

Patient Name: Peter De Luca

Diagnosis: Stroke

Character Brief

Patient story

Stroke is the second biggest killer in Australia and a leading cause of disability.

Stroke occurs when a blood vessel in the brain is suddenly becomes blocked or bleeds. As a result, varying degrees of brain function may be lost and activities such as movement, thinking and communication may be impaired (Source: AIHW 2012)

The risk of being affected by stroke increases significantly with age, male gender, smoking, hypertension (high blood pressure), and having a family history of stroke.

Stroke has been an Australian National Health Priority since 1996, and the implementation of a comprehensive stroke strategy has still not been developed to this date (Source: Stroke Foundations Australia 2013)

This case presents a middle aged male who has suffered a left middle cerebral infarct (a stroke), which is affecting his movement and communication. Following one week acute hospital admission, he was transferred to a rehabilitation centre to allow him the opportunity to receive an optimal level of recovery. The scenario focuses on the patient's physical status, communicative abilities and psychosocial wellbeing. Students from Nursing, Physiotherapy, Speech Pathology and Social Work will work collaboratively to assess the patient and prioritise his health care needs. The ultimate aim will be for students to implement an Interprofessional approach in delivering evidence based health care to the stroke patient, while each disciplines adheres to their own scope of practice.

<http://strokefoundation.com.au/fight-stroke/join-fight/> National Stroke Foundation Australia

Mr De Luca is a 48 year old male; one week post left middle cerebral artery infarct. Mr DeLuca's residual effects include mild right sided hemiplegia, with mild aphasia, which seem to be causing Mr. De Luca, some distress. Mr DeLuca's progress has been excellent over the last few days while in hospital; however he still requires assistance with his mobilisation, his communication and his psychosocial well being- the extent of Mr Luca's mobility needs will be assessed by the physio team, Speech Pathology will conduct brief speech and language assessment, and social work will conduct an assessment when Mr. De Luca arrives at the rehabilitation centre.

The Interprofessional Rehabilitation team has read the brief patient notes faxed to the ward earlier this morning and are in discussion about Mr. De Luca. The rehab team is aware that Mr. De Luca is currently taking the following **MEDICATIONS:** Warfarin sodium 3mg daily Perindropil 5mg

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daily, Atorvastatin 20mg daily Metformin hydrochloride 500mg TDS, Digoxin 0.5mg daily Salbutamol Sulphate x 2 Enoxaparin sodium 60mg SC daily Allergies – NIL STATED. Mr De Luca has T.E.D Stockings Insitu. The Inter professional team is also aware of the following:

Mr. De Luca's Previous Medical Hx. BMI 22, Hypertension, Artrial Fibrillation, Type two Diabetes, **Mr. DeLuca's Family History:** Type Two Diabetes, Renal Failure, and Cardiovascular Disease.

Prior to the stroke Mr De Luca smoked 30 cigarettes a day and has done so for the past 30 years. Mr. De Luca is trying very hard to give up smoking and has cut down to 5 cigarettes per day, with his goal being to cease smoking altogether by the end of next month.

Prior to the stroke Mr. De Luca also had 2-4 standard drinks each night to help him relax, he has not had any alcohol since having his stroke and has stated he is not going to bother with alcohol again , as he is scared it may cause another stroke.

Mrs De Luca stated that at times Peter, is not real good at managing his medications and often misses them or takes them late.

Mr DeLuca can communicate verbally however he has mild word finding difficulty and problems formulating sentences. Mr. De Luca wants to converse with family and staff. When he can't find the words he uses gestures and attempts to write with his left hand and this is very frustrating for him.

Mr. De Luca is also aware that he is going to have issues with his mobility and is worried how he will cope when he finally makes it home. Mr. De Luca really wants to make a positive change to his health – he really wants to get back to work and continue earning a wage.

Mr De Luca is married to Belle and they have known each other since they attended high school at the Worawa College in Healesville; they are child hood sweet hearts.

