

RAF Pre-Test Acute Sector Case Studies

Case Study 1

Trudie is a 75 year old lady who lives with her husband. She is admitted to hospital for investigations into her intermittent abdominal pain. She is active and mobile and other than intermittent abdominal pain reports being fit and well. Trudie walked on to the ward unaided. She reports no skin problems.

Case Study 2

Susan is a 21 year old student who is admitted with a severe headache. She is a keen hockey player and reports being usually fit and well. Susan refuses analgesia as it makes her feel 'strange'. She is fully mobile: due to her pain she can't get comfortable and moves from bed to chair frequently and walks to the toilet. She reports no skin problems.

Case Study 3

John is a 29 year old gentleman who is admitted with acute appendicitis. John is a keen rugby player and is normally fit and well, though he is an insulin dependent diabetic which is well controlled and he does not have peripheral neuropathy. On admission John has a lot of pain, feels generally unwell and remains in bed. He has pain relief but is fully alert. John moves around in bed independently and frequently walks to the toilet unaided. John generally has a good diet and has a muscular stocky build, but is put nil by mouth on admission and is to have an IVI put up. He has no moisture or circulation problems. The staff nurse assesses John's pressure ulcer risk as part of her admission procedures.

Case Study 4

Hilda is an 80 year old lady who is admitted to the elderly care ward following a chest infection. Hilda lives in a warden controlled flat with her 85 year old husband. Hilda has a history of COPD and previous chest infections. Hilda is usually quite active and mobile within in her home but is restricted to the distance she can walk due to breathlessness.

On admission to the ward Hilda is weak and not as mobile as usual: she is able to transfer herself but needs the aid of one nurse to accompany her when walking to the toilet as she feels unsteady. She is able to change her position independently and does when she feels uncomfortable, but is lethargic and spends most of her time in the chair. Hilda has lost her

appetite and says she has lost weight in the last 2-3 weeks and appears to be very thin and bony. She has been taking steroids and her skin appears thin and dry. She doesn't have any moisture problems and is not diabetic. The staff nurse assesses Hilda's pressure ulcer risk as part of her admission procedures.

Case Study 5

Jenny is an 80 year old married lady who is admitted to surgical ward with abdominal pain following an elective laparoscopic cholecystectomy 14 days ago. On admission she has a temperature of 39 – 40 degrees C and is very sweaty. She is being treated in a side room due to a possible infection and diarrhoea. She is 'nil by mouth' and commences IV fluids and antibiotics, though normally eats well and is a healthy weight. Jenny is given morphine as pain relief which makes her very sleepy. She is very lethargic and rests in her bed. She is able to transfer to the commode with the assistance of one nurse. She is able to change her position independently in bed but due to her lethargy doesn't very often. Prior to her recent health problems Jenny was in good health, is not diabetic and doesn't have any circulatory problems. The staff nurse assesses Jenny's pressure ulcer risk as part of her admission procedures.

Case Study 6

Joan Smith, a 72 year old lady who lives alone, has just been admitted to an acute medical ward following a stroke. Joan works part-time as a florist. She was found unconscious on the floor by her friend. It is unclear how long she had been on the floor but no one had seen her for 18 hours. Prior to having the stroke Joan's son reported she was in reasonable health and was fully mobile, though she does have hypertension which is controlled with medication. He reported that she had a good appetite, was not diabetic and didn't have any problems with her circulation.

On admission Joan is conscious but dazed and had been incontinent of urine. She has a right sided hemiplegia and is unable to walk or weight bear. Joan is presently being nursed in bed and a physio assessment is being undertaken later today. She is unable to change her position in bed. Joan is to be 'nil by mouth' until she has a swallow test, was dehydrated on admission and so has an IVI in place. She is overweight.

Case Study 7

Joe is a 65 year old retired tool maker who has been in hospital for the last 4 days for investigations of vascular disease. He lives with his partner and until the last 6 months was quite active enjoying gardening in his allotment. Joe reports that he used to be a heavy smoker but managed to stop smoking 18 months ago. He has severe pain in his left calf when walking which has led to a reduction in mobility: he is able to walk short distances unaided. He has obvious poor peripheral circulation. He is of normal build, eats a good diet and is not diabetic.

On the second day of his hospital stay Joe developed a chest infection and a high temperature and felt generally unwell. He has spent the last few days mainly in bed though has walked to the toilet occasionally and is continent. While in bed he was able to change his position when uncomfortable but remained mostly in the recumbent position. The staff nurse reassesses Joe's pressure ulcer risk in response to his changing condition and in response to him reporting a sore left heel.

RAF Pre-Test Community Sector Case Studies

Case Study 1

Sally is a 19 year old student and newly diagnosed diabetic. She is visited by the Diabetic Specialist Nurse for training and support in relation to giving her own insulin. Sally leads a very active outdoor life and other than her diabetes is fit and well. She reports no skin problems.

