

"MOLLY CASE"

By

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(Based on an actual incident)

Current revisions by

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MOLLY (18) is sleeping in bed. She has her right arm in a cast. FATHER and SISTER are sitting beside their daughter. FATHER is awake while SISTER has a blanket over her, asleep.

MOLLY

It happened about a week ago. I was in a car accident that turned me paraplegic. I can't believe it happened... I can't believe it happened **to me**. This is the worst experience of my life.

FATHER

I got a call from the police, they said my daughter had been taken to emerg. When her sister and I got there a nurse came out, I can't remember what she said. Then a doctor came out to tell us about Moll. They wouldn't let us see her for a long time. Now, even though she's sleeping, I know she's in pain. I want to get the guy that did this to her. They say she'll never walk again.

SISTER

We're still in shock. The doctors say that her right arm and pelvis are fractured. They also said she was very confused about where she was, what day it was, what time of day... she's a bit better now. She's only been awake for a few minutes. We haven't had much time to talk with her.

NURSE ENTERS and begins Molly's morning preparations. The scene freezes. After a beat, Molly unfreezes, looks directly into the camera and begins speaking.

MOLLY

Over the past week they've tested me for everything. The first day is a blur; I remember getting a cast on my right arm, and my pelvis...is *killing*. They keep asking me the same questions - I can't feel my legs, I'm so scared. They haven't told me anything yet. My family look scared. They look at me weird.

Surgeon is standing in front of a wall, addressing the camera. As she begins to speak, the text "Surgeon" appears on the bottom left of the screen. The left half of the screen has the title "Surgeon, Most Responsible Physician (MRP) Duties" on top, lists the following information:

1. Assessment of injury
2. Perform surgical procedures
3. See Molly daily while she is admitted to hospital
4. Discuss her case and recovery with health discipline professionals
5. Manage orders for pain/nausea/constipation and other symptoms that arise while she is admitted
6. Follow-up in clinic post-discharge

SURGEON

I was woken up at 3 AM to come see Molly in the Emergency Department. I was shocked by her tragic condition. Suspecting a spinal fracture, I ordered a CT of her neck and found a fracture involving C4 and C5. We took her to surgery shortly after and things went well. Unfortunately, Molly may never regain her previous levels of functioning. Her vitals and neuro exams are stable, but she has a long way to go before living a normal life again. I don't have the expertise to deal with every one of these issues, and I have to run back to the OR. Our team will see her and we'll talk over the findings from the physiotherapist, occupational therapist, social worker, dietitian, speech pathologist, clinical psychologist, and spiritual care practitioner. She will be frequently monitored by a nurse throughout her recovery, and will continue to be cared for upon discharge from the hospital by her family physician. While my role becomes less active once Molly transitions to rehab and eventually goes home, I will still follow-up with Molly in clinic.

4 INT. PORTRAIT - DAY

4

Nurse is sitting at a desk in front of a wall, addressing the camera. As she begins to speak, the text "Nurse" appears on the bottom left of the screen. After she says, "include," split the

screen vertically in half. The right half of the screen maintains the nurse's testimony, as she lists her duties. The left half of the screen has the title "Nursing Duties" on top, and lists the following information (each entry should appear as it is mentioned by the nurse):

1. Vitals
2. Monitoring nutrition/fluid intake
3. Skin Integrity
4. Mobility
5. Bladder/Bowel Movement
6. Assess Response to Loss
7. Facilitate Rehab
8. Pain and symptom assessment
9. Monitoring sleep and general mood
10. Quality of Life Impact
11. Independent Care for Basic Needs

