Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Nursing Facility and Quality of Life

Session: Quality of Life

Name: Michelle L. Davis

Date: 8/11/2022

Patient Information

Gender: ☒ Male ☐ Female

Age: 35

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.)**

The individual is 35 yrs old, and currently living in a SNF primary diagnosis of Infectious Acute Disseminated Encephalomyelitis (ADEM) acquired at childhood, admitted to SNF after living in the family home after ANE investigation. The history of family (siblings and family) being unable to care for the individual's care needs and, due to a health decline, this individual needed rehabilitation and skilled nursing care. He had always lived at home with his family until 5 years ago. Admitted to SNF in his early 30's. The individual does not have a history of work. He does not have a history of attending a DD program. He received Physical Disability Waiver Services in the state of Kansas when younger. The individual uses a power wheelchair to mobilize, staff use a Hoyer Lift for transfers.

This liaison has noticed a change in this individual's disposition and spirit over the last few months. Over the last 6 months, this individual has shown more decline in mental health and physical health. Self-Reports that he does not have an appetite, does not feel well, and displays signs of depression. The Nursing Facility SSD reports he has had one extended stay in the last 2 months at the mental health inpatient facility, where they evaluated medications and mental status. The individual reported to a therapist during his psychiatric hospital admission in May 2022, episodes of hearing or seeing sounds or objects that were not present to others were reported. He has displayed episodes of depressive periods where he would only sleep, refuse food, refuse hygienic care, and he has displayed manic episodes, described as hyperactivity, laughing loudly; suggesting there were people or objects around him that were not. The reports suggest that some of his actions displayed were signs of his Bi-polar state (manic and depressive episodes). The SSD mentions the psychiatric hospital reported to the SNF the individual that displayed episodes that were possible behaviors related to a situation or environment he was not happy with.

The individual has recently experienced Aphasia- trouble speaking clearly in conversation. In the past, he expressed more verbal wants and needs.
He has trouble using his device (tablet) and trouble putting word phrases together.
Showing physical decline and experiencing Mod to Max assist in all ADL/ IADL care due to the disease of the nervous system. He has stopped feeding himself and is on a feeding schedule where the staff hand over hand feed.

During visits, he presents very withdrawn, does verbalize he is not feeling or doing well in the NF, and physically, he has shown decline in the use of his arms and legs, and is now using braces on all four limbs, with extensive swelling. He had seen his PCP and a neurologist, with a recommendation to continue Range of Motion, and with his diagnosis of ADEM he is experiencing symptoms of ADEM.

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Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
323.61 - Infectious acute disseminated encephalomyelitis (Primary) 345 Epilepsy & Recurrent Seizures 401 Essential Hypertension 311 Depressive Disorder F31.5 Bipolar Disorder, Current Episode Depressed, w/ psychotic features R13.1 Dysphagia G47.33 Obstructive Sleep APNEA E66.01 Moribid Obesity R47.01 Aphasia E03.9 Hypothyroidism, Unspecified B35.1 Tinea Unguium B35.0 Tinea Barbae and Tinea Capitis Z86.61 Personal History of infections of the Centeral Nervous System E78.2 Mixed Hyperlipidemia H25.013 Cortical Age-Related Cataract, Bilateral M62.838 Other Muscle Spasm	1800 Cal Mechanical soft diet Maalox as needed Tylenol Tab 325 mg 2 tab every 6 hrs PRN Keppra Tab 1000 mg 1 tab twice daily by mouth Florastor Cap 250 mg 2 caps by mouth daily MiraLax Packet 17 GM 1 pack by mouth daily PRN Omega 3 Cap 1200 1 cap by mouth daily Dexilant Cap Delayed Release 60 MG 1 cap by mouth daily ZoFfran tab 4 MG 1 tab by mouth evenings Colace cap 100 mg 1 cap by mouth daily Biofreez Gel 4% Apply to left shoulder as needed Ferosul Tab 325 MG 1 tab by mouth every evening Divalprex Sodium ER Tab 24 hr. release 500 mg give at bedtime Vitamin D3 Cap 5000 unit 1 cap by mouth daily Cyanocobalamin Tab 1000 MCG 1 tab by mouth daily Zoloft tab 100 MG 1 tab by mouth daily Atorvastain Calcium tab 10 mg by mouth daily CloNIDine HCI PATCH Weekly 0.2 MG/24Hr Apply 1 patch weekly Folic Acid Tab 1 MG 1 Tab by mouth 1 x daily Metoprolol Succinate Cap ER 24 hour Springle 50 MG 1 tab by mouth daily Melatonin Tab 5 MG 1 tab by mouth evenings
Lab Summary (Test, result, date, etc.)	**Toxicology Summary** (Test, result, date, etc.)

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None at this time, last history and physical BP 111/73 mmHg Weight 245 lb HT 64" Resp: 17 Breaths/min Paulse: 62 bpm Temp: 97.5 02 Sat 97% Pain: 2	Unsure

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

Does not consume alcohol, denies any substance abuse, did not serve in military; does not smoke

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

History is documented back to 2013 where there is a diagnosis of depression, anxiety, and 2018 Diagnosis: F31.5 Bipolar Disorder, current Eposides depressed, severe, with psychotic featrurs

History of inpatient psychiatric stays over the last 10 yrs. A recent acute psychiatric hospital was admitted for approx 3 weeks in May 2022. The individual was experiencing major depressive episodes and manic episodes (more depression was reported by NF Staff). The individual was treated, medication evaluation, and released back to the SNF where he continues to report he is depressed, and has shown physical and mental decline.

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

As a child up until 2018, he lived with family. Mother, Aunt, and Sister cared for individual utilizing Home Community Based Physical Disability Waiver Service; 70 hours of personal care. Paid staff were family.

March 2018: There was an ANE investigation and the individual was admitted to Long Term Care Nursing Facility for Long Term Care Stay, where he started with Rehab, speech, and occupational therapies.

May 2022 (approx 3 weeks): Psychiatric hospital admission related to manic and depressive episodes; requesting medication and psychiatric evaluation of care needs.

June 2022,to Current date: Re-admit back to Long Term Care Nursing Facility after psychiatric evaluation

The individual sees his PCP every 3-6 weeks, neurologist 2x/year and MH supports monthly.

Barriers to Treatment

Some of what makes this difficult for this individual
-The individual is only 35 years old and living in a nursing home (concern for quality of life at his age)
-The need for around the clock nursing care is needed to monitor and treat his acute health needs
-The fact he is depressed related to a history of health
-The fact that he has low stimuli in a rest home for a male aged 35
-There is a history of abuse and neglect
-There is a history of inappropriate interaction on the individual's part. The individual's using the internet to engage with underage girls (this individual has a lower intellect and tends to target younger teen girls even though he is 35). No history of legal action, but the potential for such action if not monitored.
- He has a guardian who feels he is getting the care needed to keep him healthy and safe
- He has little interaction with others his age

-The siblings and mother do not engage and visit him as a result of the outcome of the ANE investigation, so he does not receive many visitors other than the SNF staff who care for him.
-The individual's mental state often causes him to refuse treatment and care
-Individual's quality of life is not what it possibly could be if he were placed in a setting where there are others his age and there is activity and stimuli.