

# Kim: Coronary Artery Bypass Graft and Congestive Heart Failure

## OCCUPATIONAL PROFILE

Kim is a 63-year-old, divorced Black woman. She underwent a coronary artery bypass graft (CABG) involving three arteries 2 weeks ago. Kim had been experiencing chest pain with minimal exertion and was diagnosed with three blocked coronary arteries. She underwent the CABG procedure at a large teaching hospital. She has additional diagnoses of congestive heart failure, diabetes, hypothyroidism, and schizophrenia.

Kim lives in a second floor walk-up apartment with her parrot, Cleo, and her dog, Casey. She works part time as a clerk in a convenience store, and her responsibilities include moving boxes, stocking the shelves, and managing the cash register. Kim received a diagnosis of schizophrenia when she was a sophomore in college and was never able to complete her degree. Both of her parents are deceased and she has one sister who lives far away, but with whom she has a good relationship. She attends a day hospital program 2 days a week where she has a case manager and a psychologist. She takes medication for her schizophrenia and does well as long as she does not stop taking it. She drives short

distances for errands, such as grocery shopping and doing her laundry (there are no laundry facilities in the apartment building). She is a private person and does not know anyone in her building.

Kim has been independent in all of her life tasks; however, a few months before her surgery, she started to tire easily and was not able to do as much as usual. Kim has few friends. She does not go out much socially and has a limited support system. She is a quiet person and has difficulty making friends as she does not feel comfortable in social situations. Kim loves animals, and her pets are like her family. She dotes on both animals—buying them special treats and taking Casey on walks as Cleo rides on Kim's shoulder. She worries about her animals while she is on the transitional care unit. She is planning on returning home to her pets and hopes to return to work and to the day program. She is being seen by OT, PT, and daily nursing care. Her recovery in acute care has been unremarkable from a medical perspective, and she was transferred to a transitional care unit for further rehabilitation. Her length of stay is expected to be 2 weeks. She receives Medicaid.

## ANALYSIS OF OCCUPATIONAL PERFORMANCE

Kim was evaluated by the occupational therapist on the day of admission and the following morning through observation, interview, chart review, and manual muscle testing. No formal cognitive or perceptual testing was completed. Kim wears bifocal glasses. Her hearing, sensation, and perception all appear intact by observation, but formal assessment was not conducted. She appears to be forgetful about recent information. Her active ROM in both UEs is within normal limits. Her strength is 3+ of 5 throughout both UEs. She has no deficits in coordination and is right-handed. Her endurance is poor for all functional activities. She continues to have pain (6 on a scale of 1 to 10) in the sternum. She fatigues easily and only tolerates 15 minutes out of bed at a time. She has pain from the incision on her chest. Her skin is intact except for on the surgical site, which is healing well.

Kim can roll in bed using the bedrails and can only move from sit to supine by first raising the head of the bed. She transfers from sit to stand with the moderate assist of one, and ambulates using a rolling walker because of LE weakness. Kim has refused to dress in anything more than a hospital gown. She will wash her hands and face sitting up in bed, but then is too tired to continue and allows the staff to complete her bathing. She is eating little and she claims she does not have much appetite. She is worried about her pets and asks if she can have them brought to the hospital at every intervention session. Her case manager is taking care of them while she is hospitalized.

She has expressed to all staff members that her goals are to return home to her animals. She is willing to participate in intervention, but just "doesn't have the energy."

## QUESTIONS

### Occupations

1. Make a list of the key occupations that Kim wants to work on. Make a list of the key occupations that you feel she should work on. What are the similarities and differences in the two lists?
2. What types of equipment and facilities would it be helpful for the hospital to have to work on some of these occupations?
3. Are there any concerns regarding Kim's ability to drive after her return home? What other types of transportation might be available to Kim if she is unable to drive?

### Performance Patterns

4. What routines do you feel have been most affected by Kim's cardiac condition and why?
5. How can OT assist Kim in these areas?
6. What roles have been affected by Kim's cardiac condition? Describe how OT might assist Kim in resuming or adapting these roles.
7. How would you recommend that Kim adapt her daily morning routine to compensate for her poor endurance?
8. What techniques should Kim be taught to help her manage her energy during her recovery?

