

Patient: A 29-year-old female, highly intelligent, excelled in college- especially in mathematics, passionate about dance, and loved corgis

Admission: Presented to the hospital on 12/1/2023 with longstanding anorexia nervosa (at 5'7" 70 lbs.) and borderline personality disorder.

Psychiatry Consult placed: CL Psychiatry had been following since day 3 of admission, providing brief psychotherapy, assisting with medications, and capacity assessments.

Hospital course:

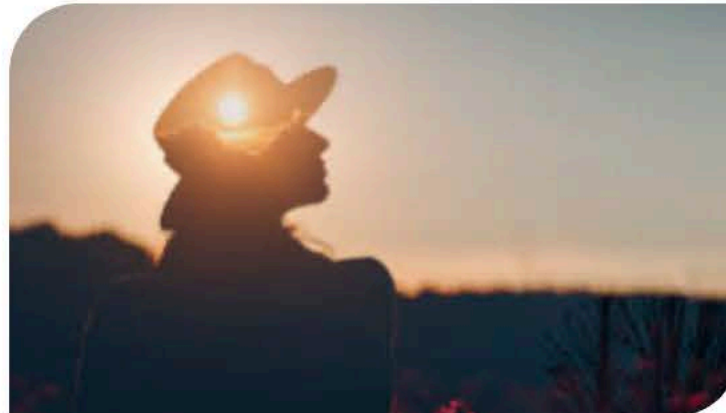
Patient underwent Surgery- R colon volvulus and R hemicolectomy.

Further complicated by a gastric ulcer perforation, drain placed 1/20/2024.

She was initially on nasogastric tube (NG tube), and then on Total parenteral nutrition (TPN)



- **1/15/2024 Multidisciplinary meetings began**
- **CL Psychiatry introduced the idea of Terminal Mental Illness to the medical team**
 - **Patient requested Palliative care consult by the end of January**
- **2/6/2024 She became a DNR, Decided against comfort cares, Goal: Would like to live independently.**
 - **3/15/2024 Discharge took place successfully to Adult Family Home (67 lbs. (BMI 10.53))**
- **3/17/2024 Returned to the hospital via ambulance after suffering a fall with a blood sugar in the 20's**
 - **3/20/2024 She DOES have capacity to choose Comfort Care**



Nursing: Expressed high emotional distress, increased feelings of hopelessness, confided with nursing peers, hospitalists on the case, and Psychiatry (via secured text, Telemed video, or phone)

Hospitalist: Expressed high emotional and moral distress in discussions during the multidisciplinary meetings, as well as phone/ secure text with Psychiatry

Psychiatry: Countertransference; Discussed with trusted colleagues



Hailey Battle 4:38 PM

That capacity evaluation was probably the most emotionally fueled consult... is anyone around to talk? @channel

RN

Right I would normally push for restraints but then she cannot go to AFH... I'm honestly just feeling pretty helpless and don't see how we keep her alive and out of this hospital

Mar 18, 2024 10:58 AM

Provider Clinical Staff

Thank you Hailey. I apologize for my behavior today. This just isn't something I've ever dealt with nor is it something I'm comfortable with.

Mar 27, 2024 6:49 PM

You're okay, we are human, this case is very difficult and shakes our moral compass. No judgement.

Mar 27, 2024 6:52 PM

Provider Clinical Staff



Mar 27, 2024 6:53 PM



Last Psychiatry Consult March 27th, 2024

Transitioned to Comfort Care March 28th 2024 (60 lbs., BMI 9)

Passed March 29th 2024 surrounded by her medical team



Good Morning, I worked yesterday and saw that Christine had passed on Friday. This was an incredibly difficult case, I'd like to offer a Debriefing to discuss. Please let me know if any of the team members (physicians, nurses and techs on the 6th floor, SW, CM, etc) would like to participate.

Apr 2, 2024 7:07 AM

Hospital Social Worker

Im in Apr 2, 2024 9:15 AM

Provider Clinical Staff

I'd like to attend also. Apr 2, 2024 9:29 AM

RN

I'd appreciate that Apr 2, 2024 9:42 AM

Hospital Social Worker

Hailey, let us know a good time, Appreciate the time and space for debriefing.

