

**Patient Name: Zoe Brooks**  
Diagnosis: Asthma

Character Brief

## Patient story

### Brief Summary of Learning Activity

The overall goals of asthma management are to prevent disability, minimise physical and psychological morbidity and assist the child in living a normal and happy life as possible (Wong et al. 2006). In order to achieve this, the family and the child need to recognise asthma symptoms, learn how to manage asthma exacerbations, visit a health care provider regularly, understand and implement the appropriate therapy, and identify and eliminate environmental irritants and allergens (National Asthma Council, 2006).

### Part A: During this clinical simulation,

- Nursing students will focus their attention on educating the parents (Sharon & Graham) on recognizing and managing asthma symptoms (asthma action plan).

### Part B:

During this clinical simulation, Speech Pathology & Physiotherapy students will

- Obtain a development history, conduct a screening assessment & determine the appropriate course of action
- Communicate findings of communication assessment with parents
- Behavioral issues and parental functioning
- Assessment of social supports

### Part C

During this clinical simulation Social Work students will:

- Explore the circumstances impacting the client family using a multidimensional framework
- Assess risks impacting the welfare of the Zoe
- Work collectively with Sharon and Graham to establish viable intervention to support of Zoe's care

Students will interact with one/two actors who will play the role of Sharon & Graham. Each discipline has 15- 20 minutes in which to discuss and implement their clinical intervention.

This project was possible due to funding made available by Health Workforce Australia

## Background information about the patient

Patient Description:		
<b>Name</b> Zoe Brooks	<b>Age</b> 2.4 Years	<b>Ethnicity</b> Australian – No religion
<b>Setting:</b>	Ritz Medical Centre Children's Ward	
<b>Patient Information</b>	<p><i>Previous Medical Hx</i></p> <p>IGUR, Prematurity 34/40</p> <p>Recurrent Otitis Media</p> <p>Moderate Persistent Asthma</p> <ul style="list-style-type: none"> <li>○ Daily symptoms</li> <li>○ Night time symptoms &gt; 1 night per week</li> <li>○ PEF or FEV1 &gt; 60 % to &lt; 80 % of predicted value</li> <li>○ PEF variability &gt; 30 %</li> </ul> <p>Since infancy Zoe has had repeat respiratory infections &amp; wheezy episodes. She has recently been diagnosed with Asthma by her GP. Zoe had two moderate / severe asthma attacks in the last two months, which require admission to the Ritz Medical Centre Children's Ward (Rx did not involve ICU management). So far this year, Zoe has had four presentations to the Ritz Centre Emergency Department with mild exacerbation of her asthma symptoms.</p> <p>A contributing factor to Zoe's frequent admissions/ presentations to the Ritz Medical Centre are her parents' difficulty in managing Zoe's complex health needs. Sharon finds it very challenging to get Zoe to take her regular inhalers, due to Zoe's behavioural problems (hyperactivity). In addition, Sharon &amp; Graham demonstrate limited understanding of asthma management – i.e. clinical indications for each medication i.e. which medication to administer when.</p> <p>Zoe and her parents were booked in for an appointment with the Asthma Liaison Nurse at the Ritz Medical Centre Outpatients Department in December of 2012. This was scheduled after Zoe's last admission to hospital in order to review Sharon's &amp; Graham's understanding of Zoe's asthma management plan. However, Zoe &amp; her parents did not attend this appointment.</p> <p>Weight 10.5kg (10<sup>th</sup> percentile) Height 86cm (25<sup>th</sup> percentile)</p>	

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	Previous Family Hx Hypertension, Bowel Cancer
	Current Medications Beta-2 agonists: salbutamol (Ventolin, Asmol) Preventer: Pulmicort Flexhaler 180 mcg twice daily.
	Allergies – nuts, eggs and lactose
	<p><i>Lifestyle &amp; Health Practices</i></p> <p>Zoe currently lives with her parents. She attends community day care centre in Collingwood two days a week. Zoe's carers have begun to express concerns about her development &amp; behavior in the past 6 – 8 months.</p> <p>At a child care centre meeting, Zoe's carers told Sharon &amp; Graham that Zoe often does not follow instructions and has difficulty joining in group activities. She sits with the group or at a table only very briefly and does not play well with other children.</p> <p>The carers also spoke about Zoe's clumsiness and her late walking. She has only begun to walk unaided in the last three months and is still unsteady on her feet.</p>
	<p><i>Social History</i></p> <p><i>Father:</i> Graham Williams (24 years - not Zoe's biological father) is employed as a factory worker (production line) for Kerry Ingredients. Last month, Graham's work hours were cut to from 40 to 25 per week due to the company shifting production to other factories interstate and offshore. This has resulted in severe financial difficulty for Graham and Sharon, which has negatively impacted on their characteristically strong and supportive relationship. Graham is known to the Collingwood police and was a participant in a Diversion Program when he was 17 years of age.</p> <p><i>Mother:</i> Sharon Brooks (23 years) is currently studying a Certificate IV in Youth Work at Holmesglen TAFE. Sharon also works as casual night filler at Woolworths in Collingwood.</p> <p>Graham looks after Zoe when Sharon is at TAFE and at work. Sharon is concerned that Zoe's health situation is declining because she is not available to take care of Zoe fulltime. At the same time she is concerned about the family's financial situation if she were to reduce her work hours.</p>

