GM Nutrition and Hydration Programme

Emily's Story

Stage 1

Emily is a 72-year-old lady who lives alone; she is a retired teacher. Emily lives in the family home where she raised her children, a three bedroomed semi-detached house. Emily's husband of 51 years died 9 months ago and Emily has suffered with low mood since his passing,

Emily has two loving sons who see Emily as often as possible, however neither live locally and they work full time, so it is often 2 or 3 weeks between visits. Emily meets her friends on a Friday lunchtime to play whist. As Emily has recently surrendered her driving licence (following a collision) a friend collects Emily and takes her home.

Emily's GP commenced her on anti-depressants to combat Emily's low mood.

DISCUSS

Stage 2

8 weeks ago, Emily fell at home, this resulted in a fractured femur, Emily underwent surgery and was discharged home with some "strong" painkillers. Emily receives home care twice a day, in the morning to assist Emily to get out of bed and get dressed, then in an evening to assist her to get undressed and back to bed.

Emily no longer attends the whist club as "does not feel up to it" due to the pain that has remained in her hip. Emily is also not sleeping very well.

Emily sees her GP about this, they increase her anti-depressants and commence her on some medication to aid her to sleep.

DISCUSS

Stage 3

Emily's sons visit Emily and notice she is becoming increasingly forgetful and quite irritable. They discuss this with Emily's carers, who have also noticed that Emily has become less engaged with them.

They also notice that she has lost weight and that her cupboards are full with food and there are out of date ready meals in the fridge.

They report that they believe Emily is incontinent of urine, though Emily denies this the sheets and bedding smells and she will not allow the carers to change the bedding saying there is nothing wrong with it.

DISCUSS

Stage 4

Emily's son takes her to the GP as Emily has a rash that is itchy and during the examination, he notes that Emily is losing more weight, she has a grade 3 pressure sore to her sacrum, that is infected and smells. Emily's son mentions he is concerned about her behaviour and memory

Emily's GP prescribed anti-biotics for the pressure ulcer, emollient and steroid cream for the rash along with dressings for the pressure sore. They continue the painkillers, the sleeping tablets and the anti-depressants. Emily is also referred to the memory clinic, and a referral is made to the district nurses for dressing changes every 3 days.

DISCUSS

Conclusion

The district nurses call 3 days later at lunchtime and find Emily on the floor, when they speak to her she is delirious and has a high temperature, they dial 999.

Emily attends A&E she is diagnosed with acute renal failure, sepsis, grade 4 pressure ulcer.

Emily, her family, her friends and the carers are all distraught as feel they should have done more.

FINAL THOUGHTS

Trainer's Notes

Emily's story is designed to be revealed one stage at a time. The Notes outline the questions and issues to be raised after each Stage. Try to incorporate local support systems or organisations that can help with Emily's needs.

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Emily has two loving sons who see Emily as often as possible, however neither live locally and they work full time, so it is often 2 or 3 weeks between visits. Emily meets her friends on a Friday lunchtime to play whist. As Emily has recently surrendered her driving license (following a collision) a friend collects Emily and takes her home.

Emily's GP commenced her on anti-depressants to combat Emily's low mood.

NOTES

Pause and reflect – what are the risks to Emily's nutrition and hydration

- Low mood, not having the motivation to eat and drink
- Loneliness, isolation
- Loss of identity as no longer a couple or able to drive
- Are anti-depressants an appropriate response in this situation?

What interventions should have been considered at this point?

- Should she have been referred to a social prescriber?
- Should her access to transport and social activities have been addressed?
- Should questions about shopping and appetite have been asked?
- Should her family have been contacted?

Information

The Evaluation of the GM Nutrition and Hydration Programme, carried out by Manchester University, identified trauma, including bereavement, as a common contributor to loss of appetite and weight loss in research subjects.

Stage 2

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Emily no longer attends the whist club as “does not feel up to it” due to the pain that has remained in her hip. Emily is also not sleeping very well.

Emily sees her GP re this, they increase her anti-depressants and commence her on some medication to aid her to sleep.

NOTES

Pause and reflect – what are the risks to Emily’s nutrition and hydration

- Fear of falling
- Further isolation and lack of social contact
- Stairs, upstairs bathroom
- Side effects of the medication
- Walk to the kitchen and wait for the kettle to boil / food to be cooked
- Constipation

What interventions should have been considered at this point?

