**Session 2 Swing Bed**

**Case Study**

**Physician**

Mrs. Brown (01/11/33) is an 85-year-old woman who was admitted to the Hospital by ambulance after being found by her youngest daughter lying in front of her toilet. Her daughter estimates that she may have been on the floor overnight. On admission, Mrs. Brown was diagnosed with a right sided stroke, which has left her with weakness in her left arm and leg. She also appears to have some problems with swallowing food without choking.

Mrs. Brown’s medical history includes Alzheimer’s disease; type II diabetes; hypertension; high cholesterol and osteoarthritis. This admission was the third hospital admission in the past year. Other admissions have been for a urinary tract infection and a fall in the context of hypoglycemia, both of which were complicated by episodes of delirium.

Mrs. Brown is admitted to Swing Bed, 3-days post inpatient admission, for rehabilitation, cognitive assessment and discharge planning.

**Physical Therapy**

Mrs. Brown presents with left-sided weakness. Key impairments include decreased strength on the left side, poor balance, unable to get out of bed without assistance, and unable to walk independently.

With assistance, she can only walk approximately three (3) feet. When standing, she leans to the left and is unable to stand upright without assistance. Skilled PT is required to address these impairments and to increase mobility and balance.

**Speech**

Mrs. Brown is not able to swallow clear liquids without choking. She is able to swallow pureed foods if she is sitting up in bed without choking.

**Nursing**

**Diabetes**

Mrs. Brown is an insulin-dependent diabetic and takes **Humalog before meals based on blood sugar as well as Lantus once per day.**

**Hearing**

Mrs. Brown is very hard of hearing. She does not have hearing aids.

**Oral**

Mrs. Brown has dentures, but they do not appear to fit very well. She has trouble chewing food. Her daughter stated she only eats soft food that she doesn’t have to chew.

**Cognitive**

Mrs. Brown seems unaware that she is in the hospital. She cannot remember where her call light is and calls out frequently for her daughter to come help her. Mrs. Brown can follow simple instructions.

**Fall Risk**

Mrs. Brown frequently tries to get out of bed, despite frequent reminders. Has been found at least once sitting on edge of bed trying to stand. High risk for falls.

**Nutrition**

According to her daughter Mrs. Brown has lost 15 pounds in the last three months. Current weight is 130 pounds. She is currently only eating about 10% of meals.

**Skin**

Mrs. Brown has bruising on her right shoulder and arm. She is at high risk for skin breakdown based on the Braden scale due to nutritional status and left- sided weakness.

**Customary Routine**

According to her daughter, Mrs. Brown gets up early, usually awake by 5AM. She likes to go to bed no later than 7PM. She eats breakfast at 6AM, Lunch at 11AM and Supper at 5PM.

**Activities**

According to her daughter, Mrs. Brown enjoys watching daytime television, knitting and working in her garden when the weather is good. She also goes to church once per week.

**Dietician Assessment**

Mrs. Brown was admitted for therapy and strengthening following a fall at home and a right sided CVA.

Mrs. Brown is on a soft diet but only consumes about 10% of meals.

Mrs. Brown has full dentures, but they are very loose and do not fit properly.

Per her daughter, Mrs. Brown’s usual body weight is 165 lbs. but she has lost weight in the last several months because she has not been eating. Current weight is 130. Review of lab work shows low albumin.

The daughter states that at home Mrs. Brown primarily eats soft foods that she can easily chew. She does not use any supplements such as Ensure.

Skin is intact; however, Mrs. Brown is at risk pressure ulcers due to limited mobility and nutritional status.

**Social Work / Case Management**

Mrs. Brown intermittently will say that she wants to go home although she does not always know that she is in the hospital. Her daughter stated that her mother has been adamant in the past about not going to a nursing home and would “*rather die if she can’t live at home*”.

Mrs. Brown has been residing in her own home, a two-story house for almost 60 years. She has lived alone since her husband died two years ago following a cardiac arrest. She has two daughters. The youngest daughter Jean has lived with her for the past year, after she lost her job. The eldest daughter Catherine lives in California with her family.

Mrs. Brown is a retired schoolteacher and both daughters describe her as a very private woman who has never enjoyed having visitors in her home.

Mrs. Brown took much encouragement to accept cleaning and shopping assistance once a week after her most recent admission.

Daughter Jean has Power of Attorney (POA) for financial and medical decisions.