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Sharon and Graham met each other in 2008 at a REVAL Program that was being run by Youth Support & Service (YSAS) in Prahran. When Sharon and Graham met, Sharon was 24 week pregnant with Zoe.

Both Sharon and Graham have a history of IVDU (Heroin / Amphetamines) and alcohol abuse. They are currently both on a maintenance Methadone program. Sharon and Graham continue to smoke 10 -15 tobacco cigarettes per day. Sharon and Graham still frequently attend the substance abuse support group meetings offered at Collingwood community centre. Recently however, because of the increasing stress and anxiety associated with their reduced finances Graham has started to drink heavily.

Sharon, Graham & Zoe currently live in public housing in Collingwood.

### **Hx Present Health Concern**

Today Sharon and Zoe presented to the Ritz Medical Centre Emergency Department at 1030 am. Sharon was becoming increasingly concerned about Zoe's hacking paroxysmal cough, moderate shortness of breath, and audible inspiratory wheeze. Sharon stated to the Emergency Nurse (Helen) that "Zoe's puffers rang out two days ago and cause Graham has had his hours cut at work, we have got no money to buy any more". Sharon went on to say to Helen, that "two nights ago, I gave Zoe the white puffer every two hours via the spacer cause her breathing was getting really bad.....we nearly come to see you on Wednesday night..... But Graham gave her some on the blue puffer and she got better. I was really scared because I just don't know what to do when her breathing gets real bad!

Upon examination Zoe demonstrated increased work of breathing (Respiratory Rate 36) with moderate accessory muscle use/recession, a SaO<sub>2</sub> of 90 % on room air, a slight tachycardia (125 beats per minute), and a limited ability to speak in sentences. After administration of Salbutamol by MDI/spacer every 20 minutes for 1 hour & oral prednisolone (1 mg/kg) Zoe demonstrated little improvement in her condition. Due to a poor response to inhaled salbutamol, an inability to wean the salbutamol to 3 – 4 hourly and oxygen required to keep SaO<sub>2</sub> > 92% Zoe was admitted to the Children's Ward at the Ritz Medical Centre.

From the assessment the Emergency Registrar (Dr Anthony O'Neil) noted that Zoe had limited language and her comprehension of instructions did not appear to be age appropriate. Sharon stated yesterday that she got a letter for Zoe's child care centre complaining about Zoe's disruptive behaviour.

As a result of the concerning psychosocial information & development information gathered by the Emergency Department multidisciplinary team, a referral was made by the admitting Paediatric Registrar to the Allied health care team (Social Work, Speech Pathology & Physiotherapy).

### **Admitting Diagnosis**

Asthma for stabilisation and management

Assessment of development delay and behavioural problem

To be formally assessed – referral to Speech Pathology, Social Work & Physiotherapy

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## Further information:

### Relevant background information about the patient (Zoe)

- Premature (34/40)
- Recurrent Otitis Media (inflammation of the middle ear; common in early childhood)

