

IPHER

Interprofessional Health Education and Research

London Health Sciences Centre Clinical Neurosciences Program Case Study

Jacob Gartner is an 88 year old man who was admitted to the Neurology Unit from ER following a “fainting episode” at home. Jacob has enjoyed an active life of golfing and walking. He and his wife, **Rachel**, enjoy regular strolls to the local mall -- a 2 km. walk from their home. Four years ago Jacob had a mild Stoke from which he had a good recovery. However, following his stroke Jacob had a fall after missing the step down from a curb when out walking, that has caused him ongoing right hip pain for which he takes Tylenol. Prior to this time he had been healthy and only suffering from occasional bouts of Gout for which he takes Allopurinal once a day. During his previous hospitalization Jacob was diagnosed as having atrial fibrillation and hypertension. He has been prescribed ASA and Norvase to deal with his hypertension. Jacob also has been taking Levothyroxine for some time but does not recall why this was ordered. Over the past few years Jacob has noticed a decreasing amount of energy and recurring bouts of sudden dizziness and inability to speak for short periods of time. His doctor informed him that these are likely TIAs. Their occurrence prompted his doctor to refer him to a cardiologist, who in turn arranged for a pacemaker in Jacob to help control his atrial fibrillation, hoping to lessen his risk for clot formations and emboli.

Only one month later Jacob finds himself in the ER after Rachel found him leaning to his left side in an armchair unable to respond appropriately to her. She called EMS and he was brought into the ER and transferred to the Neurology Unit. Jacob is confused about what is happening and there is much commotion going on around him. He is having trouble speaking - -the left side of his mouth is just not seeming to work and his left hand seems to not be there and then when he tries to move his left leg it doesn't want to move. These changes are frightening for him while trying to understand where he is and what all the commotion is about. The clerk brought in a paper for him to sign and he had trouble reading it, half the page seemed to be missing. He kept trying to find the other half without success. Rachel seems very distressed and he wants to calm her down but he just can't seem to get his arm to move to support Rachel. The doctors talked to him and Rachel but he just doesn't seem to understand what they are saying. Rachel mentions that she has called their daughter **Sarah**, who is a 40 year old

single secondary school teacher in Burlington, and she is coming as soon as she can get away from her teaching. Rachel tells Jacob that Sarah will know what to do.

Within three hours of his ER admission the doctors inform Rachel that they need to administer tPA to him to lessen the impact of the stroke. Sarah finally arrives and comforts her mother who starts to cry. Sarah then asks to speak to the doctor to gain insight into what is happening with her father and what has been done. The doctor shares with her the fact that Jacob has had a stroke which has caused left sided weakness but they have treated him with tPA to lessen the long term impact. She goes to her father and finds him somewhat drowsy but opening his eyes when she calls his name. He tries to smile but Sarah notices it is lopsided. Sarah starts to think about the impact this will have on her parents. They are both devoted to each other, but getting older, and running their own house independently, may be nearing a point where other arrangements must be made. Her immediate concern is for her father and his recovery. But her mother is very dependent on her father and she worries how she will be able to cope. Sarah begins to talk to Jacob's nurse and shares some of these concerns with the nurse caring for her father.

Sarah finally leaves the hospital with her mother at 11 pm. As she drives her mother to her parent's home she begins asking Rachel what happened the day her father had his stroke. Her mother said that it was a normal day but Jacob had mentioned he was not feeling well and she encouraged him to take it easy and rest. Sarah started talking to her mother about the impact that her father's stroke might have on their ability to live independently. Rachel became very angry with Sarah telling her that she was making it look like her father was dying instead of wanting him to recover and come back home just like before. Sarah realized she was going to need some help from professionals to deal with her parents' future.

Sarah had a fitful sleep that night worrying about not wanting to intrude into her parents' lifestyle, but also realizing that as the only child she needed to take some action. In the morning Sarah called the hospital unit to inquire about Jacob and was told that he would be taken down for a CT scan in the early afternoon to assess the impact of the stroke on his brain. They suggested that Sarah and Rachel might want to delay a visit until after the CT scan and the nurse promised she would call them when he was back on the unit. As promised the nurse did call Rachel and told her that the doctor also wanted to talk to her when they arrived.

Rachel wondered why the doctor wanted to talk to her about Jacob and worried that something was wrong. Sarah shared her concern but tried to reassure her to lessen the worry. When they arrived the nurse was pleased to see them and walked with them to Jacob's bedside. She said she would call the neurology resident to talk to them. Dan Pleasant came in and introduced himself to Rachel and Sarah and asked if they could come out of the room to a small conference room to discuss Jacob's situation. When they finally sat down, now very

stressed, Dan informed them that the CT scan showed that Jacob had an extensive bleed in his brain and he has asked for a cardiology consultation because of his history with atrial fibrillation and the subsequent pacemaker insertion. But if they cannot control the bleed he will lose more of his functioning and this may lead to his death. Both Rachel and Sarah were in shock and had never considered this might be an outcome. Jacob had a previous stroke, and a few TIAs, but he always recovered. Rachel looked at Sarah and told her she just could not make any more decisions about Jacob and his treatment and asked her to take over. Hence, Sarah became Jacob's substitute decision maker. For the next several hours both Rachel and Sarah felt numb as they sat by Jacob's bedside. He was much less responsive than the day before. Sarah worried that her father was slipping away from them. He was now hooked up to a cardiac monitor and was being given oxygen by mask and had an IV line in for drug administration since he was not conscious enough to eat or swallow.

Sarah convinced Rachel to come home with her at around 10 pm to get some sleep. Both were exhausted but still had trouble sleeping. During the night Jacob had a series of runs of ventricular tachycardia. He also was showing signs of having pneumonia. Staff wondered if he had aspirated some food or fluids before coming to the hospital. Antibiotics were administered.

Given the situation a family meeting was called 3 days later to discuss Jacob's code status and the wishes of his wife and daughter.