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Life Care Plan

Adrianna Barrett

Projected Evaluations

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Rehabilitation Long-Term Needs Assessment	Beginning 32 6/2/08 Ending 32 6/2/08	1 X Only (Already accomplished.)	Assess Handicapping Conditions	Per Unit $0 - $0 Per Year		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 1

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs, with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs. *(IALCP – International Academy of Life Care Planners.)*

Through the development of a comprehensive Life Care Plan, a clear, concise, and sensible presentation of the complex requirements of the patient are identified as a means of documenting current and future medical needs for individuals who have experienced catastrophic injury or have chronic health care needs.

The goals of a comprehensive Life Care Plan are to: improve and maintain the clinical state of the patient; prevent secondary complications; provide the clinical and physical environment for optimal recovery; provide support for the family; and to provide a disability management program aimed at preventing unnecessary complications and minimizing the long-term care needs of the patient.

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Psychological Evaluation	Beginning 32 2008 Ending 65 2041	1 X / 2 Years (Change in frequency and end date.)	Evaluate Adrianna's needs and those of her family and formulate treatment plan.	Per Unit $330 - $340 Per Year	Unit cost represents a 2 hour evaluation. Peridoic evaluations and adjustments in treatment needed to address phase changes as Adrianna continues to become more aware and to assist with adjustment as children grow up.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) and Michael Lyons, 2

Twenty-seven percent of patients with TBI met the prerequisite number of criterion symptoms for a DSM-IV diagnosis of major depressive disorder. Feeling hopeless, feeling worthless and difficulty enjoying activities were the 3 symptoms that most differentiated depressed from nondepressed patients. Patients who were unemployed at the time of injury and who were impoverished were significantly more likely to report DSM-IV criterion A symptoms than patients who were employed, were students, or were retired due to age. Time after injury, injury severity and post-injury marital status were not significantly related to depression. Patients with TBI are at great risk for developing depressive symptoms. Findings provide empirical support for the inclusion of depression evaluation and treatment protocols in brain injury programs. Unemployment and poverty may be substantial risk factors for the development of depressive symptoms. *Source: Seel, R. T., Ph.D., Kreutzer, J.S., Ph.D., Rosenthal, M., Ph.D., Hammond, F. M.D., Corrigan, J., Ph.D., Black, K., M.D. Depression After Traumatic Brain Injury: A National Institute on Disability and Rehabilitation Research Model Systems Multicenter Investigation. Archives of Physical Medicine and Rehabilitation. Vo. 84, No. 2. Feb 2003. Pp. 177 - 191.*

The consequences of brain damage affect a family as well as the individual. Members of the family have several needs including: information; involvement; counseling and emotional support (trained counselors with experience in the problems associated with brain damage, peer group support, specialist groups, relatives organizations); recognition of the family's needs; and social administration/welfare support where there are financial, resource or legal implications. *Source: Andrews, Keith, Dr. (Chairman) Royal Hospital for Neuro-disability. International Working Party Report On The Vegetative State - 1996. Dec 5, 1996, 12:26. Copyright © Royal Hospital for Neuro-disability February 1996, 1997, 1998, 1999, 2000. From Coma Recovery Association, Inc.* www.comarecovery.org http://www.comarecovery.org/artman/publish/printer_ReportOnTheVegetativeState.shtml

Physical Therapy	Beginning 32 2008 Ending Life Exp.	2 X / Year for 10 years; then 1 X / year thereafter.	Assess needs and formulate physical therapy program.	Per Unit $90 - $150 Per Year	$180 - $300 / year for 10 years; then $90 - $150 / year thereafter. (Change in frequency)	Michael Lyons, M.D. 3

