Future Colleague Collaborative
An SLP Once Tried to Test Me
Will Farnham, MS CCC-SLP
May 6, 2020

Case Study

Case basics

70+ y/o female admitted to SNF for short-term rehabilitation following hospitalization at local rural acute hospital with AMS, falls. Head CT in ER negative for acute processes, showing mild cortical volume loss, mild prominence of basal cisterns, and decreased attenuation along the periventricular white matter tracts, all described to be “not unusual for patient age”. CXR with diffuse patchy opacities and possible early pleural effusion, CBC/CMP unremarkable beyond leukocytosis. UA positive, patient incontinent of bladder, started on broad-spectrum antibiotics with C&S pending. Admitting diagnoses of UTI, pneumonia, pulmonary embolism, pleural effusion. Hx further significant only for HTN, DLD and remote breast cancer s/p lumpectomy and cervical cancer s/p hysterectomy.

Following admission to SNF referred to SLP d/t persistent AMS. Pass 3 oz water challenge, CN and oral mech exam remarkable only for irregular speech and nonspeech lingual DDKs. Montreal Cognitive Assessment completed in total and with score below suggested modified cutoff for individuals educated in the American Southeast; 16 years formal education. Patient with subjective complaints of increasing memory difficulty but over a period of less than one month, family affirms. Patient previously lived independently for all functional and ideational tasks, and was active in community. Plan of treatment initiated to address patient’s subjective memory complaints and to include additional norm-referenced testing with patient agreement.

Spontaneous attention skills prove insufficient for completion of additional assessment measures in accordance with standardization during subsequent 2 weeks of ~30 minute encounters 5x/wk. Increasing emotional lability demonstrated. PT requesting assistance and cotreatment d/t poor safety awareness, immediate and delayed recall deficits, and exacerbation of balance deficits. Multiple counseling sessions have occurred since admission with patient and family regarding subjective complaints and observed behaviors, and lack of substantiating etiology in current medical record, with referral to outpatient neurology recommended and scheduled.

During session in which functional environmental safety cues were being modified to attempt increased spontaneous walker use, patient receives a text message and comments, “My daughter is on her way with some more Depends. I am just so

embarrassed by all that. I haven't needed diapers since I was a baby." Further interview with patient and family corroborates that bladder incontinence had onset immediately prior to hospitalization and did not represent prior baseline.

Case questions

- What might be missing from the relevant case history?
- What do you think happened next?
- What relevant diagnosis had not previously been made?
- What sort of response to intervention would you anticipate beyond that stated?
  - In what contexts?