

Aurora Hospital

If there's a way we'll find it.



12/07/16

DISCHARGE REPORT

Patient:	Ernest Loveland	Onset date:	30/04/16
Med. Aid:	GENESIS 00477736	Op. date:	
ID NO:	9103075108087	Date of Birth:	07/03/91
Age:	25	1st adm. date:	30/04/16
Ref. Doctors:	Pohl P	Aurora adm. date:	27/05/16
GP:		Discharge Date	

Admission Diagnosis:

S06.20	Diffuse brain injury, without open intracranial wound
S06.80	Other intracranial injuries, without open intracranial wound
S27.30	Other injuries of lung, without open wound into thoracic cavity
S37.20	Injury of bladder, without open wound into cavity
S32.80	Fracture of other and unspecified parts of lumbar spine and pelvis, closed
V49.59	Passenger of car injured in collision with other and unspecified motor vehicles in traffic accident, during unspecified activity
K56.7	Ileus, unspecified

Co-morbidities:

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Therapist Team:

Patient counsellor:		Named Nurse:	
Key therapist:		Psychologist:	D. Swart
Occupational therapist:	Ms K. McLaggan	Physiotherapist:	Ms Jenny Janse Van Rensburg
Speech Therapist:	Ms Daniela Ferraris	Doctor:	Rufaro Nyamuda

Summary:

Admission Notes

EXECUTIVE SUMMARY:

25 year old Mr Loveland was admitted to Aurora Hospital with a TBI and polytrauma (ICD-10: S06.2; S32.40; S32.30 PMB) at a level of physiological maintenance function and requires 12 weeks of inpatient rehabilitation until 19.08.16 to improve to a level of assisted residential function. Mr Loveland is very restless. He is Independent in bed mobility tasks but requires maximal assistance of 1 therapist to perform all transitions (handling is very important as he has a pelvic ex-fix and is unable to weight-bear unevenly through his hips for 12 weeks). He is only allowed to sit with even weight-bearing through his hips for 30 min at a time. No walking or stair climbing allowed.

Durable medical equipment may also be required, for which a comprehensive assessment will take place with a view to appropriate provision of same.

These recommendations are all essential and integral components of medical treatment and rehabilitation of this PMB condition.

