Meharry Consortium Geriatric Education Center

2015 Inter-Professional Team Training
Case Study*

**Patient name and age:** Afsana Hamid, 84 year old woman of Middle Eastern descent

**Diagnosis:** 5 weeks status post right hip surgical repair, type II diabetes, major depression

**Current living setting:** Sunrise Skilled Nursing Unit in Brentwood, Tennessee (Mrs. Hamid had been in independent living at Sunrise prior to her hip fracture.) Sunrise Skilled Nursing Unit is a separate unit at the Sunrise Retirement Community that accepts Medicare and private pay, and provides short-term skilled nursing and rehabilitation services for Sunrise residents and those requiring temporary high levels of care post-hospital discharge.

**Insurance/payer:** Medicare and Medigap

**Medical history:** hyperlipidemia, hypertension, osteoporosis, type II diabetes, major depression.
5 weeks ago hip fracture; after 1 week stay in hospital, discharged to SNF. Has been in SNF for 4 weeks.

**Current medications and medical interventions:** aspirin 325 mg PO daily, Lipitor 10 mg PO daily, lisinopril 20 mg PO daily, Remeron 15 mg PO QHS, glyburide 5 mg PO BID, metformin 1000 mg PO BID, Lasix 20 mg PO daily, Percocet 10/325 mg PO Q4 hours prn, ginkgo biloba 120 mg PO BID, vitamin E 400 mg PO BID, coenzyme Q10 400 mg PO daily. Currently receiving physical and occupational therapy but limited progress has been made.

**Vitals:** Height: 5’2” though Mrs. Hamid claims to be 5’4”; Weight: 120 pounds; UBW six months ago: 140 pounds;
BP: 162/92; RR: 18 rpm; HR 76 bpm; T 98 degrees F
**Labs/ tests:**
FLP: TC 192, TG 174, HDL 40, LDL 117  
CBC: WBC 6.1, Hgb 14.1, Hct 42, Plt 178  
BMP: Na 142, K 3.4, Cl 95, CO₂ 29, BUN 9, SCR 0.6, Glucose 162  
LFTs: Albumin 3.4, AST 67, ALT 52, TBili 0.6  
HgbA1C: 9.2%  
DEXA: -2.3 (performed 2 years ago)  
MMSE score: 26 (1 year ago); 23 (5 months ago)

**Social history:** Former schoolteacher, widow for four years, four children, 14 grandchildren, 11 great-grandchildren. She does not smoke or drink alcohol and has two cups of coffee daily.

Shortly after Mrs. Hamid’s husband died, she moved from her home into an independent living (IL) apartment at Sunrise Retirement Community. She drove and enjoyed participating in the activities at the facility and in the community. Mrs. Hamid’s monthly income of $2,256 consists of a small pension and social security. She has $96,000 in assets from the sale of her home. She does not have long term care insurance.

Six months ago, Mrs. Hamid’s family began to notice changes. Mrs. Hamid forgot to take medications for depression and high cholesterol, which she had been taking for years. She made errors in taking her glyburide resulting in erratic blood sugar levels. Her participation in the exercise class and social activities at the retirement center became less and less frequent. She got lost a few times when driving in the community. A month after noticing these changes, Mrs. Hamid’s daughter took her to see her PCP who did bloodwork and a MMSE (score = 23), but there was no further testing or treatment. Her daughter reports that Mrs. Hamid appeared confused recently, and six weeks ago (just prior to the fall) she found her mother’s purse in the refrigerator.

Five weeks ago, Mrs. Hamid fell in her apartment, resulting in a right hip fracture. She was taken to the hospital for surgical pinning of the hip and released to the skilled nursing/rehab unit located at Sunrise. She was on the rehab unit for two weeks with slow progress noted by both physical and occupational therapy. Following the recommendation of the rehab team, she is now temporarily living on the skilled nursing
unit of the retirement community until a long-term living situation can be arranged. While her status is only partial weight-bearing on the right leg, it is difficult for her to follow this precaution. This increases her risk for falls, thus she often uses a wheelchair.

She is now having difficulty with meals. She is refusing to swallow her food, although is still swallowing pills with verbal instructions, and has shown a decline in appetite or interest in meals. Family and staff have also observed that Mrs. Hamid is not able to communicate as clearly, forgetting words or substituting words that are illogical. Mrs. Hamid’s oldest son and only daughter live in town and frequently visit her on the unit. They have noticed continued decline in her memory and wonder if she is receiving the appropriate amount of care from the nurses and aids in the Sunrise Skilled Nursing Unit. As her decline has accelerated, Mrs. Hamid’s son has become increasingly demanding of the staff.

**Behavioral/ emotional functioning:** Mrs. Hamid is not as active on the skilled nursing unit as she had been in her independent living apartment; she tends to stay to herself and does not socialize with other residents. Two months ago, one of her best friends in independent living had a major stroke; she remains in a coma. Mrs. Hamid has stopped calling her children and seems disinterested when they call. She was previously impeccably dressed and well-groomed; however, she is typically in the same night gown for days and refuses assistance for daily living skills (e.g., to shower or get dressed). Mrs. Hamid’s short-term memory has notably declined since she fell and broke her hip.

**Spirituality/ routines/ rituals:** Muslim: Up until 5 months ago, Mrs. Hamid regularly attended the mosque with her daughter and often spoke with staff about her faith and the importance of ‘salat’ (brief prayer five times a day). However, since returning from the hospital, she resists any attempts to talk about her spirituality.

**Current functioning for daily living and instrumental daily living tasks:** Mrs. Hamid requires maximum assistance for bed mobility and to move from supine to sit at the edge of her bed. When cooperative, she requires moderate assistance for upper body ADLs (i.e., dressing and bathing) when seated at the edge of the bed or in her wheelchair. Mrs. Hamid requires maximal assistance for all dressing and bathing ADLs
for her legs. She requires maximal assistance of one for standing and all transfers or maximal assistance of two for steps (i.e. into the shower). She has been incontinent of urine several times in the past two weeks. Mrs. Hamid is verbalizing that the nurse is giving her the wrong medications. Mrs. Hamid has convinced her son that one nurse’s aide is trying to poison her. The son has informed the ombudsman and has filed a complaint with the Tennessee Department of Health regarding his concerns that his mother is overmedicated, and his mother’s feeling that she is being poisoned.

**Current concerns or issues:** Decrease in strength for upper body dressing and wheelchair mobility, decrease in appetite, steady recent decline in cognitive functioning, incontinence, and decrease in independence. Administration and staff have told the family that Mrs. Hamid cannot return to independent living, and Medicare will no longer pay for her continued stay on the skilled nursing unit because of her lack of progress. She must be discharged within one week.

The eldest son (with durable power of attorney) believes Mrs. Hamid could be cared for more appropriately by the family and should be discharged to live with Mrs. Hamid’s daughter (his sister). The daughter, who has visited six times in the past two weeks, is not comfortable taking her mother home. The daughter lives in a two-story home with the bathroom on the second floor. She fears that her mother would fall. In addition, she has younger children at home and children that she must take to school. There would be no one to stay with her mother when she went out. She does not feel that her home would be safe or that her husband would approve of her mother moving in. Mrs. Hamid’s other two children are sons - one lives in Indiana and the other in Connecticut. Both have good jobs and are married with children. Because of their distance from the Nashville area, they do not see Mrs. Hamid frequently but try to keep in touch by phone.

*Case adapted with permission from Xavier University’s College of Social Sciences, Health & Education*