A prognosis of PT needs is the determination of the predicted optimal level of improvement in function and the amount of time needed to reach that level and may also include a prediction of levels of improvement that may be reached at various intervals during the course of therapy. During the prognostic process, the physical therapist develops the plan of care, which identifies specific interventions, proposed frequency and duration of the interventions, anticipated goals, expected outcomes and discharge plans. The plan of care identifies realistic anticipated goals and expected outcomes, taking into consideration the expectations of the patient/client and appropriate others. *Source: Head Injury - Anoxia - Impaired Motor Function and Sensory Integrity Associated with Nonprogressive Disorders of the CNS - Acquired in Adolescence or Adulthood. Guide to Physical Therapist Practice, Second Edition; American PT Association (APTA), Alexandria, VA, Pg. 357- 374, Rev. June 2003*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Occupational Therapy / Assistive Technology	Beginning 32 2008 Ending Life Exp.	2 X / Year for 10 years; then 1 X / year thereafter.	Assess therapy and equipment needs and formulate occupational therapy program.	Per Unit $90 - $150 Per Year	$180 - $300 / year for 10 years; then $90 - $150 / year thereafter. (Change in frequency)	Michael Lyons, M.D. 4

The referral basis for occupational therapy are impairments resulting from stroke that impede the patient's ability to function in activities of daily living, work and/or other productive or leisure activities. The underlying referral premise is that occupational therapy treatment will improve patient performance in one or more areas of functioning within a reasonable time period. The treatment intensity, frequency and duration begins in Acute Care Hospitals with 30 to 60 minute sessions, 5 to 6 times a week. In Subacute Care Units, therapy is provided 30 to 90 minutes per session, 5 to 6 times a week for one to three weeks, for 10 to 35 days. If the patient were sent to an Inpatient Rehabilitation Center, therapy would typically be provided for 90 to 120 minute sessions per day, 5 to 7 times a week for three to six weeks. If the patient is discharged to a nursing facility, they receive OT for 30 to 90 minute sessions, 3 to 5 times a week for 3 to 12 weeks or up to 6 months if they are seen less frequently. Therapy in the home care setting is provided 1 to 3 times per week for 1 to 6 months. Outpatient therapy is typically 60 to 90 minute sessions, 1 to 3 times a week for 1 to 6 months. Discharge from OT occurs when the patient has achieved goals, reaches a plateau in progress, is physically or psychologically unable to participate, is able to follow prescribed therapy program independently, or the patient no longer desires therapy. Rate of improvement varies by individual. Improvement primarily occurs within the first 6 months post stroke. Follow-up can be needed as a result from changes in functional status, living situation, workplace, caregiver or personal interests. *Source: The American Occupational Therapy Association, Inc.; Occupational Therapy Practice Guidelines: Stroke, Quick Reference; Copyright 1996; Bethesda, MD; 301-652-2682.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Speech Therapy	Beginning 32 2008 Ending 65 2041	2 X / Year for two years; then 1 X / year thereafter.	Assess speech therapy needs and formulate therapy program.	Per Unit $90 - $150 Per Year	$180 - $300 / year for 10 years; then $90 - $150 / year thereafter. (Change in frequency and end date.	Michael Lyons, M.D. 5

Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. Aphasia can be divided into four broad categories: 1. Expressive aphasia; 2. Receptive aphasia; 3. Anomic or amnesia aphasia; 4. Global aphasia. In most cases, language therapy should begin as soon as possible and be tailored to the individual needs of the patient. Rehabilitation with a speech pathologist involves extensive exercises in which patients read, write, follow directions and repeat what they hear. The outcome of aphasia is difficult to predict given the wide range of variability of the condition. Generally, people who are younger or have less extensive brain damage fare better. The location of the injury is also important and is another clue to prognosis. In general, patients tend to recover skills in language comprehension more completely than those skills involving expression. *Source: National Institute of Neurological Disorders and Stroke. National Institutes of Health, Bethesada, MD. NINDA Aphasia Page. Reviewed 3/21/2003; www.ninds.nih.gov/health_and_medical/disorders/aphasia.htm.*

Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Nutritional Evaluation	Beginning 32 2008 Ending Life Exp.	2-3 X / Year	Monitor nutritional needs to maintain skin integrety and health and make recommendations.	Per Unit $50 - $95 Per Year $145 - $218		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 6

Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

Agency for Health Care Policy and Research (now known as the Agency for Healthcare Research and Quality, AHRQ) (AHCPR, 1992) prevention recommendations: Manage nutrition: Consult a dietician and correct nutritional deficiencies by increasing protein and calorie intake and A, C, or E vitamin supplements as needed. Offer a glass of water with turning schedules to keep patient hydrated. Use lotion especially on dry skin on arms and legs twice daily. *Source; Ayello E.A. Preventing pressure ulcers and skin tears. In: Mezey M., Fulmer T., Abraham I., Zwicker D.A., editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 165-84.*

If a patient with wounds has undetected or untreated nutritional deficiencies, wound care may be even more compromised than usual in achieving a healing status. Wound dehiscence and poor healing after surgery has been correlated with Vitamin C and Zinc deficiency as well as hypoproteinemia. Impaired antibody production, decreased host resistance to infection, decreased white cell proliferative response and depression of skin reactivity to antigens have been associated with weight loss and decreased serum albumin in patients. If calorie-protein intake stops for 24 hours, collagen synthesis halts and wound healing is adversely affected. Vitamin C has been noted for years to be required for stable collagen synthesis that results in well healed wounds. Vitamin C is noted to be deficient after major trauma and requires replacement. It is also noted to be deficient in the population in some instances. Nutritional assessment can help identify individuals who are compromised and at risk for impeded wound healing. Nutritional assessment may be broken down into four basic components: 1) anthropometrics; 2) biochemical measures; 3) clinical data and health history; and 4) dietary history including intake data. An individual's calorie and protein needs may be determined and an appropriate nutrition care plan can be implemented and monitored. *Source: Nutrition in Wound Healing.* *http://woundhealer.com/e_nutrition/nutrition_in_wound_healing.htm*

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Augmentative Communication Evaluation	Beginning 37 2013 Ending Life Exp.	1 X / 4-6 Years (Initial eval already conducted in 2008.)	Assess her ability to make use of augmentative communication device.	Per Unit $450 - $600 Per Year	Additional assessments needed as she advances through phase changes to modify or adapt equipment.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 7

Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. Aphasia can be divided into four broad categories: 1. Expressive aphasia; 2. Receptive aphasia; 3. Anomic or amnesia aphasia; 4. Global aphasia. In most cases, language therapy should begin as soon as possible and be tailored to the individual needs of the patient. Rehabilitation with a speech pathologist involves extensive exercises in which patients read, write, follow directions and repeat what they hear. The outcome of aphasia is difficult to predict given the wide range of variability of the condition. Generally, people who are younger or have less extensive brain damage fare better. The location of the injury is also important and is another clue to prognosis. In general, patients tend to recover skills in language comprehension more completely than those skills involving expression. *Source: National Institute of Neurological Disorders and Stroke. National Institutes of Health, Bethesada, MD. NINDA Aphasia Page. Reviewed 3/21/2003; www.ninds.nih.gov/health_and_medical/disorders/aphasia.htm.*

