



## Hospice Case Study: Stroke

**For patients with neurological disorders including stroke, our hospice care provides customized plans of care and palliation for optimal outcomes, with focus on clinical interventions for patient comfort, education and support for caregivers, and hospitalization reduction.**

86 year old Mrs. B was admitted to hospice care after being hospitalized for several days for c/o chest pain, confusion, and a fall. While inpatient it was determined that she had recently suffered a CVA resulting in increased confusion, aphasia, severe dysphagia, and was now bed bound. Mrs. B also had several co-morbidities including diabetes, end stage renal disease, anemia, chronic back pain, hypertension, and neuropathy. Due to her severe dysphagia, she required placement of a nasogastric tube for administration of tube feedings.

Mrs. B was admitted to hospice with a primary diagnosis of CVA, a PPS of 30, tube feedings every 4 hours, and insulin administration twice a day. Her skin had poor turgor, was thin and fragile, and two Stage II pressure ulcers were discovered on her buttocks. She had dressings where central lines had been removed prior to hospital discharge. Although her vital signs were stable she had noted cardiac arrhythmias, her lung sounds were diminished in the lower lobes with wheezing noted in the bilateral upper lobes upon expiration. Orders were obtained for management of the pressure ulcers, dry dressing care for the neck and chest central line insertion sites, a gel mattress, hospital bed, tube feeding, and associated supplies. The family was offered and accepted daily hospice aide and nursing visits, along with social work, chaplain, and volunteer services.

Mrs. B resided with her husband, who was also elderly and in poor health. Upon return home four adult children planned to alternate provision of care for both Mr. and Mrs. B. They needed instructions on basic activity of daily living chores, as well as tube feeding administration, feeding tube care and maintenance, dressing management, and insulin administration. The hospice team worked diligently to ensure Mr. B and his children were educated and supported as they not only learned to provide total care for Mrs. B, but also began to prepare themselves emotionally for losing her. The social worker and chaplain initiated increased visit frequencies so they could ensure they met and supported all 5 of the individuals caring for Mrs. B. During one of these visits, the social worker discovered Mr. B and one of the adult children had unresolved grief resulting from the earlier loss of their son/sibling. Bereavement counseling was initiated.

Mrs. B died at home with her husband and oldest son at her side. During her course of care, Mrs. B required pain medication adjustments transitioning from a Lidocaine patch to a Fentanyl patch, initiation of oxygen at 2 – 5 LPM, the addition of Lasix for lower extremity edema and insulin adjustments. Order for as needed Morphine, Lorazepam, Hyoscyamine, and Compazine were obtained to ensure Mrs. B's symptoms could be managed in the home as she declined. Mr. B and his 4 children received extensive education and support during the course of Mrs. B's care, with bereavement support continuing for all 5 for 13 months after her death.

### Our Care Matters

- Mrs. B's hospice care was provided in her home upon her discharge from hospitalization.
- Pain and symptom management changes were made as needed for continued patient comfort.
- Support and education were provided to the family for best outcomes in the home.
- Social Worker and Chaplain visits were increased to meet the emotional needs of the family, including unresolved grief from the prior death of a family member.

### When Life Matters Most

- Family education was paramount for Mrs. B's care, and the family was able to keep their spouse/mother cared for in the comfort of home.
- All supplies related to the hospice prognosis were provided including materials for wound care, bed/gel mattress, insulin, and feeding tube and associated supply needs.
- Clinical and palliation interventions were adjusted as needed for improved outcomes and patient comfort.
- Bereavement care continued for the patient's spouse and four adult children for 13 months, including support for a previous loss in the family.

**Contact us to begin the hospice conversation or to address specific questions regarding hospice care for patients with stroke or other neurological disorders. We Are Here.**