Interagency Collaborations

Session: Ethics on Interagency Collaborations

Name: Carly Sananikone

Date: 3/21/2024



Patient Information

Gender: Male Female

Age: 17

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

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

Wishes to pursue aggressive goals of care

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

Member's mother has 7 children with member being the oldest & she is currently pregnant. Her husband works during week & is only available on weekends to help.
Family lived in another state & had moved to KS around 2 years ago. Maternal grandfather is a support system that lives in Co.

Relevant Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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<p>Gunshot wound to left mid mandible with exit wound to posterior left neck Closed non-displaced fracture of third cervical vertebra Complete spinal cord lesion at C1-C4 Quadriplegia Hypokalemia Respiratory failure following trauma Neuropathic pain Dysphagia Trach/vent/GT</p> <p>Member was in a vehicle with his friends. He was handling a gun when it accidentally discharged. His friends immediately drove him to the nearest hospital. He was unresponsive with agonal breathing upon arrival to the ED. Upon initial stabilization, member was airlifted to another facility.</p> <p>No significant past medical history prior to this event.</p> <p>Now medically stable for transfer to inpatient rehabilitation ADRC referral has been made for waiver eval</p>	<p>Melatonin 10 mg bedtime Quetiapine 50 mg 3 times daily Quetiapine 25mg every 6 hours as needed Lactobacillus 1 packet twice daily Enoxaparin 30mg every 12 hours Acetylcysteine 20% solution 600mg every 12 hours Cefepime 2000mg every 8 hours Metronidazole 500mg every 8 hours Albuterol 2.5mg every 6 hours Gabapentin 300mg twice daily Gabapentin 600mg bedtime Oxycodone 5-10mg every 4 hours as needed Escitalopram 10mg daily Senna-docusate 8.6-50mg twice daily Acetaminophen 1000mg every 6 hours Bacitracin topical twice daily Nasogel 3 times daily as needed Miconazole 2% topical twice daily</p>
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>
<p>3/11/24 Phosphorus 3.8 Sodium 141 Potassium 4.6 Chloride 107 Anion Gap 11.6 Glucose 119 (H) Calcium 8.5 BUN 27 (H) Creatinine 0.56 eGFR >59 WBC 12.7 (H) RBC 4.18 (L) Hemoglobin 12.3 (L) Hematocrit 37.4 (L) MCV 89.5 MCH 29.4 MCHC 32.9 (L) RDW 12.5 RDW-SD 40.2 Platelets 363 nRBC 0.02 (H) Manual Differential – Segmented Neutrophil % - 74 (H) Lymphocyte % - 12 (L) Neutrophils Absolute – 9.7 (H) Monocytes Absolute – 1.0 (H) Eosinophils Absolute – 0.0 (L)</p>	<p>Click here to insert summary</p>

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Blood Culture – no growth after 5 days
MRSA – neg
Resp culture – few gram positive cocci, >25 WBC/LPF,
<10 squamous epithelial cells/LPF

Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

Vaping
Marijuana

Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

Experiencing increased anxiety, particularly around timeline to recovery. Likely experiencing acute adjustment reaction with both anxiety and depression due to severity of condition and injury

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

He continues to demonstrate flaccid paralysis through the bilateral upper and lower extremities. He is oxygenating and ventilating adequately on SIMV mode. He is able to awaken easily, and his GCS is 11T without sedation. Neurosurgery indicates that the patient's injuries do not require operative intervention. Due to the nearby high velocity injuries sustained through the neck, it is suspected that the cervical spinal cord has sustained blunt trauma. MRI imaging of the cervical spine is unable to be obtained as he does have retained metallic fragments in the neck. Laparoscopic assisted percutaneous endoscopic gastrostomy tube placement was performed. Modified percutaneous tracheostomy tube placement was performed utilizing an 8.5 cuffed tracheostomy tube. GSW left open with local wound care. No intervention anticipated for mandible fracture. Mandible stable on imaging. PT/OT for ROM exercises. Psychiatry consulting per trauma protocol.

Barriers to Treatment

Lengthy recovery period anticipated. Will need extensive daily care support and accessible environment. May need continued behavioral health support for adjustment reaction.
Three rehabilitation facilities so far have denied referrals due to member still on vent.
Out of state facility is considering & want to make sure support & plan is in place before considering on accepting him.