The choices for Augmentative Communication include electronic communication devices or a non-electronic device. A number of factors must be considered prior to selecting a manual communication device over an electric one, or vice versa. Obviously, manual devices are primarily selected for their low cost and flexibility in design. Typically, the decision to use a manual board can be viewed as an introduction to an electronic device. Users of electronic devices should also be provided with manual communication systems, should electronic ones need repair or be unavailable. Many disabled individuals are best served through the implementation of a variety of systems (signs, pictures, electronic devices) as opposed to reliance on any one system. The user's skills will dictate the design of the system. *Source: Idaho Assistive Technology Project, (IATP), Augmentative Communication Information Sheet #12. Taken from Alternative and Augmentative Communication; Electronic Communication Devices: A Look at Features; and Manual Communication, all by Gilson Capilouto; Introducing Augmentative Communication: Interactive Training Strategies, by Caroline Musselwhite; and the Tech Use Guide from the Center for Special Education Technology.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Individual Counseling	Beginning 32 2008 Ending Life Exp.	1 X / week for 48 weeks after completion of rehab; then 4-6 X / year thereafter for crisis intervention.	Address adjustment issues, depression, anxiety and frustration along with offering supportive therapy.	Per Unit $120 - $125 Per Year	$5,760 - $6,000 for 48 sessions; then $490 - $735 / year. Stardard talk therapy may be difficult due to communication problems, but alternative methods of communication should help facilitate counseling sessions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) and Gabrielle Edel, 8

Twenty-seven percent of patients with TBI met the prerequisite number of criterion symptoms for a DSM-IV diagnosis of major depressive disorder. Feeling hopeless, feeling worthless and difficulty enjoying activities were the 3 symptoms that most differentiated depressed from nondepressed patients. Patients with TBI are at great risk for developing depressive symptoms. Findings provide empirical support for the inclusion of depression evaluation and treatment protocols in brain injury programs. Unemployment and poverty may be substantial risk factors for the development of depressive symptoms. *Source: Seel, R.T., Ph.D., Kreutzer, J.S., Ph.D., Rosenthal, M., Ph.D., Hammond, F. M.D., Corrigan, J., Ph.D., Black, K., M.D. Depression After Traumatic Brain Injury: A National Institute on Disability and Rehabilitation Research Model Systems Multicenter Investigation. Archives of Physical Medicine and Rehabilitation. Vo. 84, No. 2. Feb 2003. pages 177 - 191.*

Post-stroke depression has a clear-cut negative impact on quality of life, even in patients with mild to moderate deficits of stroke. This deterioration embracing most domains of quality of life, begins in the first months after stroke and does not improve during the first year. In addition to depression, being married seems to carry a risk for low quality of life in post-stroke patients in our present rehabilitation setting. These finding call for individually tailored, multidimensional rehabilitative approaches and support services provided by health care professionals and familial caregivers to improve quality of life post-stroke. *Source: Kauhanen, M, MD, PhD, Korpelainen, J, M.D., PhD, et. al. Domains and Determinants of Quality of Life After Stroke Caused by Brain Infarction. Archives of Physical Medicine and Rehabilitation. Volume 81, No. 12. December 2000. PP. 1541 - 1546.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Family Counseling and Education	Beginning 32 2008 Ending 49 2025	1 X / week for 6 months; then 2 X / month for 6 months; thereafter 4 - 6 X / year for support through children's development.	Provide adjustment counseling to children and parents and education regarding Adrianna's condition to assist in disability management.	Per Unit $120 - $125 Per Year	$4,560 - $4,750 for 38 sessions; then $490 - $735 / year. Youngest child born 9/20/04.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 9

While traumatic brain injury (TBI) can cause a variety of physical and neurobehavioral impairments, there is general agreement that cognitive and behavioral impairments are of the greatest significance for patient and family adjustment and eventual functional outcome. Source: Sherer, M., Novack, T., Sander, A., Struchen, M., Alderson, A., & Thompson, R. (2002). Neuropsychological assessment and employment outcome after traumatic brain injury: A review. *The Clinical Neuropsychologist, 16*(2), 157-178.

