

Patient-oriented Health Risk- Health Needs assessment (IM CAG v6)

Date: 09-10-2009
Patient ID: 1234567
Name: P Stijfjes
Date of Birth: 02-12-1932
Gender: Male
IM-Complexity Score: 32

Reason for admission: Emergency admission for deterioration of M Parkinson

Biological Risks

Since 2003 patient is known with progressive M Parkinson for which he had successful deep brain stimulation in 2008. However he gradually deteriorated as the balance between cognition and movement became delicate. Moreover since 1999 patient suffers Diabetes Mellitus due to excess weight (BMI>28) for which he uses oral anti-diabetics. In the past half year patient had 3 episodes of a urinary tract infection. Possibly resulting from an enlarged prostate. Yet the evidence is not yet conclusive and patient is still seen by an urologist.

Due to his overweight and his Parkinson patient is hardly able to walk. In combination with the current confusion he is not able to take care of himself. Patients' blood sugar level in the morning is increased (15 mmol) and in addition there are signs of a urinary tract infection. The confusion and nightly unrest might be a result of a recent medication change to prevent increasing stiffness now complicated by a bladder infection and a deregulation of blood sugars.

Psychological functioning

Patient is not a person who can manage problems well. He is inclined to ignore or postpone them. His wife informed us that this is related to a stay in a Japanese camp in the 2nd world war with his mother whilst his father was forced to labor on the Burma Railroad. After the war his father had serious emotional outbursts, which influenced patient and turned him in a conflict avoiding person. Patient is smoking 3 cigars and drinks 3-5 whiskey's at night in order to sleep. In the seventies patient suffered for an episode of depression after the death of his father. He had ambulant treatment (psychotherapy). Nevertheless as he was psychological not able to function in his job, he got illness compensation at the end of his career.

Patient has always been able to cope with the recommendations provided by his doctors for the treatment of his Parkinson and diabetes, except for his diet. The internist even thought that he controlled his blood sugars more often than needed. In the past half year the blood sugar control deteriorated probably due to the decline of his cognition. In the past week there is an increase of patients confusion. When his family is in the neighborhood he is quiet and cooperative. During the 1st night of his hospitalization patient was agitated and confused, as he had no idea where he was. Patient was in need for sedative medication.

Social circumstances

Patient had an administrative function at a publisher. He got compensation for continuous conflicts with his superiors. Afterwards he worked as a volunteer at Amnesty International, yet with limited success. Afterwards he was focusing on the cultivation of orchids. However in the past year this became impossible due to his physical restrictions. His grandchildren are currently the main source of leisure. Though patient attempts to avoid conflicts, contact with man are often complicated and might every now and then contribute to aggressive outbursts.

Patient lives with his wife in a 3-rooms apartment on the 1st floor without elevator. His wife indicates that in the past 3 months things went out of control and due to her arthritis she is quite concerned whether or not she will be able to manage even with additional care. Patient and his wife have good relations with their 3 children, who manage socially well. They are ready and available for help when needed. In addition patient's wife is socially well networked with friends who are willing and capable to help.

Provision of care

Patient is well insured, lives close to health providers, and is a native English speaker with an Irish background. The contact with doctors has always been good. However recently there was a conflict with the urologist. First patient had to wait an hour and he was out in 10 minutes. Yet this does not seem to have influenced his general attitude towards health personnel.

In addition to the general practitioner who they trust, an internist for the diabetes and overweight, the neurologist see patient for the Parkinson and recently an urologist. The care among the specialists and the general practitioner is communicated through letters. The general practitioner is the first person to contact.

Prognoses and treatment plan

Biological risks

The options of treatment for patients M Parkinson became very restricted as they led to confusion. Patient is severely inhibited by the physical complications of the Parkinson and the overweight. As there are currently deregulations of the blood sugar and the bladder infection, these are probably the components that can best be influenced. As such they their immediate treatment is crucial to patients risk of death followed by the adjustment of the Parkinson medication.

Goals

- Stabilize physical condition to such a level that self-care becomes an option
- Detailed insight in mechanism of delirium and its prevention
- Analyze and stabilize urological problem

Actions

- Physiotherapy to improve condition and walking capacity
- Delirium diagnostics
- Delirium prevention
- Consult internist and urologist

Psychological functioning

There are clear signs of a delirium. The main issue is to find an appropriate balance between his physical and psychological functioning.

Goals

- Improve level of cognition
- Prevent complications resulting from agitation
- Find balance between cognition and movement

Actions

- Consult psychiatrist
- Consult geriatrician

Social circumstances

Though a return to home might still be an option, the chance that in the nearby future a nursing home is required seems considerable.

Goals

- Rehab towards prolonged stay in own circumstances
- Plan nursing home in 3 month

Actions

- Involve partner and family
- Coach partner with Social Work
- Involve transfer nurse

Provision of care

The risk and need management plan needs to be supported by active preventive care management, including coordination- and communication of care.

Consultant(s)

- Active transfer to OP care

Coordination

- Prepare multidisciplinary meeting
- Transfer treatment to ambulant team