

2013 UQ HFTC Case Study

Referral Information

Mitchell (Mitch) Harlow (55) has been referred to your team following his most recent admission to hospital. Mitch has a long history of diet, drinking and smoking issues and has been in and out of hospital for several years. He currently lives alone in a small rented unit in Charleville and has been unemployed for 13 years. Mitch is a heavy smoker (40 a day, roll your own) and a heavy drinker. His preferred tippie is red cask wine, though he likes a cold beer when he can afford it. After many years of caring and cooking (badly) for himself, most of Mitch's teeth have fallen out and the few remaining stumps are full of holes.

Prior to living in Charleville Mitch, his wife and son family lived in Bundaberg where Mitch worked as a publican and then in a sugar cane pulping mill, which left him partially deaf. Mitch finds it difficult to hear others in noisy environments and he says he finds it hard to have conversations when he can't hear properly so most of the time he doesn't bother. His GP has advised him about strategies to maximise his understanding of others such as looking at their mouths when they are talking but he hasn't taken up doing this. Mitch was fired from the mill 13 years ago after arriving at work drunk and the family moved to Charleville the next year for a fresh start. Mitch's wife Jolene left him the next year after an instance of domestic abuse was reported to the local police, taking their 9 year old son Kyle with her. Though they live in Brisbane, Mitch has not seen his son, who is now 21, in over 8 years and the relationship is strained. Mitch and Jolene are separated but not divorced.

Three years ago Mitch was referred to the Charleville hospital by his GP after finding blood in his urine. The hospital referred him on to the Urology department at the Princess Alexandra Hospital where a CT scan revealed an enlarged liver and an obstructive cancerous lump in his bladder, resulting in hydronephrosis, surgery and an ileal conduit and bag. While in hospital, Mitch had a chest X-ray that showed secondary tumours in his left lung. Follow up tests confirmed them as benign. His doctor advised him to cease smoking and drinking and for a while Mitch was able to cut down to just 15 cigarettes a day, however the drinking continued. Mitch was sent home but he missed his follow-up appointment at the PAH.

Mitch has been getting once a month visits by a community nurse who checks in on his bag and general situation. Mitch is usually able to pick up supplies from his local clinic and change his bag himself but struggles to always keep the area clean and dry, which has caused the surrounding skin to become inflamed. The nurse also notes that Mitch is back to 40 cigarettes a day and his drinking is increasing. Mitch reports that he sometimes has difficulty getting enough breath to talk and often has to stop, take a deep breath and start again. Mitch doesn't get much exercise, and reports that he has a history of on and off back pain, as well as pain and stiffness at both of his knees that limits his physical activity (x-rays show degeneration at his lumbar spine and a moderate degree of osteoarthritic changes in both knees). He fatigues easily and doesn't have much interest in preparing food, preferring tinned and microwave meals.

Late last year, Mitch went back to his GP after finding a lump on the left side of his jaw. He was also complaining of terrible heartburn and belching a lot. His GP prescribed him Nexium and referred him

back to the PAH Urology OPD for follow up tests, which came back positive for malignant squamous cells. There was no evidence of recurrent cancer in the bladder so doctors suspected throat cancer and referred Mitch on to the ENT department where a biopsy confirmed this. Mitch underwent a surgical resection to remove the cancer.

He wakes up in post-op with a nasogastric tube, unable to swallow and with weakness in his left arm and shoulder. After 6 days the tube is removed and Mitch is able to eat some soft solids. While in hospital he has his last remaining 6 teeth removed but is yet to be fitted with dentures. Mitch undergoes 6 weeks of chemo and radiation therapy which leave him frail, weak and completely deaf. After 3 months he is discharged back home to Charleville just in time for Easter, but is unable to smoke and can barely drink, leaving him depressed and despondent.

Patient Details

Name: Mitchell (Mitch) Harlow

DOB: 17/02/1958

Age: 55 years old

Address: 4/22 Beef St, Charleville, Queensland

Marital status: Separated

Nationality: Australian (Father English, Mother Australian descent)

Country of origin: Australia

Height: 172cms

Weight: 85kgs

Wt Hx: Was stable at 85kg for years but has lost 10kgs since his most recent discharge. Mitch believes he has continued to lose weight in the past few weeks. He has mild loss of subcutaneous fat and muscle loss. No oedema.

Medication

Medication	Dose
Esomeprazole (Nexium) 40mg	1 daily
Paracetamol SR (Panadol Osteo) 665mg	2 tds
Buprenorphine (Norspan) patch 20mcg	Apply weekly
Morphine (Ordine) 5mg/mL liquid	5mL prn
Sertraline (Zoloft) 50mg	1 daily
Diazepam (Valium) 5mg	1 tds prn
Perindopril (Coversyl) 5mg	1 mane
Salbutamol (Ventolin) 100mcg	1 puff prn
Thiamine (Betamin) 100mg	1 daily

Notes:

- Cannot afford medications every month, Mitch picks and chooses which medications he has dispensed. Most frequently dispensed:
 - Norspan, Morphine, Diazepam
- Refuses Webster Pak (dose administration aid) as it is an additional cost

Previous Medical History

No allergies but has developed asthmatic symptoms in the last 5 years. Uses his inhaler as needed.

