Patient Story - Urgent Emergency Care (UEC)

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DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Patient Story, Integrated UEC

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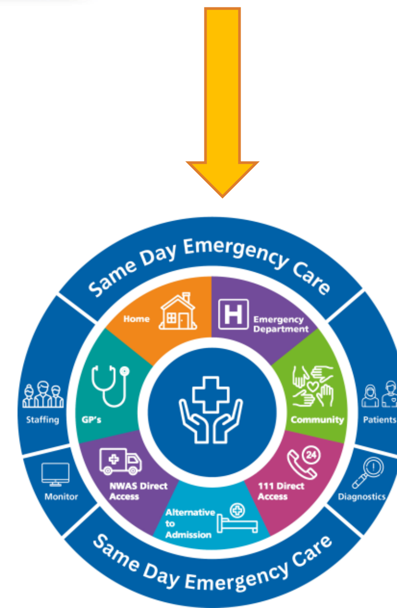

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Patient Story, Integrated UEC

- **Advanced Paramedic Practitioner (APP) Navigator** in *Porth Preseli* **Clinical Streaming Hub (CSH) Multi-Disciplinary Team (MDT)** triaged call on the ambulance stack.
- 72, Male, with shortness of breath. APP called patient, wife reluctant to let her talk to patient, couldn't mobilise, relayed he was talking in partial sentences, purple extremities, upgraded to red call. Spoke to patient, able to speak in sentences, complained of deterioration with breathing over 2-3 months, worse in last 3 days.
- **Welsh Ambulance Service Trust (WAST) Crew** arrived on scene, latter picture much more accurate, patient stable but needed assessment with evidence of fluid overload (legs/ lungs), discussed with Same Day Emergency Care (SDEC) clinical co-Ordinator and accepted for assessment in **SDEC**.
- Known heart failure, not optimised on treatment pillars, little evidence of patient education and support to self-manage, little confidence of patient and wife in having received appropriate management and requesting admission as they didn't feel that people had been listening to their concerns previously. Spent time listening to what matters to the patient, concern with multiple nocturia, poor sleep, spent time educating about salt and fluid restriction, explanation and optimisation of appropriate medications. Given tablet antibiotics for leg infection (due to swelling), increased water tablets, instructed patient to obtain daily weights and shared decision making to admit onto **Hospital@Home virtual ward**.
- Visited by the **Hospital@Home CATCH team** (Advanced Clinical Practitioner & Physician's Associate) 48 hours later, improving clinically, repeat blood tests improving, no clinical requirement to commence IV diuresis. New optimal medications started and referred on to the **community heart failure team** for up-titration and further optimisation. **GP** updated. The patient and wife were happy with the alternative to admission and felt that the wider connected team listened to their concerns and addressed what was required.

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Recommendation:

The Committee are asked to consider the patient story alongside item 2.1 on the agenda.