

# Decision Guide Case Study No. 1

## Anxious Resident: Possible C. Difficile

### Brief Background

Mr. St. John is an 89-year-old male admitted for post-acute care following a 5-day inpatient admission for pneumonia. The hospital discharge planner reported he was “clinically stable”.

### In the Hospital

- Pneumonia was treated with IV antibiotics; changed to oral antibiotics on the day of transfer
- Mr. St. John required continuous oxygen to maintain pulse ox greater than 93%
- Mr. St. John developed severe diarrhea on the day prior to discharge. A stool specimen was sent for C. difficile toxin assay, results were pending at time of discharge.

### Change in Condition

- The day after admission to the nursing home, the CNA reported to the nurse that Mr. St. John did not want to get out of bed for breakfast and seemed more tired and weaker than the previous day
- The nurse assessed the resident and found:
  - Mr. St. John was lethargic but could be easily aroused and knew his name/date/location
  - Mr. St. John reported 4 episodes of diarrhea overnight. He had no appetite and was feeling too weak to get out of bed. His abdomen had hyperactive bowel sounds and was diffusely tender
  - Lung sounds were clear, no cough

### Actions Taken

- The nurse called the physician who said she would be able to see Mr. St. John within 2 hours and requested:
  - Bloodwork be done immediately (CBC and basic metabolic panel)
  - IV fluids immediately
  - Probiotic with p.o. antibiotic order
  - Call the hospital for results of the stool specimen sent for C. difficile
- The physician arrived 2 hours later and went to Mr. St. John’s room with the nurse. They found him to be weak but awake and orientated to name, place, and date.
- Mr. St. John was sitting on the edge of the bed, appearing very anxious as he loudly stated to them: “I want to go back to the hospital...I feel like I have been getting sicker by the minute since I came here... I can’t stay here, I don’t want to die”

### **Case Study Analysis for Discussion:**

- 1) Using the information learned from the Guide, what would be your response to Mr. St. John?
- 2) Discuss actions you could take to prevent hospital readmission?
- 3) What do you think the key points are when engaging in discussion with the physician before seeing Mr. St. John?
- 4) When do you think it is appropriate to discuss readmission issues with Mr. St. John? (i.e. at the time of admission or when an acute change happens)?
- 5). What key points about hospital readmission do you think are important to discuss with Mr. St. John?