**GM Nutrition and Hydration Programme**

**Emily’s Story**

**Stage 1]**

Emily is a 72 year-old lady who lives alone; she is a retired teacher. Emily lives in the family home where she raised her children, a three bedroomed semi-detached house. Emily’s husband of 51 years died 9 months ago and Emily has suffered with low mood since his passing,

Emily has two loving sons who see Emily as often as possible, however neither live locally and they work full time, so it is often 2 or 3 weeks between visits. Emily meets her friends on a Friday lunchtime to play whist. As Emily has recently surrendered her driving licence (following a collision) a friend collects Emily and takes her home.

Emily’s GP commenced her on anti-depressants to combat Emily’s low mood.

**Stage 2**

8 weeks ago Emily fell at home, this resulted in a fractured femur, Emily underwent surgery and was discharged home with some “strong” painkillers. Emily receives home care twice a day, in the morning to assist Emily to get out of bed and get dressed, then in an evening to assist her to get undressed and back to bed..

Emily no longer attends the whist club as “does not feel up to it” due to the pain that has remained in her hip. Emily is also not sleeping very well.

Emily sees her GP about this, they increase her anti-depressants and commence her on some medication to aid her to sleep.

**Stage 3**

Emily’s sons visit Emily and notice she is becoming increasingly forgetful and quite irritable. They discuss this with Emily’s carers, who have also noticed that Emily has become less engaged with them.

They also notice that she has lost weight and that her cupboards are full with food and there are out of date ready meals in the fridge.

They report that they believe Emily is incontinent of urine, though Emily denies this the sheets and bedding smells and she will not allow the carers to change the bedding saying there is nothing wrong with it.

**Stage 4**

Emily’s son takes her to the GP as Emily has a rash that is itchy and during the examination he notes that Emily is losing more weight, she has a grade 3 pressure sore to her sacrum, that is infected and smells. Emily’s son mentions he is concerned about her behaviour and memory

Emily’s GP prescribed anti-biotics for the pressure ulcer, emollient and steroid cream for the rash along with dressings for the pressure sore. They continue the painkillers, the sleeping tablets and the anti-depressants. Emily is also referred to the memory clinic, and a referral is made to the district nurses for dressing changes every 3 days.

**Conclusion**

The district nurses call 3 days later at lunchtime and find Emily on the floor, when they speak to her she is delirious and has a high temperature, they dial 999.

Emily attends A&E she is diagnosed with acute renal failure, sepsis, grade 4 pressure ulcer.

Emily, her family, her friends and the carers are all distraught as feel they should have done more.