

# Lorraine's journey

## Townsville – Residential Aged Care Facility - Dementia

Lorraine is an 80-year-old woman with advanced dementia. Lorraine moved into a Residential Aged Care Facility in Townsville 4 years ago due to her functional decline making it unsafe for her to live alone. She was previously cared for by her husband, but he has since passed away and the services available are not enough for her to remain safely at home alone. Over the last 6 months, Lorraine's function has begun to decline more noticeably. She no longer eats and drinks adequate amounts, her ability to speak and communicate has reduced and has now started having an increasing number of falls.



### QUEENSLAND AMBULANCE SERVICE

The paramedics have difficulty communicating with Lorraine. They transfer her to the Townsville University Hospital (TUH) for the third time this year. She is not given any analgesia.



### EMERGENCY DEPARTMENT (ED)

The junior doctor orders pathology & radiology. Lorraine isn't talking so a history can not be taken. No analgesia is provided. Lorraine's Next of Kin (NOK) cannot be contacted. ED Pharmacist completes a medication history so usual medication can be commenced. The pharmacist shows the doctor The Viewer in the electronic medical file where there is a copy of Lorraine's Advance Health Directive (AHD) and Enduring Power of Attorney (EPOA).

### LORRAINE HAS A FALL

The personal care worker at the residential aged care facility (RACF) finds Lorraine on the ground beside her bed on a Saturday morning. The registered nurse reviews Lorraine and calls an ambulance. Lorraine doesn't appear to be in pain. The nurse is concerned because Lorraine takes anticoagulant medication.

#### Key Themes:

- Substitute decision makers
- Primary care in residential aged care
- Recognition of pain and delirium in advanced dementia
- Sharing medical records across the care continuum
- Contracted allied health services
- Palliative care not a core subject in aged care training.
- Role of emerging services such as a Specialist Palliative Care in Aged Care (SPACE)

### FRAILTY INTERVENTION TEAM (FIT)

The clinical nurse can't find the transfer information from the RACF but gets collateral information over the phone. Following an assessment, the FIT nurse discusses pain management & the possibility of Lorraine having hypodelirium with the treating doctor.

### SURGERY

Lorraine has been found to have a fractured femur. The orthopaedic surgeons recommend surgery for pain management and quality of life. Lorraine's EPOA consents and assists the surgical doctors with making an Acute Resuscitation Plan before surgery. After the surgery, the orthogeriatricians diagnose Lorraine with dysphagia and refer to the speech pathologist.

### DECLINING FUNCTION

Lorraine is not able to be rehabilitated to her pre-injury baseline and is discharged with multiple recommendations from the physiotherapist, speech pathologist and geriatricians.

### FAMILY

Lorraine's son finds it very difficult to visit his mother. He previously enjoyed a cup of tea with her once a week but she can no longer hold the cup and seems to choke on her water.



### GENERAL PRACTITIONER

The GP reviews Lorraine 4 days after her discharge during his weekly visit. The family ensure they are present and have a long discussion with the GP about the significant changes in Lorraine - especially her decreased oral intake and difficulty taking oral medication. A new Advance Care Plan is established with a Statement of Choices (Form B) that outlines the ceiling of care for Lorraine including no further transfers to hospital.

### RETURNS TO RACF

Lorraine returns home to the RACF. The nurse & care workers are able to hoist Lorraine to a recliner chair most days. Lorraine has limited social interactions apart from her family's visit on the weekends and the lifestyle coordinator's music mornings.



### SPEECH PATHOLOGY

The speech pathologist contracted by the RACF reviews Lorraine as it is important to her family that she drinks comfortably. Education is provided to the family about Lorraine's risk of aspiration and strategies to make swallowing safer. Lorraine is prescribed thickened fluids so she no longer chokes.

### FIT ED SUBSTITUTIVE CARE

Lorraine has a fever, productive cough and a new oxygen requirement, and her GP is unable to review her today. FIT visit Lorraine at the RACF and provide support to the nursing staff and the family about the signs that this may be Lorraine's last days of life. Medications are charted to ensure she is as comfortable as possible. The FIT Doctor contacts Lorraine's GP to advise of assessment and interventions provided.

#### Potential issues/barriers:

- Family's adjustment to deteriorating health of loved one.
- Disorientation associated with ambulance transfers and hospitalisation for people living with dementia
- Pain underrecognised in people living with dementia - Staff turnover and use of agency staff in RACFs
- Wait times for a QAS transfer from hospital back to RACF



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