

Case Study I: Pediatric

6 year old AA male lives in a rural section of an east coast state with his mother and two siblings. The mother does not work outside of the home and the family is dependent on public transportation. All three children are insured through the state's medical assistance program. This child has a history of ADHD managed with medication, moderate asthma also controlled with medication, and sickle cell disease. He was hospitalized four times in the past two years for acute chest pain crises.

While attending a summer day camp, the child became dehydrated and experienced a stroke. As a result, he has a tracheostomy (opening in neck for breathing tube) plus a tube in his stomach to provide food supplements. Currently he continues to have problems breathing on his own especially at night, chewing and swallowing food, as well as weakness in arms and legs. He requires mechanical assistance for breathing at night, tube feedings, and therapy for improving use of hands, arms, walking, and speech. He will need follow-up appointments with a number of specialists at an area medical center that is more than 50 miles from his home.

He is being discharged from a pediatric long-term care facility to home. His mother received instructions on tube feedings and he began rehabilitation therapy. He will require overnight home nursing because of his ventilator needs and daytime visits to ensure understanding of feeds and medications. He will also receive rehabilitative services three times a week and is currently scheduled to see the hematologist and neurologist in follow-up.

Case Study II: Adult

A 48 year old male living in a rural area of a mid-east coast state has been managed for his relapsing-progressive multiple sclerosis for ten years, for the most part by his primary care provider with periodic visits to a neurologist. He is being treated with a monthly medication. Prior to his illness, he held a full-time job and was physically active. Since his diagnosis, he has become more secluded as he is unable to participate in the outdoor activities he enjoys. He lost his job approximately five years ago and has not held any other employment because of his inability to drive.

He has experienced some vision changes, an increase in pain, and periods of depression but is not treated for these problems. His leg strength and coordination have declined, and he is now nearly wheelchair dependent with minimal use of a walker. He is able to use his hands to eat and use a phone but cannot tie shoes or use a knife and fork together. He has been referred for rehabilitative therapy, but he is not able to drive himself and has limited resources.

He has expressed concerns over his fatigue and seems depressed. He does not want to pursue rehabilitation and the use of other medications, including anti-depressants. He participates in a Medicare health insurance program.