

The Walters Family

Case Study

Developed by

HFTC & PCC4U

Referral Information

Mr and Mrs Walters have been referred to your team by their local GP. Michael's wife Ellen (58) was diagnosed with a high grade glioblastoma multiforme (GBM) two years ago after developing signs of right-sided neglect, some mild dysphasia and dragging of her right foot. After diagnosis, Ellen was admitted to hospital where she had a debulking neurosurgical procedure, followed by radiation therapy. Since being discharged, Michael has been taking a lot of time off work to take care of Ellen at home. Over that time Michael reported that Ellen became increasingly vague, and was displaying short term memory deficits. She was still reasonably mobile and enjoyed getting around the house on her own, although somewhat hampered by fatigue and not safe to leave unsupervised.

In February this year (2012), Ellen started to show signs of more confusion and was increasingly unsteady on her feet. She was admitted to Ipswich Hospital for observation and was found to have a Urinary Tract Infection (UTI), which was treated with intravenous ceftriaxone. After treatment she still showed some confusion. A repeat CT scan showed that Ellen's GBM had redeveloped in her right frontal lobe and she was prescribed oral dexamethasone. Although she was told of her condition she displayed a lack of insight into the seriousness of her situation.

Ellen's UTI improved after a few days in hospital and she was discharged home again. Although she is fairly mobile again with the support of an heirloom walking stick given as a gift from Michael for her birthday this year Ellen still fails to grasp the seriousness of her condition, which has worsened in recent months. This has caused Michael a considerable amount of worry, especially as Ellen still likes to attempt meal preparation and likes to spend time in different parts of their two storey house throughout the day. Ellen has got hold of the car keys and attempted to drive to the shopping centre on several occasions. Her licence was not renewed after her initial diagnosis 2 years ago. Michael tries to reduce opportunities for mishaps at home by being there as much as possible and doing a lot of the work around the house. However, he has arthritis in his hips and finds the burden of housework, maintenance and his home business quite demanding. He also manages most of the cooking and although his skills have improved over time his repertoire of recipes is limited. It's been 6 months since Ellen's most recent trip to hospital and Michael is starting to feel exhausted. He wonders if it is time to move Ellen from their family home into a hospice.

Ellen and Michael's local GP clinic has referred the case to the community health centre which has passed the case onto your team; a community based team supporting people with chronic and deteriorating illnesses.

Copyright 2012©

This clinical case remains the property of the HealthFusion Team Challenge (HFTC) & Palliative Care Curriculum for Undergraduates (PCC4U) and may be used for educational purposes only with acknowledgement of both parties.

www.healthfusionteamchallenge.com | www.pcc4u.org

Patient Details

Name: Ellen Walters

DOB: 24/4/54

Age: 58

Address: Street Rd, Ipswich, QLD

Marital status: Married

Nationality: Australian

Country of origin: Australia

Height: 160 cms

Weight: 55kgs (was 65kgs at at beginning of hospitalisation in Feb 2012)

Health

Current

Michael is still caring for Ellen at home but feels that he is struggling and is worried that she may have an accident. Ellen is still quite mobile and often wants to go out but Michael finds this stressful as he feels he always needs to keep one eye on her. Ellen gets around using the walking stick Michael gave her, which is yet to be assessed.

Medication

- Dexamethasone, 16mg daily
- Clonazepam, 0.5mg daily
- Hexamine hippurate, 1g daily
- Macrogol (Movicol), 1g sachets 1 daily
- Morphine (immediate release), 10mg tablets 1 prn for breakthrough pain
- Temazepam, 10mg 1 at night prn

Previous Medical History

Ellen had a lumpectomy to remove a stage 3 breast cancer from her left breast 12 years ago, followed by chemotherapy and radiation treatment. She was given the all clear at 5 years but experienced some skin puckering in the area post-op that has caused some small discomfort.

In 2004 Ellen has excision of multiple skin cancers (BCCs), including a Level 4 superficial spreading Melanoma (thickness 1.1mm) from her back. These also did not heal that well and the scars were larger than expected.

Ellen is a non-smoker and does not drink alcohol. She has no allergies.

Copyright 2012©

This clinical case remains the property of the HealthFusion Team Challenge (HFTC) & Palliative Care Curriculum for Undergraduates (PCC4U) and may be used for educational purposes only with acknowledgement of both parties.

www.healthfusionteamchallenge.com | www.pcc4u.org

Michael has a mild heart attack at 62, just before Ellen was diagnosed with brain cancer. He takes Atorvastatin 80mg at night, Ramapril 10mg at night, metoprolol 100mg twice a day and aspirin 100mg in the morning and has been doing well since switching to a better diet and drinking less beer. Since taking over the cooking from Ellen, Michael has admitted he isn't eating as well as he should be.

Ellen has had recurrent UTI's since discharge which are being treated with Cephalexin 250mg at night.

