

Patient Name: Brenton Barker

Diagnosis: Drug overdose, mental health issues

Character Brief

Patient story

Brenton Barker, a socially isolated 48 year-old man, was admitted to the ward three days ago for heart monitoring following an overdose on prescription medication (valium and atenolol). Brenton is well known to emergency department staff through previous episodes of deliberate self-harm (overdoses of prescription medications and alcohol) at times of personal life crisis. Brenton reports drinking heavily since his father's sudden death a month ago, and has been "topping up" with valium to help him cope. As a result of intoxication at work, Brenton lost his job as a line supervisor at the plastics factory three days ago.

Background information about the patient

Brenton (or Brent) is a lonely, socially isolated and troubled man. He has always struggled to hold down a job, make friends and fit into society. He has coped with his negative feelings through alcohol and prescription medications; however this has at times lead to substance abuse and overdoses (some of which have been intentional).

Up until recently he had lived in a rental unit with his father. One month ago his father passed away unexpectedly from a heart attack (please improvise details regarding Brent's father). Brent and his father had a turbulent relationship. But when their relationship was good, this had a positive impact on Brent's life. Brent lived on and off with his father. His mother took her own life when Brent was a teenager. He does not have any brothers or sisters or any other close family. Since the death of his father, Brent has again felt alone and troubled.

Brent's most stable employment was his recent job at a plastics factory (details to be improvised). Prior to his father's death, Brent was given the extra responsibility of being a line supervisor. However following his father's death Brent began to drink heavily and take additional medications – this led to him being late or absent from work, not paying attention to the production line, compromising safety and at times, being noticeable intoxicated. After being given several warnings and offers for help (which he did not take up), Brent was sacked from his job.

Brenton has no other income and has been unable to pay the rent. His landlord has given Brenton three weeks to pay last months' rent; otherwise he will be evicted. He has nowhere else to live. Brenton has received Centrelink benefits in the past, but is reluctant to apply for their help as he finds the paper work and reporting difficult and that staff unhelpful and unfriendly.

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Brent is a regular at the local pub. He has a few drinking mates there, but no one that he knows well enough to call on for assistance.

Physical characteristics

Brent will be wearing a hospital gown and will be in bed. Please bring along underwear to wear under the gown, some trackpants or shorts and pair of thongs/slip on shoes.

Brent has not been looking after himself well and is unkept.

He appears anxious and has a tremor (at rest and with movement).

Brent is troubled by back pain. The back pain is aggravated by sitting; he is most comfortable lying down or at times, walking around. If asked to get out of bed he will do this slowly, rolling to the side first, then slowly lifting himself up. When moving from sit to stand he will move slowly and hold onto his lower back. Walking at first is stiff and sore, but as he gets moving it feels better. The pain in his back is in the centre of the lower spine. He does not have any pain in his legs at the moment, though it has spread to the back of his legs in the past. With his anxious/depressed mood and the back pain Brent is not keen to get out of bed. The only thing that motivates him to get out of bed is a cigarette.

At times when Brent stands up, he feels dizzy, especially if he gets up quickly. This has only been present since his overdose and most likely is due to his blood pressure problems.

He remains highly anxious and has a widespread tremor at rest and with movement. At times he appears sweaty and he frequently asks staff and others' visitors for cigarettes.

Patient's affects/ behaviours

Brent's mood is flat. He does not smile and appears anxious.

Brent is not much of a conversationalist. He also has little eye contact with people when he speaks.

Brent is a smoker, but has run out of cigarettes and does not have money to buy more. He often asks people for a cigarette (including the students).

Brent is tired. He also is troubled by back pain and headaches.

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Patient's current concerns

There is a lot on Brent's mind; however being a loner he is not good at opening up. He is worried about losing his job, his home and not having his father around anymore. He does not know who to turn to. He has not been sleeping well. This morning he was feeling particularly low and told the social worker that he wanted to end it all. However deep down, he does want to work out his life and help himself. His father would be proud of him if he made a decent life for himself.

Brent is concerned about his back pain. It is quite bad at the moment and he doesn't know if he will be able to manage at home due to it. He wants to take some strong pain killers to help it, but feels that the hospital staff won't give him anything as he overdosed on medications a few days ago.

Brent doesn't like being in hospital. A new patient was admitted to the room last night (Edith in Bed 5). She spent most of the night calling out for her daughter Annabelle and made it impossible to sleep. Another patient, Ana (Bed 1) keeps trying to steal his food and tells him off for smoking. He feels it is a bit of a madhouse and would prefer to be in his own home and his own bed. But he may not have a house for much longer.

Patient's history of the problem

The events of the last few weeks had caught up with Brent. On the day he came into hospital he felt great sadness, anxiety and dread. He lay in bed for several hours with a hangover from drinking heavily the night before. He wanted to get rid of the pain he was feeling so decided to take some valium. Rather than taking a carefully prescribed dose, he took a handful of his tablets (in a moment of desperation). The he took a few of the blood pressure tablets that were in the cupboard beside the valium. He then went back to bed and started to feel dizzy. He started to panic as he was afraid that he would die alone in his unit. He got up, unlocked the door and called Lifeline. He had called Lifeline before and found them comforting and helpful. Lifeline arranged for an ambulance to come.

The next few hours are not clear in Brent's mind. He may have lost consciousness but he can't recall. He remembers being in the Emergency Department that evening. He was visited by the Crisis Assessment and Treatment Team (CATT – a mental health fast response team). CATT recommended he be followed up for mental health treatment (psychiatrist and psychiatric nurse assessments and treatments plus medications) once he was discharged home.

The blood pressure tablets Brent took caused his blood pressure to become quite low. He had to have intravenous medications to bring his blood pressure back to normal. He also was placed on a heart monitor machine and wasn't able to get out of bed for the first 24 hours.

Lying in bed caused Brent's bad back to be aggravated. He also finds the hospital beds uncomfortable and detrimental to his back condition.

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Brent has had several blood tests and ECGs since he was admitted. The nurses have been measuring his blood pressure regularly. He saw the social worker briefly this morning, but was really tired from not sleeping last night. He told her he wanted to end it all, because he was fed up with everything.

Patient's past medical history

Brent has high blood pressure. He takes one 50mg Atenolol tablet per day. Atenolol is a white tablet. Sometimes it has different names depending which Chemist he goes to – he remembers the box saying Tenormin on it. Brent's father also had high blood pressure.

Brent has been diagnosed with depression before. He has taken anti-depressants before but finds that they make him feel more anxious and he was reluctant to keep using them. He feels valium helps manage his symptoms better and he can alter his doses depending on how he feels. He currently has 5mg and 10mg tablets (they are white). He gets them from his GP usually, but also has got some through a guy at the local pub.

Brenton is a heavy drinker. He drinks mainly beer, sometimes spirits. Alcohol makes his problems feel smaller and increases his confidence. His drinking has become worse since his Dad died. He gets intoxicated most nights and sometimes even drinks in the morning.

Brenton has a back injury which he sustained several years ago in a drunken fight in a pub. He was kicked and stomped on by a group of guys. He thinks he may have broken some bones but is sketchy about the details. He went to hospital for a day or two after the injury. He finds that the medications Endone and sometimes Voltaren (tablets) help reduce the pain. However, doctors are reluctant to prescribe them for him.

Brenton is a smoker. He will smoke up to a packet a day.

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