Family therapy sessions may provide the opportunity to implement changes in the family system that were deemed important already at the acute/inpatient stage. Family therapy sessions in the post-treatment phase may also assist the family in observing and reporting any disruptions in the family system. Finally, family therapy in the outpatient/home setting will provide the opportunity to make early changes in the family system as a result of disruptions in the family system. *Source: Laroi, F.: The family systems approach to treating families of persons with brain injury: a potential collaboration between family therapist and brain injury professional. Brain Injury, Vol. 17, No. 2, 175-187, 2003.*

Traumatic brain injury (TBI), in particular, confers substantial family stress, economic impact, and strain on relationships, with variation across sociocultural factors and over time. In many cases, however, family support and patient educational needs may not be fully met during recovery. After the child's traumatic event, parents reported feeling isolated and emotionally burdened by thoughts of helplessness, anger, and fear. Most parents in this study also experienced profound feelings of guilt because the injury occurred, particularly when they were not there at the time of the mishap. *Source: Aitken, M., Mele, N., & Barrett, K. (2004). Recovery of injured children: Parent perspectives on family needs. Archives of Physical Medicine and Rehabilitation, 85, 567-573.*

Physical Therapy	Beginning 32 2008 Ending Life Exp.	3X/week for 3 months; then included in rehab for 30-42 days; then 10 -12 sessions to transition out of rehab; then 4-6X/yr as part of training caregivers.	Intense therapy in preparation for inpatient rehab; then as part of rehab program; then long term to train caregivers in maintenance program.	Per Unit $100 - $120 Per Year	$3,900 - $4,680 for 39 sessions. After rehab $1,100 - $1,320 for 10 - 12 sessions; thereafter $440 - $660 / year. Current therapy schedule is 3 X / week to build strength in preparation for inpatient rehab. Duration of current therapy is estimated at this time.	Michael Lyons, M.D. 10

The frequency of visits and duration of the episode of care may vary from a short episode with a high intensity of intervention to a longer episode with a diminishing intensity of intervention. Frequency and duration may vary greatly among patients/clients based on a variety of factors that the PT considers throughout the evaluation process, such as anatomical and physiological changes related to growth and development; caregiver consistency or expertise; chronicity or severity of the current condition; living environment; multisite or multisystem involvement; social support; potential discharge destination; probability of prolonged impairment, functional limitation or disability; and stability of the condition. PT re-examination identifies ongoing patient/client needs and may result in recommendations for additional services, discharge or discontinuation of PT services. *Source: Head Injury - Anoxia - Impaired Motor Function and Sensory Integrity Associated with Nonprogressive Disorders of the CNS - acquired in Adolescence or Adulthood. Guide to Physical Therapist Practice, Second Edition; American PT Association (APTA), Alexandria, VA, Pg. 357- 374, Rev. June 2003.*

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Functional Electrical Stimulation and Ultrasound Therapy (Provided by Physical Therapy)	Beginning 32 2008 Ending 33 2009	2 X / week for 48 weeks (Change in frequency)	Improve muscle tone, prevent further atrophy and offer pain managment for right shoulder.	Per Unit $83 - $101 Per Year	Unit cost reflects total cost for both treatments. $7,968 - $9,696 for 96 sessions. (Electrical Stimulation $42 - $51 / session; Ultrasound Therapy $41 - $50 / session.)	Michael Lyons, M.D. 11

Neuromuscular electrical stimulation (NMES) is used to strengthen healthy muscle or to maintain muscle mass during or following periods of enforced inactivity, maintain or gain range of motion, facilitate voluntary motor control and temporarily reduce spasticity when the nerve supply to the muscle is intact. Neuromuscular stimulation is achieved by sending small electrical impulses through the skin to the underlying nerves and muscles to create an involuntary muscle contraction. Because the stimulation of nerves and muscles may be accomplished by electrical pulses this modality can help prevent disuse atrophy. Accordingly, incapacitated patients can receive therapeutic treatment to create involuntary muscle contractions thereby improving and maintaining muscle tone without actual physical activity. *Source: Neuromuscular Electrical Stimulation. Fallon Community Health Plan. Number: 200311-0005; Effective date: 11/1/2000; Revision date(s): 02/28/2006. http://www.fchp.org/NR/rdonlyres/50B823A6-3A65-44C3-A7AE-6C31A7B11A3E/0/NeuromuscularStimulation.pdf*

