Case 1 Mr X

80 yrs old male with extensive medical background lives with his wife who is the carer and EPOA.

Has one son who lives on the GC but non- supportive!? Both moved from the UK 40 yrs ago.

Previous ACAT approval for HCNH placement and level 3-4 packages from 2014.

Past Hx :

Recurrent urinary retention requiring multiple IDC (has failed TOV) wife refused TURB.

Poorly controlled T2DM on insulin

Seizure and pseudo seizures

CKD/AF/HTN

Obesity/Chronic back pain (sleeps in a chair) /Pressure ulcer /Chronic venous leg ulcers.

Mild -moderate cognitive impairment /COGNISTAT (59/82) /Has dyslexia and some behavioural problems.

Patient story line

March 2016 → 6 different presentations to ED with UTI / urinary retention / backpain and hypoglycaemia

Admitted to medical ward for further assessment

Patient became emotionally distressed when seen by the ward social worker

"Although carer stress has been documented and identified by wife, both wife and Mr X are reluctant to increase services!"

" *Pt became emotional and reported his wife becomes frustrated with him and he 'blames himself' for her frustration."*

"Pt reported when he asks for assistance from his wife with showering or drying, she can be dismissive and claims that she is busy doing other things such as gardening"

Seen by Psych team (cleared from their side, frustrated and sad due to general decline but no major depressive illness)

April 2016 →4 presentations to ED Had a fall with multiple physio evaluation clearing him (safe for discharge)

Carer stress and acopia

Admitted again to medical ward and had 2 pseudo seizures (only when wife is talking or arguing with husband)

Transferred to geriatric ward / 2 weeks stay as inpatient

The team agreed that there will be one further trail of D/C home with the aim of RACF from community (has high ACAT assessment already) due to wife insisting on taking her husband back home and refusing his placement to RACF from the hospital.

What are the issues in this case?

- Why she is resistant to NH?
- Is it difficult for her to deal and complete paper work?
- ? Financial
- Where does the wife fit in all of that? Who is taking care of her?
- If wife is EPOA but is not making good decisions what do we do? Have we assessed the wife?

What happened next will shock you?

- Followed by 11 presentations to ED with different complaints (penile pain, leaking IDC, epigastric pain, reflux, unable to sleep ….)
- Specifically, on night shifts (when wife is fed up and can't sleep)
- Wife calls 000 stating husband has chest pain, SOB but when QAS arrives or he comes to ED the story changes.
- The wife was very clever and manipulative and knows the system very well (when calling 000 she states that her husband has chest pain, pick up her husband in the morning 6 am before any senior doctors arrive to avoid him being admitted under the medical team / notifying the geriatric team)
- Until she was late one day in picking him up from ED and when seen by senior physicians she told the team "I am not wasting any cent on his RACF " she was under financial pressure , was involved in a car accident and did not have insurance and she wanted to secure her financial future when he dies.