Case Study 1

William is 75 and lives with his son. He has poor safety awareness and is unable to live home alone safely. William's son and daughter-in-law work all day and are the primary caregivers. Diagnoses include:

- CHF
- Dementia
- HTN
- Syncope
- L hip fx 3 years ago

William had d/c planning meeting with ASAP RN, Case Manager, SNF RN, SW and RN Manager, and his son. During the IDPT meeting it was determined William could not go home unless the son had someone to stay with him all day or they went to an ADH program.

Case Study 2

Frank has hemiplegia and is unable to ambulate due to recent brain aneurism. He is incontinent and no longer able to perform ADLs.
Frank worked with PT/OT in SNF for over 1 year, leading to him being able to ambulate again with the use of a hemi-walker and w/c.
An IDPT d/c planning meeting was set up with ASAP RN, SNF SW, and RN.

Case Study 3

Alice is 80, and diagnoses include:

- Hyponatremia
- Anxiety
- Conversion d/o with seizures
- Difficulty walking
- Diabetes
- Muscle weakness
- Hemorrhagic stroke w/L sided weakness
- Dysphagia
- Dementia

Spouse wanted Alice home. However, an IDPT meeting with ASAP RN, SNF SW, PT, and OT, all determined she was not safe to discharge home. All agreed to wait three months and continue PT/OT.
Spouse decided to take Alice home after 2 months with no further IDPT meetings.