NURSE

The nursing staff are the most immediate and consistent health professional presence in Molly's recovery. Our responsibilities include checking vitals; monitoring nutrition and fluid intake; skin integrity; mobility; bladder and bowel functioning; assessing response to loss; facilitating the connection for rehabilitation; pain and symptom assessment, like nausea or shortness of breath; monitoring sleep and general mood; assessing quality of life impact; and finally, teaching the patient to independently care for their basic needs. I will also be liaising with the attending physician while Molly is admitted, bringing any new concerns to them. For example, calling the Pain Team to say the Molly's pain is worse. I can 'triage' these problems based on how worried Molly is and on her vitals, appearance, and symptoms. Being able to effectively communicate and describe these changes to the attending physician and special teams is an important component of my role in Molly's care. Also, Molly needs to know how to cope with the loss of her previous body image. I will be involved in working with her family -assessing their coping and response to Molly's health situation and facilitating a referral to the appropriate team members, for instance, the Social Worker and Clinical Psychologist. One of the biggest obstacles for Molly is her fractured pelvis, which requires care in positioning, turning,

and getting in and out of the bed. She scored a 12 out of 15 on the Glasgow Coma Scale, placing her in the mild-to-moderate range of alertness and orientation. Upon admission, she was disoriented in all 3 spheres - place, time, person - however, this only lasted 72 hours and has since been resolved.

5 INT. HOSPITAL ROOM - DAY

5

The nurse helps a reluctant Molly get out of bed and into a wheelchair. They EXIT the room. As the family sits next to the empty bed consoling each other, the scene freezes. After a beat, the sister unfreezes and looks directly into the camera.

SISTER

The nurses have been trying to take care of her, but they've had some difficulty. The nurse explained how Molly might cope with loss, and that really helped our understanding of what Molly's going through. She refuses to eat and gets mad when friends or family try to visit. She doesn't let the nurses attend to her needs, and she needs extra motivation to work with physio.

6 INT. PHYSICAL THERAPY ROOM - DAY

6

The PHYSICAL THERAPIST (PT) is waiting for Molly. The nurse and Molly ENTER the room; the P.T. greets them and takes a still-reluctant Molly to begin her daily therapy. Her sister and father are watching on the side. The scene freezes. After a beat, the father unfreezes and looks into the camera.

FATHER

She says she's too tired whenever the nurses try to talk to her about how her inability to walk will affect the rest of her life. She refuses to discuss a transfer to rehab or to even talk to an occupational therapist about the kind of wheelchair that will work best for her.

7 INT. PORTRAIT - DAY

7

PT - Same setup as Nurse: sits behind desk, "Physical Therapist" on bottom left of screen. On "Physical Therapist," split screen vertically in half with PT on right and notes on left - "Physical Therapist Duties" on top of left side. Notes are as follows:

1. ASIA Impairment Scale grade and Neurological Level of Injury
2. Tone Assessment and Management

3. Positioning to reduce pain (arm and pelvis fractures)
4. Strength
5. Transfers, Sitting, Bed Mobility

P.T.

As Molly's physiotherapist, one of the first things I need to know in order to assess any role in managing tone is the ASIA Impairment Scale grade and Neurological Level of Injury. For range of motion, ensure all bones and joints are positioned and exercised properly. This will aid in comfort and preparation for wheelchair use and everyday life. Specifically, maintaining ankles at 90 degrees for future wheelchair positioning; knee and hip flexibility, especially hip external rotation for pericare and bowel and bladder care; finger wiggles and shoulder range for casted arm and all joints in her uncasted arm. I will teach Molly stretches and exercises to help with the spasticity she now has in her legs. I also need to work on her strength in uncasted upper extremity joints. Finally, transfers, sitting tolerance, and bed mobility must be worked on as much as possible, considering pain from her pelvis and casted arm. For transfers, we start with sitting and dangling as tolerated, with a transfer to sliding board until her arm is uncasted. Sitting tolerance will be built as much as possible, considering the pain from her pelvic fracture, and bed mobility will consist of teaching Molly to roll and sit up - once again, based on pain tolerance.

8 INT. PORTRAIT - DAY

8

SW - Same setup as PT: sits behind desk, "Social Worker" on bottom left of screen. On "Social Worker," split screen vertically in half with SW on right and notes on left - "Social Work Duties" on top of left side. Notes are:

1. Coping - Molly/Family
2. Navigate services and resources
3. Lawyer
4. Insurance Adjuster

SOCIAL WORKER

Regarding a tragic accident like this, the welfare of the family is almost as important as that of the victim herself. My role is

truly one of navigator, communicator, and facilitator in assisting Molly with her coping and resources. I will help Molly and her family with her transition, realizing the legal and financial implications of their situation. Recognizing and facilitating their levels of coping and support is one of the key factors in Molly's own recovery. I will help Molly and her family navigate the complex array of services and programs offered to those with disabilities, which can make this easier and help Molly focus on her recovery. I will also be assisting Molly's family with accessing a lawyer and contacting insurance companies. Has the family hired a lawyer? If so, how involved are they? Insurance is also of great significance; has the family been assigned an experienced adjuster? How involved are they? Financing must be addressed.