Occupational Therapy	Beginning 32 2008 Ending Life Exp.	2 X / week for 3 months; then included in rehab for 30-42 days; then 10-12 sessions to transition out of rehab; thereafter 4 - 6 X / year.	ıntense therapy in preparation for inpatient rehab, then as part of rehab program; then brief therapy to transition out of rehab and train caregivers; thereafter periodic maintenance and modification of program.	Per Unit $100 - $120 Per Year	$2,600 - $3,120 for 26 sessions. After rehab $1,100 - $1,320 for 10 - 12 sessions; thereafter $440 - $660 / year. Current therapy schedule is 2 X / week to build strength in preparation for inpatient rehab. Duration of current therapy is estimated at this time.	Michael Lyons, M.D. 12

The referral basis for occupational therapy are impairments resulting from stroke that impede the patient's ability to function in activities of daily living, work and/or other productive or leisure activities. The underlying referral premise is that occupational therapy treatment will improve patient performance in one or more areas of functioning within a reasonable time period. The treatment intensity, frequency and duration begins in Acute Care Hospitals with 30 to 60 minute sessions, 5 to 6 times a week. In Subacute Care Units, therapy is provided 30 to 90 minutes per session, 5 to 6 times a week for one to three weeks, for 10 to 35 days. If the patient were sent to an Inpatient Rehabilitation Center, therapy would typically be provided for 90 to 120 minute sessions per day, 5 to 7 times a week for three to six weeks. If the patient is discharged to a nursing facility, they receive OT for 30 to 90 minute sessions, 3 to 5 times a week for 3 to 12 weeks or up to 6 months if they are seen less frequently. Therapy in the home care setting is provided 1 to 3 times per week for 1 to 6 months. Outpatient therapy is typically 60 to 90 minute sessions, 1 to 3 times a week for 1 to 6 months. Discharge from OT occurs when the patient has achieved goals, reaches a plateau in progress, is physically or psychologically unable to participate, is able to follow prescribed therapy program independently, or the patient no longer desires therapy. Rate of improvement varies by individual. Improvement primarily occurs within the first 6 months post stroke. Follow-up can be needed as a result from changes in functional status, living situation, workplace, caregiver or personal interests. *Source: The American Occupational Therapy Association, Inc.; Occupational Therapy Practice Guidelines: Stroke, Quick Reference; Copyright 1996; Bethesda, MD; 301-652-2682.*

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Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. Aphasia can be divided into four broad categories: 1. Expressive aphasia; 2. Receptive aphasia; 3. Anomic or amnesia aphasia; 4. Global aphasia. In most cases, language therapy should begin as soon as possible and be tailored to the individual needs of the patient. Rehabilitation with a speech pathologist involves extensive exercises in which patients read, write, follow directions and repeat what they hear. The outcome of aphasia is difficult to predict given the wide range of variability of the condition. Generally, people who are younger or have less extensive brain damage fare better. The location of the injury is also important and is another clue to prognosis. In general, patients tend to recover skills in language comprehension more completely than those skills involving expression. *Source: National Institute of Neurological Disorders and Stroke. National Institutes of Health, Bethesada, MD. NINDA Aphasia Page. Reviewed 3/21/2003; www.ninds.nih.gov/health_and_medical/disorders/aphasia.htm.*

Once structural lesions have been excluded, the introduction of swallowing therapy for the treatment of dysphagia is appropriate at this point. Current strategies of swallowing therapy are modification of diet, swallowing posture, or swallowing technique. Modifications of swallowing technique are intended to strengthen weak oropharyngeal muscle groups, thereby improving their speed and range of movement, and/or to selectively modify the mechanics of the swallow to facilitate bolus flow and minimize aspiration. Application of swallowing therapies depends on videofluoroscopic definition of the relevant mechanism of dysfunction and examination of the short-term effects of therapeutic strategies designed to eliminate or compensate for that dysfunction. The strongest recommendation that can be made pertains to diet modification, with efficacy studies showing reduced risk of airway penetration and of aspiration pneumonia. Source: American Gastroenterological Association medical position statement on the management of oropharyngeal dysphagia. Gastroenterology 1999 Feb; 116(2):452-4. www.guidelines.gov/summary/summary.aspx?doc_id=3067&nbr=2293&string=Dysphagia

