

Behavioral Science II: Home Visits Continued 1

Some excerpts from the specific medical record entries that follow.

12/15

(S) (He) Today, I had a phone call for a work order in the morning, and I was able to eat some porridge in the morning. Nausea appeared on Sunday, I could hardly eat and vomited something like gastric juice 1-2 times all at once. After that, I decided I didn't want to take it anymore~ and didn't take it. Since then, I have not had much nausea and have started to eat half a bowl of porridge twice a day. Vomiting

My chi is worse in the evening around 5 time, but I get all kinds of smells coming in, so that may have something to do with it. In my job, I have a nose as good as a dog's, so much so that I have had to instruct people to work on sewage smells there, so that may have something to do with it.

I don't take much medicine because I have back pain that has been there for 20 years, and I don't think I need to take it. the palliative care outpatient clinic at S hospital said, "If you are in the condition you are in now, you will be fine. If you get worse and need to be hospitalized, it would be okay if you are free at that time. ~However, we can only alleviate pain and suffering. (My second daughter) I took the prescribed purimperan 1 once, but she said she didn't want to take it anymore (because it didn't work) and didn't take it. Olanzapine is a drug with other benefits, nausea is not the main one. I am not taking it. I am not taking Decadron either.

A doctor told me how to deal with pain, nausea, vomiting, swelling, etc., and how to take medicine, etc., 1 I asked her how she felt now is the right time to introduce it, since she can easily consult with a home care nurse who comes once a week , and she said, "It would be good if I can contact her when something happens, like at the end of the year, I just don't want too many people in my house." I just don't want too many people to come into the house. Dr. A felt that even in this situation, the patient was not ready to allow strangers to enter the house.

12/22

(S) (He) Until last week I had chest pains and back pains, but they sometimes improved after taking Oxinorm and going to bed, but I had not been feeling very well for a long time. After taking Decadron 8 mg I am feeling a little better and today I feel very good. I was able to go shopping yesterday and eat some good food. I feel like I'm taking Hanxia Shashin Tang for Tun and when the symptoms are severe. In a condition like this, I'm not sure whether to take Lonsurf or not. My son (4th son) is going to be diagnosed next week and I'm worried about that too, and I saw a story on TV about a couple who had a bad side effect from Lonsurf, so I'm not sure what to do. I should imagine that home nursing is also a good way to discuss these things, right? I don't really feel the need for it right now....

(Second daughter) She's a person who needs to be convinced herself, so it's difficult to talk to her family about it. By the way, I decided to stop working from home, so I'm going to live with this person (patient) for a while, it's a good opportunity.

1/5

(S) (S) He visited the hospital last time, but they ended up doing a CT scan in January, evaluating his condition, and deciding whether or not he could use Lonserf and if so, whether or not he should take it. The next examination will be on January 12 or 16, whichever is available. I have good days and bad days, but today is a good day. On bad days, I feel sick and have a headache, but it gets better after I sleep.

Sometimes I take the Oxinorm 2 times and sometimes not at all. I can eat mac and cheese, sweet foods, and whatever else I want. He is not eating as much as he used to, and he is losing weight. We also decided to introduce home nursing. My second daughter doesn't say anything, but listens.

1/19

(S) This 1-2 week, I had difficulty breathing when I started to walk, wobbled when I went shopping, and had difficulty getting out of bed and had to crawl to the bathroom. The swelling in both legs got worse, the muscles were tight, and sometimes I couldn't move. My daughters would massage them and they would get a little better. (At this time A the doctor could not mention whether or not Lonsurf could be continued.)

2/2 B Doctor's visit

The patient contacted the clinic to report that his SpO2 was unstable; . A was not available, so Dr. B responded to the patient. Although there was no obvious cyanosis or dyspnea, we considered the possibility of worsening cancerous lymphangiopathy or pleural effusion. Since the SpO2 reading by the visiting nurse was below 70%, he explained to the family that he would consult with the hospital for a thorough examination, and the patient was hospitalized 2/2-2/6 and discharged. (and was noted in the patient's chart)

2/9 A Doctor's visit

(He) Places a bath towel on the overbed table, which is placed so that he can eat, etc. while sitting in bed, and sits hunched over with his face on the towel, placing his forearms on either end of the towel as if he were holding it between his face and face. Sometimes he opens his eyes and looks at his second daughter who is massaging his feet in front of him. Her breathing rate exceeds 30 and she looks as if she is struggling to say a word.

(Second daughter) I use Rescue every hour at night. When I use it, my respiratory distress seems to get better. When it still doesn't get better, I take Depas and it calms me down. I take my medications properly, as if it is a habit, but I am gradually waking up less and less. At night, when I turn off the lights and wake him up, he screams out, as if he is anxious, but when I turn on the lights and turn on the TV, he sleeps slowly.

A doctor advised her that looking at the 1 hourly rescue dose, she should increase it, and she said, "If the dose of medication seems to be calming down with this, then we can keep it the same." The second daughter replied, "As long as the dosage of the medicine seems to have settled down, you can keep it as it is. She continued, "I can't use suppositories because they move my posture."

Further A the doctor asked what if the patient was becoming increasingly confused and he could use a medication to suppress it, to which she replied, "You don't have to use that medication yet." She replied, "You don't have to use that medicine yet. Dr. A added that if the confusion continues for 30-60 minutes, it will be difficult for both the patient and the family, so please call us.

A When the doctor turns the conversation to the individual, saying that he will come back at the end, the patient opens his eyes and hugs him, saying that he is glad to see the doctor,

Thank you. Please take care of me in this house, doctor." She cried.

Q: What triggered this patient and family to change during the course of the visit and hospitalization? Why was the patient discharged at this time? Why did the patient hug Dr. A? What should Dr. A have done at that moment? Please describe each of these scenarios based on what you can read or imagine from this scenario.