Mr De Luca and Bella married 28 years ago.

They have lived in their heavily mortgaged three bedroom home at Healesville, Victoria for 10 years.

Together they have 3 teenage children at home: Rose 19 is at university, Aaron 15 is in year 11 at a private school, & Lily 13 is in year 9 at a private school. Other close family members live nearby in surrounding suburbs of Melbourne city.

Mr DeLuca has worked at the local saw mill as a full time casual for the past 10 years as a laborer and Belle works at the Swinburne TAFE as an administration support person.

Both Mr De Luca and Bella are active members of the Healesville Community, attending community functions and sporting events with their children.

The family state that Mr De Luca feels overwhelmed with what has happened to him, but more importantly he seems be deeply worried about the financial impact his situation will have on his

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wife and children .Mr. DeLuca's concern of financial burden, loss of his income, paired with the potential overall cost of his treatment, and all his expensive medications, physiotherapy, and hospital accounts etc. Belle has described that money is sparse even when Peter is working – they are all worried about how they will cope if they don't have Peter's wages coming in anymore.

Mr DeLuca has been informed his rehabilitation will commence immediately upon his arrival at the rehabilitation facility.

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Background information about the patient

Who is Mr De Luca? 48 Year old male, Mr Peter DeLuca- married for 28 years, 3 children living at home, works at the local saw mill fulltime casual- Hands on dad with your children and their activities- adlib re: sports, recreational activities

Where do they live? Healesville Victoria

Do does he work? Yes- fulltime casual for the past 10 years at the local saw mill

Who does he live with? Wife Belle and three teenage children-

Who are the significant people/ things in his life? Work and providing for the family

Do he have any hobbies? Improvise here if you like

Are there any relevant lifestyle factors? Age, male gender, Drinking 2-4 standard drinks per day and smoking 30 cigarettes per day – since the stroke down to 5 per day and hoping to quit by the end of next month

If any of the above information is not integral to the scenario, you may direct the actor to improvise this information

Physical characteristics

What does Mr De Luca look like? You appear to be alert and orientated although at times the formation of appropriate sentences escapes you- you know what you want to say but it comes out muddled- if you deliberately slow your speech down and take longer than pre stroke to speak, you are able to formulate appropriate sentences- however this is very frustrating for you.

How does he move? You will be mobilised by the physiotherapy team, your movements will be "clumsy"

And not well controlled on your right side you may try and make hand gestures with your right hand but this don't quite work and it really frustrates you.

Do he have any disabilities / impairments? Only the ones above.

If any of the above information is not integral to the scenario, you may direct the actor to improvise this information

Patient's affects/ behaviours

How is Mr De Luca feel at the moment? Somewhat Sad/depressed/concerned about finances and the long term effect of his current health situation. Conversation around finances is tremendously worrying. You appear deflated, lost your identity and purpose in life – this will be especially pronounced when being interviewed by Social Work

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What sorts of behaviours is Mr De Luca exhibiting? Alert and orientated to his situation and agreeable to the health interventions. However you do have residual injuries from the stroke .i.e. speech and the formation of sentences .Right sided weakness/clumsiness and at times unaware of your ride side i.e. you may bump into something/someone when you are being mobilised by physio or you may attempt to pick something up , forgetting the your ride side just doesn't work how it should..

Patient's current concerns

What is Mr De Luca currently thinking about? Mobility is a great concern and you worry that you will never be able to return to your pre stroke state, communication is also extremely frustrating as you stumble with your word formation and sentence building at time.

Family finances worry you as you are under a lot of financial pressure and now you don't have your own income to contribute to the family anymore the long term consequences of not having your wage is very Stressful .

What is important to Mr De Luca at the moment? Frustrated at not being able to communicate properly, not being able to mobilise without being unaided in some way, the length of time you will be in the rehab hospital is a pressing and worrying question you have no real answer to. Your finances! How will you pay for all the medical care ...you just don't have the money.