Financial

Mitch as previously on the New Start Allowance and had been looking for part time work for about a year before first being admitted to hospital. He started receiving a disability pension after coming home from surgery on his bladder. Between buying cigarettes and alcohol, there isn't much money left for other necessities and Mitch often finds it hard to buy decent groceries or socialise.

He used to own a beloved cream coloured vintage early model Ford Fairmont but sold it 6 years ago to make some cash. Mitch also draws a small pension from his last job but the amount is very small.

Home Environment

Mitch lives in a second storey one bedroom, one bathroom brick unit which is only accessible by stairs (two sets of 7 stairs, one landing, no handrails). There is carpet throughout the lounge, dining, hall and bedroom areas and linoleum in the kitchen and bathroom. Mitch has a low couch in front of the TV in the lounge room, and this is where he usually sits to eat his meals and doze. The bathroom is very small with a fixed shower over bath and old style glass sliding doors that are rusted and often jam. After living by himself for such a long time, Mitch doesn't see the point in cleaning up and the unit is very dusty and grimy. Most of the kitchen surfaces are dirty and the stove, oven and microwave have not been cleaned in a long time. Since coming home from hospital after chemo, Mitch also finds it hard to take down the bin for trash days and it often sits next to the fridge until the following week.

ADL

Mitch is not a very confident cook ("can't even burn water") and so prefers to buy frozen or tinned meals which he supplements with 'baked' potatoes that he makes in the microwave. His diet used to contain mainly pies, pizzas and frozen vegetables. Most food is prepared in the microwave. Mitch often misses meals and "snacks" on sandwiches and biscuits while he watches TV. He tells his GP he only has a few drinks a night, but the community nurse has noted 3-4 empty cask wine boxes next to the fridge at any given time. As more and more of his teeth have been removed or fallen out, Mitch has found it harder to eat his food and therefore prefers soft foods or fluids. He is also having difficulty swallowing his medication. Since the last teeth were removed he has given up eating hard foods all together and will often just spoon out the insides of a pie and add that to a baked potato and tomato sauce for dinner. He reports that he can usually do this without any difficulty but that sometimes he gags. His GP has referred him to a local bulk billing dentist but Mitch hasn't managed to visit him to be fitted with dentures.

Mitch is able to toilet by himself. Since his surgery last year Mitch has avoided showering after slipping once and struggling to get out of the bathtub. Mitch now washes himself occasionally at the bathroom sink ("who do I have to impress?"). With the onset of winter he sometimes goes without a wash for up to 4 days, because "it's too cold out west".

Mitch only lives a few streets back from the main road of Charleville and within walking distance of the supermarket, and his local pub. Even though it is a short distance, Mitch says the walk is hard on his knees and he usually has to have a breather when he arrives. When he was seeing his son he used to drive up to Brisbane in his old Fairmont but since selling it he hasn't had any regular form of transport. Mitch uses taxis to get to his doctor's appointments and to the clinic but these cost a lot so visits are spaced out to coincide with 'pay day' (benefits).

Leisure and Social Life

When he is feeling particularly flush, Mitch sometimes walks down to the local pub to watch the footy game on Friday nights. Mitch is a die-hard Broncos and Maroons supporter. He would love to be able to make it to every Origin game night at the pub, but he can't resist a drink and therefore just can't afford it. He also finds it hard to enjoy the game when he can't have a conversation with his friends properly because of his hearing. Mitch remembers watching the games on TV with his son when they lived in Bundaberg and would like to go to a live game together one day. After being

discharged at Easter, Mitch rang his son out of the blue to try and reconnect but the conversation didn't end well. He would like to reconcile with his son Kyle now that he is a grown man and Mitch is unwell, but he doesn't know how. Kyle has agreed to come and see him "sometime soon", and Mitch is really looking forward to it, but he doesn't know when that will be.

Most of Mitch's mates live in Bundaberg and though he chats to the guys down at the pub when it's a bit quieter, he doesn't have many close friends in Charleville. He used to help some of the local car club guys work on their vehicles but since he is finding even the stairs in his apartment increasingly difficult, the 1km walk to the club is too much. Mitch spends most of his days at home in front of the TV. He sometimes visits the Charleville library to use the computers to look for jobs and trawl the internet for vintage car auction sites.

Your Team's Role

The community nurse has become increasingly concerned with Mitch's issues and has organised for the formation of your team. You are a specialised interprofessional community-based health care team who services the western QLD area, including Charleville. Consider how your team would work together to identify and prioritise a management plan for Mitch. Consider which members of your team would be most involved and how other team members might support them.

Consider what other resources/experts you might need outside your team and how you would involve them in your team.

As you put together your plan it may help to consider the following headings from the International Classifications of Functioning:

- Body Structures and Functions,
- Activity and Participation,
- Contextual Factors – Environmental and Personal Factors,
- Ethical Practice