

Complex and Ethical Issues as a Mobile Nurse



Mobile Nurse Service at a Health Centre

The mobile nurse role was set up to monitor the frail elderly population in our medical practice.

The doctors found this was an area that was causing concern, as we have a very large elderly enrolled population.

The service now takes in a wider selection of our enrolled population of all ages.

The role began with the Registered Nurse, who is a very experienced practice nurse, working just 8 hours per week in the community, to 4 full days per week .

In 2013 I was asked to relieve the RN while she was on holiday and have a few hours a week to assist her.

My role has now developed into more regular community involvement of 11 and a half hours per week.


My role as a mobile nurse includes:

- Long Term Condition visits
- BP, weight assessment
- Medication reviews
- Vaccinations
- Wound care
- Moca/Simard assessments
- Home assessments
- Family liaison
- Inter-agency liaison
- And of course social interaction

Barry



- Elderly and Frail, but lives alone in a two story house with 3 acre garden which he created and loved
- Ca prostate, declines any hormone treatment. CVA
- Declines long term medication e.g. Blood pressure meds / pain relief
- Mobile nurse visits monthly then increases visits as we observed his deterioration
- Neighbours keep eye on Barry
- Becomes house bound due to being unable to go up or down steep steps to house
- Declined any help at all, not wanting to be a nuisance, unaware that that burden that he is causing with neighbours, they were very concerned about his living conditions

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- Has a fall, young lad finds him on the floor when he comes to put out his rubbish
 - Ambulance called, admitted to hospital, is discharged without a frail elderly assessment. Returns home consenting to an ambulance alarm system
 - Son has to return to his home overseas and requests a meeting with mobile nurses, wanting mobile nurse to email reports regarding his father
 - We had to decline as Barry had not consented to these
 - There appeared to be a strained relationship between father and son
 - Barry had several nasty falls but declined any medical intervention

I visited Barry one afternoon and he asked me to get him some pills as he wanted to die.

“Just get the pills nurse, I will give to myself.”

I declined

I returned to health centre feeling very sad, stressed that I was powerless to assist Barry in his request, but more concerned that he felt this way.

I discussed the situation with the other mobile nurse who realised how distressed I was and we spent a period time discussing all the options for Barry.

We decided to take turns to visit Barry to ensure a shared responsibility.

- Barry sustains further falls and he is found on the floor by a neighbour. He is again taken to Wellington Hospital and a full assessment is undertaken
- CT and MRI scans showed bony mets and spinal cord compression
- Radio therapy started
- Son comes back to NZ and a family meeting with medical team is held to decide Barry's future care
- Barry ends up in a long term medical bed in a complex where he was firmly opposed to being in, with no external view

- The neighbours that were so good to Barry were exhausted , so it was timely that he was placed for long term care .

Ethical Issues

- Barry wanting to end his life. As he was house bound he had to rely on other people to assist with this
- A resistance to help, especially from his son
- His insistence on privacy at all costs
- While he was physically weak, he had mental capacity to make decisions

Complexity of case

- Number of people involved, neighbours, medical/nursing and family
- Privacy issues

Mary



- 70 year old alcoholic
- Lives alone
- Heavy smoker and poor nutrition
- House very dirty and a health hazard. It is so dirty you would not sit down on chair
- She sleeps on the couch fully clothed. Her clothes are dirty, often soiled with diarrhoea/ urine.
- The couch has huge hole where she sits so she has cushion to pad this out
- Toilet was covered with faeces over every surface, also fridge not working and rotten food in side.

- Mobile nurse visit under long term conditions funding to give vitamin B 12 injection, monitor home situation, weigh and medication review
- Referred to social worker nurse at Wellesley Care, to enable a relationship of trust to be built to enable social worker to assist to pay bills and to try and get consent to have commercial cleaners in to clean up house.

Ethical Issues

- Failure to recognise her own degrading situation
- Gaining trust to allow her to accept help
- Potentially unsafe environment for care staff


Complexity of case


- Her continuing alcoholism
- Previously funded house cleans from the DHB failed to address health issues
- Patient declines rest home placement ? Where would you place her.
- Patient scores well in a mini mental



Maude




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- A fit and spritely 93 year-old who had just given up mowing her own lawns, and decided that she wants to shift into town house into a retirement village
 - Both her children are deceased, however, she has grandchildren, and one daughter in law who lives in same town and are very caring



On a three monthly visit to Maud, she told me that she had decided to shift to a retirement village. I arranged to call in before the due date of the shift.