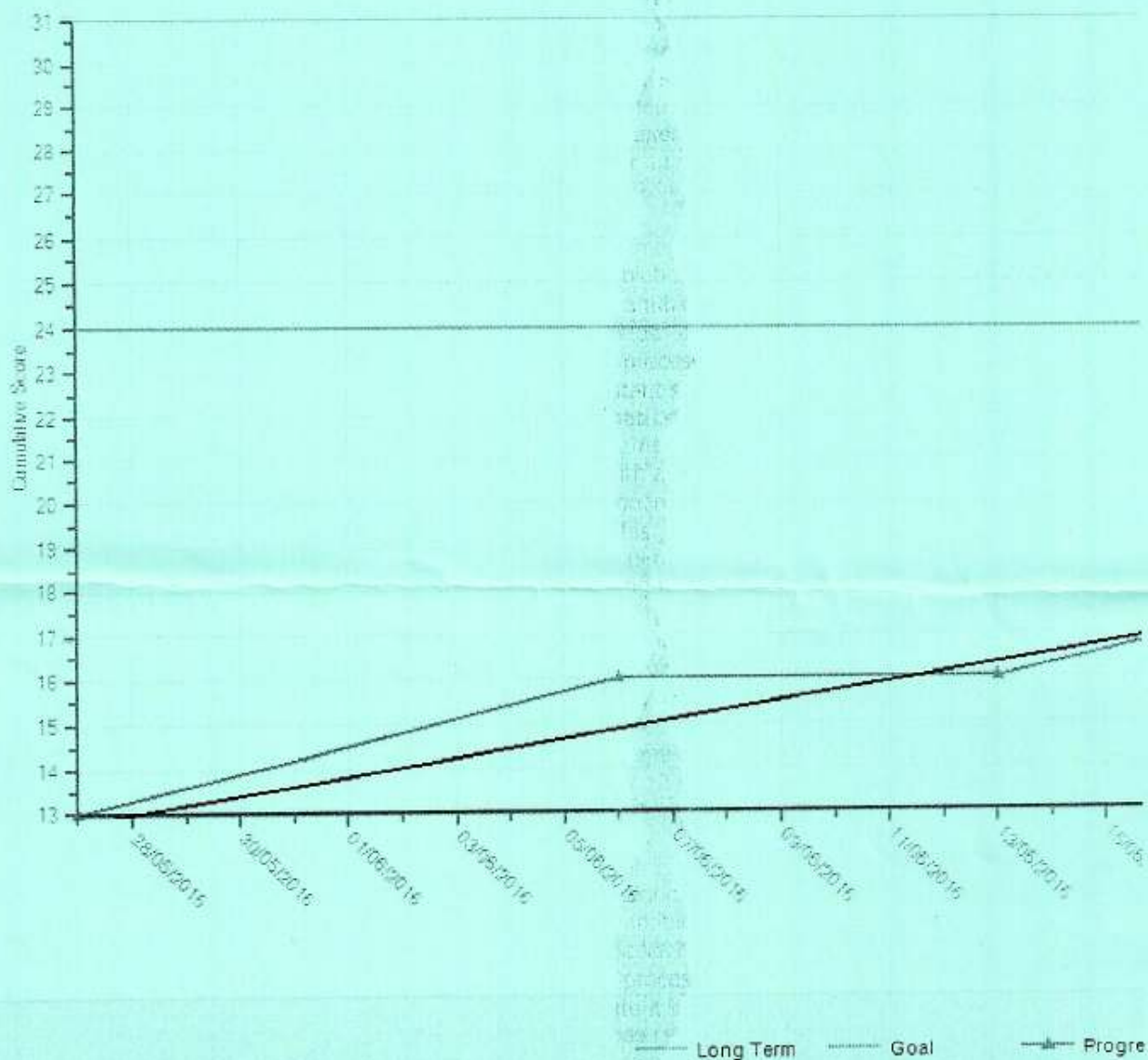
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#COMMENT#

Functionality F



Impairment of Body Function and Structure	Admission Impairment	Outcome	Date Achieved
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Process Goals & Level of Function

	Therapist
Physiological Instability	
1. Medical/Nursing Management	
Physiological Stability	
2. Educate, counsel and empower family/patient	
3. Establish long term management strategies	
4. Establish strategies to prevent secondary complications	
5. Identify and refer to appropriate rehabilitation setting	
6. Plan future care needs	
Physiological Maintenance	
7. Preserve Health	
8. Ensure adequate & safe nutrition	
9. Prevent aspiration	
10. Preserve skin integrity	
11. Maintain joint range	
12. Manage Bladder & bowel	
Residential Reintegration	
13. Proficiency in Self-care	
14. Mobility in & around the home	
15. Effective general communication system	
16. Safety in the home	
17. Home management	

Discharge Plans:

Discharge Medication:	Ativan 2mg p.o when necessary for restlessness Panado 2tablets p.o for pain Movicol 1sachet p.o for constipation Epilim CR 300 mg p.o at 08h00 Risperdal 1mg p.o at 8h00 Arcoxia 90mg p.o 20h00 Lyrica 75mg p.o at 08h00 and 20h00 Omez 20 p.o at 08h00
Bladder:	Continent
Bowel:	Continent
Pressure Care:	2hourly pressure care
Mobility:	Patient is able to bridge and roll to alternate sides. He is independent with basic transitions (lying to sitting, sitting to lying and sitting to standing). He requires some set up and hands on steadying for same level transfers. He is able to walk approx. 20m with a walking frame and supervision. He still is unable to climb stairs.
ADL's:	Mr Loveland has started to engage in his ADL tasks such as eating, brushing teeth, washing hair, washing face, toileting, bathing and dressing UL. This however all requires maximal supervision with minimal assistance or input. The patient is currently unable to wash or dress lower limbs due to the ex-fix that does not allow for that movement of bending forward.
Sexuality:	none
Aids:	A wheelchair and walking frame will be provided.
Nursing Care Needs:	needs assistance in all ADL,s
Feeding/swallowing	
Communication	