Apr 2, 2024 11:50 AM

Physician-Palliative Medicine

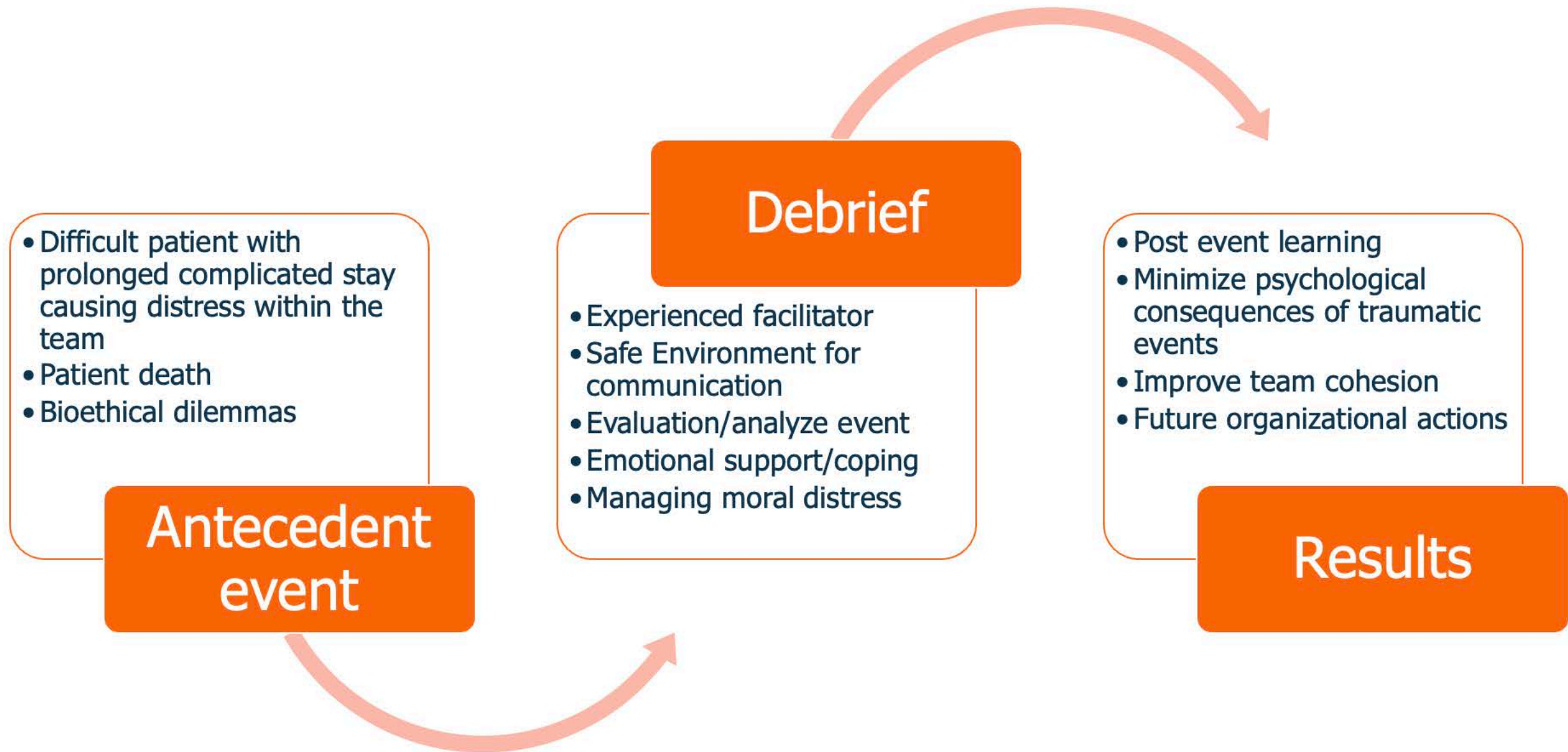
Thank you Hailey for graciously offering to coordinate a much needed debriefing. I would like to be a part of this if possible.

Apr 2, 2024 11:56 AM

Provider Clinical Staff

I would like to join as well. Thank you team for debriefing.

Apr 2, 2024 11:57 AM



7 steps of Critical Incident Stress Debrief

1. Assess the impact of the critical incident on support personnel and survivors
2. Identify immediate issues surrounding safety
3. Use defusing to allow ventilation of thoughts, emotions, and experiences associated with the event and provide validation of possible reactions
4. Predict future events and reactions in the aftermath of the incident
5. Conduct a systematic review of the critical incident and its emotional, cognitive and physical impact. Look for maladaptive behaviors or responses
6. Bring closure to the incident and anchor the individual to community resources to initiate rebuilding process
7. Debrief to assist in the re-entry process into the workplace