

MEGA NURSING & CARE PREVENTION & FALLS RESPONSE UNIT

Case Study 5 – Patient with Chest Infection

Mr. John Smith, a 72-year-old gentleman with no formal care package or known informal support network, contacted emergency services due to experiencing chest pains. He was promptly transported to the A&E department, where clinical assessments revealed a chest infection and a grade 2 pressure sore on his sacral area.


Upon evaluation, Mr. Smith was prescribed antibiotics to address the chest infection, and his pressure sore was dressed appropriately. However, considering his lack of support at home, the A&E team recognized the need for additional assistance to facilitate his safe discharge and recovery.

Consequently, Mr. Smith was streamlined to the Preventative Response Unit (PRU) for comprehensive community-based care. The PRU team's intervention aimed to provide pressure ulcer treatment and support Mr. Smith with essential daily living activities, thereby preventing an admission to the hospital ward.

On the same day, the PRU team assumed responsibility for Mr. Smith's care, ensuring a seamless transfer of care from the A&E department to his home environment. Within two hours of his discharge, a PRU nurse conducted an initial home assessment, meticulously evaluating Mr. Smith's condition and immediate care requirements.

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Case Study 5 – Continued

The PRU's care plan for Mr. Smith included the following:

- **Pressure Ulcer Management:** Regular dressing changes and monitoring of the grade 2 pressure sore to promote healing and prevent further deterioration.
- **Social Care Support:** Four daily visits to assist Mr. Smith with mobility, repositioning, and ensuring bed rest between lunchtime and teatime. These visits also encompassed meal preparation, hydration monitoring, and ensuring adequate nutritional intake.
- **Clinical Oversight:** Ongoing assessment and monitoring of Mr. Smith's chest infection, ensuring adherence to the prescribed antibiotic regimen and evaluating his overall health status.

Through the PRU's prompt intervention and comprehensive care plan, Mr. Smith received the necessary support to recover from his chest infection and facilitate the healing of his pressure sore, all while remaining in the comfort of his own home.

This proactive approach effectively prevented an unnecessary hospital admission, reducing the burden on inpatient resources and promoting Mr. Smith's well-being in a familiar environment.

The PRU team's involvement continued until Mr. Smith's condition stabilized, and a long-term care plan was established, ensuring a smooth transition to ongoing community-based support services.