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Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Inpatient Rehabilitation Program	Beginning 32 2008 Ending 32 2008	30 to 42 days (Average length of stay per Shepherd Rehabilitation Hospital)	Provide comprehensive rehabilitation program on an inpatient basis.	Per Unit $1500 - $2500 Per Year	$60,000 - $84,000 for 30 to 42 days. (Per diem includes PT, OT, ST, Nursing and Room and Board.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP, Michael Lyons, M.D. and Destin Garrison, M.D. 14

The interdisciplinary brain injury team is comprised of medical and allied health professionals with specialized experience in TBI including: behavioral specialist, case manager, clinical psychologist, neurologist, neuro-ophthalmologist, neuropsychologist, neuroscience nurse, neurosurgeon, nurse, occupational therapist, neuro-optometrist, physical therapist, physiatrist, psychiatrist, rehabilitation counselor, social worker, speech/language pathologist, therapeutic recreation specialist, vocational rehabilitation counselor, and paraprofessional support staff such as medical technician, rehabilitation technician, rehabilitation assistant, life skills trainer, job coach and certified nursing assistant. *Source: Brain Injury Association of America. Traumatic Brain Injury in the United States: A Call for Public/Private Cooperation. The Board of Directors of the Brain Injury Association of America adopted this position statement in April 2007. The Association gratefully acknowledges Mark J. Ashley, ScD; Debra Braunling-McMorrow, PhD; Susan H. Connors; Wayne A. Gordon, PhD; and Tina M. Trudel, PhD for their work in preparing this statement. www.biausa.org*

Inpatient management is required for those with more severe and acute physical, cognitive and/or behavioral deficits. The focus is on issues such as PTA monitoring, retraining in activities of daily living, pain management, cognitive and behavioral therapies, pharmacological management, assistive technology (e.g. prescription wheelchairs and gait aids), environmental manipulation (e.g. installation of lifts, ramps and rails, and bathroom alterations), as well as family education and counseling. Most patients also require rehabilitation for associated trauma (e.g. fractures). People with catastrophic injury may need prescription of major equipment (e.g. hoists to facilitate patient transfer, modifications to cars such as special seating) and modifications to their home environment (e.g. bathroom modifications, grab rails, non-skid flooring). *Source: Khan, F.; Baguley, I. and Cameron, I. 4: Rehabilitation after traumatic brain injury. MJA (Medical Journal of Australia); 2003, 178 (6): 290-295.*

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Life Care Plan

Adrianna Barrett

Wheelchair Needs

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Customized Manual Tilt and/or Recline Wheelchair	Beginning 32 2008 Ending Life Exp.	1 X / 4-6 Years (Change in frequency)	Mobility and proper positioning	Per Unit $2700 - $4635 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 15

Tilt in Space is important for weight shifting, maintenance of balance, and upper body/neck strain relief in higher-level spinal cord injuries. Recline assists in cathing, dressing, transfers, etc. Utilized for comfort to rest and relax for individuals confined to the wheelchair from the time they rise in the morning until the time they retire to bed in the evening. Elevating Footrest helps alleviate swelling in the feet and increase circulation. Helpful to raise feet up over table legs and other obstructions such as the initial bump of a curb cut or ramp. *Source: Felling, Mark. Wheelchairs: Comparisons, Considerations, and Justifications. May 2004. http://www.markfelling.com/wheelchair_reviews.htm*

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New citing.)

Shower/Commode Tilt Wheelchair	Beginning 32 2008 Ending Life Exp.	1 X / 4 - 6 Years	Aid in bathing	Per Unit $2308 - $2714 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 16

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New citing.)