GP Practitioner Contact Details

Michael takes Ellen in for regular check-ups with the local GP, which is usually followed up by a trip to the community pharmacy. As Ellen deteriorates, Michael has noticed the GP is talking more to him about Ellen's condition than to Ellen directly. Michael finds this helpful but he still worries that Ellen has not completely realised the extent of her own health situation. Michael feels he is 'mostly on top of things' but finds managing everything all a bit exhausting. He was given a guarded prognosis after Ellen's most recent discharge from hospital and knows that her health is deteriorating, but doesn't give it too much thought in case he gets overwhelmed. He doesn't like to talk about it with the rest of the family as he doesn't want to worry them.

Financial

Ellen used to work as an administration officer but retired at 55 to spend more time in her garden and with Michael. Michael is an electrician and owns his own business with two employees which he runs from an office at home. However, since Ellen's condition has worsened he has considered selling his business to one of his employees to free up some cash and make more time to care for Ellen. Michael knows that as Ellen gets worse there may be more health bills in the future. Though he knows his business is in good financial health, he isn't sure it is enough and he worries where the extra money will come from. They own their own house and have started to draw on Ellen's modest superannuation fund.

Home Environment

Michael and Ellen live in a four bedroom two storey brick house with an internal staircase. The carpeted bedrooms and tiled bathroom are on the top floor, with the kitchen, living, dining, office and laundry on the ground floor. The kitchen and laundry have linoleum while the rest of house has polished wood floors. The family have a number of rugs and hallway runners on the wooden floors. Outside there is a concrete walkway up to the front door that has settled unevenly over the years. The house has a concrete patio at the back with a walkway leading to the hills hoist.

There are no home modifications at present. The bathroom has a bathtub and stand-up separate shower.

Copyright 2012©

This clinical case remains the property of the HealthFusion Team Challenge (HFTC) & Palliative Care Curriculum for Undergraduates (PCC4U) and may be used for educational purposes only with acknowledgement of both parties.

www.healthfusionteamchallenge.com | www.pcc4u.org

The house sits on a quarter acre block with a mature garden featuring mango, mandarin, lemon and pawpaw trees. Michael tries to keep the grass down but it's getting harder to find the time to mow it. Ellen used to be an avid gardener but has become increasingly disinterested since February. Ellen is also a devout Catholic and since her most recent admission to hospital she has received a monthly visit from her local priest. Her husband is not religious but knows how important Ellen's faith is to her.

Ellen and Michael have three adult children, Maria (35), Sarah (33) and Simon (29). Maria lives in the United Kingdom with her English husband and her two children. Although her relationship with her parents is good, Maria has a high-power management job and only manages to call home once a month. Sarah lives on the same street as Ellen and Michael and is a single mother with three children. Sarah separated from her abusive husband 3 years ago but has continuing contact as her children get to see their dad once a month. She tries to help Michael with Ellen's care as much as she can but with her own problems it is becoming increasingly difficult to cope physically and emotionally. Simon graduated university with a degree in engineering and works in the mines at Mt Isa as a fly-in-fly-out (FIFO) mining consultant. He is based in Townsville, but tries to get back home to visit when he has time. Since getting a new girlfriend the visits have been less frequent.

ADL

Ellen is still showering and using the toilet on her own, which is of some concern to Michael as she still locks the bathroom door whenever she uses it. Michael has taken over all the cooking from Ellen. He is able to make basic meals such as spaghetti bolognese, steak and salad, etc but struggles to find variety. Ellen did most of the cooking throughout their marriage and does offer advice but this tends to make Michael flustered. Michael does all the driving now, though Ellen insists she can still drive even though Michael has taken her keys away. Ellen tidies where she can but leaves the heavier chores such as vacuuming and garden work to Michael as she 'doesn't feel strong enough yet to take that on'.

Leisure and Social Life

Ellen used to be quite active in her garden before her physical condition deteriorated and used to make preserves and chutneys with the fruit she grew before Michael took over the kitchen. Ellen also often went shopping with Sarah down at the local shopping centre but that has been happening less frequently in recent years. Ellen is a member of a local gardening club and often helped out at a local community garden after she quit her job. She was an avid church goer before her stint in hospital and helped organise many church fetes. Her preserves were a huge hit at these events and her friends sometimes drop by to ask if she has a bottle or two lying around in the cupboard. Up until last year Ellen also enjoyed attending the annual Show to pick up new varieties of fruit trees for her garden. Michael does not think she will be well enough to attend this year.

Michael was a keen and talented NRL player in his youth, playing rep football for his local amateur club for many years. He was awarded a life-long club membership when he retired and often likes to attend games on the weekends to 'scout the talent' over a beer.

Copyright 2012©

This clinical case remains the property of the HealthFusion Team Challenge (HFTC) & Palliative Care Curriculum for Undergraduates (PCC4U) and may be used for educational purposes only with acknowledgement of both parties.

www.healthfusionteamchallenge.com | www.pcc4u.org

Your Team's Role

You are a newly formed community based specialist team tasked with providing comprehensive health services and management for clients with chronic deteriorating conditions. You have links with the local hospital and with the local hospice although you do try and keep clients in their homes for as long as possible.

Copyright 2012©

This clinical case remains the property of the HealthFusion Team Challenge (HFTC) & Palliative Care Curriculum for Undergraduates (PCC4U) and may be used for educational purposes only with acknowledgement of both parties.

www.healthfusionteamchallenge.com | www.pcc4u.org