

ASPIRATION PNEUMONIA/PARKINSON'S

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 CMT 1/2 (+NURSES, SALT, OT & PT)

BACKGROUND:

“Community-acquired pneumonia (CAP) is a major cause of morbidity and mortality in the elderly, and the leading cause of death among residents of nursing homes. Oropharyngeal aspiration is an important aetiological factor leading to pneumonia in the elderly. The incidence of cerebrovascular and degenerative neurologic diseases increase with aging, and these disorders are associated with dysphagia and an impaired cough reflex with the increased likelihood of oropharyngeal aspiration. Elderly patients with clinical signs suggestive of dysphagia and/or who have CAP should be referred for a swallow evaluation. Patients with dysphagia require a multidisciplinary approach to swallowing management. This may include swallow therapy, dietary modification, aggressive oral care, and consideration for treatment with an angiotensin-converting enzyme inhibitor.” *Aspiration pneumonia and dysphagia in the elderly. Marik PE, Kaplan D. CHEST. 2003;124(1):328-336.*

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine	
H.5. Movement disorders; N.5.2. Pneumonia; H.99. Swallowing difficulties	
Knowledge	List the common and serious causes of cough
	Identify risk factors relevant to each aetiology of cough including precipitating drugs
	State which first line investigations for cough are required, depending on the likely diagnoses following evaluation
	Differentiate and outline the differential diagnoses of parkinsonism and tremor
	Recall the main drug groups used in the management of movement disorders
	Recall the causes of swallowing problems
	Differentiate between neurological and GI causes
Skills	Order, interpret and act on initial investigations appropriately: blood tests, chest x-rays and PFT
	Awareness of management for common causes of cough
	Elicit history, detecting associations with swallowing difficulties that indicate a cause
	Examine a patient to elicit signs of neurological disease and malignancy, be able to evaluate whether a patient is safe to eat or drink by mouth
Behaviours	Recognise the role of therapists in improving function and mobility
	Recognise the importance of a specialist referral for parkinsonism
	Recognise the importance of multi-disciplinary approach to management of swallowing difficulties
Geriatric competences	
	Rationalise individual drug regimens to avoid unnecessary poly-pharmacy
	Perform a nutritional assessment and address nutritional requirements in management plan
	Recognise the importance of multi-disciplinary assessment
	Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches
	Recognise that older patients often present with multiple problems

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Diagnosis and management of aspiration pneumonia
 Management of an inpatient with Parkinson's disease
 Multidisciplinary team management of aspiration pneumonia
 Swallow assessment

SCENE SETTING

Location: Elderly Care Ward

Expected duration of scenario: 20 mins

Expected duration of debriefing: 40 mins

EQUIPMENT AND CONSUMABLES

SimMan 3G
 Intravenous cannulation equipment
 IV Co-amoxiclav (or antibiotic as per guidelines)
 Drug chart
 GP prescription list / handwritten patient list of regular medications inc. anti-Parkinson's meds
 Observation chart
 Chest XR - right basal pneumonia
 Glass of water by bedside
 Naso-gastric feeding tube
 Blood culture bottles
 Sepsis care bundle

PERSONNEL-IN-SCENARIO

FY1/2
 CT1/2
 Staff nurse
 (Speech and language therapist)
 Health care assistant (can be faculty)

PARTICIPANT BRIEFING

Gladys Jones is an 81-year-old lady who was transferred to the ward from the admissions unit 3 days ago, after a fall at home. She did not sustain any fractures, but was deemed unable to manage at home by herself, and is waiting for a package of care to start. However, today the health care assistant has noticed that Gladys appears less well, and has a cough.

FACULTY BRIEFING

'VOICE OF THE MANIKIN' BRIEFING

You are Gladys Jones, an 81-year-old lady with Parkinson's disease (PD). You have been fiercely independent up until you tripped and fell over some loose carpet in your hallway at home. You normally take Madopar 125 micrograms three times a day, for your PD at home. You see a specialist in clinic every 3 months for Parkinson's. You have long-standing high blood pressure for which you take bendroflumethiazide 2.5mg once a day. You are allergic to Penicillin (it gives you a rash (if asked)). You live at home alone. You don't really want carers at home. You have a daughter who lives 5 miles away.

Since you've been in hospital you don't think that you've been getting all of your Parkinson's medications at the right times. If specifically asked - you have noticed that liquids and biscuits seem to "go down the wrong way". You've been feeling progressively worse over the last few days, breathless and febrile. Your speech is slow and monotonous. If asked, you feel that this has got worse over the weekend, and that your Parkinson's has not been well controlled since you've been in hospital.

If the candidate attempts a swallow assessment, your voice becomes "wet" (as if you still have fluid at the back of your throat), your cough is weak and ineffective.

IN-SCENARIO PERSONNEL BRIEFING

Health Care Assistant – You are novice but helpful, and are concerned about Gladys. She has told you that she doesn't feel well, and has been getting feverish and breathless. If specifically asked, then say that you don't think Gladys has been able to swallow properly, and hasn't been managing her meals on the ward.

