

**Brian – a case study with frailty**

Brian is an 85 year old gentleman who has been a resident within your home for the past six months. He was admitted via social services as he lived alone and had neglected himself.

When admitted he was undernourished, frail and unkempt. He was suffering with depression and had very little social support as he refused any help from neighbours apart from occasional shopping. Brian informed you he had no living relatives and no friends.

On admission his past medical history was unremarkable despite his age. He suffered with occasional constipation at times and had a poor appetite. His mobility was poor on admission although he could walk short distances with the aid of a walking stick. He could be verbally aggressive at times and often declined help with any personal care.

Following review by the GP on admission, the multidisciplinary team decision was to place Brian on the end of life care register as you would not be surprised if he died in the next twelve months.

For the past four weeks he has had difficulty getting out of bed and he has developed a pressure sore on his sacrum. He is reluctant to allow you to dress the wound and will only allow personal care every other day. He refuses to sit up in bed as he prefers to lie flat for comfort as he says he aches all over but refuses any medication.

He has developed a cough and abdominal pain and for the past two weeks you have been concerned as you feel Brian is rapidly deteriorating as his dietary intake is minimal although he is drinking fluids. You have managed to tempt him with one or two supplement drinks per day. He has a poor urine output and has a chest infection.

**1** What triggers are there in this scenario to make you aware anticipatory prescribing of end of life care drugs may be required?

**2** At what point in Brian’s care would you discuss anticipatory prescribing with the GP?

**3** Discuss how you would approach the GP to prescribe anticipatory drugs

**4** Who would you involve in this discussion?

**5** Who would be the most appropriate person(s) to undertake and lead on this discussion?

**6** How would you communicate the outcome of this discussion?

**7** What other resources, i.e. equipment, may be required to support Brian’s care?

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