

HMDCB April 2023 Coffee Chat Case Study

66-year-old male (Retired)

- **Primary diagnosis: Chronic Respiratory Failure**
 - According to PCP, the patient has progressive respiratory failure due to interstitial lung disease with weakness and aspiration pneumonia due to his Parkinson's disease. Per his home care nurse, he has been hospitalized several times in the past few months with pneumonia.
- **Secondary Diagnosis Parkinson's disease**
- **Other conditions**
 - Dysphagia
 - CAD
 - Interstitial lung disease
 - Recurrent aspiration pneumonia
 - CLL
- **Pain Issues**
 - He states he has a very long history of chronic pain that he describes as never-ending headaches with every joint in his body hurting and with a back that is always killing him.
 - He states that his pain level is always 9/10 but that is normal for him and he doesn't want to suffer any more.
 - He has been managed with high doses of Oxycodone now at 30 mg every 4 hours as confirmed by his PCP.
 - He states he sometimes takes it more often and sometimes doubles the dose when the pain is too bad.
 - He is only given one weeks' worth at a time.
 - He states that his biggest fear is that hospice will come in and stop his medications.

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- At the RN assessment, he reported that he was out of his Oxycodone and Valium.
- He stated he wants to be pain free and doesn't want to suffer any more.
- He shared that he did not want his current doctor to be responsible for prescribing his pain medications any longer and agreed to have his PCP speak with the hospice medical director.
- He is not eating (consumes less, 0 – 25% of meals). He stated that he lives on ice cream and ginger ale.
- He was previously on a feeding tube but had it removed last year and does not want another one.
 - Per his PCP he is constantly aspirating
- 25-pound weight loss over 6 months
- Sleeping more
- **Physical Exam**
 - Resp rate 22 – 26
 - Cachectic and ill-appearing
 - Mild dyspnea at rest
 - Pursed lip breathing
 - Diminished lung sounds
 - Tremors
 - Ambulates but increasingly weak, unsteady and reporting multiple falls
 - Refuses to use recommended assistive devices (walker)
 - Tries to remain active, use his elliptical every day when he has energy
 - Uses Oxygen daily at 6 – 9 L/NC when he feels he needs it
 - 93% saturation on 6 lpm
 - Per patient, his saturation levels drop below 60 when not using oxygen
 - He was encouraged to wear it continuously

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- **First week on hospice**
 - Given 7-day supply of medication
 - All of the Oxy was gone in 3 days
 - He depleted the morphine from the comfort pack then reported it was dropped on the floor by the visiting nurse
 - Changed to daily delivery of six days worth of medication
 - Reported that the daily delivery is less than reported (4 pills instead of 6)
 - Complaining that he needs a dose escalation
 - Complains that hospice is not controlling his pain
 - Refused trial with buprenorphine
 - We are currently considering switch to methadone