

## Case study:

# SDOH insights and in-home care



## Do you have a patient like this?

### Introduction & Presentation

Meet Robert, a 60-year-old male whose caregiver reported to the PCP the patient had a cough, fever, and shortness of breath. **The PCP requested a visit from DispatchHealth.** Upon arrival, the patient reported feeling like “air is trapped,” and orthopnea while lying flat, without edema.

### The power of DispatchHealth

**History:** Patient has a history of asthma, depression, diabetes, hyperlipidemia, hypertension, hypothyroidism, cerebral ventriculomegaly, Asperger’s disorder, obesity, and recurring pneumonia.

**Physical exam:** Bilateral breath sounds normal, stable vital signs, thyroid palpated with suspicion of nodule.

**On-site labs:** Negative Chem 8 panel, CBC collected and sent to lab, negative COVID –19 test, normal 12 lead EKG.

**On-site imaging:** Ultrasound on scene negative for thyromegaly, thyroiditis, or nodules, positive chest x-ray for bilateral infiltrations.

**Medications:** Tylenol for fever, antibiotics delivered to home.

**SDOH assessment:** Patient reported multiple falls in home, lack of transportation.

**Education:** Consistent use of inhaler necessary to resolve shortness of breath.

**Care coordination:** Discussed care plan with PCP and coordinated with medical team to set up home health care. Encounter summary shared with medical care team.

**Robert’s experience:** Caring for this medically complex patient in the home eliminated the need for transport to the ER and helped avoid possible admission to hospital. Positive labs and chest x-ray resulted in antibiotic therapy being ordered and delivered to the home due to transportation limitations.

## Request a visit

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