Follow up:

PT:	Mr Loveland will benefit from 30 out-patient sessions (3 sessions a week for 10 weeks) (30 x 72503) which will focus on core and abdominal strengthening for improved standing and sitting balance. Once the pelvic ex-fix has been removed this will allow for more intensive strengthening of his lower limbs without limitations. Sessions will also focus on improving his cardiovascular fitness to improve his ability to walk distances > 50m without any rest periods. Single leg standing balance should also be re-trained to assist with stair climbing retraining
OT:	Mr Loveland will benefit from continuous therapy up until the 2 year period after therapy. Therapy will focus on attending to his cognitive deficits such as naming, describing, categorising and sorting objects. Abstract thought will eventually have to be encouraged due to his concrete level of thinking. Therapy will aim at improving his ability to understand his environment, engage more appropriately and improve mental endurance. Long term, social and work integration will need to be incorporated so that he can integrate back into society. (66205 x 1, 66315 continuous)
ST:	
Psych:	
PC:	none
BK:	none
Nursing:	needs assistance in all ADL,s
Referring Doc:	
GP:	

Mental Functions	Mr Loveland currently presents with confusion and disorientation to self, place, time and others. The patient is unable to identify basic objects and is unable to identify shapes. He was able to identify the basic colors of red, green, blue and yellow. He is displaying poor carry over of information from one minute to the next and is displaying severely affected short and long term memory. Mr Loveland is unable to accurately provide information about himself or answer questions accurately due to his cocktail speech. Mr Loveland tends to speak in technical or computer jargons. His "yes" and "no" responses are inconsistent and he displays inappropriate social behavior. He inconsistently follows basic instructions and he is unable to adhere to his precautions.	Mr Loveland continues to make improvement in therapy. He is able to more accurately label objects and there functions with minimal assistance. He requires assistance to describe objects or pair them up correctly but is able to accurately sequence events. He is able to engage in ADL's with minimal assistance and sequencing guidance. His mental endurance continues to be decreased and at approximately 25 minutes after which he will persevere on one idea to answer any question asked by the therapist. His thoughts and responses are highly concrete but he is at least engaging in more social conversations and is laughing at jokes.	11/07/16
Sensation & Pain	No complaints of pain. Sensory functioning fully intact. Fair static and dynamic sitting balance. Poor static and dynamic standing balance.	Has occasional complaints about pain at site of ex-fix nails. Sensory functioning fully intact. Good static and dynamic sitting balance. Fair static and dynamic standing balance.	08/07/16
Oral, Facial and Laryngeal	Mr Loveland presents with receptive and expressive language fallouts as well as severe disorganization of thought and planning. He shows little insight into his errors and is impulsive.	Mr Loveland has mild-moderate disorganization of thought. He is showing better insight into his errors by improved reading of environmental cues and gesture from people around him. His reading out loud is also better and he is able to make sensible requests in the Ward.	11/07/16
CVS, Resp, Immune & Blood	His BP is well controlled and in SR and his chest is clinically clear. He has no known allergies.	His BP is well controlled and in SR	11/07/16
Digestive, Metabolic & Endocrine	Mr Loveland is continent for bowel actions, and makes use of a bedpan. He eats a full ward diet.	He is continent of bowel	11/07/16
Genitourinary and Reproductive	Mr Loveland is continent for bladder using a urinal.	He is incontinent of bladder and bowel.	08/07/16
Neuromusculoskeletal & Movement	Full AROM and PROM in all limbs. Grade 4 muscle strength in upper limbs, and grade 3+ strength in both lower limbs.	Full AROM and PROM in all limbs. Grade 4 muscle strength in upper limbs, and grade 3+ strength in both lower limbs.	08/07/16
Skin and Related Structures	Mr Loveland has an external fixator on his pelvis. The skin around the fixating pins is slightly red.	External fixator on pelvis.	08/07/16

