Project ECHO Dementia CASE PRESENTATION FORM

ECHO ID:_____

DATE: 6/12/20 CLINICAL SITE: The Manette Clinic

PRESENTER: Kristen Childress, DNP, ARNP

CHECK ONE: NEW CASE ☐ FOLLOW-UP ☑

PATIENT AGE: 70 GENDER: MALE ☐ FEMALE ☑ TRANSGENDER ☐

OCCUPATION: Retired librarian LEVEL OF EDUCATION: College

LIVING ARRANGEMENT: Memory Care

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

What further workup (including neuropsych) is indicated?
Would there be utility in beginning donepezil or other medications?

CHECK ALL THAT APPLY OR RELATE TO YOUR MAIN QUESTION

- ☐ Specific symptom management (insomnia, wandering, paranoia, hallucinations, etc.)
- ☑ Dementia specific treatment options
- ☐ Issues of Activities of Daily Living (ADLs)
- ☐ Issues of Instrumental Activities of Daily Living (iADLs)
- ☑ Determining the patient's diagnosis
- ☐ Agitation and/or aggression
- ☐ Advance care planning
- ☐ Inappropriate behavior
- ☐ Other(s)_____

BRIEF HISTORY OF PRESENT ILLNESS

Patient resided alone in a SFD in Oak Harbor, known to have alcohol dependence, worse since retiring ~5 years ago. Family had noted memory issues when talking to her on the phone but attributed this to ETOH intoxication. Previously, cognition appeared to return to baseline during hospitalizations per dtr (Hx multiple falls). In February fell and sustained a hip fracture, underwent ORIF. During hospitalization started on olanzapine 5mg daily for agitation and anxiety. Deemed unsafe to discharge home due to cognition, so D/C'd to memory care near her dtr. Discharge diagnoses included Wernicke's Encephalopathy, but full hospital records unavailable, so unclear if thiamine level checked but she did receive high-dose thiamine therapy. Limited past primary care notes indicate a dx of dementia. Admitted to our practice 5/6/20.

Psychiatric hospitalization(s)? ☑ No ☐ Yes # of times? _____

Number of unsuccessful attempted placements? 0

ER visits in last 6 months? ☐ No ☑ Yes # of times? Unknown

Recent medical hospitalization(s)? [✔] No [ ] Yes Reason?_____ Date?_____

CURRENT AND PAST MEDICAL HISTORY

- [ ] Hypertension
- [ ] Diabetes
- [✔] Hyperlipidemia
- [ ] CAD
- [ ] Sleep apnea
- [ ] Head injury
- [ ] Anxiety
- [✔] Depression
- [ ] Hearing loss
- [ ] Stroke
- [ ] Delirium
- [✔] Falls

Additional detail:

GERD, paresthesias of feet, psoriasis, hyponatremia

CURRENT MEDICATIONS AND THERAPIES

- [ ] Cholinesterase Inhibitors
- [ ] NMDA Antagonist
- [ ] OTC medications
- [ ] Sleep aid
- [✔] Antipsychotic
- [ ] Antidepressant
- [✔] Benzodiazepines

Additional detail:

thiamine 100 mg oral tablet [Leader Vitamin B1] 1 tablet(s) once a day, oral route
QUEtiapine 50 mg oral tablet [Quetiapine Fumarate] 1 tablet(s) 2 times a day, oral route
LORazepam 0.5 mg oral tablet [Ativan] one tablet by mouth every 6 hours as needed
cholecalciferol 1000 intl units (25 mcg) oral tablet [D-1000] 2 tabs by mouth daily
senna 8.6 mg oral tablet [Senna Lax] 2 tabs by mouth daily
magnesium hydroxide 8% oral suspension 30cc daily prn constipation
LORazepam 0.5 mg oral tablet [Lorazepam] 1 tab by mouth three times daily prn anxiety
loperamide 1 mg/7.5 mL oral liquid [Imodium A-D 30cc after first loose stool and 15cc after subsequent stools, max 60cc/24hrs
aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension 20cc by mouth Q4 hrs prn heartburn
gabapentin 300 mg oral capsule [Neurontin] Take 1 cap by mouth three times daily
acetaminophen 325 mg oral tablet [Acetaminophen] Three tabs by mouth three times daily

MEDICATIONS AND THERAPIES THAT HAVE BEEN TRIED IN THE PAST, AND WHY STOPPED

Olanzapine- D/C'd ~ 10 days ago as pt had significant anxiety and agitation even with prn lorazepam. Replaced with quetiapine which has been helpful.

SOCIAL HISTORY

	Poor	Fair	Good	Optimal	Additional notes
Activity Level		✔			Working with PT, in w/c
Nutrition		✔			MIND or DASH diet?
Community/Family Engagement		✔			

Sleep: Number of hours per 24-hour period? 8-10

Alcohol use? ☑ No ☐ Yes # drinks/day? _____

Tobacco use? ☑ No ☐ Yes

Marijuana use? ☑ No ☐ Yes

Concerns about vulnerability/elder abuse? ☑ No ☐ Yes ☐ Not sure

Concerns about capacity? ☐ No ☐ Yes ☐ Not sure

For non-decisional patients, decisions made by: Children

DPOA Financial in place? ☐ No ☑ Yes ☐ Not sure

DPOA Medical in place? ☑ No ☐ Yes ☐ Not sure

ADVANCE DIRECTIVE in place? ☑ No ☐ Yes ☐ Not sure

CURRENT POLST in place? ☐ No ☑ Yes ☐ Not sure

DNR in place? ☑ No ☐ Yes ☐ Not sure

Financial Concerns: ☐ No ☑ Not Sure ☐ Yes _____

Living Arrangement Concerns: ☑ No ☐ Not Sure ☐ Yes _____

Additional detail:

Needs updated POLST

REVIEW OF SYSTEMS

☐ Insomnia ☑ Agitation ☐ Wandering
☑ Depression ☐ Constipation ☐ Drowsiness
☐ Incontinence ☑ Anxiety Other: _____

PHYSICAL EXAM – PERTINENT FINDINGS

Severe short-term memory loss with anxiety, perseveration, intermittent anger and paranoia.

COGNITIVE SCREENING EXAMS: SCORE SUMMARIES (optional: attach redacted/de-identified forms)

	NORMAL	ABNORMAL	UNKNOWN
SLUMS			
GPCOG			
MMSE			
MOCA			
MINI-COG			
INFORMANT TOOL			

Neuropsychology Testing: ACE-III inpatient by SLP, 52/100= severe cog impairment in all areas

PERTINENT LABS:

	NORMAL	ABNORMAL	UNKNOWN
CBC	✔		
CMP		✔	
A1c			
LIPIDS			
TSH	✔		
B12	✔		
D			
HIV			
RPR			
OTHER: (FOLATE/MMA/ HOMOCYSTEINE ETC	MMA 270, homocyst 15.3	Thiamine not resulted	

Working to obtain previous brain imaging done in the last couple of years

Imaging: _____

GOALS OF CARE (What is important to the patient/family?)

Physical goals: Return to ambulatory state
Psychological goals: Resolve anxiety/agitation and any depression, stabilize memory loss if possible
Emotional/social goals:
Spiritual goals:

ANY OTHER INFORMATION THAT YOU THINK IS IMPORTANT

Hyponatremia improving with salty snacks (memory care can't do fluid restriction)

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