9 INT. PORTRAIT - DAY

9

Spiritual Care Practitioner - "Spiritual Care" on bottom left of screen. On "Spiritual Care," split screen vertically in half with him on right and notes on left - "Spiritual Care Duties" on top of left side. Notes are as follows:

1. Active listening
2. Needs assessment
3. Supportive presence
4. Compassionate care
5. Advocacy

SPIRITUAL CARE PRACTITIONER

As the spiritual care practitioner, I support all spiritual and religious needs, beliefs, values and practices. My job is to utilize communication skills such as active listening and supportive presence, to help patients like Molly and her family to feel heard and connected. We perform needs assessments and advocate for the use of resources such as hospital chapels and faith rooms, First Nations Prayer and Ceremonial rooms, and additional quiet spaces. After learning about the Molly's cultural and practical considerations, I may be able to provide services like

prayers, meditations, quiet reflection, and other cultural or religious rituals, though our practices extend beyond religious grounds. We serve as an integral part of compassionate care for the patient.

10 INT. PORTRAIT - DAY

10

OT - Same setup as above: sits behind desk, "Occupational Therapist" on bottom left of screen. On "categories," split screen vertically in half with OT on right and notes on left - "Occupational Therapist Duties" on top of left side. Notes are as follows:

1. Person
 - a. Physical
 - b. Cognition
 - c. Mental health
 - d. Continence
 - e. Transfers
 - f. Seating and mobility
2. Environment
 - a. Home assessment and modification
 - b. Community access and engagement
3. Occupation
 - a. Self-care
 - b. Instrumental ADLs
 - c. Driving
 - d. Return to school
 - e. Leisure activities
4. Immediate Concerns
5. Long-Term Concerns

O.T.

As the occupational therapist, I see 3 main categories that must be covered regarding Molly's well being: person, environment, and occupation. Regarding 'Person', I'll look at the level of cord injury confirmed as either complete or incomplete and establish what Molly has done and is doing to cope with her stress. 'Environment' requires establishing where Molly lives, the layout, the season, and the outdoor environment. Finally, I'll assess 'Occupation'. Since Molly is still a student, finding out what she is studying and her career plans takes priority, followed by her leisure activities. Her vehicle must also be assessed to arrange any necessary modifications. Immediate concerns are Molly's

positioning and mobility in bed and in a chair, along with self care, including washing, grooming, and eating. Long term issues include self-care, so things like dressing, transfers, managing skin, tone, bowel and bladder...etc. We also need to consider acquiring a wheelchair prescription, driving, home modifications, resuming her education and eventual career, addressing her sexuality and any leisure activities. We need to address all of these concerns in order for both Molly and her family to be aware of, achieve, and maintain proper care and transition to her new way of life.

11 INT. HOSPITAL ROOM - DAY

11

A frustrated Molly is trying to talk to her family, with little success. The father and sister look to one another for help sometimes, which only frustrates Molly more. The scene freezes mid-argument. After a beat the sister unfreezes and looks into the camera.

SISTER

We were told she was showing some inability to remember things just after the accident. About two days after being admitted, the doctors went in and fixed her spine to help keep it stable when she is up. A speech language pathologist came to see Molly because we were worried about her talking. She seemed to be slurring her words and she never did that before. They said it was because of the head injury. I am so worried about what the future holds for my sister.

The scene freezes again, Molly unfreezes and looks into the camera.

MOLLY

I feel worst about what I'm putting my family through - I know I can't help it, I just wish there was a way I could tell them I don't want them to worry and I love them - but I can't speak properly either! My thinking's fine, but my thoughts don't come out like I want them to! I am a MESS and I don't know what I can do.

