

April 2022

PCW – Extensions

Case Scenarios



This material was originally developed by Queensland University of Technology as part of the Researching Early Detection of Deterioration in Elderly residents (EDDIE+) project, which was funded by the NHMRC MRFF 2019-2023. It can be used in line with the associated Creative Commons license.



Learning Objectives

- ❑ Review signs of early deterioration
- ❑ Discuss reporting and communication processes for signs of early deterioration

Deteriorating resident case study



Edward is 75 years old with a history of angina, high blood pressure and type 2 diabetes, managed with diet and medication. He has dementia, walks independently and is known to wander.

Overnight, he hardly slept as he kept going to the toilet. Now, he is hyperactive, talking and rambling to people who are not there. He is aggressive, appears to be hallucinating and scared. He recently had a small infected wound on his toe that is now oozing.

- What signs of deterioration is Edward showing?
- What should you do?

Deteriorating resident case study

Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, just forgetful at times, walks with a wheelie walker, and needs assistance to go to the toilet. She is frail and thin.

Edwina has complained of pain in her chest, which hurts more when she takes a deep breath. When she coughs, she coughs up white frothy sputum. She feels best sitting up and seems a little short of breath.

- What signs of deterioration is Edwina showing?
- What should you do?



Deteriorating resident case study



Edward is 75 years old with a history of angina, high blood pressure and type 2 diabetes, managed with diet and medication. He has dementia, walks independently and is known to wander.

He has been lashing out physically, is agitated and very active. He has been dribbling urine in small amounts, which is not normal for him. He has been sitting in a chair doubled over, rubbing his stomach. He looks clammy and pale.

- What signs of deterioration is Edward showing?
- What should you do?

Deteriorating resident case study

Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, just forgetful at times, walks with a wheelie walker, and needs assistance to go to the toilet. She is frail and thin.

Edwina has not been drinking or eating much in the last day or so. You note that she has a dry mouth, making talking difficult. She is tired and has little energy. Constipation was an issue but her bowels have opened in the last two days.

- What signs of deterioration is Edwina showing?
- What should you do?



Deteriorating resident case study



Edward is 75 years old with a history of angina, high blood pressure and type 2 diabetes which is managed with diet and medication. He has dementia, walks independently and is known to wander.

This morning Edward has coughed up green sputum. His chest is noisy when he breathes, and he is agitated. He cannot walk far before needing to stop and catch his breath.

- What signs of deterioration is Edward showing?
- What should you do?

Deteriorating resident case study

Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, just forgetful at times, walks with a wheelie walker, and needs assistance to go to the toilet. She is frail and thin.

Edwina has been complaining of a pain in her stomach, says she feels sick and does not want to eat. She is agitated and looks distressed.

- What signs of deterioration is Edwina showing?
- What should you do?



Deteriorating resident case study



Edward is 75 years old with a history of angina, high blood pressure and type 2 diabetes which is managed with diet and medication. He has dementia, walks independently and is known to wander.

Edward has been wandering without his shoes and glasses on. You have noticed that he appears unsteady on his feet. He had a minor fall two weeks ago when he went to the toilet overnight.

- What signs of deterioration is Edward showing?
- What should you do?

Deteriorating resident case study

Edwina is 85 years old with a history of osteoarthritis, cardiac failure and mild stroke. She wears glasses and a hearing aid. Edwina is cognitive, just forgetful at times, walks with a wheelie walker, and needs assistance to go to the toilet. She is frail and thin.

Over the last few days, Edwina has not felt like eating or drinking. She seems more tired than usual and is not interested in her normal activities. Edwina won't get out of bed independently as she usually does. She appears to slur some words and the right side of her body is moving less. She has said she is in pain and is uncomfortable.

- What signs of deterioration is Edwina showing?
- What should you do?



Deteriorating resident case study



Edward is 75 years old with a history of angina (chest pain), high blood pressure, and type 2 diabetes which is diet and medication controlled. He walks independently but has dementia and can wander.

You are the PCW looking after him today - in the last few hours he has been more aggressive and lashed out verbally. He has been seen rubbing his left arm and looks pale and sweaty.

- What signs of deterioration do you recognise in Edward?
- What actions would you take?

What was covered today ?

- EDDIE + recap
- Early detection of deterioration
- Report using *CUS* to EN or RN

QUESTIONS?

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Noticing Resident Changes and Reporting



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Noticing Resident Changes & Reporting

- Is there anything barriers to you reporting resident changes?
- What things will you notice as changes in residents daily to report?
- Why do we need to communicate noticeable changes in residents?
- What two ways will you use to communicate to the RN/EN resident changes?
- What will you do after you have reported change to the RN/EN?

What was covered today ?

- ❑ EDDIE + recap
- ❑ Barriers to reporting
- ❑ Early detection of deterioration
- ❑ Report using *CUS* to EN or RN
- ❑ What you do after reporting