

Case Study of Betsy Ross

Betsy Ross is a 51 year female who is diagnosed with mild intellectual disability (IQ score of 63), schizoaffective disorder and diabetes. Although details about her early developmental history are sketchy, Ms. Ross's sister has stated that her sister developed normally up to the age of four, but began regressing at that time. She was placed in foster care while her mother was psychiatrically hospitalized. There is a history of both mental illness and intellectual disabilities in Ms. Ross's family. Both of Ms. Ross's parents are deceased and she has little contact with surviving family members, including her sister. Ms. Ross has a LAR. Ms. Ross communicates verbally, but needs some verbal prompting in her activities of daily living. She attends a day habilitation program six hours a day. The day program does not have a nurse on staff.

Ms. Ross has a history of numerous psychiatric hospitalizations and has been prescribed Haldol, Ativan, Prozac, Trileptal, Lithium, Zyprexa, Seroquel, Risperdal and Clozaril with various degrees of success. She is on a behavior program that targets outburst, aggression, self-injurious behavior and suicide threats. Ms. Ross requires an insulin injection if her blood sugar level becomes too high.

The only classes of medications that have been effective in treating Ms. Ross's psychiatric symptoms are atypical antipsychotics. She has greatly benefitted from the use of Clozaril and Zyprexa. However, the side effects of these medications have elevated her blood sugar level. Although attempts have been made to lower the dosage of Ms. Ross's Clozaril, these attempts have resulted in a significantly worsened psychiatric state with severe mania symptoms and psychosis and overall decreased quality of life. Ms. Ross' interdisciplinary team (IDT) has established that benefits of using Clozaril to treat Ms. Ross's schizoaffective disorder outweigh the risk of increased blood sugar. The IDT feels that it is particularly important that Ms. Ross remain on Clozaril as keeping her mood stable will help her to continue to reside in the least restrictive setting. Ms. Ross's physicians have recommended that her blood sugar level be more closely monitored and appropriate action be taken when her blood sugar level becomes too high.

Ms. Ross was sent to the ER on 9/12/11 for choking on a piece of meat.

Current Diet:

Regular high fiber chopped

Current weight: 140 lbs; Desired weight range: 128 – 134 lbs

Current medications:

Depakote ER 500 mg twice a day, orally (mood stabilization)

Clozaril 10 mg twice a day, orally (mood stabilization)

Glucophage 500 mg twice a day, orally (diabetes)

Insulin 2 units as needed

Physicians:

Dr. Washington – primary care physician (last seen 3/10/11)

Dr. Jefferson – psychiatrist (last seen 7/1/11)

Using the above information, please answer and explain the questions on the back of the page.

- 1. What nursing task may the registered nurse (RN) decide does not require delegation? Is there something going on with Ms. Ross that would alert the RN not to use this option?**

Since Ms. Ross choked on a piece of meat in September; this may need to be explored further by the RN to determine if it is safe for the unlicensed staff to administer oral medications as outlined in Senate Bill (SB) 1857. The RN may decide because of Ms. Ross' change in condition and difficulty swallowing that oral medications should be delegated in order to provide closer oversight. The RN may want to consider crushing medications prior to administering. The nursing service plan will require updating.

- 2. What types of medications fall under SB 1857?**

Oral, topical and metered dose inhalers may be given by unlicensed staff if the RN determines delegation is not required and the other criteria outlined in SB 1957 are met. Ms. Ross' insulin injections require RN delegation.

- 3. Should Ms. Ross' ADLs be exempt from RN delegation?**

Yes, since the RN assessment determines that Ms. Ross only needs verbal prompting in her ADLs, the RN may determine that ADLs can be exempt from delegation and direct care staff can verbally prompt Ms. Ross without RN delegation.

- 4. What are Ms. Ross's identified health risks that would be part of the nursing service plan?**

- Diet texture – high risk for choking; Consider ST to evaluate swallowing/chewing difficulty.
- Diabetes –closely monitor blood sugar level
- Depakote, Clozaril, (plan to monitor for side effects and lab results)

- 5. Explain what the RN should include in the teaching plan for the identified health risks to unlicensed personnel regarding the care of Ms Ross.**

Possibilities include but are not limited to:

- Understand diet texture – examples of 'chopped meat'
- Understand signs of high/low blood sugar and when to call the nurse for insulin or glucagon
- Aspiration guide (resource)
- Medication and liquid intake concerns (choking incident)
- i.e., consideration for crushing of medications
- MAR verification for medication administration
- Medication side effects