### Current concerns about patient (Zoe)

- Zoe's carers at childcare have begun to express concerns about Zoe's development & behavior in the past 6 – 8 months. Their concerns include hyperactivity (difficulty with attention to tasks, not able to concentrate on tasks for long), difficulty following instructions (often appears not to be 'listening' and does her own thing), and uncooperative with staff and other children in the room.
- At a child care centre meeting, Zoe's carers told Sharon & Graham that Zoe often does not follow instructions and she has difficulty joining in group activities. She sits with the group or at a table only very briefly and does not play well with other children (finds it hard to make friends, will snatch toys, wants her own way, etc) .
- Zoe has limited language skills (she has very few words), which means it can be hard for her to communicate what she wants and needs to other people (such as other children and staff at childcare). Zoe finds it hard to get her message across, and other people have difficulty understanding her, which she finds frustrating.
- The Emergency Registrar (Dr Anthony O'Neil) has also noted that Zoe had limited language and her comprehension of instructions does not appear to be age appropriate.
- When Zoe does talk with other children/adults, her speech is quite hard to understand (ie, staff and other children often don't understand what she is trying to say). This is worse for people who are unfamiliar or don't know Zoe very well (it is less problematic for Sharon and Graham). As a result, Zoe gets frustrated, which results in increased behaviour problems, irritability and 'acting out'.
- Sharon has received a letter from Zoe's child care centre complaining about Zoe's disruptive behaviour. Sharon is becoming concerned about Zoe's behavioural problems (which are also happening in the home environment, such as when Zoe doesn't 'get her way' and she starts to display tantrum behaviour). Compared with other children, Sharon thinks that Zoe's behaviour is more difficult than average. She is not really sure what to do.

### Questions **Speech Pathology** students may ask patient's mother (Sharon's response via bullet point):

*SP: Do you have any concerns about how your child talks and makes speech sounds?*

- Yes – it can be hard for me to understand what Zoe says (strangers find it even harder).

*SP: So percentage-wise, how much do you understand and how much would someone who doesn't know her well would understand?*

- On a good day, I can probably understand her about half the time (but I find it harder to understand her on a bad day – ie, when she's tired, being difficult). Strangers can't really understand much of what she says (ie, understand less than 25% of what she says)

*SP: Do you have any concerns about how your child understands what you (Sharon) say?*

- Yes – Zoe often doesn't seem to be listening. I reckon sometimes she just chooses not to listen to me (ie, is she just being a 'selective listener'?) I'm also wondering whether it might be cos of all the ear infections Zoe has had over the past year or so.

*SP: Do you have any concerns about how many words or sentences Zoe uses? / About how many words does Zoe have in her vocabulary?*

- Zoe has a handful of words (probably about 25 words, or so, that we can understand), but she is not yet

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putting 2 words together into small sentences. Zoe often gets frustrated because she can't get her message across and then she might throw something or have a tantrum.

*SP: When did Zoe first start to talk?*

- She was about 1 year old I think but I don't really remember.

*SP: How does Zoe let you know what she wants e.g. something to eat/drink?*

- Oh she will just go to the fridge and help herself or sometimes she uses her words and she will point or mime out what she wants (ie, she uses her hands, gestures).

*SP: Do you have any concerns about how your child behaves?*

- Yes – concerns have been expressed by the child care staff, and I'm getting worried too. Zoe seems to find it hard to play well with other children and may revert to hitting or snatching toys from them. She gets into "trouble" in child care quite a lot. They also say she doesn't always do as she is asked and it can be difficult to make her sit at the table for meals or activities.

*SP: Do you have any concerns about how your child gets along with others?*

- Yes – concerns have been expressed by child care staff, and I'm getting worried too. As I mentioned Zoe might hit other kids or snatch their toys and she seems to get into a lot of scraps with other children. She seems to like other kids; she is pleased to see them but she can't just play nicely or be with them for a while without getting into strife.

*SP: Do you have any concerns about how your child is learning to do things for himself/herself?*

- Yes – she seems to have problems with self-help skills. Her hands seem to be clumsy and she often needs help with her fine and gross motor. Zoe seems to be physically behind her same-age peers. She seems to be behind a lot of the other kids at child care and stuff like toilet training – well, she really isn't that interested. I try to get her to feed herself but she will only use her hands and not a fork or spoon.

#### Sharon's affect & overall demeanour during the session

Sharon is becoming concerned about Zoe's behaviour. She is studying at TAFE and working long hours due to financial pressures. This means she's pretty tired by the time she gets home from work, and doesn't have as much energy or patience with Zoe as she would like. She will often 'give in' when Zoe's behaviour is difficult or put her in front of the TV/DVD, as it's just easier that way.

Sharon is finding it stressful and hard to cope with Zoe's behaviour. Life at present involves many problems and stresses. Sharon feels a bit annoyed at Zoe because sometimes she thinks Zoe is just "being naughty" and she really could do more for herself and pay attention better but she just doesn't want to. This is tough on Sharon with all of her stresses.

Also Sharon is worried but also a bit confused about whether Zoe really has problems or not, as Sharon hasn't had any other children and she really doesn't know much about kids and how they develop. Apart from seeing the children at child care, Sharon doesn't have any kids to compare Zoe to.

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