Case Study 2

Hilda is a 70 year old lady with rheumatoid arthritis who lives with her husband. She has recently had a short hospital stay after stumbling and fracturing her humerus. Hilda normally gets about her home well often using the furniture and a walking frame when necessary (particularly outside the home). The hospital nurses were concerned that her mobility had reduced and that she needed help to walk as she couldn't use the frame due to her fractured humerus: they requested a District Nurse visit to assess her pressure ulcer risk at home.

The District Nurse visited Hilda at home on the day after her discharge from hospital. Hilda reported that other than her long-term problem of rheumatoid arthritis she was quite well and independent. She eats a balanced diet, is a normal weight and is not diabetic. She doesn't

have any circulatory problems and is continent. She acknowledged that while she had found walking in the hospital difficult this has not been a problem since she had returned home: she explained that while she was unable to use the walking frame she was able to use the furniture in her home to get around and she had lots of aids and adaptations to help her—obviously this had not been possible on the hospital ward. She reported that she had been glad to get home where she had regained her independence and was enjoying ‘pottering’ at home and changed her position frequently. She was also glad to be enjoying home cooked food rather than the ‘hospital slop’.

Case Study 3

John is an 82 year old, retired teacher who lives in his detached bungalow on his own following the death of his wife 2 years ago. His son lives away and his daughter lives in the next town 10 miles away. John has peripheral vascular disease, is diabetic and has peripheral neuropathy. John had a recent hospital stay following a chest infection and difficulties managing his diabetes with oral medication: he is now insulin dependent. Whilst in hospital John developed a category 2 pressure ulcer on his right heel but this is now reported to be healed.

The District Nurse visits John on his return home to assess his needs and pressure ulcer risk and to administer his daily insulin. He has meals on wheels and homecare to help with food preparation, cleaning and helping him to bed. He has a good appetite and is slightly overweight. John's neighbour brings him a paper each morning and checks he is ok. John spends most of the day in his chair, only moving when he needs the toilet and is continent. He is able to walk in his home with a walking frame but sometimes needs prompting.

Case Study 4

Eileen is a 75 year old retired secretary and is in the end stages of terminal uterine cancer. She is being cared for at home by her husband and their daughter with support from the District Nursing Team. As Eileen's condition deteriorates the District Nurse reassesses her pressure ulcer risk. Eileen is very weak and spends most of her time in bed though does get up for short periods. She has just started having a morphine syringe driver and is quite lethargic. She can independently turn over in bed but doesn't do this very often. She needs the help of another person to transfer. Eileen developed a raised temperature and was found to have a UTI for which she is having antibiotics: due to this has been incontinent of urine.

Eileen has a poor appetite and is just eating small amounts, though appears to be of normal weight. She is not diabetic and does not have any circulatory problems.

Case Study 5

Jack is an 86 year old retired builder who lives in a residential home due to dementia. The District Nurse has been called to assess his pressure ulcer risk as his condition has recently deteriorated. He has developed a chest infection which is related to swallowing difficulties. Jack needs to be fed by the carers and has recently been refusing to eat and has lost weight, though appears to be of normal weight. He is not diabetic and doesn't have any circulatory problems. He is regularly incontinent of urine and faeces. Jack spends most of his time in the chair or bed and needs 2 nurses to assist him to transfer. He can only make small independent movements when in his bed or chair. He gets very agitated at times.

Case Study 6

Beatrice is 50 years old and has primary progressive MS. Beatrice had to give up her job as a dinner lady 7 years ago when her mobility deteriorated to the point that she could no longer work. Since that time her mobility has steadily declined and got significantly worse over the last 6 months. She is now unable to walk or talk making communication very difficult. She is cared for at home (in a ground floor flat) by her husband and 2 daughters who managed quite well up until the last 6 months when she has become very dependent. Care workers come in rarely. Her husband works full time, plus extra hours to support the family as he has a poorly paid job. The family have had little advice about how to care for Beatrice as her condition has declined. After her husband visits the GP in distress saying they are struggling to cope and Beatrice is becoming sore, a District Nurse is requested to visit to assess Beatrice's care needs and her pressure ulcer risk.

Beatrice is doubly incontinent with her urinary incontinence being a constant problem. They use pads in bed, but this has been difficult as they don't have an adequate supply. She spends all her time in her single divan bed. She is unable to move independently and is not turned regularly as her daughters have not been told what to do to help her. No one inspects her skin condition regularly at home. She cannot eat properly and is losing weight, though is of normal build and is not diabetic. She doesn't have any circulatory problems. She is unable to tell anyone if she is in pain and is unable to move herself to get comfortable.

Case Study 7

Stephen is a 35 year old gentleman who was left paralysed from the waist down following a motorbike accident 10 years ago: he is a full-time wheelchair user. He lives with his partner and their son. He runs his own IT Company. Stephen eats a good diet and is a healthy weight. He does not have any circulatory problems or diabetes. He uses intermittent catheterisation. He transfers from his chair independently. Stephen has been under a lot of pressure at work and has not been undertaking skin inspections or position changes as he was taught and has been spending long periods of time in the same position working at his desk. He has also had a recent urine infection but continued to work without taking a break. The GP was called after Stephen's wife noticed blood on the bed sheets and a District Nurse visit was requested to undertake a pressure ulcer risk assessment.