



Case Study

Medication / Dementia





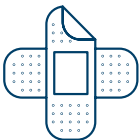
Residential Aged Care Facility at a Glance

- 17 Beds site
- Hunter Valley
- MMM5
- Community of 1821 people
- Major employer in town
- Tertiary hospital located 135ks
- Limited access to allied health practitioners
- RN employed 5 days x 8 hours – unable to recruit further hours



Client Intro

- Female 84 years
- Lived in the local community all of her life
- Prior to the administration of psychotropic medication, resident was very social, reading and interacting with other residents, working in the facility gardens and had stable mobility
- Major medical issue impacting on care: Vascular dementia with emerging features of Lewy Body dementia
- Recurrent urinary tract infections



Problem

- Resident referred for a general review due to a decline in her general health, increased hallucinations, disturbed sleep changes and concerns re recent medications changes. JB observed to have increased levels of fatigue and napping frequently throughout the day
- History of hallucinations for >6months however staff reported that these hallucinations have become more distressing and disturbing more recently
- Recently rolled out of bed as she believed cowboys were kicking her out.
- Last seen by geriatrician 09.08.2022 and is due for a further review again in July 2023. Geriatrician consults from Sydney
- Prescribed psychotropic medications including Risperidone - commenced on 22.03.2023 and dose increased 02.05.2023
- Palexia SR for pain management
- Provider had referred resident to GP for review of medications and a decline in her general health however, no changes to care were made
- Decline in social activities over a period of 4 weeks prior to iAgeHealth review



Assessment

- During the initial assessment resident sitting hunched, drowsy, dribbling, very little meaningful engagement during the consultation
- Staff report has experienced increased drowsiness, dribbling, physical and verbal agitation secondary to disturbing visual hallucinations and parkinsonism
- Mid Stream Urine result: no abnormalities detected
- Recent positive faecal occult blood test - family opting for nil investigations at this time



Goal

- To return resident to pre- risperidone physical functionality
- To return resident to social activities undertaken pre-risperidone
- Improve medication management
- Improve the management of behaviours of concern using non-restrictive practices



iAgeHealth Intervention

- iAgeHealth multidisciplinary team established to review assessment consisting of Registered Nurse (dementia specialist) , Physiotherapist, occupational therapist
- A letter from iAgeHealth team was sent to resident's GP on 15.06.2023 expressing concerns for residents wellbeing following initial review (correspondence following page)
- iAgeHealth assisted service with a referral to Dementia Support Australia
- Recommended trial of audio book or music / doll therapy
- Recommended introduction of seated activities such as folding laundry
- Recommended commencing of behaviour charting in preparation of the Dementia Services Australia review



iAgeHealth Intervention cont.

15th June 2023



Dear Dr AB
RE: Jane Doe - Sunny Living
DOB:

I am writing through to you regarding the above patient who is under your care. Recently JD has come on board with iagehealth, which provides a remote service with 24/7 registered nursing support, 7/7 physiotherapy access, along with other allied health disciplines.

As a team this morning we have reviewed JD. It was confirmed that she has had an increase in distressing visual hallucinations over the past month which are now occurring in the day time, along with long standing night time hallucinations. This has upset the client's sleeping routine and she is unable to engage in daily tasks and activities of interest. During our consultation, JD had very little engagement and slept throughout the review. Staff also report that since increasing dose of risperidone, JD has also begun dribbling and symptoms of Parkinsonism have been observed.

Sunny Living will refer JD to Dementia Services Australia, along with trialing doll therapy to ascertain if this will help to settle/ soothe the client. As an additional step would it be possible for you to review JB's medication chart, specifically risperidone. It is reported that daytime hallucinations and reduced capacity to engage in verbal conversations have coincided with the start of this medication. We are aware that the client has been referred for a Geriatrician review in July 2023, but the team is concerned that client will further decline in the weeks awaiting this review.

Kind Regards
iagehealth Team
Rachel Bourke (RN)
Abby Schmidt (Physiotherapist)
Nami Zemanek (Occupational Therapist)

Outcome

- Resident reviewed by GP 27.06.2023 and risperidone dose reduced
- As at 05.07.2023 resident is
 - Mobile without assistance
 - Interactive
 - Spontaneously engaging in conversation with others
 - No further drooling
 - Following staff direction appropriately
 - Gardening
 - Behaviours of concerns being managed well with the reintroduction of social activities and additional monitoring and interventions by staff





Benefits

- Immediate access to a multidisciplinary team with dementia specialist
- Improved management of behaviours of concern
- Reduced use of restrictive practices (psychotropic medication dosage)
- Improved mobility
- Continuity of care
- Improved quality of life
- Improved engagement with external specialists (e.g. Dementia Services Australia)
- Engagement with resident's existing care team
- Right care, right place, right time



iAgeHealth is changing the way we are able to support our residents with dementia.

The immediate access to a dementia care specialist has literally changed this resident's quality of life for the better and helped us improve as a service in the way that we support residents with dementia by using bestpractice strategies.

I am so grateful to be able to have that type of help at our fingertips.

I can't even get a nurse 7 days a week on-site, let alone a team with the type of expertise that iAgeHealth offers.

Now I have it 24/7. – Residential Aged Care Manager