Frailty & Fever - Managing a Complex Older Patient in Home-Based Hospital Care

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In the hospital: a complex, high-acuity course

ED admission. Fevers, profound weight loss, and weakness. Limited English, interpreted through family in a rare dialect.

ICU and shock. An unwitnessed fall led to hypotension and shock requiring ICU care.

Cardiac stent. Chest pain in the ICU required a stent for coronary artery disease.

Cancer confirmed. Biopsy confirmed malignancy. She continued to have fevers due to cancer burden and became altered 2 to 3 times daily from fevers.

Readmission and surgery. Osteomyelitis from a communicable infection required surgical washout, plus infectious isolation that limited eating and walking.

An older adult visiting family from abroad was admitted with fevers, profound weight loss, and weakness, then faced a cascade of acute complications in the hospital. Frail and at high risk for readmission, she needed further workup and treatment that was more beneficial to be delivered at home.

The Early Discharge Outpatient model of care was used to deliver an inpatient level of support to further this patient's recovery for workup and treatment that is not commonly accessible as an inpatient.

At home with HBHC: goal-aligned recovery

Advanced her cancer care. Facilitated PET scan to complete staging of malignancy and immunotherapy that could not be delivered inpatient.

Rebuilt strength. Ambulated far more and regained function with family at her side. HBHC provided PT, OT and DME delivery as well as coordination with outpatient therapy services.

Ate well. Accessed culturally familiar, appropriate foods provided by her family.

Care on her terms. Aligned treatment with patient and family goals while optimizing function for the best chance at recovery.

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