Case scenario

Holistic assessment.
Miss Rutherford is 93 years old she has been on the ward for two weeks following a fall at home leading to a laceration to the back of her head. This has now healed and the stitches have been removed.

Miss Rutherford has deteriorating eye sight and although she says she has no hearing deficit, on the ward she finds it hard to communicate due to the constant back ground noise, this has raised some concerns as to her medication administration. Her home is a little uncared for and there have been issues with the up keep as identified by the neighbours.

Miss Rutherford has lived in her home all her life she and her twin sister never married and continued to live in the parental home after their parents’ death. Miss Rutherford’s sister died last year following a long illness through which Miss. Rutherford had cared for her.

Miss Rutherford has a past medical history of anaemia and reports that she has become increasingly frail over the last 12months, her energy levels are low and she finds simple tasks tiring. May need injections at home?

She lives in a semidetached property on the outskirts of Huddersfield; she has a bed room and bathroom up stairs but has been struggling making it up to the toilet through out the day time. She has a rambling garden which is now cared for by volunteers from her parish church but again due to not being a driver she has relied on the vicar coming to see her. Her neighbours, Mr and Mrs Swan, who have lived next door for the past 25 years and have become trusted friends and have provided some informal care for Miss Rutherford.
Financially there has been only the old age pension to support her and the friends have been helping out on an as and when basis.

**You will be divided into 3 groups for this session.**

Each group will be looking at the scenario and advocating a plan of care from a differing perspective.

You will be given 15 minutes in each group and then moved to the next group, you will be facilitated throughout the session.

**Group 1.**

Look at Mrs Rutherford from the social/ psychological perspective and come up with a **care plan** that will reflect the issues around this.

Who could be involved and why.

**Group 2.**

Look at the environmental issues around Mrs Rutherford when she would be at home.

How would you assess her needs and who could you involve to make her as safe as possible.

**Group 3.**

Identify the physical aspects of care that may be improved by multi professional working.

**As a team decide, on your approach.**

1. What assessments would you perform?

2. Which members of the multi-disciplinary team will need to be involved?

Within your plan identify
- The care required by Mrs Rutherford.
- The care that will be provided (Is there a difference and why?)
- Who will take responsibility for organising care / equipment services etc. and who will provide these things?