

## Case 2 Mr Y

### July 2016

85-year-old male BIBA referred by GP query aspiration pneumonia and Swelling to his Lt elbow/forearm that has been treated empirically for upper limb DVT for further management.

Collateral history from his Son - noticed swelling to his Lt elbow/forearm x 2 weeks - Worse in the last week.

Patient is bed ridden with poor verbal communication (very quiet and whispers answers)

QAS very concerned Re conditions at patient home (residing in a non-insulated, detached garage off son's 3 level home and Son's 3 dogs are jumping on the patient bed.)

The Son was un-cooperative with QAS.

The Son is the only family member for the patient.

### What are the Key issues in this case?

### What are the risk factors for elder abuse in this case?

Progress in ED

**X ray of arm** : old and new # of the elbow

**Concerns raised for Elder abuse in ED and was admitted against the son will.**

**Review of old notes revealed the following:**

**Feb 2014-** lower back injury 2ry to being pinned on the ground by a garage door presenting 3 days later / crush # T2 / back abrasions and bruising.

**March 2015-** pre-syncope and recurrent falls / Diagnosed with NPH / DAMA (discharged against medical advice by the son)

**April 2015-** Late presentation 2 days later /mechanical fall presented with infected hand wounds and large leg wound (filled with mud and plant particles) /Also # finger.

**April 2015 -** Plastic OPD follow up New -Bilateral knees- multiple abrasions and left Elbow-skin tears post fall 1/7 ago Old hand wound is healing.

**April 2016-** # NOF post fall with Long lie on the floor followed by incomplete period of rehab as Son took Pt home against allied health advise.