- Should dehydration have been considered as a contributory factor in her fall, with a referral to a Falls Prevention Service?
- Should there be more attention to how Emily prepared food and accessed drinks in her assessment and care package? Was her assessment holistic and comprehensive?
- Who should have recognised her additional mobility and self-care needs? How quickly can additional needs result in a new assessment and care package? Would she benefit from physio / a rehab facility?

Information

47% of people who fall are dehydrated or malnourished

Stage 3

Emily's sons visit Emily and notice she is becoming increasingly forgetful and quite irritable. They discuss this with Emily's carers, who have also noticed that Emily has become less engaged with them.

They also notice that she has lost weight and that her cupboards are full with food and there are out of date ready meals in the fridge.

They report that they believe Emily is incontinent of urine, though Emily denies this the sheets and bedding smells and she will not allow the carers to change the bedding saying there is nothing wrong with it.

NOTES

Pause and reflect – what are the risks to Emily's nutrition and hydration

- Fear of incontinence
- Embarrassment
- Weight loss due to lack of appetite
- Being more sedate, isolated and lack of social interactions in between carer visits

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What interventions should have been considered at this point?

- Should the evidence of nutrition and hydration problems have led to specialist nutrition support?
- Is the fact that Emily is refusing to have her sheets changed sufficient to have raised safeguarding concerns?
- Should the question of whether their mother can continue to live totally independently, have been raised with her children?
- What level of training is required for carers to recognise incontinence or other physical conditions arising from poor mobility?

Information

20% of older people are dehydrated. Some signs and symptoms of dehydration are:

Fatigue, headaches, dizziness, memory issues, confusion, nausea, UTIs, constipation, pressure sores, irritability, weakness, risk of falls, increased risk of infection / sepsis, low mood and energy so loss of independence and mobility.

- Is Emily presenting with any of these?

Stage 4

Emily's son takes her to the GP as Emily has a rash that is itchy and during the examination, he notes that Emily is losing more weight, she has a grade 3 pressure sore to her sacrum, that is infected and smells. Emily's son mentions he is concerned about her behaviour and memory.

Emily's GP prescribed anti-biotics for the pressure ulcer, emollient and steroid cream for the rash along with dressings for the pressure sore. They continue the painkillers, the sleeping tablets and the anti-depressants. Emily is also referred to the memory clinic, and a referral is made to the district nurses for dressing changes every 3 days.

NOTES

Pause and reflect

- Will Emily remember to take her antibiotics?
- Incontinence will cause the dressings to fall off, although Emily denies she is incontinent.
- Embarrassment about smelling (secretions from pressure sores have a distinct smell).
- The carers are reliant on Emily telling them any GP advice and diagnosis as they have no access to medical / care records.

What interventions should have been considered at this point?

- Who could have identified the developing pressure sore and what could have prevented it?
- Could Adult Social Care have been involved or the care package been added to?
- Could a referral to a social prescriber have benefitted Emily?

Conclusion

The district nurses call 3 days later, at lunchtime, and find Emily on the floor, when they speak to her, she is delirious and has a high temperature, they dial 999.

Emily attends A&E she is diagnosed with acute renal failure, sepsis and a grade 4 pressure ulcer.

Emily, her family, her friends and the carers are all distraught as feel they should have done more.

What interventions could have avoided this situation from developing?

Encourage free discussions, drawing together the interventions identified at stages 1-4.

Conclusions

Discuss final thoughts on how this situation could have been avoided in the early stages, rather than being allowed to develop to crisis point.

How could this have impacted Emily's needs - physical, social and emotional health?

Information

Older people can become malnourished if they don't eat enough for 2 – 3 days.

Malnutrition is PREVENTABLE AND TREATABLE and NOT a natural consequence of getting older.

Research by University of Manchester has found that simple conversations can make a big difference for older people at risk of malnutrition.

Malnutrition costs the health and social care system around £19-20bn per year – this is related to longer stays in hospital, higher costs of treatment and being admitted more often. A&E presentation for older people for a fall, has huge costs attached.

20% of older people are dehydrated. This leads to admissions to hospital for - confusion, UTIs, falls, constipation, increased risk of infection / sepsis, low mood and energy, so loss of independence and mobility.

Refer any concerns to managers and involve family members, where appropriate.