

Learning Activity: Chronic Case Study

Description of Activity:	A short in-class case study on hospitalization with heart failure and COPD. Considerations for patients who are unhoused.					
Keywords:	Chronic, heart failure, COPD, trauma informed, resource referral, compassionate care					
Type of activity	<input checked="" type="checkbox"/> Didactic <input type="checkbox"/> Simulation <input type="checkbox"/> Clinical	Recommendation on when introduced in curriculum?	<input checked="" type="checkbox"/> Early <input checked="" type="checkbox"/> Mid <input type="checkbox"/> End	Suggested Course:	<input type="checkbox"/> Health Promotion /Assessment/ Fundamentals <input type="checkbox"/> Acute care <input checked="" type="checkbox"/> Chronic care <input type="checkbox"/> Pharmacology	<input type="checkbox"/> Population/ Community health <input type="checkbox"/> Leadership <input type="checkbox"/> Other:
Competency addressed:	<input type="checkbox"/> 1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH) <input checked="" type="checkbox"/> 2. Evaluate clients for social determinants of health needs, including housing status and related aspects of safety, access to food, social support and other relevant domains <input type="checkbox"/> 3. Collaborate with client and appropriate Interprofessional community members to optimize health in PEH <input type="checkbox"/> 4. Advocate for improved health for PEH					
Learning Activity:	Case Study: Patient with Heart Failure and COPD Experiencing Homelessness Patient Background James is a 51-year-old male who has been experiencing homelessness for the past 10 years. He has a history of congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). He sleeps on the street, moving nightly to avoid arrest, and occasionally visits a local shelter that opens for extreme weather. He smokes cigarettes daily and drinks alcohol when he can get it. He does not use any drugs. He reports difficulty breathing, frequent fatigue, and swelling in his legs. James was recently admitted to the emergency department after collapsing due to shortness of breath. He has had 4 admissions in the past 3 months. His vital signs revealed the following: <ul style="list-style-type: none"> Blood Pressure: 160/90 mmHg Heart Rate: 110 bpm Respiratory Rate: 24 breaths/min Oxygen Saturation: 86% on room air Temperature: 98.6°F Key Findings from the Assessment <ul style="list-style-type: none"> Physical Exam: Bilateral crackles in the lungs, jugular venous distention, and pitting edema in both legs. Imaging: Chest X-ray indicates pulmonary congestion and hyperinflation of the lungs. The patient states he has difficulty obtaining regular medications, misses follow-up appointments, and struggles to adhere to dietary restrictions due to reliance on community meals and donations. He expresses fear of dying alone on the streets.					

	<p>Student Questions</p> <p>Utilize the Tanner model of clinical reasoning to answer the following:</p> <p>Noticing and Interpreting</p> <ol style="list-style-type: none"> 1. Based on clinical presentation, Identify the most likely causes of John's symptoms, including shortness of breath and swelling in his legs. <p>Responding</p> <p>James is treated in the ED for diuresis and will be discharged the same day.</p> <ol style="list-style-type: none"> 2. As his ED nurse, list 3 issues to address before he leaves. What key elements should be addressed to prevent a readmission? 3. What actions can you take with James that are Trauma and Violence Informed?
Time Required:	15-30 minutes based on length of discussion
Preparation of the student:	Students will have baseline knowledge of patient assessment, signs and symptoms of heart failure and COPD, pneumonia. They will incorporate elements of listening without judgment, coming alongside patient to identify barriers and set goals, and trauma and violence informed care.
Resources:	<p>EQuIP Healthcare. (n.d.). <i>Trauma and violence</i>. https://equiphealthcare.ca/resources/equity-essentials/trauma-and-violence/</p> <p>Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. <i>Journal of Nursing Education</i>, 45(6), 204–211. https://doi.org/10.3928/01484834-20060601-04</p>
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