

Category: Health Policy and Systems

3065 - The Successful Rehabilitation of a Complicated MVA Patient on a Ventilator: A Case Report

 Sun, Mar 8  6:00 PM – 7:00 PM

Case Diagnosis: Poly-trauma status post-MVC and subsequent ICU stay including mechanical ventilation

Case Description:

A 66 year-old male presented to the Emergency Department status-post motor vehicle accident with a right frontoparietal subdural hematoma with right-to-left midline shift. He underwent a right craniotomy and hematoma evacuation. Subsequent re-assessment showed significant recurrence of hematoma, which necessitated re-evacuation two days later. The patient failed extubation due to hospital-acquired pneumonia requiring a tracheostomy and PEG tube. After 14 days in the hospital (including an ICU stay), the patient was transferred to the Rehabilitation Department—while still on the Ventilation/Tracheostomy/PEG combination for comprehensive therapy services.

Discussions:

Initial rehabilitation course was challenging with acute pulmonary embolism requiring a brief return to acute care, however, the patient achieved a steady recovery with comprehensive rehabilitation program with significant improvement in FIM scores (22 to 91) (Average FIM score: 1.4 to 5.7) during his stay in acute rehabilitation. His tracheostomy was decannulated and his PEG tube was removed. At the time of discharge to home, he was either completely independent or modified independent on all ADL's.

Conclusions:

Early and aggressive physical, occupational, and speech therapies improve odds of return to independent function in patients that have had traumatic decline in function. Early Physiatrist consults ought to be considered in all patients who are not functionally at baseline, and ventilators should not be considered an absolute barrier to therapy.

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