## Have you seen this patient today?

Ailment: Pulmonary Disease

**Age:**81

**Gender:** Female

Situation: Escalated anxiety and

shortness of breath.



Mrs. Zaron, age 81, has been treated for COPD for many years. Recently she complains about escalating anxiety and shortness of breath. In the past six months, she has been taken to the emergency room twice for these symptoms and each of these visits was seven to ten days in duration. One of these visits nearly resulted with her needing to be vented for pulmonary support.

She frequently requires medication changes, she is oxygen dependent, and is becoming increasingly dependent for assistance in her ADLs. Even eating is no longer enjoyable as she is short of breath by this simple task.

This patient's family is exhausted and worried. Mrs. Zaron has requested they

never place her on a ventilator and yet when she becomes dyspneic her family feels they must respond urgently.

This patient is clearly declining; what had been a disease process that was easily controlled with medication has now consumed the patient and her family's life with anxiety and fear.

Mrs. Zaron and her family want to spend quality time together now. Hospice services are an excellent option for this family. Dedicated care will be provided, and any concerns, symptoms, and questions can be addressed by the staff day or night. And, that will help everyone rest a little easier.



IOSPICE & PALLIATIVE CARE

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### Have you seen this patient today?

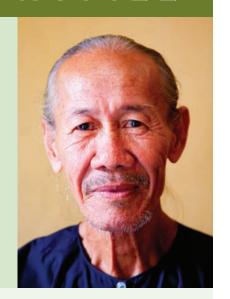
Ailment: Dementia

**Age:** 74

**Gender:** Male

Situation: Decline in cognitive and

physical abilities.



Mr. Collin's family was devastated when they heard that the family's patriarch received the diagnosis of dementia. They could never have imagined the decline in his cognitive and physical abilities would be so painful to watch.

Mr. Collin, age 74, has had dementia for over eight years, but during the past year, he has fallen twice and cannot maintain a sitting position on his own. He requires prompting to swallow and coughs frequently while being fed. Despite the family's commitment to providing him a healthy diet, he continues to lose weight.

He is at an increased risk for skin breakdown due to his bowel and bladder incontinence.

The family cannot keep up with the demands necessary to monitor and care for Mr. Collin at this advanced stage of dementia. A family discussion has reminded them that Mr. Collin does not want heroic measures and certainly not a feeding tube. This family wants comfort measures in place to ensure Mr. Collin has the type of care and compassion he needs and deserves.





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# Have you seen this patient today?

Ailment: End-Stage Cardiac Disease

**Age:** 67

**Gender:** Male

**Situation:** Frequent office visits and

medication changes.



Unfortunately patients with end-stage cardiac disease can suffer immensely when this disease process transitions from a chronic phase to a terminal one.

Mr. Deitrick, age 67, suffers from congestive heart failure (CHF). Recently he has become more symptomatic, requiring more frequent visits to his physician as well as frequent changes in his medications. He is oxygen dependent, uses a walker for support, has bilateral leg edema, and takes frequent rest periods in order to compensate for his fatigue and shortness of breath.

During one of his recent hospitalizations, for pneumonia, his wife asked the physician if she thought Mr. Deitrick would be able to attend their grandson's graduation from high school. But, with Mr.

Deitrick in such a vulnerable state, the physician recommended against it.

Each time these episodes occur, his family becomes increasingly worried and anxious about his condition, wondering if he will recover. They hope that he won't have to spend more of his time in the hospital than home with them. They continue to notice a decrease in his ability to perform ADLs, and his loss of interest in the simple pleasures he once loved. But Mr. Deitrick and his family can change this dynamic by taking advantage of hospice care. Hospice can help reduce some of the stress the family has been experiencing and increase his quality of life.





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# Have you seen this patient today?

Ailment: Oncology

**Age:** 85

**Gender:** Female

**Situation:** Recurrent colon cancer

with metastatic disease.



Mrs. James is an 85-year-old female who was diagnosed with colon cancer three years ago. She underwent definitive treatment with surgical resection followed by adjuvant chemotherapy. Over the past two plus years, Mrs. James has had regular follow up visits with her doctor for physical examinations, surveillance CT scans and blood tests including tumor markers.

The patient was doing well until three months ago when she started to experience worsening RUQ abdominal pain, significant weight loss, increased fatigue and generalized weakness. Medical evaluation including CT scans and lab work revealed colon cancer recurrence with metastatic disease to the liver and lung. The risk and benefit of chemotherapy was explained to Mrs. James and her family. The patient elected not to undergo any additional colon cancer treatment.

Hospice can play a pivotal role in optimizing the quality of life in cancer patients, such as Mrs. James, who are not candidates for treatment or have elected not to receive cancer directed treatment.

Although patients like this are not receiving treatment for their cancer, hospice services are available to manage the issues caused by the cancer. It not only manages the physical symptoms and pain associated with the disease, it also provides a multidisciplinary and collaborative approach that addresses the psychosocial and spiritual needs of the patient and the family. The patient and family can also benefit by eliminating, or minimizing, visits to the ER, which causes additional stress.





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