EBCAT Workbook for Activities of Daily Living

Case Study

ACFI Case Study – Frank

Admission History

Frank is 89 years old. He has been living with his wife Olive in an RSL village, he was receiving a Community Aged Care Package, but his condition has deteriorated. Frank served in the Korean War. He had maintained close ties to the ex-service community and was very active in the RSL up to 2 years ago. Frank was admitted to permanent care one month ago.

Personal History

Olive was asked to describe a typical day

Olive wakes Frank about 9am, helps him sit up and put on his robe and slippers. Frank would take himself to the toilet. He relied on Olive to help him get out of bed and out of chairs. He moved around the home quite safely using his frame. He would then have breakfast with Olive in the kitchen. Olive had some special cutlery and plates to help Frank with meals, and she followed a soft diet as directed by the hospital after his stroke. Olive stayed nearby when Frank was eating in case of any swallowing difficulties.

After breakfast Olive would set out his clothing for the day, and physically assist Frank with washing at the basin, gently encouraging him to do what he could reach. Frank had hand rails to assist him on and off the toilet and wore pads because he moved quite slowly and often could not get to the toilet on time. Usually he was continent with bowels with a daily toileting routine after breakfast. But Olive had to help him with completing toileting activities (e.g. using the toilet paper). He was still able to shave using an electric shaver. Olive found cardigans with zippers easier than jumpers for Frank, she could help him put them on without causing any pain in the shoulders. Three days a week a carer would come to shower and dress Frank. The carer reported that Frank had become increasingly confused and agitated when dressing, Olive wondered if it was due to pain or if his dementia was worse. Olive never rushed Frank in the mornings.

Frank would fill his day with sitting near the kitchen or in the garden, looking through the paper, listening to the radio, sometimes pottering down to his shed which was 2 metres from the backdoor and in a very safe and small backyard. He use to love repairing and recycling items, but it had been a good two years since Frank could do that, due to the arthritis in his hands and shoulder. Olive would always be nearby busy doing housework and gardening, and neighbours often dropped in. The village would transport Frank up to the community room most weekdays for a couple of hours for group activities so Olive could have some time to herself. Frank's son had set up skype on a computer (which Olive could use) so they could talk every night after tea and Frank could see the grandchildren. Although he did not always follow the conversations, he loved to watch his family and listen to their banter. He also enjoyed watching slapstick comedy in the community TV room, where he could have a laugh with familiar faces.

He usually had an afternoon nap for 1 hour, and was in bed by 9pm. He was becoming restless at night, wanting to get up a couple of times a night to go to the toilet. Because Olive had to help him out of bed, she had found this very tiring. He had two falls at the community centre in the month prior to admission because he tried to get up without his 4W frame.

Since admission, Frank has had a noticeable lowered mood.

Documented History

Diagnoses

ACCR and CMA: CVA, Vascular dementia, Type 2 Diabetes, Osteoporosis, High Blood Pressure, Arthritis and Mild Dysphagia.

CMA: Frank's doctor completed a Comprehensive Medical Assessment and reported that Frank had been re-assessed by a local Memory Clinic in the week before admission and they reported he now had moderate to severe dementia, where a year ago he had completed the assessment process, but now was not able to complete pen and paper assessments. They reported he had a dressing dyspraxia and also noted a lowered mood.

Care Related Issues

ACCR indicated

- Frank requires soft food to be cut up if required, Frank will eat his meal with the use of special cutlery, but requires supervision during mealtimes due to his swallowing risk.
- Frank requires full physical assistance with Personal Care - he has limited ability to shower, he can assist with some small parts of showering and drying. Frank has a dressing dyspraxia (difficulty planning the sequence of each activity) and becomes very frustrated with himself, also he cannot manage buttons or zips. He can shave if it is set up for him, he has upper and lower dentures but he does not clean.
- Frank walks short distances around his home with a 4W frame, but is forgetting to use his frame at the community centre. Due to the recent falls he needs supervision when walking.
- Frank is double incontinent and wears pads. He needs assistance with the pads and with toileting.
- His last fall resulted in a wound on his left leg (a re-occurring leg ulcer);
- Frank requires close monitoring with medications (he needs reminding to take all of his pills) and he needs to be given plenty of time due to his swallowing risk.
- Unable to test his cognition due to the severity of his impairment. States he is disorientated to place (when away from home), and time, but not person. His short term memory is poor.

Assessment Results

The collated history combined with assessments undertaken at the home, will be used to assist with understanding Frank's needs and for completing the ACFI.

Below are some examples of relevant information that was identified from the Initial Nurse Assessment (CHA), the Resident Nutrition Data Card (RNDC), the Falls Risk Assessment Tool (FRAT) and the Physical Mobility Scale (PMS).

Impact from other topics (CHA)	**Response**
Mood	Sad, withdrawn, angry Recommend Depression Assessment
Pain	Identified in shoulders and hands Recommend Pain Assessment
Cognition	Moderate to severe dementia Recommend referral to DBMAS for assistance with strategies to assist with ADLs

Dietary Assessment (RNDC)	**Response**
Type of diet	Diabetic
Texture	Soft, Cut up
Food likes	Ice cream, soup, porridge
Food dislikes	Spices, artificial sugar
Chewing and Swallowing Ability	Reported in CHA- mild dysphagia
Dexterity	Reported in CHA- limited
Eating Assessment (RNDC)	**Response**
Require assistance to be fed?	No
Require special utensils	Yes, Angled spoon and plate surround
Weight Assessment (RNDC)	**Response**
Weight	72 kgs and lost 4 kgs in last 6 months
Height	6 foot/ 184 cms
Within health weight range?	Yes; BMI = 21
Malnutrition Risk	Medium

Swallowing (CHA)	Response
Have difficulty swallowing?	YES
Have a gag reflex?	NO
Have any difficulty swallowing food and fluid?	YES
Cough while eating and drinking?	NO
Require a texture modified diet?	YES

Falls Risk (FRAT)	Level	Risk Score
Recent falls	One or more in last 3 months	6
Medications- anti-hypertensive	One	2
Psychological- judgement re mobility, depression	Appears moderately affected by one or more	3
Cognitive status	Mod impairment	3
	MEDIUM RISK	**14/20**

Physical Functioning (PMS)	Level	Score
Supine to side lying (L)	Independent	5
Supine to side lying (R)	Independent	5
Supine to Sit	Requires assistance with lower limbs or upper limbs only	3
Sitting Balance	Sits unsupported, turns head and trunk to look behind to left and right	4
Sitting to Standing	Requires equipment to pull to standing e.g. handrails	2
Standing to Sitting	Poorly controlled descent, stand-by assistance required…	3
Standing Balance	Able to safely stand using aid: 4WF	1
Transfers	Assistance of one person required	3
Ambulation/Mobility	Stand-by assistance/prompting required	4
		30/45

Range of Movement (CHA)	Response
Shoulder joints	Poor ROM (2) & Crepitus & Pain
Elbow joints	Active movement against resistance (3)
Forearms	Active movement against resistance (3)
Wrist joints	Poor ROM (2) & Swelling
Finger and thumb joints	Barely detectable muscle contraction (0) & Swelling & Pain
Knee joints	Poor ROM (2) & Swelling