

# Meeting Both Patient and Family Needs

Anthony Wehbe DO, MBA, FACOI, Christopher Westberg, Catherine Lyons RN, Murielle Fayad, Talar Telfeyan RN



## Objectives

The first objective is to distinguish between conditions that can be safely managed at home versus those requiring immediate emergency room attention. The second objective is to emphasize the importance of patient-centered care in the comfort of his home.

## Case Study

A 59-year-old male presented to the ED with complaint of a persistent asthma exacerbation for several days that is not relieved by home nebulizer treatments or metered dose inhaler. He is known to have longstanding severe persistent asthma.

He is the caretaker for his wife who has been diagnosed with schizophrenia. The patient lost his insurance a few months ago and has since gone without his controller medications. No associated fever, chills, purulent sputum, hemoptysis, syncope, chest pain, nausea or vomiting were noted.

His labs were remarkable for a normal WBC with 8% Eosinophils and a low Procalcitonin at 0.05. His medications were Albuterol 2.5 mg/3 mL, Atorvastatin 20 mg, Prednisone 10 mg, Pantoprazole 40 mg, Montelukast 10 mg, Solumedrol 40 mg/mL, Ipratropium 0.5 mg, Albuterol 3 mg (2.5 mg base) /3 mL nebulization solution, 3 mL, and Metformin 500 mg.

After ED evaluation, he was admitted to our program for IV Solumedrol and monitoring. During the acute phase, nurses made regular home visits and connected the patient with his provider via telehealth to assess his condition, monitor progress, and administer his medications. This approach ensured optimal care while allowing him to remain at home, attending to family responsibilities.

The patient was transitioned to the post-acute phase and Health Coordinators stayed in touch regularly with the patient. They monitored his vital signs readings daily and helped transition the patient's care back to his primary care team and specialists. The SENA Team was able to tend to all the patient's medical concerns. SENA's Command Center Coordinators connected him to his pulmonologist regularly for follow-ups, which helped prevent another ED admission related to a recurring episode of asthma (seasonal allergy induced). The total episode of care lasted 30 days, and the Team was accessible to the patient 24/7/365.



## Impact

By carefully assessing his condition, healthcare providers determined that his asthma exacerbation could be safely managed outside the hospital setting. The patient's decision to be treated and recover at home was influenced by his family situation. His wife, who has a psychiatric diagnosis of Schizophrenia, relies on his emotional and physical support.

Moreover, the patient's commitment to caring for his wife emphasizes the significance of family support. By healing at home, he not only maintained his own well-being, but also alleviated the emotional burden of leaving his wife unattended had he stayed in the hospital for a few days.

In essence, this case illustrates the future of home-based medicine, where personalized care extends beyond clinical parameters. By embracing family-centered care, the way is paved for a holistic approach that prioritizes both patient and family needs, facilitating healing within the familiar walls of home.

## Conclusion

This patient case exemplifies the growth of home-based medical care. By facilitating and coordinating the patient's care at home, healthcare providers prioritize patient-centered approaches, ensure close monitoring, and reduce stress on family members. Moreover, this decision aligns with the broader theme of embracing home-based care as an effective, suitable, and sustainable option for managing chronic or acute conditions.

