



## Virtual Liberal Arts Grand Rounds An Interprofessional Education Event

### **Introduction:**

Tony lives alone with his emotional support dog, Genesis, after the death of his wife two years ago. He is a father of 3 with a daughter who lives nearby in Galloway, NJ, and another daughter and a son who live in California. He is a grandfather of five (ages: 20, 18, 14, 10, & 5). The youngest of his grandchildren lives with his daughter in Galloway, but he does not get to see them as often as he would like due to the work schedule of his daughter and son-in-law. His son-in-law is often away on business and most of the children rearing, and household activities fall to his daughter when her husband travels.

Tony is a well-trained pianist who likes to provide piano lessons at his community center for children who express a desire to play, giving him great joy. He is active in his community and enjoys spending time with his neighbors, especially after the death of his spouse two years ago. Tony walks and plays tennis for exercise. Another activity that brings him great pride is baking. He is often called upon to bake special treats for his neighbors, friends, and family, which he happily obliges. He is also an avid cook, but he had to learn to modify the types of food he can enjoy daily due to his diabetes, hypertension, and GERD; however, he finds it difficult to locate healthier choices of foods in his neighborhood due to the lack of a local grocery store.

Tony has suffered a recent stroke with a prolonged hospital stay. The medical team is gathering today to discuss discharge planning through an interprofessional grand rounds at bedside.

### **Identifying Information:**

Tony Hall is a 70-year-old African American male. He lives alone in Atlantic City, NJ, in a 3-bedroom home with a small Cava Poo emotional support dog named Genesis. Tony lives very modestly on a fixed income.

### **Previous Medical History:**

Medical History includes the following: allergic to sulfa, 10 + years history of hypertension, type II diabetes, stroke (over 5 years ago), and Gastroesophageal Reflux Disease (GERD). He has no history of smoking or drug use/misuse.

### **Medical Status:**

Tony came to the ER after being found on the floor in his home by one of his neighbors. Upon arrival, Tony presented with loss of balance, left-sided weakness, numbness, drooping of the left side of his face, and slurred speech due to oral apraxia (difficulty moving the muscles of the lips, throat, soft palate, and throat for things besides speech, such as smiling), changes in mental status as evidenced by a sudden confusion and



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dizziness. He was diagnosed with ischemic stroke, left humerus head fracture, and left-hand fracture.

The client was placed on a tissue plasminogen activator (tPA) in the hospital after his blood glucose was checked and found to be 110 mg/dL (normal fasting for a diabetic). The family agreed to this form of treatment after hearing from the physician in the ER.

As the patient is moved to the intensive care unit from the ER, the nurse discovers that the patient lives alone and that no living will, and power of attorney have been completed. The patient's daughter checks in on the patient frequently but has two young children, and her husband travels often. The client's two other children live in California.

Shortly after the patient was moved to the intensive care unit, his Computed Tomography (CT) scan revealed that he had converted to hemorrhagic stroke, which is one of the risks of tPA administration. The CT revealed bleeding in the brain with a quarter-size hemorrhage in the front right parietal lobe. The patient was placed on a ventilator, and his Richmond Agitation Sedation Scale score was -4 (Deep sedation). He is receiving tube feedings for nourishment via a nasogastric tube (NG) currently. The damage to the patient's front right parietal lobe causes the patient not to have a sense of what's occurring on his left side. The patient failed to be weaned during the Continuous Positive Airway Pressure (CPAP) trial, and a tracheostomy was conducted to maintain the airway. The patient was transferred to the Medical Intensive Care Unit, and a Percutaneous Endoscopic Gastrostomy (PEG) tube was inserted.

After 8 days in the Medical Intensive care, Tony's stroke signs and symptoms were under control, he was successfully weaned from the ventilator, and the PEG tube was removed. He spent another 3 days on the medical-surgical floor and was discharged to an inpatient rehabilitation center.

The fracture was managed while he was in the hospital by immobilization and a cast was put for the forearm fracture. He was sent home with supporting sling for shoulder and advised to follow-up for further management.

### **Functional Impacts:**

Through discharge planning from an inpatient rehabilitation center, it is noted that Tony is upset and slightly depressed since he cannot take care of himself fully. He will have limits to conducting his activities of daily living (ADLs) (i.e., feeding, dressing/grooming, bathing, etc.) and Instrumental Activities of Daily Living (IADLs) (i.e., managing transportation, shopping, meal preparation, house cleaning, etc.) due to his left humerus



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head fracture, and left-hand fracture. He wants to get back to playing the piano and cooking food for himself and his loved ones. He is still having slurred speech and gets frustrated when he cannot communicate appropriately.

### **Recommendations/Goals:**

Tony's goals are to eventually receive outpatient rehabilitation services and get back to conducting his ADLs and IDLs and playing the piano.

### **How can you contribute to Tony's care and support?**

Adapted from: Savajiyani, S., Higashi, A., & GarciaOrr, R. (2016). C53 Critical care case reports: Multisystem organ failure: An atypical presentation of acute febrile neutrophilic dermatosis as drug-induced bullous variant sweet's syndrome. *American Journal of Respiratory and Critical Care Medicine*, 193, 1.