### Performance Skills

9. Identify five motor, process, and social interaction performance skills that are important to address during Kim's rehabilitation. Why did you identify these in particular?
10. How would you address Kim's bathing skills? Describe how you would grade the activity and progress from her current level to being able to bathe seated at the sink.
11. Because Kim is planning to return home, what type of kitchen activity would you plan for your first session in the kitchen? Why? What performance skills are important for you to assess and address for this activity?
12. What part of the dressing task do you think would be most difficult for Kim to accomplish and why? Do you think Kim's surgery will affect her ability to perform this job? If so, how?
13. Write out an exercise program using activity and occupation intervention methods to improve Kim's UE strength. How would you document this so it pertains to OT?
14. Describe two intervention activities that you could do to increase Kim's endurance (at least one of these needs to be an activity or occupation intervention method). Why did you choose them? Did you consider Kim's interests when planning them?
15. Kim is having difficulty remembering to use energy conservation and breathing techniques during her morning routine. What techniques could you use to address this issue?

### Client Factors

16. What are some psychosocial issues for Kim? How would you incorporate working on these into your intervention sessions?

17. Given what you know about Kim's psychological status, how well do you think she is coping with her current condition? What would you do to assist her in this area?
18. What concerns do you have in relation to Kim's diagnosis of schizophrenia?
19. How would you address Kim's bed mobility issues? Why is it important to address this mobility challenge early in intervention?
20. For what reasons should Kim's blood pressure and pulse be monitored during therapy?
21. At what blood pressure reading would you stop activity? How long would you wait to see if her blood pressure came down? What would you do in regard to notifying other team members of a high blood pressure reading?
22. Other than pulse and blood pressure, what are some other concerns to be aware of?
23. Make a problem list for Kim, and put the problems in priority according to her goals.
24. Write the long- and short-term goals for the first three problems on your problem list.
25. What types of OT interventions will you plan to achieve your short-term goals? Would you use occupation, activities, or preparatory methods and tasks?
26. Could you take one of your preparatory intervention methods and achieve the same outcome with an activity or occupation method or task? Describe the new intervention.
27. What part of the intervention planning process could a certified occupational therapist assistant (COTA) participate in? What aspects of this intervention plan could a COTA carry out?
28. Should you administer a standardized cognitive assessment and, if so, which one? What type of cognitive issues might you expect and why?

### Contexts and Environment

23. Would you recommend any adaptive equipment for Kim to take home? If so, what and why?
24. Your supervisor has asked you to help develop an educational group for patients who have undergone CABG. Each discipline (OT, nursing, PT, social work, nutrition) will lead a 1-hour session. What would you do for the OT session and why?
25. What type of patient education material would you give to Kim and why?
26. Identify two websites that would be of benefit to Kim. Why did you choose these?
27. What physical and social supports might you find for Kim?
28. Identify personal and temporal factors to take into consideration during Kim's OT intervention. Why did you identify these as important?

### Theory and Evidence

29. What theory/theories or frame(s) of reference might you use in developing an intervention plan? Describe the rationale for your choices.
30. What, if any, evidence can you find to support your choice of theory/theories and/or frame(s) of reference?
31. What, if any, evidence can you find to support intervention?

### Intervention Plan and Goals

32. Using the Model of Human Occupation, how would you assess Kim's volition and habituation?

### Situations

39. Kim has consistently expressed a desire to go home and to return to work, but is just as consistently not making progress in therapy. She continues to complain of fatigue and feeling too tired to participate. How would you deal with this issue, and with which other team members might you confer?
40. Kim has no clothing at the transitional care unit, and you would like to start working on dressing skills. She does not want to ask anyone to bring in clothes, even though her case manager has a key to her apartment. How would you address this issue?
41. You are in the middle of working on showering with Kim one morning. She starts to complain of chest pain and shortness of breath. She stops washing, catches her breath, and resumes the activity. After a few minutes, she again gets short of breath, but does not complain of chest pain. What should you do?
42. Kim keeps forgetting to pace herself during her ADL routine. Every time you work with her, you must remind her that she has to slow down. If she continues at the pace she sets, she gets short of breath and has to rest. How do you handle this situation?
43. During an exercise group, you notice that Kim is making comments as though she is talking to someone else in the room. She seems distracted and unable to focus on the exercise. You ask her whom she is talking to, and she tells you she is talking to her mother. What would you do?

## Discharge Planning

44. Kim has progressed enough that she is able to return home. She is now able to wash at the sink while seated and can tolerate being out of bed for up to 4 hours. She has improved UE muscle strength to 4/5. She can make a light meal (toast, coffee, sandwich) using energy-conservation techniques. She can put on a hospital gown, but still has not attempted to get fully dressed because she has had no clothing with her. Write a referral for continued OT in home care.
45. On the basis of the description of Kim's status at discharge (see Question 44), which of the initial long-term goals that you set have been achieved? What might have been reasons that your other goals were not met?

