

# The Case of the Resident Who Attended the Barbecue (BBQ)

Improving Skin Care and MDRO Prevention in Long-Term Care



## The Case

This case focuses on a 75-year-old resident with congestive heart failure, chronic lower extremity swelling, and discoloration consistent with chronic venous stasis. Following an outdoor BBQ, where he consumed high-sodium foods and was on his feet for a long time, the resident complained of soreness in both his lower extremities. Other than that he felt no different than usual, and his vitals were all within normal limits. The next day, his daughter visited him and was concerned about the swollen and discolored appearance of both her dad's legs. She asked for antibiotics to treat the infection.



## The Challenge

The nurse does not see any change in the skin discoloration of his legs from their baseline. She notes his legs are a little more swollen than normal but not far off from his baseline. His daughter is insistent on antibiotics, so the nurse pages the on-call doctor and asks him to start antibiotics for a skin infection. The doctor covering overnight is not familiar with the patient, so he orders a 7-day course of cephalexin. The resident develops diarrhea and nausea due to the cephalexin. A urine culture collected 2 months later unfortunately grows *E. coli*, which is resistant to cephalexin.

## The Error

A few errors occurred in this case. The nurse knew that the resident's daughter was not familiar with the chronic appearance of her father's legs. The nurse did not take the time to educate the daughter on other measures being taken to help reduce the swelling in his legs. The nurse also did not take the time to educate the daughter about the risks of starting antibiotics when they are not indicated. Finally, the provider did not take the time to ask more questions about the resident's condition before prescribing a full course of antibiotics.

## Knowledge Check Questions

### 1. How might the nurse have handled this situation differently?

- A. The nurse should have offered a more complete description to the covering provider, including that the resident has chronic venous stasis dermatitis affecting both lower extremities.
- B. The nurse should have taken the time to educate the resident's daughter about his condition and discuss the risks of starting antibiotics when they are not indicated.
- C. Both A and B.

### 2. How might the provider have handled this situation differently?

- A. The provider should have asked for a description of the resident's legs and asked more questions regarding the resident's baseline status.
- B. The provider should have told the nurse no.
- C. Neither A nor B.

## Rationale for Each Answer

### Rationale for question 1

The nurse should have offered a more complete description to the covering provider and taken the time to educate the daughter about the risks of starting antibiotics when they are not indicated. It often helps family members if the nurse describes other things the healthcare team is doing to help alleviate any tenderness in the resident's legs, such as making sure to keep the lower limbs elevated, applying emollient lotions, using compression stockings, and monitoring closely for any skin changes.

### Rationale for question 2

The provider should have requested more information about the resident's condition, including his most recent vitals and a description of the resident's legs, and asked if the changes were significant for the resident before prescribing a full course of antibiotics.

Answers to the Knowledge Check: 1-C; 2-A