

Identified Care Needs for Trevor Arthur Saunders DoB 7-6-1940 as at 16 July 2008

Immobility

Pressure ulcers: very high risk of pressure ulcer development. Needs Nimbus (specialist pressure relieving mattress 24/7). Needs regular pressure area care with minimum 2 staff 24/7.

Chest infection: At very high risk of developing persistent chest infection(s).

Muscle wastage: limb contractures with no movement or feeling on right arm shoulder and leg, increasing discomfort and difficulty in manoeuvring, even in hoist. Trevor is largely unaware of this side of his body.

His left hand has three fingers contracted into stiff positioning allowing him dexterity only in his forefinger and thumb on his left hand, which is very restrictive for Trevor.

Trevor is currently able to move his left leg, however this is minimal and is stiff. He does not stand up to weight bear and lack of movement over a long period has resulted in muscle wastage of his left leg also.

Moving and handling: complexity due to above stated. Also Trevor is a large man with very dense hemiplegia. Needs hoist and specialist wheelchair with minimum of 2 staff plus a lot of encouragement. Trevor is reluctant to get out of bed and dislikes the discomfort of the hoist.

Elimination

Trevor is incontinent of urine and faeces at all times and is mostly unaware when he has passed either. He wears a pad at all times and takes medication to reduce the risk of constipation.

Washing and dressing

Completely dependent on minimum of 2 staff to assist with washing and dressing. Needs to be dressed on affected side first. Trevor refuses to have a bath or a shower because he doesn't like the hoist. Needs assistance with mouth care, hand and foot care. His contracted limbs need attention with washing, particularly the restricted movement in his left hand of the forefinger and thumb as the other three digits are at risk of becoming increasingly contracted and creating sores on his inner hand.

Communication

Cognitive impairment due to CVA (Cerebral Vascular Accident) - unaware and unable to recognise risks (e.g. feeling on affected limbs).

Aphasic - unable to communicate in standard / regular form as cannot find appropriate words frequently. Needs professional communication skills, time and patience to know and understand his specific needs in communication. Whilst this has improved it is not fully functioning yet and Trevor continues to have Speech and Language therapy input. Trevor is able to express his needs and wishes, especially to those he knows well, but not always. He relies on the staff knowing him well to address many of his needs.

Depression / low mood.

Unable to maintain a safe environment

Unaware of risks due to lack of sensation in affected limbs and cognitive impairment of these. Does not move at all in bed so bedrails have been removed.

Specialist wheelchair needed to accommodate right arm and leg, and possibly his lack of dexterity in his left hand / fingers.

Trevor gets low and depressed, especially when visited by people from outside the environment (based on feedback from staff, apparently because it reminds him of how he once was). He cries and sends people away, losing his words even more. He occasionally shouts and becomes annoyed and frustrated at his situation.

Eating and drinking

Trevor can feed himself if food and food and drink are cut up and left in the appropriate position on front of him. He does need some prompting, monitoring, supervision, food cut up, encouragement and occasionally (e.g. with chest infection) feeding.

Conclusion

This is an independent assessment of Trevor Saunders care needs. Due to the complexity of ongoing care, we would consider these to be health needs, and consider Trevor to meet the criteria for Continuing Care. The care needs of Trevor Saunders equal or exceed those of Pamela Coughlan as described in PAMSDAY.PDF on www.nhscare.info

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