

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Preventative Health

Session: 4

Name: Robin Hazeslip, RN

Date: 6/24/2021



Patient Information

Gender: Male Female

Age: 12

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 presented to hospital and was admitted to ICU, placed on vent with diagnosis of sepsis/shock. They were also found to have mult Diabetic ulcers. His past was unclear to SHP staff in the beginning but extreme neglect was bottom line.

With care and proper nutrition being received in hospital, members recovery progressed and was quicker than expected. Having vent removed and then transferring to med surg floor where he received PT/OT as well as wound care etc.

Member had behavior issues with staff at first, with extreme outbursts involving actually kicking and biting staff, but receiving care from Hospital MH team, he quickly became compliant and continued recovering as well as developing relationships with staff.

One staff member in particular, member asked him "can you take me home with you?". This prompted the staff member to start process of becoming a foster parent for member. There was a complication of staffer living in Mo, but this hurdle was easily overcome with coordinated help of the FC lead agency. The member went to a foster home in KS upon safe discharge from the hospital. In their home, there are two previous foster care boys in his age range, who now are adopted by family. Member was able to have understanding friendship and care/oversight from this family. They took member to their own family provider for a close by, local provider and to establish a base line. He continued care for dental, endocrinology and MH at hospital. SHP nurse cm, discovered this home was only temp from foster mom. She informed cm that the staffer from hospital went through extra classes and took extra measures to become legal adopted parent to member instead of only being a foster parent to member.

Health wise: members has received a cont blood glucose monitor and excellent care from current foster family, with varying med changes regarding insulin. His wounds have all resolved except small one on ankle that he is able to redress with simple dressing himself. He has started losing weight by playing outdoors daily with boys in foster care family. He is expected to be adopted by the hospital 'staffer' this next month and is allowed to actually reside with person for 1 month prior to actual adoption. He will probably transition to MO medicaid upon adoption, but plan is to continue care at the hospital where he received his care.

Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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<p>Medical HX: DM, Wound Care due to Diabetes, dental carries, Rx for glasses that he does not wear (foster mom believed it has to do with previous issues/trauma that occurred while wearing them, but reinforced that member doesn't appear to have difficulty due to not wearing them. Able to read and respond with out wearing them.) Hypertension</p>	<p>Medication Summary</p> <p>Insulin: Lantus/20 units at HS & Lispro/sliding scale with meals, varies according to what member eats and what his bs reading is</p> <p>Lisinipril 5 mg QD Amlodapine 5mg QD DEXTROAMPHET TAB 5MG QD FLUOXETINE CAP 10MG OR QD GABAPENTIN SOL 250/5ML OR-3ml TID DOXEPIN HCL CAP 10MG QD</p>
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>
<p>na</p>	<p>na</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>na</p>	
<p>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</p>	
<p>PTSD, Depression, ADHD</p>	
<p>Treatment Summary (Form of treatment, date entered, voluntary, etc.)</p>	

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Treatment for MH

Currently continuing counseling with hospital where established relation/care began when IP

Treatment for PH

Member currently is continuing dental care, endocrinology and cardiology at the hospital, where care began/was established while IP

His wounds have resolved to point member is doing simple dressing on his wound located on his ankle

Members bp is currently controlled and his DM is being monitored with cont glucose monitor. His insulin is undergoing various changes according to glucose readings and how much/what he eats.

Barriers to Treatment

Complex medical needs- little known history prior to admitting to the hospital