12 INT. PORTRAIT - DAY

12

SLP - Same setup as above: sits behind desk, "Speech/Language Pathologist" on bottom left of screen. On "following information," split screen vertically in half with SLP on right and notes on left -"Pathologist Duties" on top of left side. Notes are as follows:

1. Referral
2. Speech
3. Language
4. Swallowing
5. Cognitive-Communication

Speech:

1. Speech Intelligibility
2. Improved/Deteriorated Speech
3. Speech therapy

Language:

1. Word-finding difficulties
2. Effect on future academics
3. Auditory comprehension
4. Reading and Writing skills for working memory
5. Attention and concentration
6. Language therapy

Swallowing:

1. Possible swallowing problems
2. Swallowing assessment
3. Swallowing therapy
4. Diet texture modification
5. Safe swallowing strategies
6. Risks and recommendations

Cognitive-communication:

1. Comprehensive profile
2. Re-integration to school/home/hobbies
3. Cognitive-communication therapy

PATHOLOGIST

Before anything, we must find out if Molly has undergone further spinal fixation surgery following her graft. A complete oral motor examination would inform both speech production and swallowing assessment and recommendations. In terms of speech, language, swallowing and cognitive communication abilities, I must find out the following information: Regarding speech, Molly is exhibiting communication difficulties

indicative of mixed dysarthria - a type of speech disorder. How intelligible is her speech? Is she functional? To what capacity? Will she require an augmentative communication system? Under what conditions does her speech improve or deteriorate? Does she require speech therapy? For language, what is the extent of Molly's word-finding difficulties? How will it affect her future academics? How are her other language skills? How do they interconnect with working memory, attention and concentration for making notes and writing tests considering she is a university student. Can she comprehend written language? Can she write left handed - as her right arm is in a cast? This will help me in selecting augmentative and alternative communication, or AAC. Does she require language therapy? Swallowing also requires further inquiry: What is the nature of possible swallowing problems? Are there concerns for dehydration? Aspiration? Pneumonia? How is Molly assessed for the presence of swallowing problems? Malnutrition is also an area of concern. Does she need swallowing therapy? Will she accept recommendations? Regarding cognitive-communication: What is the comprehensive profile of Molly's cognitive-communication problems? What are the implications of her current difficulties relative to re-integration to university. Have Molly's pragmatic and social language skills been impacted? Given her age and the importance of peer relationships at this age, this area should be assessed. Does she require cognitive-communication therapy? Above all, a referral by a clinical psychologist is necessary to perform comprehensive cognitive testing.

13 INT. PORTRAIT - DAY

13

CP - Same setup as above: sits behind desk, "Clinical Psychologist" on bottom left of screen. On " following information," "split screen vertically in half with CP on right and notes on left -"Clinical Psychologist Duties" on top of left side.

Notes are as follows:

1. Neuropsychological Status
2. Current emotional status/adjustment

3. Personality
4. Current/Past social functioning
5. Psychological/Other treatment needs

CLINICAL PSYCHOLOGIST

For a referral, several assessments must be made. Molly's neuropsychological status must be checked, covering her current general verbal and non-verbal intellectual level. We need an estimate of premorbid intellectual functioning, including reference to any and all academic history. Her key functions must also be addressed, including attention, learning, memory, spatial functioning, judgement and reasoning, and other key domains. Secondly, regarding her current emotional status and adjustment, an assessment to determine potential disorders including post-traumatic stress and others is necessary. Then, personality, consisting of longer-term or stable traits and patterns of adjustment, including strengths and weaknesses; and developmental issues, which may clarify understanding of current maladaptive patterns. Any current and past social and relational functioning must also be assessed. This pertains to family, peers and friends and intimate or romantic relationships. Lastly, psychological and other treatment needs will be established in order to achieve a complete psychological evaluation. Once these factors are looked into, a referral can be made to the Speech/Language Pathologist for effective treatment.

