

Patient Name: Karina Wescott

Diagnosis: pneumonia, diabetes

Character Brief

Patient story

Karina Wescott is a 41 year old female admitted 2 days ago for intravenous antibiotics following a diagnosis of pneumonia. Karina has been unwell for more than two weeks and was treated with 10 days of oral antibiotics prior to her admission. Her symptoms have included a fever, chesty cough, malaise, loss of appetite and nausea. Karina also has Type 1 diabetes and has found that her blood sugar levels (BSL) have been difficult to control.

Background information about the patient

Karina is single and lives alone in a one bedroom apartment. She purchased the apartment a few years ago and has a significant mortgage. The apartment block has a lift – she does not need to go up any stairs to get to her home.

Karina has one sister – Michelle. Michelle lives nearby, but is a busy single mother who works part time (*please improvise details re Michelle*). Karina is reluctant to place additional strain on her sister. She has always been quite independent and dislikes asking others for help.

Karina works in a call centre for an insurance company (*please improvise details re employment*). She has been on sick leave for the last two weeks. Karina has another 2 weeks of paid sick leave accrued.

Karina's parents are grey nomads. They have been travelling for the last 6 months and are currently in remote Western Australia. They do not intend to return for another 6 months.

Karina has a pet cat who keeps her company. Michelle's children are currently looking after the cat. *Please improvise the name/ details of the cat.*

Karina does not drive or own a car. She usually catches public transport or rides her bike. Karina witnessed a terrible car accident as a child in which several people were killed. Since she has felt uncomfortable in cars and vowed never to drive.

Karina has a few friends that she meets up with through her hobby – *I am happy for you to choose a fairly sedentary hobby that you are comfortable with e.g. reading and attendance at a bookclub, singing and member of a choir etc..*

Please note that where information is not integral to the scenario, you have been directed to improvise.

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

Physical characteristics

Karina will be wearing a hospital gown and will be in bed. Please bring along underwear to wear under the gown and a dressing gown and pair of slippers.

Karina is a regular 44 year old. However, due to her pneumonia she has become weak and deconditioned. She will appear lethargic.

Karina has a frequent, irritating cough. When she first became unwell, the cough was rattly and she often brought up green phlegm. Now the cough has become dry and she only brings up phlegm occasionally, usually in the morning.

Karina feels a sharp pain in the lower right side of her chest when she coughs or takes in a deep breath. It started happening a week ago. Initially it felt like someone had put a knife into her and she had to take some painkillers to help. Now it is less severe (possibly 6/10 at its worst). The pain also comes on when she exerts herself. Lying down and resting seems to help with the pain. Once the pain comes on, it goes away in a minute or two.

Karina has had a high fever, with chills, nausea and vomiting. She hasn't vomited since being in hospital, but still feels nauseous and has limited her food intake.

Karina can move in and out of bed and walk independently. It is only when she moves quickly that she encounters difficulty as it causes her to cough and brings on her chest pain.

Karina finds it harder to do things that she used to such as have a shower. She also tried walking up the stairs at the hospital, but found it caused her to cough and aggravated her chest pain.

Patient's affects/ behaviours

Karina is a polite, quietly spoken, introverted woman. She listens when spoken to and makes eye contact. However, she is exhausted from being unwell and finds it difficult to give people her full attention for long periods.

Karina is not very comfortable being in hospital and is looking forward to going home. A nurse mentioned that she may be able to continue the intravenous antibiotics at home if she manages her diabetes. Karina was pleased to hear this and would prefer to do this rather than staying in hospital. She has found it hard to sleep with all the people and noise around her. 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 her food and talks quite a lot. Brent in Bed 3 keeps hassling her for cigarettes. Jack in Bed 4 is a loud snorer. Karina feels that she will get more rest at home.

Karina finds it hard to motivate herself. This is the reason why she stopped looking after her diet and diabetes when she became unwell. Without having someone there to check on her and encourage her, she may be at risk of doing this again.

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

Patient's current concerns

Karina is keen to go home. She knows she will find it difficult to find the energy and motivation to look after herself properly, but she feels she will be more comfortable at home. She'd be happy to accept help if it means going home.

Patient's history of the problem

Over two weeks ago, Karina began to feel unwell. She had muscular aches and pains, a fever (over 39°C) and a frequent cough. Initially she kept going to work – she didn't want to look like she didn't care about her job. She just took some over the counter cold and flu tablets and kept going. However, after two days she was no better. She couldn't sleep as she had a very frequent cough and she started bringing up green phlegm. She saw her GP who commenced her on some antibiotics (tablets) and told her to come back in 5 days. Upon her return visit, she was no better, so was placed on another 5 days of antibiotics. The GP sent her for an x-ray and she was diagnosed with pneumonia throughout her chest. She was told to rest, keep her fluids up and continue with the antibiotics.

At home, she continued to have a fever and a cough. She also started to develop pain in the right side of her chest (as described above). She found it difficult to cook meals and do housework. She spent most of her time resting in bed. Karina stopped monitoring her blood sugar levels closely as she normally would. She started to feel hungry and thirsty, but at the same time she was nauseous and vomited a lot of what she ingested. Michelle encouraged her to go back to her GP as she was concerned about Karina's diabetes.

When Karina returned to her GP, her BSLs were around 19 (very high). She had a fever of around 38°C and her blood pressure was low. Her GP recommended she go to hospital and start stronger antibiotics, as well as get her diabetes better managed. Upon admission, she was placed on an intravenous drip and new medications started.

Since being in hospital, Karina has felt her condition has improved. She is no longer vomiting and her fever is much lower (often it is at a normal level). Her cough has changed and she no longer brings up phlegm frequently. Karina's diabetes is also better controlled, with her BSLs back to single figures. She has found it easier having her meals made up for her and not having to clean up after herself or do housework.

While in hospital, Karina has seen several doctors and nurses – people concerned about her pneumonia and diabetes. She was told that she will see a physiotherapist to help her with her cough, but she has not seen one yet.

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

Patient's past medical history

Karina was diagnosed with type 1 diabetes as a young adult. She checks her BSLs via a finger prick in the morning and the evening. She administers herself insulin via an injection to her tummy every day. Her condition means that she has to be vigilant with what she eats, her BSLs, and her energy expenditure. It is hard work and at times she does get complacent. But generally she manages the condition well (*if asked detailed questions about your diabetes, it is ok to say that you are tired and find it hard to remember everything at the moment. But you do see a diabetes educator at your GPs office and you are happy with how you have managed it in the past*). When Karina manages her diabetes well, her BSLs are within the range of 4 to 6 mmol/L, which is what is recommended for her. Sometimes they can get lower of she isn't looking after herself.

Karina maintains a healthy lifestyle. She doesn't smoke or drink. As she doesn't drive, she walks quite a lot and rides her bike.

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