Patient's history of the problem

From Mr De Luca's perspective, what has happened to them? Peter appears to comprehend his current situation- however he is having difficulties with communicating. He is acutely aware that he is unable to move and walk as he did prior to his stroke- this is at times very upsetting for him.

What procedures have they had?

Carotid ultrasound: A carotid ultrasound checks for narrow or blocked carotid arteries. The carotid arteries are blood vessels in your neck that carry blood to your brain.

CT or MRI scan: these pictures are used to see bleeding or blood flow blockage in your brain.

What health professionals have they seen? Doctors, Nurses

If using medical jargon, please explain each term.

Patient's past medical history

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Do he have any health conditions? Hypertension, COPD, types 2 DIABETES, Atrial Fibrillation,

What treatment does he have for these conditions? Medication-: Warfarin sodium 3mg daily
Perindropil 5mg daily, Atorvastatin 20mg daily Metformin hydrochloride 500mg TDS, Digoxin
0.5mg daily Salbutamol Sulphate x 2 Enoxaparin sodium 90mg SC daily

How long has he had these conditions for? For around 10 years

If on any medications – what do they look like (include photo if appropriate)? How often do they take them and how many do they take?

Warfarin sodium 3mg daily which is an anticoagulant (1 x 1mg TAN tablet & 1x 2mg LAVENDAR TABLET)

Perindropil 5mg daily, which is an anti hypertensive for your blood pressure 1 ½ white tablets

Atorvastatin 20mg daily, Hypolipidaemic 2 x white tablets

Metformin hydrochloride 500mg TDS for your diabetes 1 x white tablet

Digoxin 0.5mg daily – which is a cardiac glycoside 1 x small white tablet

Salbutamol Sulphate x 2 – which is your puffer

Enoxaparin sodium 90mg SC daily which is injected into your tummy it is an anticoagulant- many patients call it a blood thinner

If any allergies – what is the allergic response? None known

Does Mr De Luca smoke? Do they drink? Smoked 30 per day – now down to 5 per day, prior to stroke you would drink 2- 4 standard alcoholic drinks each evening. Since the stroke you have given up drinking altogether as you fear it may cause another stroke.

Patient's family medical history

Family history: Diabetes, Renal Failure, and Cardiovascular Disease – we don't mind who in your family has this medical history parents and or siblings.

Scenario prompts

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Are there any cues they need to watch out for? You will be wheeled into the scenario as the Interprofessional team are having discussions about your pending arrival- they will be somewhat surprised to see you arrive unannounced – the team should immediately begin their introductions and assessments with you- the Interprofessional team will be required to collaborate, communicate and initiate your care immediately.

Should Mr De Luca's behaviour change after a certain event? Peter should attempt to verbally respond when he is engaged in communication with the Interprofessional team however from time to time he will get his words mixed and sentence formation will take a considerable time- if you deliberately slow your speech down you can formulate appropriate sentences however this frustrates you. You may notice that the Interprofessional team will try and gauge what you are trying to say and may in fact offer the words and or sentences for you or they may ask you to write it down, use your left hand to do this (you are right handed but also since the stroke you are right sided deficit which prevent you from holding your pen and writing well)

Other relevant information

Mr De Luca's particular type of stroke in this scenario will cause you to have problems with your speech, and writing and at times remembering (this may suit if you do not know the answer to some of the questions asked which really are not relevant to the scenario). You will experience mild problems with your mobility, you have right sided deficit which will cause slightly uncontrolled movements of your right arm and leg and at times seem to be unaware of the right side of your body. You may also at times throughout the scenario appear depressed (deep sadness), or lack emotion. You are also incredibly concerned about your job, loss of your income and the negative impact this will have on your family. The medical bills are mounting up on top of all your other financial commitments and this is stressful- probably the most stressed you have ever been in your entire life.

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