14 INT. PORTRAIT - DAY

14

"Dietitian" on bottom left of screen. On "following information," split screen vertically in half with her on right and notes on left. Notes are as follows:

Risk: Malnutrition

Prevention/Solution: Assessment --> Individualized Nutrition

Care Plan

Areas of Concern

Components of Nutrition Assessment

Objectives of Nutrition Intervention

Areas of Concern:

1. Adequate energy/nutrient intake
2. Anorexia
3. Dysphagia
4. Hydration Status
5. Bowel and Bladder Function
6. Ability to Self-Feed
7. Risk of Pressure Ulcers
8. Possible Drug-Nutrient Interactions

Components of Nutrition Assessment:

1. Height, weight, body mass index
2. Nutrition focused physical assessment
3. Biochemical assessment
4. Energy and fluid requirements
5. Calculate protein requirements
6. Weight change post-trauma
7. Previous diet/weight history
8. Determine current nutrient intake
9. Presence of nutrient-drug and natural health product (NHP) - drug interactions
10. Dysphagia management swallowing abilities

DIETITIAN

The patient has had trauma with spinal cord injury resulting in paraplegia, and is refusing to eat. She is at risk for malnutrition, and a comprehensive nutritional assessment should be completed. As the Dietician, there are 3 key sets of issues to address in Molly's case. The initial area of concern is having adequate energy and nutrient intake to meet increased post-trauma requirements and to promote wound healing. The risk of anorexia is secondary to depression, head injury and/or SCI through an impaired gastro-vagal nerve function. Regarding Molly's trouble swallowing, we need a swallowing assessment to determine the degree of difficulty. She may require texture modification to diet and/or thickened fluids. Keeping Molly properly hydrated is also a key issue. Bowel functions present a risk of a paralyzed intestine, constipation and fecal impaction; she may require a modified fibre diet and increased fluid intake. Due to her fractured right arm - if Molly is right-handed - she may require modified eating utensils, which will be determined in the OT assessment.

There is also the risk of pressure ulcers, and finally, possible nutrient-drug and natural health product, or NHP-drug interactions. Components of the nutrition assessment will include: determination of height, weight, and body mass index; a physical nutrition assessment, including visible signs of wasting and/or loss of subcutaneous fat; biochemical assessment; energy requirements; calculating her protein requirements; determining of weight change post-trauma, considering fluid balance; previous diet history and weight history; and determining current nutrient intake. If we are unable to meet requirements with oral diet, we may need to consider nutrition support - tube feeding - if Molly consents.

15 INT. PORTRAIT - DAY

15

"Family Physician" on bottom left of screen. On "following information," split screen vertically in half with her on right and notes on left -"Family Physician Duties" on top of left side. Notes are as follows:

1. Support
2. Transition: hospital-community
3. Manage care: months/years
4. Clarify information/discrepancies
5. Plan for provision of care
6. Watch for depression/anniversary reactions

FAMILY PHYSICIAN

I have known Molly and her family for many years, through good times and bad. It is very hard to see the family going through this. I need to let Molly and her family know that I am there for them, for the full duration, to help them through the transition out of the hospital and back into the community and to provide care over the next months and years. I will assist with the coordination of other health professionals in the community. Molly will need complex care with ongoing help from a physiotherapist, occupational therapist, and a social worker. I will also be her health advocate in coordinating referrals to specialists in different areas of medicine. Once the immediate crisis settles, I'll plan for provision of usual care for an 18-year-old woman; things like sore throats, urinary

infections, birth control, and pap smears. I will review her medications for side effects and interactions because she will be prescribed many medications for pain control, bowel and bladder function, and muscle relaxation. I will be watching for depression and adverse reactions over the years to come.

16 INT. HOSPITAL ROOM - NIGHT

16

Just as it began, we end with a shot of the father and sister sitting beside Molly as she sleeps. Both of them are awake, holding onto each other for comfort. The scene freezes. After a beat the father unfreezes and looks into the camera.

FATHER

After hearing from all the health care professionals, we're still a little unclear about everything they can do to help Molly fully recover, and what full recovery really means. It is comforting to know that we have their empathy, understanding, and commitment to our daughter's well being. Although I have a better idea about their roles, I hope they will work together as a team for the best recovery possible. How they will work as a team - I am not sure. Right now Molly is alive, and we hope she will be okay, and that everyone will do everything they can to help her.

The father then freezes along with the rest of the scene. From a ceiling shot, we see Molly awake, unfrozen, looking into the camera.

MOLLY

I am totally overwhelmed. I can only imagine what all my future problems will be. But I have to focus on right now. Part of me wants to know what things will look like - and part of me does not.

THE END