OLDER ADULTS

Case: 80 year old male presented to emergency with pain to right hip and non weight bearing 10 to right leg after lawn bowling. X-ray showed oblique displaced fracture to greater trochanter of right femur.

History

Osteoporosis
hypertension
Vertigo
Atrial fibrillation



Interrelationships

- Family: Wife deceased. Lives alone at home.
 Daughter lives in town.
- Hobbies: Lawn bowling x3 a week Friends are worried he can't play anymore. Choir member at Sunday church
- Resources: Has family GP attends follow-up appointments.
 - Occupation: Retired train engineer

Perspectives

- Wants to go home and return to normal life.⁵
- Daughter will drop by worried she can't come by enough⁹, and concerned that house isn't safe enough for his return.
- HCPs: Worried about a recurrent fall and not utilizing 2WW¹. Unable to climb stairs. Will he be adherent with follow-up appointments and rehab visits.⁶
- Hospital: D/C pt ASAP.⁴ Need bed for more sick patients.

Population:

The proportion of older adults is growing at a rapid rate. Older adults are described as those 65 years or older. This population is more susceptible to illnesses and at risk for delayed wound healing. It is also challenging to adhere to home care plans.



- Temporal: Winter walkway is very icy, does not have de-icing salt. Driveway is on an incline.
- Spacial: 3-story house Bedroom 1st floor, bathroom 2nd floor, kitchen 3rd floor.
- Process: Daughter needs to help out more with ADLs. Will stairlift x2.
- Hierarchical: D/C too soon. Home support application process is long.
- PT ecommends pt using 2WW, but pt is hesitant/defiant.

Linking it All Together

Discharge home will be challenging as this man will not be independent as he used to be. He will need modifications to his home so he can mobilize³, assistance from his daughter and home supports and he may start to feel isolated being away from his friends.⁸ The system needs this patient discharged quickly to clear up space, but will he, his home and his daughter be ready?