

Fred Wainwright, 82-year-old gentleman, living alone in a bungalow in Hucclecote. Daughter Sharon visits most days to support.

Past medical history:

Osteoarthritis in both hips – total hip replacement 5 years ago.

Benign prostatic hyperplasia

Hypertension – diagnosed 5 years ago

Type II diabetes mellitus - diagnosed 4 years ago. No recent diabetes bloods – last done 3 years ago, has not responded to recalls to surgery. In 2020 HbA1 was 60 mmol/mol.

Clinical observations:

Temp 36.1

Respirations 18/min

Pulse – 72 bpm, regular

BP – 100/50

BMI 22. Last check 4 years ago – 26.

Mood

Fred tells me that he is feeling low in mood and finds it hard to find joy in anything. Not recent, this has been going on since his wife Brenda died 3 years ago, before the pandemic. Many of his friends and family have stopped visiting due to their declining health and some have died also.

Used to play a lot of golf, since hip operation hasn't played since. Now the other hip restricting movement and no one to go with anyway.

Used to have a little dog, but Sharon said that he couldn't care for it properly and took it away. He misses the dog, it was his link to Brenda.

Last felt happy when his wife was alive and before she became ill. Particular happy memory was being on holiday with her.

Increasingly tired during the day, naps several times a day. Says it's partially due to being bored.

Cognition

Aware of time and date but sometimes loses track. Can forget where he's put things such as hospital appointment letter that meant he didn't attend for a pre-op appointment last week. Also missed his daughter's birthday, which was upsetting for them both. Doesn't have any markers of time in the lounge, where he sits mostly. No calendar - Sharon has said to look at his phone. Fred dislikes his mobile phone – 'it really annoys me; I can't work it as I can't see it properly'.

Sharon says he forgets to eat, but Fred says he doesn't feel like eating. She says that he forgets to take his mobile phone with him if he goes out and has lost his bankcard. She says that he has dementia.

MCA carried out - has capacity to make decisions. When asked about his thoughts and feelings around a topic he is able to respond appropriately. He is able to talk about events he is looking forward to, such as his hip operation and the birth of his son's second child.

Continence

Has noticed that experiencing some dribbling when he thought he had finished passing urine. Said that he hadn't talked to anyone about it as it was 'just another thing going wrong'. Finding that he was changing clothing and bedding, often daily. Other concerns were passing small amounts of blood into the toilet when urinating. Has a towel placed on the armchair.

Occasional loose stools which is making him worried about going out anywhere.

Sharon says that he is forgetting to go to the toilet and she has found piles of wet clothing tucked in corners of the bedroom.

Nutrition

Off food over last couple of years. Poor dentition - needs to visit the dentist, but hasn't been since his wife was alive - she used to make him go.

Cup of tea in the morning with medications. Lunchtime - a slice of bread if he feels like it. His daughter brings round dinners for the freezer. Enjoys ready meals as small and easy to eat. Chewing can be painful and he has had problems with coughing when swallowing lately. He's gone off meat because of this.

Fred thinks he's lost a little weight - shirt too big, and trousers tightened to a much tighter hole on the belt than it has been in the past. BMI reduced over last 4 years. MUST = 0, but will need reassessment in one month.

Rarely eats vegetables apart from mashed potatoes. Enjoys chocolate puddings.

Sharon says he isn't drinking very much. Fred tells me that he doesn't want to have any 'accidents'. Fred appears dehydrated - skin and mouth dry.

Pain

Due to arthritis, he has pain in the other hip. Waiting for the second surgery, which has been delayed a couple of times. Forgets how many paracetamols he takes some days. Describes pain on walking can be '20/10'. Pain disturbing sleep and sometimes finds it too hard to climb the stairs and sleeps in the armchair.

Mobility

The hip operation has helped his right hip, but now the left hip is causing a lot of pain, making it difficult to sit to stand, climb the stairs, walk outside and get in or out of the car. Getting in and out of bed is a particular problem, which is also why he often sleeps downstairs in the armchair.

Waiting to see the physio.

Observed walking - holding onto doors, furniture and walls. Has problems turning around and feels dizzy sometimes.

He has a fine tremor - affecting holding cutlery and drinks.