When I visited she was very stressed and said she nearly didn't move but it was sorted but she did not want any family friction.

After settling her down with a cup of tea, she shared with me that the bulk of her money was in a trust for her grandchildren and had been in there for many years.



Once she had sold her flat and the purchase of the new one in the village, she realised that she would be short of a few thousand dollars and she would use some of the trust fund to make up the difference.

On enquiring with her lawyer, she found the fund had been used by her lawyer grandson and his lawyer wife, for their personal use without consent from Maud.

As you can guess there was a great family upheaval,

Her grandchildren overseas were very upset and only wanted Maud to be happy and safe in her new living arrangements and where very upset at what had been done to her.

Maud did not want any family friction so did not wish to make any formal complaints.

Maud engaged a new lawyer who closed the family trust and made the grandson pay back all the money taken.

It is now safely in Maud's own bank account, with the new lawyer overseeing the account.

This issue caused undue distress to an elderly lady, and it was devastating to her that a family member had done this behind her back.

I visit regularly and it just really great to see her happy and settled in her retirement village and in control of her finance's with a supportive lawyer to advise.

Ethical Issues

- Elder abuse. Elder abuse happens in the best of families
- Poor support from her previous lawyer

The lawyers and grand children should all have been reported to the Law Society, however, Maude did not want to take it any further.

Lynda



- 70 year old, diagnosed with cancer of the uterus. Secondary's discovered post surgery
- Was advised by a junior doctor that she only had months to live
- She became deeply depressed due to the diagnosis and life expectancy
- She took to her bed in a distressed state, not washing and poor nutrition. She cried constantly
- Husband, unable to cope rang the health centre in desperation
- I was asked to visit and assess the situation and discuss with her GP
- She was already taking an anti-depressant, however this was not effective

- Her main anxiety was “how long did she have”? She wanted a definitive answer. Following a long discussion on how we could not give her an exact time, encouraged her to live each day to the fullest.
- A goal was set to encourage her to get up and get dressed at least one day in the coming week.
- A visit to her GP was arranged for a review the following week
- I expected her not to attend, however, I was pleasantly surprised when she did attend her appointment
- Her anti-depressant medication was changed

- I visited Lynda weekly, setting small goals regarding her getting back into a normal health routine
- On the seventh week I found her out of bed, showered and dressed and animated. She “felt like a new lady”

WHAT HAPPENED?

- Anti-depressant medication was working
- Following a post Op appointment with the Oncology specialist, she was advised that her CEA results were low and what CA was left was slow growing. The specialist advised her to get on with a normal life

She now is back to regular Bridge sessions, Mahjong, community outings and driving her sports car

Ethical Issues


- House surgeon giving poor outcome advice

Complex Issues

- Poor follow up from hospital
- Ineffective medication
- No support for husband
- Initial resistance to accepting help and support

Margaret and Ian





Ian. 90 year old with dementia. Second World War POW
Wife, Margaret. Poor eyesight. Very protective of husband

- Regular mobile nurse visits. Large care package in place
- Concerns from carers about wife's bruising and cuts reported to mobile nurse
- Ian's dementia progressing rapidly. Sun downing, attacking wife, hitting and kicking
- Mobile nurse visiting to dress wounds, however, wife denies its husband, claims she is clumsy due to her eye sight
- GP prescribes Risperidone for Ian

- Six months later Ian has a fall and is admitted to hospital. No fractures found but he has a psychotic episode and is placed in an acute geriatric mental health facility.
- He physically attacked staff resulting in a fall, this time he did fracture a hip
- Placed in long term psychogeriatric care
- Died six weeks later

Ethical Issues

- Some of Ian's issues were a result of his war service. No support early on for PTSD
- Wife's denial of her physical abuse
- Families reluctance to intervene
- Medical services unable to intervene until a serious incident occurred

Mobile Nurse Toolbox



- A car, cell phone, laptop
- Care Coordination Assessments
- DHB District Nurses
- Social Workers
- OT
- Neighbours/Friends and Family
- Community Organisations/Support Groups: Stroke, Parkinson's etc

Mobile Nurses Need Support

- **Peer Support**
- **Debriefing**
- **GP discussions**
- **Clinical Supervision**
- **Counselling skills**



Where to Next??

- Assisting with insulin starts
- Incontinence advice and products
- Advance Care Planning
- Accurate Next of Kin information
- What ever the patient needs!





My garden
keeps me
grounded

Thank You for listening