

# EDDIE+

Researching Early Detection of  
Deterioration in Elderly residents

# RN & EN - Extensions

## Case Scenarios

April 2022



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

- ❑ Identify risk factors for resident deterioration
- ❑ Review observations, signs and symptoms of deterioration
- ❑ Determine appropriate assessments
- ❑ Discuss care management and referral/review pathways
- ❑ Understand reporting and communication processes, including the importance of closing reporting/feedback loops
- ❑ Identify and use policies and procedures for resident deterioration

# Deteriorating resident case study

EDDIE<sup>+</sup>



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, which now has a purulent discharge.

What signs of deterioration is Edward showing?

What assessments should you do?

What will you communicate?

What reviews or follow-ups?

# Deteriorating resident case study

EDDIE<sup>+</sup>

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 assessments should you do?
- What will you communicate?
- What reviews/follow-ups?



# Deteriorating resident case study

EDDIE<sup>+</sup>



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 started lashing out physically, is agitated and hyperactive. He has urinary incontinence in small amounts, which is not normal for him. He has been sitting in a chair doubled over. He looks clammy and pale.

What signs of deterioration is Edward showing?

What assessments should you do?

What will you communicate?

What reviews or follow-ups?

# Deteriorating resident case study

EDDIE<sup>+</sup>

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 and the PCW looking after her has informed you using CUS. 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 with the use of aperients.

- What signs of deterioration is Edwina showing?
- What assessments should you do?
- What will you communicate?
- What reviews/follow-ups?



# Deteriorating resident case study

EDDIE<sup>+</sup>



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.

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 assessments should you do?

- What will you communicate?
- What reviews or follow-ups?

# Deteriorating resident case study

EDDIE<sup>+</sup>

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 assessments should you do?
- What will you communicate?
- What reviews/follow-ups?





# Deteriorating resident case study

EDDIE<sup>+</sup>



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.

Edward has been wandering without footwear and is not wearing his glasses. The PCW has informed you he appears unsteady on his feet. He had a minor fall two weeks ago at night when he went to the toilet.

What signs of deterioration is Edward showing?

What assessments should you do?

What will you communicate?

What reviews or follow-ups?

# Deteriorating resident case study

EDDIE<sup>+</sup>

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. Edwina has said she is in pain and is uncomfortable.

- What signs of deterioration is Edwina showing?
- What assessments should you do?
- What will you communicate?
- What reviews/follow-ups?



# Deteriorating resident case study

EDDIE<sup>+</sup>

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, but forgetful at times. She walks with a wheelie walker and requires assistance with toileting. She is frail and thin looking.

In the last 2 weeks she has had two witnessed falls not requiring hospitalisation. The PCW has informed you that her daughter said that she has started refusing to eat and drink.

- What signs of deterioration is Edwina showing?
- What assessments should you do?
- What will you communicate?
- What reviews/follow-ups?



# Deteriorating resident case study

EDDIE<sup>+</sup>



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.

In the last few hours he has been more aggressive and lashed out physically. He has been seen rubbing his left arm and looks pale and sweaty. The PCW looking after him today is concerned about his anger and has just spoken to you about Edward's behaviour using CUS.

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

- What will you communicate?
- What reviews or follow-ups?

# What was covered today ?

EDDIE<sup>+</sup>

- ❑ EDDIE + recap
- ❑ Early deterioration of deterioration
- ❑ Assessments, care management and referral
- ❑ Encouraging reporting by PCWs and closing the feedback loop
- ❑ Communication processes for referral/reviews for a deteriorating resident

QUESTIONS?

# EDDIE<sup>+</sup>

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Escalation and Reporting



- When do we know to escalate or not for resident deterioration?
- What information/preparation will you require for reporting?
- What tool is used for communication and why?
- What documenting will you undertake?
- Who would you escalate/report to for further management of the deteriorating resident?
- How will you let other staff know of the outcome and why?

# What was covered today ?

EDDIE<sup>+</sup>

- ❑ EDDIE + recap
- ❑ Importance of escalation of deterioration
- ❑ Communication processes for referral/reviews for a deteriorating resident

QUESTIONS?