Speech and language therapist (over the phone) – You are helpful, but busy. You ask for information about the patient, and their history, then if asked to assess the patient, advise that you will be able to get down to the ward later today, and that it sounds like she will need a naso-gastric tube.

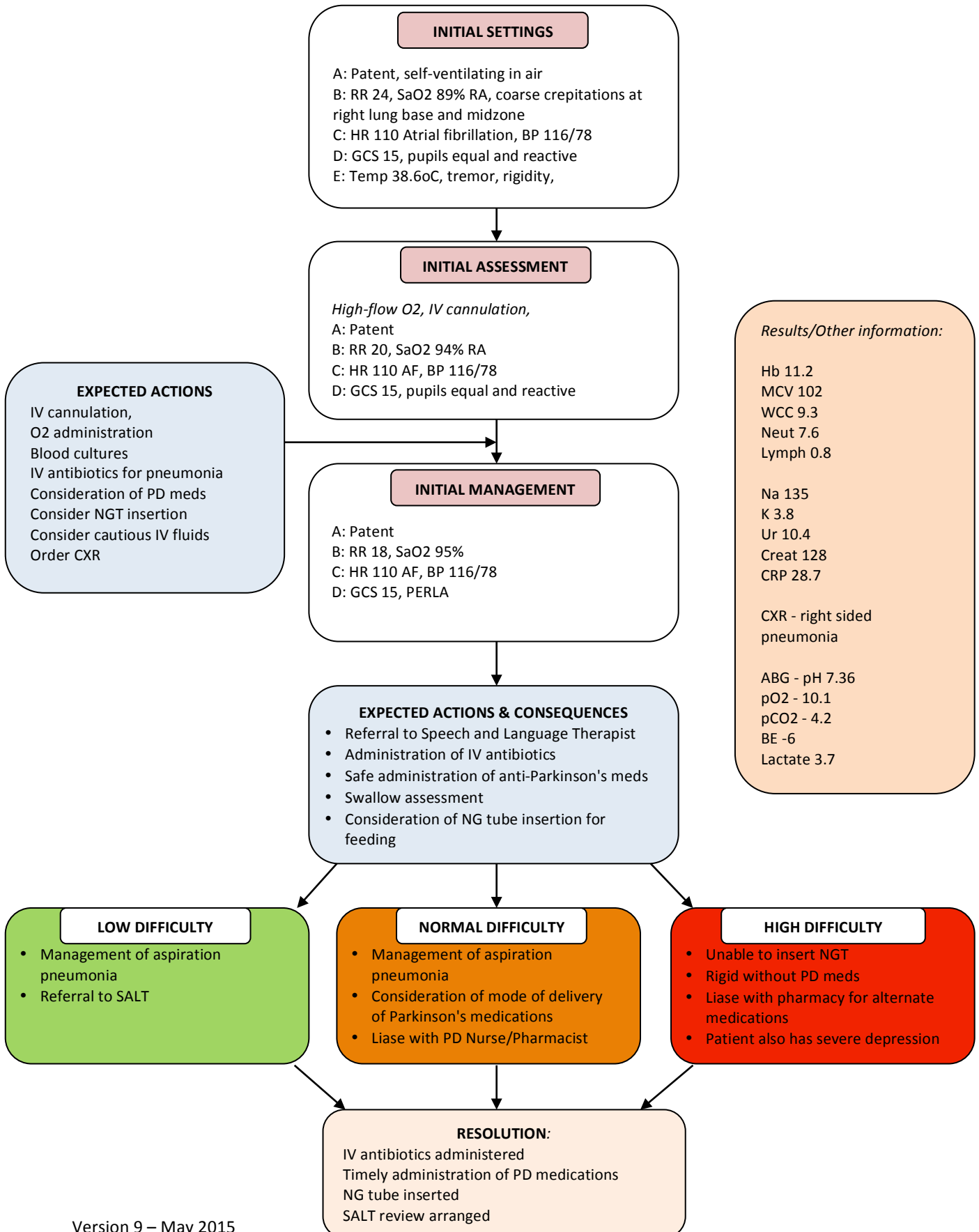
ADDITIONAL INFORMATION

List of medications:

Madopar (Co-beneldopa) 125mcg TDS
Bendroflumethiazide 2.5mg OD

Allergies: Penicillin (Rash)

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Diagnosis and management of aspiration pneumonia
Management of an inpatient with Parkinson's disease
Multidisciplinary team management of aspiration pneumonia
Swallow assessment

DEBRIEFING RESOURCES

Nice Guidelines on Parkinson's disease
www.nice.org.uk/CG035

Parkinson's UK
<http://www.parkinsons.org.uk/>

Aspiration pneumonia and dysphagia in the elderly. *Marik PE, Kaplan D. CHEST. 2003;124(1):328-336.*

GERIATRIC MEDICINE > SCENARIO 1

INFORMATION FOR PARTICIPANTS

KEY POINTS

Diagnosis and management of aspiration pneumonia
 Management of an inpatient with Parkinson's disease
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RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

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Parkinson's UK (<http://www.parkinsons.org.uk/>)

Aspiration pneumonia and dysphagia in the elderly.
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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?
 (This is especially important if you have ticked anything in the disagree/strongly disagree box)

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?