Environmental Barriers and Facilitators	Admission Status	Discharge Status	Date Achieved
Products and Technology	None	ERL has been sent in for the patient	08/07/16
Natural Envir. and Human-Made Changes	Patient is a post-graduate mathematical statistics student and works for Microsoft. No other information could be gathered from patient.	Discuss adaptations prior to discharge	08/07/16
Support and relationships	Mr Loveland resides in Joburg, as does his father, Peter, who has had daily contact with his son, since his hospitalization.	Mr Loveland's mother continues to visit and is very involved in his rehab.	11/07/16
Attitudes	Mr Loveland's father visits his son daily, and is very supportive of his rehab and the team who provide this.	His parents are involved in his rehabilitation. A family meeting will be held this afternoon to discuss discharge planning.	11/07/16
Services, Systems and Policies	Mr Loveland is on Genesis medical aid which does not have a rehab benefit.	Mr Loveland is on Genesis medical aid which does not have a rehab benefit.	11/07/16

	However, 3 days have been approved and they await our report.	They have approved his stay until Tuesday 12th July 2016	
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Activity and Participation

	ADM	GOAL	L/TERM	OUTCOME	Domain Goal
Learning & Applying Knowledge	3	4	4	3	Mr Loveland is currently not able to carry over information and will benefit from 30 minute sessions bi-daily. There is however potential to engage in new learning.
General Tasks & Demands	2	3	4	3	Mr Loveland currently presents with confusion and disorientation to self, place, time and others. The patient is unable to identify basic objects and is unable to identify shapes. He was able to identify the basic colors of red, green, blue and yellow. He is displaying poor carry over of information from one minute to the next and is displaying severely affected short and long term memory. Mr Loveland is unable to accurately provide information about himself or answer questions accurately due to his cocktail speech. Mr Loveland tends to speak in technical or computer jargons. His "yes" and "no" responses are inconsistent and he displays inappropriate social behavior. He inconsistently follows basic instructions and he is unable to adhere to his precautions.
Communication	1	2	3	3	<p>Speech Production: Appears to be within normal limits however, non-sensible.</p> <p>Swallowing: Appears to be within normal limits but he has been started on a level 3 soft diet for the time being as his concentration is poor and more difficult foods might present as risky in terms of swallowing.</p> <p>Language: Over all Mr. Loveland has receptive and expressive language fallouts, cognitive fallouts as well as some reading and writing fallouts. He shows rambling cocktail like speech which consists of mainly computer technology related terms as well as made up words and ++Jargon.</p> <p>Receptive language Impaired reading comprehension Impaired association of written words, and sentences to pictures Unable to carry out simple written commands Unable to identify pictures or objects Able to point to body parts on himself when named Difficulty following complex auditory instructions Unable to read a word and identify the picture. Expressive language Repeating of numbers, letters, words and sentences appears intact He can read three letter words out loud but adds sounds and words to the end which are not written on the page Unable to name objects Can name some colors Unable to name parts of the body Unable to describe the function of objects Can write to dictation but adds computer related letters, numbers and slashes at the ends</p> <p>Cognition: Severe impairments noted in organization, planning and sequencing as well as word finding relating to organization.</p>
Mobility	1	2	3	3	Patient is very restless. Independent in bed mobility tasks but requires maximal assistance of 1 therapist to perform all transitions (handling is very important as he has a pelvic ex-fix and is unable to weight-bear unevenly through his hips for 12 weeks). Patient only allowed to sit with even weight-bearing through his hips for 30 min at a time. No walking or stair climbing allowed.
Self-Care	2	3	4	3	<p>Bed Mobility: Requires assistance due to confusion and ex-fix.</p> <p>Transfers: Requires assistance due to confusion and ex-fix.</p> <p>Dressing: Dependent on nursing staff</p> <p>Eating: Moderate assistance under supervision.</p> <p>Bathing: Dependent on bed washes</p> <p>Toileting: Nappies usage.</p>

Domestic Life	1	2	3	2	Patient currently not able to engage in domestic tasks.
Interpersonal Relationships	2	3	4	3	He is not able to engage in meaningful conversation, as a result of expressive language fallouts.
Community, Civic & Social Life	0	2	3	2	He requires full physical assistance to engage in leisure activities, but cannot engage in social and community activities at this stage.