Bringing Lazarus back to life: spinal cord injury as a secondary diagnosis in a palliative, non-verbal patient

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Pat … A Narrative

- 78 year old female, widow, no children
- Run over then reversed over by a ute, in torrential rain, in Dec 2012
- Critical chest injuries: flail chest, haemopneumothorax, mediastinal emphysema, pulmonary contusion
- Also, burst fracture of lumbar vertebra, fracture dislocation of lumbar spine, fractures to thoracic spine, spinal canal stenosis
- And orthopaedic injuries to knee, foot, tibia and pelvis
- Admitted to local trauma hospital for management of chest injuries

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Critical Care

- Revived 3 times; nicknamed Lazarus; deemed palliative
- Discharge planning for discharge to nursing home with tracheostomy; required hourly suctioning
- Speaking valve not viable; used whiteboard to communicate
- Referred to LTCS (Lifetime Care & Support), due to spinal injury
- Met case manager 3 days prior to planned discharge
- Declined offer to be discharged to home, due to understanding that she was palliative
- Discharged March 2013

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Community Care

- Recruited private OT, physio, speech therapist and dietician
- Team provided home visits to nursing home
- Team identified no neurological need for tracheostomy, and found potential for improvement of function with rehab
- Began to investigate rehab options
- Frequent need for suctioning and limited staffing resources resulted in aspiration pneumonia
- Admitted to (different) local hospital (April 2013)

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Push for Rehab

- Assessed by rehab specialist; spinal rehab was recommended
- CM pushed to keep Pat in hospital until bed became available
- Secured a bed 8 weeks later, the day before the local hospital was to discharge Pat back to the nursing home (June 2013)

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Rehab

- Within 24 hours of being in rehab, Pat had her trache removed, and was standing up
- Pat agreed to be discharged to her home, with care as required
- Home mods were undertaken and a care agency was recruited
- Discharged to serviced apartment pending mods being completed (Nov 2013)
- Moved back home on Christmas Eve 2013 (12½ months post-acc)

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Outcome

- Pat is at home, with carers each morning and evening
- Pat mobilises with a power wheelchair, but can walk 200 metres with a walking frame and supervision
- Pat wheels up to the club for coffee, and catches the wheelchair-accessible bus to the shops and for outings
- Pat is about to start working as a volunteer at a rehab hospital

With thanks to Pat, for agreeing to be presented as a case study.

Sadly, Pat didn't agree to be photographed.

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