Case 4 (Part 1)

ID: Ms. Natalya Sergachev

Ms. Sergachev is an 84 year old female presenting to the emergency department with progressive dyspnea. She is known to have advanced congestive heart failure and is followed in your local heart function clinic by cardiology and palliative care. She is in quite a bit of respiratory distress as she is wheeled into the resuscitation bay. She is barely able to get 2 word sentences out but does indicate she has some chest discomfort. Her legs are edematous to her knees bilaterally. Her husband Albert follows closely behind and provides you with additional background.

PMHx:

1. *Congestive Heart Failure*
    - *LVEF 18% (June 2017), significant cardiomyopathy*
    - *ICD placed August 2016*
    - *NYHA Class 3 at home*
    - *Home O2 at 3L NP on most recent assessment*
2. *MI with CABG x 3 (May 2014)*
3. *Atrial Fibrillation*
4. *Hypercholesterolemia*
5. *Hypertension*
6. *Diabetes*
7. *Chronic Kidney Disease (eGFR 23, August 2017)*

Medications:

1. *Bisoprolol 5 mg po daily*
2. *Warfarin 5 mg po daily*
3. *Norvasc 5 mg po daily*
4. *Insulin Lantus 14 U SC BID*
5. *Insulin sliding scale (regular insulin) PRN*
6. *Crestor 20 mg po daily*
7. *Lasix 80 mg po daily*
8. *Nitrodur patch 0.4 mg/hr*

Vitals:
T: 36.5 HR: 92 BP: 110/62 RR: 26 SpO2: 88% on 10 L NRM; GCS 13.

ECG: Atrial Fibrillation; old ischemic changes without evidence of acute changes.

Discussion Questions:

1. Outline your initial management for this patient, including investigations.
2. What additional information do you want to obtain from Albert?

Case 4 (Part 2)

While initiating BiPap, ordering labs and a portable CXR in addition to starting some IV Nitroglycerin (after removing her patch) and IV Lasix, you continue to speak with Albert and their daughter Martina. You are now aware that Martina is the POA and that Natalya is DNR IV (i.e. not for intubation or CPR, but would like non-invasive approaches to be attempted). Additionally, they were hopeful to maintain her palliative process at home, but Albert was struggling with caring for Natalya and they have been resistant to having additional services come into the home.

You outline your management plan to Martina and Albert and they agree to give it a shot. They are hopeful she will improve and be able to return home.

Unfortunately, after 30 minutes of BiPAP in the ED and aggressive medical management within the confines of her vitals, Natalya is failing and it appears like will not be able to improve her status without additional resuscitation. You again speak with Martina and Albert and they confirm that they do not want to see their mother intubated. They have taken the time to think further on Natalya's current situation and have come to peace with the fact that she may pass. They elect to discontinue active management and begin palliation.

Discussion Questions:

1. Outline your approach to palliation of Natalya in the emergency department
    - How will you manage her dyspnea?
        - Consider non-pharmacologic and pharmacologic options
    - What other symptoms might you anticipate?
        - Suggest management for these as well.

Case 4 (Part 3)

As you go to enter the room to update the team of the new plan, Martina asks you if it is at all possible to accelerate her dying process. She is aware of the MAID from things she has read in the news and is hopeful this could be provided for her mother.

Discussion Questions:

1. How would you respond to Martina's request?
    - Is Natalya a candidate for MAID?
    - What alternative could we offer from a symptom management standpoint?
2. What other allied health might you want to involve in this case (assume no Palliative Care service at your hospital)?

After your discussion with Martina, your plan is initiated and Natalya is palliated successfully. The family and you and your team are pleased that Natalya's wishes were met and she was able to die without distress.