

7<sup>th</sup> International Conference on

# GERIATRICS GERONTOLOGY & PALLIATIVE NURSING

September 4-5, 2017 | Edinburgh, Scotland

## GOALS OF CARE DISCUSSION SHOULD DRIVE REHABILITATION DECISION FOR TERMINAL CONDITIONS SUCH AS CREUTZFELDT-JAKOB DISEASE: A CASE REPORT

**Rebecca Siegel<sup>a</sup>** and **Kristofer Feeko<sup>a</sup>**<sup>a</sup>Thomas Jefferson University, USA

**Case Description:** 64 year old male with bipolar disorder presents with two-month decline in cognition and motor function attributed to Depakote levels. Initial presentation included insomnia and difficulty walking, progressing to myoclonic jerking. CSF cell counts and autoimmune panels were normal, CT chest/abdomen/pelvis were negative for malignancy. Brain MRI demonstrated cortical ribboning. Familial Creutzfeldt-Jakob disease was confirmed after CSF resulted positive for RT-QuiC. Patient was transferred to acute rehab prior to discharge and care coordinated with neurology, psychiatry and palliative care. On admission patient was straight cath dependent and incontinent of bowels, need IV hydration and mechanical soft diet with thickened liquids and was dependent for mobility, transfers and activities of daily living. Hospice care was deferred, but family was willing and able to implement his wishes and goals of home discharge, maintenance of self-feeding and bowel and bladder continence following hospice care led goals of care discussion.

**Results:** Through coordinated physical, occupational, speech therapy and rehabilitation psychology, the patient achieved setup for regular consistency self-feeding with weighted utensils, was able to maintain hydration using a weighted cup and straw and allowed for discontinuation of IV fluids. Foley catheter was discontinued, and he demonstrated initiation for voiding and was continent with a condom catheter overnight. Agitation, insomnia and myoclonus were also addressed. Family was adequately trained in his medical, nursing and rehabilitation care. Eventually, after revisiting his goals of care, the patient was discharged home with hospice services.

**Conclusion:** Patients with terminal conditions such as this one with fCJD can benefit from acute rehabilitation. Through coordinated care with palliative care and regular discussion focusing on goals of care, clear and attainable goals were identified that necessitated the skilled care of acute rehabilitation and can be accomplished in a time frame that considers disease progression trajectory.