

Case Scenario 2 – Mrs. John Doe

A community-based social support team that searches for homeless people in downtown Winnipeg found an older man (whom they named John Doe) unconscious in an alley in mid-January. He smelled of alcohol. He had no personal identification. An ambulance was called and the paramedic attendants gave fluids intravenously and oxygen on site. Mr. Doe became somewhat conscious during the ambulance ride to the Health Sciences Centre. He was seen in the Emergency Department. Physical examination by the attending physician revealed that he required amputation of his left foot below the ankle due to severe frostbite. Mr. Doe was admitted to the Orthopaedics unit and emergency surgery was scheduled for that night.

The admitting report by the attending physician stated that the patient, who appeared to be in his mid-fifties, suffered from malnutrition, was underweight, had an abnormally low complete blood cell count, showed vitamin B12 deficiency, and was thought to have a hearing problem (possibly deafness). He spoke only gibberish and was unable to provide a history. None of the members of the street support group knew of, or about his previous or current medical history, his medications, his address, his next of kin, languages spoken, employment status, or marital status. The admitting diagnosis was frostbite and suspicion of alcohol-related dementia.

After admission, his behaviour on the ward was disruptive. He hallucinated and spoke to imaginary people and voices. Even with the lifting of the influence of alcohol, he was an unreliable historian. He also was suspicious of hospital staff, which may have made him wary of sharing truthful information. Mr. Doe said, in rather forceful words (including foul language), that there was nothing wrong with him, he did not want or need to be there, and that he wanted to get out.

A neuropsychology consult was requested by the attending physician. A less than comprehensive assessment was undertaken because Mr. Doe was uncooperative throughout the shortened testing period. Initial findings revealed poor auditory-verbal memory (digit span forward and backward was reduced significantly), moderate-to-severe visual-spatial memory impairments, and frontal lobe signs including disinhibited behaviour, poor problem solving skills, mental inflexibility, and task incompleteness.

Overall, Mr. Doe was described as exhibiting moderate to severe verbal memory problems (i.e., significant amnesia). The neuropsychologist also noted during testing that Mr. Doe had problems hearing instructions.

Presenting Problems

- Mr. Doe cannot stay on the orthopaedics unit for more than 2 weeks, nor does he want to stay there and the team needs to come together to look at discharge options
- He will need continued follow-up for stump-care and possibly an assessment and fitting for a prosthesis
- Perhaps the most pressing problem is the question of whether Mr. Doe will be capable of caring for himself in the future

Adapted from Case Studies in Gerontology for the Applied Health Sciences: An Education Resource developed by J.B. Orange, S. Hobson, M.F. Cheeseman, A.A. Vandervoot, and M.E. Black, July, 1997.