

## **Background**

Ben Belfield is a 82-year-old male who has presented to Emergency Department (ED) following an outpatient appointment in the heart support clinic. Since his heart failure diagnosis in 2021, Ben has been frequently admitted to the coronary care unit (CCU) to manage his condition (in Autumn 2024, three hospitalisations within the past three months). Despite maximum therapy, Ben's symptoms remain uncontrolled and are now present at rest. Ben's quality of life has significantly decreased. He feels unable to participate in social activities which leaves him feeling isolated and withdrawn despite having a supportive family network.

## **Symptoms**

Ben reports that he feels like he is "drowning". His breathlessness remains at rest which he describes as frightening. Due to his severe breathlessness, he struggles to lie flat and now sleeps in a chair at night which interrupts his sleep. In addition to breathlessness, Ben voices that his fatigue has worsened and that both of his legs are swollen up to his knees. He voices that these symptoms are impacting his ability to perform daily activities such as dressing or mobilising unaided.

Ben voices that recently he has been struggling with his appetite and has lost approximately 7kg over the last 2 months. He reports having difficulty eating larger meals and swallowing some foods as he often gets tired and breathless when he needs to chew something. When exploring symptoms further, Ben discloses that he has been experiencing dry mouth which has also impacted his appetite and makes eating very uncomfortable. However, despite struggling with his appetite for several weeks, Ben informs you that he has gained 4kg in the past 72 hours.

## **Past Medical History**

- Hypertension
- Heart failure
- Cardiac Resynchronization Therapy Defibrillator (CRT-D) insertion (June 2023)

## Observations

- Heart rate 112 bpm, temperature 36.3°C, blood pressure 94/70mmHg, respiratory rate 25bpm and SpO2 91% on room air
- NT-proBNP: 10,000 pg/ml
- Renal profile:
  - eGFR: 35
  - Creatinine 130µmol/L
  - Urea 10.5mmol/L;
  - Sodium 115mmol/L
  - Potassium 6mmol/L
- ECG: normal sinus rhythm, left ventricular hypertrophy (LVH)
- Echocardiogram: Ejection fraction: 25%, LVH
- Chest X-ray demonstrates pulmonary oedema, cardiomegaly

## Medication

Drugs	Directions
Bisoprolol 7.5mg	OD PO
Entresto (Sacubitril/Valsartan) 97/103mg	BD PO
Eplerenone 50mg	OD PO
Dapagliflozin 10mg	OD PO
Furosemide 40mg	BD PO

## Social History

Ben lives in a rural community. He is a retired businessman and a widow of 2 years. As Ben's heart failure symptoms have worsened in recent months, his daughter Kathy has moved home to support Ben with his activities of living. Ben often refers to himself as a burden to his daughter and voices feeling guilty that his dependency has caused Kathy to put her own life on hold. Kathy finds her role as a family carer challenging. She struggles to balance working full-time as a receptionist with adequately supporting her father's care needs. Kathy describes a constant tension between the time, energy,



responsibilities, and resources required for a family carer to work in full-time employment. She feels that the care she is providing to her father is inadequate and is considering how to alter her working arrangements (e.g., reducing working hours or leaving the workforce). While this decision increases financial pressures, Kathy is constantly worried about the unpredictable nature of Ben's prognosis and wants to spend more time at home prioritising his needs. Kathy hopes employment changes will relieve some of the emotional (e.g., stress) and physical strain (e.g. exhaustion) associated with her role as a family carer.

### **Inpatient Journey**

Ben is admitted to the CCU for management of his heart failure symptoms. He is reviewed by the interdisciplinary team on a daily basis. To improve Ben's quality of life and support with care planning, the team suggest integrating palliative care into Ben's heart failure management. While Ben is eager to improve his symptoms he is concerned that palliative care means he is reaching the end of life and he fears the additional pressure this news will cause his daughter.

### **Goals for the Team**

1. Formulate an immediate management plan for Ben's hospital admission.
2. Outline how the team can support Ben and his daughter to cope with Ben's advancing condition.