Oedematous ankles, sits with legs down, uses riser recliner to help with standing.

Falls

No falls, but unsteady. Sharon reminded him he tripped on the back door step the other day and she caught him in time. No personal alarms and Fred doesn't like to carry his mobile phone. Feels that 'he won't fall'. Says sometimes experiences feeling dizzy on standing after sitting or lying down.

Personal care

Some days doesn't want to wash and dress every day 'my wife would be upset with me, I always took care of my appearance'. 'The house has apparently got messy and my daughter tells me off for not looking after things. She thinks it should be easy for me to clear up. She comes and does it, but I don't really think about it – I can't see it anyway'. Sharon says her mother would be upset to see the house as it is.

Noticed a left-over meal from the previous night on the counter top of the kitchen. Sharon says that she throws away out of date food quite often. He is also dressed in inappropriate clothing for the weather (he is wearing a short-sleeved shirt, whilst it is snowing outside). The shirt is buttoned wrongly and is stained with food and drink.

Sharon showed me a full fridge and cupboards. When throwing away gloves and wipes, noticed uneaten food in the bin.

Sharon says that he isn't looking after himself anymore and she can't do it.

Sight

Wears varifocal glasses, waiting for cataract surgery. Glasses smeared and poorly fitting – falling off when leans forward. Daughter to return to opticians to adjust.

Used to enjoy reading and watching the TV. Has stopped buying newspapers as can't read them anymore.

Not driving – has had to sell his car. Sharon doesn't feel that he would be safe in a powered scooter either.

Hearing

Wears hearing aids, but the batteries are dead. Finds putting them in difficult. Sharon to get more batteries.

Seems to hear conversations when no background noise, but finds it difficult hearing on the phone or if several people talk at once.

Unable to hear the audiobooks Sharon got for him. Recently had ears irrigated by private service and uses olive oil ear drops when blocking.

Social support

Sharon is struggling with caring for him, whilst working, caring for the family and all the traveling ½ hour each way to get here.

Not known to the Carer's Hub.

Next door neighbour pops in occasionally and will do a top up shop if Sharon unable to visit. Listens out for him and will check the curtains are opened in the morning and shut in the evening.

Members of the local church will pop in occasionally – they have taken him to the church coffee mornings in the past, but is now worried about his continence and loose bowels.

No key safe, usually leaves the back door unlocked so emergency staff can get in ‘everyone knows that I do that’. Has had problems with vandalism to his garden and theft from his shed.

Sharon supports with paying bills and rent. Private landlord, have spoken about having adaptations to the bathroom, but landlord not happy for that.

Garden overgrown and broken front door step – trip hazard and landlord aware. Has been like it for 2 years. Son in law has put wooden box over the top.

Medications

Paracetamol 500mg tablets – takes 1-2 tablets when has pain. Doesn't know how many he's taking over a day.

Tamsulosin 400mcg modified release tablets – takes once a day with cup of tea in the morning

Furosemide 40mg once daily – presently takes in the afternoon

Quinine 300g once daily at bedtime.

Docusate sodium 200mg twice daily – morning and evening

Laxido sachets – 1-2 sachets daily

Loperamide 2mg for loose stools

Atorvastatin 20mg once daily – takes before he goes to bed

Amlodipine 10mg once daily – takes in the morning

Metformin 500mg tablets twice daily

Takes medications from boxes, Sharon says this is the only thing that he does do accurately every day. Doesn't understand what the drugs are all for, apart from the paracetamol. Sharon picks them up from the chemist and orders when running low. No problems with opening the boxes/blisters.

Has had telephone conversations with GP and pharmacist, but no face to face appointments to discuss medications. Doesn't understand what the conversations are about because can't hear things on the phone.

Medication review and how to maximise effectiveness.

Drugs reduced or stopped:

Quinine – stopped as not indicated. Fred didn't know he was given this for cramps

Amlodipine – dose halved to 5mg to help with leg swelling and improve BP

Laxido – stop unless becomes constipated

Docusate – stop unless becomes constipated

Loperamide – to reduce use unless loose stools (and confirmed as non-infective)

Metformin – to ensure takes with food.

Bloods taken for diabetic control.