

Standard Information:

- You are expected to take the role of an FY1/staff nurse working in the Emergency Assessment Unit and in the Acute Geratology ward (you are **NOT** acting as a student here)
- You are not expected to undertake any examination

Case 1 (Acute deterioration)

An 84 year-old woman was admitted on the medical take with clinical signs and symptoms of pneumonia, which was confirmed on her chest x-ray and she was started on antibiotics and appeared to improve. She seemed well in the morning ward round, but later in the day, she became tachypnoeic (respiratory rate of 30 breaths per minute) and tachycardic (heart rate 135 per minute, regular). Whereas this morning she was talking normally, now she is confused and her conscious level seems to be deteriorating.

- 1) What are your priorities when dealing with a patient whose condition has acutely deteriorated?
- 2) How can such patients rapidly be identified before their condition becomes critical?
- 3) Please describe the role of nurse/doctor in such cases

Case 2 (Pressure Ulcers)

An 84 - year old woman is on the geratology ward being treated for a lower urinary tract infection. She has had a previous stroke and is known to have limited mobility. She experiences difficulty with activities such as feeding herself. She is found to have a pressure ulcer on her right heel.

- 1) What are the common sites for pressure ulcers and how are they identified?
- 2) What factors might contribute to development of pressure ulcers and how can they be prevented?
- 3) Please describe the role of nurse/doctor in such cases

Case 3 Assessing Mental Capacity for discharge from the hospital

A 76 year-old man is admitted onto the acute general ward. He presented to the Emergency Department last night after a fall. This morning he is distressed and confused. The staff nurse who was on duty overnight tells you he attempted to get out of bed several times and fell once during the night. He is insistent that there is nothing wrong with him and requests to be discharged. However when you speak to him further it is clear that he is still very confused and he is unable to tell you what happened the day before or where he lives.

- 1) How would you assess his capacity for the decision about his imminent discharge from the hospital?
- 2) How should you deal with a patient who lacks capacity to decide about the discharge and wants to leave hospital or if you need to perform a procedure that requires consent?
- 3) Please describe the role of nurse/doctor in such cases.

Case 4. Abuse?

A 78 year-old man who was admitted to the geratology ward after the referral from his GP, who was concerned by his swollen, painful and erythematous left leg, suspecting that he suffers from cellulitis. He has history of dementia for the past 2 years.

On examination he was found to have several circular burn marks on both forearms, bruising under the hairline, behind his ears and extensive bruising on both legs. He also appeared unkempt, with smelly clothes and traces of food all over his clothes.

1. What would be your initial steps in dealing with this discovery?
2. What are the risk factors for abuse in the older patients?
3. Please describe the role of nurse/doctor in such cases.