# Interdisciplinary Team Care: Case 1

Nurse: I have two patients on the geriatric service. The first one is in room 42 42,

Mr. Appleton, patient of Dr. Abel and Dr. [inaudible].

Resident: So, he's had two strokes in the past and has some cognitive impairment. The reason he was admitted yesterday from Silverlake nursing home was essentially failure to thrive; he stopped eating for three days.

Nurse: but he did just have 80% of his breakfast today. The plan is to get him up and start with a cardiac chair until PT sees him.

Physical Therapist: We're understaffed this week, so I probably won’t be able to see him today.

Nurse: That should be fine?

Resident: Yeah.

Nurse: On the other hand, the Care Partner said he was saying this morning I want to die; I want to die. He did not say this to me, but he definitely has signs of depression

Resident: Yeah, apparently his wife is in another sniff and she stopped visiting him so he's

convinced that she's dead so Dr. Mitchell called me this morning and gave

me the information where the wife is so we need to figure out how to get them together – in the same place.

Social Worker: Okay, where is his wife?

Resident: Uh, West Harvard convalescent centre and the phone number I got from Dr. Mitchell is three – one – O – five – five – five, one – one – one – two.

Social Worker: [repeats] five–five–five one–one–one–two.

Resident: I think she was admitted for an SPO but I'm not a hundred percent sure.

Resident: So, he has this history of depression in the past year, based on what dr. Mitchell told me, he just seems to be… [hesitation 1:35] and I'll have psych see him, I’ll see if Geri psych has any suggestions for his medication but in general, he seems to be improving because based on what they told me, he wasn't eating at all now he's eating a little bit. He seems to not have too much pain, but I can't really…

Nurse: He does have pain.

Resident: I don't know, were you able to figure out what he was saying about his stomach?

Nurse: He didn't say hi to me, but I asked him to pinpoint for me, and he pin-pointed somewhere, I guess, where his bladder should be so I'm going to do a bladder scan to see if maybe he's got some residual.

Attending: I just saw him he said his pains from here to here [motions on body, 2:10], it's kind of ill-defined.

Nurse: Aha, okay.

Attending: He also has aphasia from the stroke so it's very hard for him to express, we're going to need to rely on nonverbal cues.

Resident: Yeah, a lot of it is hard because he can’t really speak to us.

Social Worker: Well, maybe I can call West Harbour convalescent and get his wife on the phone. If he hears her voice, he might feel a little more relieved.

Resident: That would be really, really, really nice. I think that's going to help a lot.

Social Worker: So, I'll call Darrel and I’ll go to his room now.

Resident: I'll talk to Dr. McNeil and see that she can see him tomorrow and see if she has any suggestions for psych meds. But a lot of this, I mean, he's had a massive stroke so it's not surprising that he's got all these depressive symptoms. He's very perceptive, and that's the thing that everyone needs to know, he understands everything we're saying.

Social Worker: Yeah.

[Pause]

Attending: So ultimately you want to stabilize him and send him to where his wife is?

Unit Manager: So, we need to find out if they're able to take him, but he'd go as a self-pay?

Resident: He has to he has no more Medicare days left, so he's used them all up.

Unit Manager: So, we're going to need to find out who's going to pay for him now.

Resident: Apparently, he has resources.

Social Worker: When you say resources, do you mean Social Security?

Resident: No, he was financially well-off. I kind of researched him and it seems he was an author and he worked for software so that's why we thought he probably has some resources.

Attending: But because of his aphasia, we can't confirm.

Unit Manager: Okay, so we need to find out from the family. University Hospital does have some bed at a lower level of care that they might want to look at, if, you know, Medicare stops paying for his admission. So, the wife's the DPOA and in charge?

Resident: We don't know. I don't have any more information. I mean Dr. Mitchell thinks that she was the one who was managing a lot of this since he had his stroke, but she got sick herself recently so – there's a son too. I tried calling. I did not get an answer.

Social Worker: I could call it, too.

Resident: Okay, the numbers are on the chart. If you go to the chart, there's a cover sheet and all the numbers are listed underneath.

Attending: Okay, so from a medical standpoint we're thinking in a day or two maybe we'll stabilize him.

Resident: We need to make sure there's nothing that we're missing, so we can't be one hundred percent sure.

Unit Manager: So not today then?

Resident: Not today but maybe tomorrow. I think tomorrow we could easily get him out and I don't think there's anything too serious going on.

Social Worker: Do you think you want to speak to a chaperon too, or no?

Resident: You can ask he'll say yes and no’s, he can do that. He'll try to talk to you, but nothing comes out.