Appendix 1

Pamela Coughlan – Pen Picture of Clinical, Nursing and Care needs
(Source: ADASS/LGA Advice on Continuing Care October 2007)

F1.1 Pamela Coughlan was injured in a road traffic accident in 1971 and as a result became tetraplegic (spinal injury) and wheelchair dependent. She retained some (very limited) use of her hands with which she could manoeuvre her electric wheelchair and write (with a pen strapped to her hand). She remained completely mentally aware, could access the Internet, converse freely and represent her views articulately. She had no cognitive impairment or behaviour that could be described as challenging.

F1.2 Pamela Coughlan was paralysed in the lower part of her body, with no movement in her legs, and limited movement in her upper torso. She required hoisting for all transfers however once transferred into a wheelchair she has a reasonable amount of independence. She required repositioning approximately 8 times per day to maintain skin integrity. She did not require a regular programme of active or passive physiotherapy or exercise, although being assisted to stand twice per week assisted with maintaining appropriate organ positions and strengthening her bones.

F1.3 She wore a corset during the daytime to keep her chest upright without which she would have had breathing difficulties. There were no night care issues regarding her breathing.

F1.4 She was doubly incontinent; needing intermittent catheterisation, every 3 hours as this proved the most effective way of keeping dry. She required manual evacuation of her bowels every second night.

F1.5 Because of her injury she was unable to maintain her core body temperature, which was unstable and variable, and consequentially, because of excessive perspiration, she required changes of clothes and the corset up to three times a day. Pamela was able to tell when she was too hot or too cold and therefore proactive monitoring was not required regarding this aspect of her care.

F1.6 Pamela Coughlan was dependent on others for all aspects of her personal care and daily living activities. She could eat independently using a spoon strapped to her hand provided that the food is cut up for her. Someone needed to hold a cup whilst she was drinking as her hand would spasm if she touched a hot cup.

F1.7 Clinically and from a nursing perspective she was stable with predictable needs some of which presented with medium risks e.g. regarding fainting if air flow was inhibited (managed by corset), spasm provoked by heat (e.g. hot cup), autonomic dysreflexia (very high blood pressure) as a result of pain or injury below the spinal injury site (T5/T6).

F1.8 All of her medication was routinely prescribed and administered by mouth; Senokot, Docusate, Calcium, Iron. Once her condition stabilised she did not require an allocated consultant nor require any interventions from ‘specialist’ healthcare professionals. The court found that Pamela Coughlan’s needs “were primarily health needs for which the Health Authority is, as a matter of law, responsible”.

F1.9 Pamela Coughlan's healthcare needs and her need for registered nurse care were neither complex nor unpredictable. However the court took the view that a) the quality and quantity (nature and intensity) of her health needs and interventions were such that she had predominantly healthcare needs and b) her need for registered or unregistered nurse care was more than incidental or ancillary to her accommodation needs and was not of a nature that a Local Authority could reasonably provide (i.e. they were not social care needs).