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Life Care Plan

Adrianna Barrett

Wheelchair Accessories and Maintenance

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
MAINTENANCE: *Manual Wheelchair*	Beginning 33 2009 Ending Life Exp.	1 X / Year (Change in begin date, frequency and cost.)	Maintain equipment	Per Unit Per Year $150	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP, Michael Lyons, M.D. and foundational research 17

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New citing)

Shower Wheelchair	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $150	Maintenance on equipment begins one year after each new item is purchased. (Change in cost.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 18
ACCESSORIES: *Wheelchair Carrying Pack*	Beginning 32 2008 Ending Life Exp.	1 X / 1-2 Years	Convenience in carrying personal items.	Per Unit $42 - $50 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 19
Portable Wheelchair Ramps	Beginning 32 2008 Ending Life Exp.	1 X / 10 Years	Accessibility	Per Unit $380 - $389 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 20
Wheelchair Lap Tray	Beginning 32 2008 Ending Life Exp.	1 X / 2-3 Years	Work activity site	Per Unit $0 - $0 Per Year	Included in the purchase of customized wheelchairs.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 21

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Life Care Plan

Adrianna Barrett

Wheelchair Accessories and Maintenance

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Wheelchair Cushion	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Positioning and support	Per Unit $315 - $319 Per Year	Unit cost is for one cushion. (Change from purchase of two cushions, to purchasing only one, due to elimination of power wheelchair.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 22
Cushion Covers	Beginning 32 2008 Ending Life Exp.	1 X / Year	Protect cushions	Per Unit $41 - $42 Per Year $41 - $42	(Change from purchase of two cushion covers, to purchasing only one, due to elimination of power wheelchair.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 23

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Life Care Plan

Adrianna Barrett

Orthotics/Prosthetics

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Bilateral Ankle Foot Orthoses	Beginning 32 2008 Ending Life Exp.	1 X / 4-6 Years	Facilitate weight bearing	Per Unit $1178 - $1600 Per Year	Estimated cost based on "The Podiatrist's Guide To Medicare Billing For Custom Fabricated Ankle-Foot Orthoses"	Michael Lyons, M.D. 24

In addition to lower-extremity spasticity management, bracing should be addressed. The most common lower-extremity brace used after stroke is the ankle-foot orthosis. Both speed of gait and energy consumption can be improved using an AFO. *Source: Bogey RA, Geis CC, Bryant PR, Moroz A, O'Neill BJ. Stroke and Neurodegenerative Disorders. 3. Stroke: Rehabilitation Management. Archives of Physical Medicine and Rehabilitation 2004; 85(3 Suppl 1):S15-20.*

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Life Care Plan

Adrianna Barrett

Orthopedic Equipment

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Wall Mounted Therapy Platform	Beginning 32 2008 Ending Life Exp.	1 X / 15 Years	Therapeutic exercise.	Per Unit $675 - $728 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 25
Replacement Mat for Platform	Beginning 36 2012 Ending Life Exp.	1 X / 3-4 Years, except year new platform purchased.	Maintain equipment	Per Unit $350 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 26
Power Tilt Table	Beginning 32 2008 Ending Life Exp.	1 X / 5-7 Years	Provide physical benefits of standing.	Per Unit $3187 - $3695 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 27
Maintenance of Tilt Table	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $319 - $370		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 28

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Life Care Plan

Adrianna Barrett

Home Furnishings and Accessories

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Hand Held Shower	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Aid in bathing	Per Unit $29 - $70 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 29
Tub and Toilet Safety Rails	Beginning 32 2008 Ending 32 2008	1 X Only	Safety aid	Per Unit $0 - $0 Per Year	Cost included in accessibility modifications of home. Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 30
Power Hospital Bed with Side Rails	Beginning 32 2008 Ending Life Exp.	1 X / 7 Years	Positioning and safety aid	Per Unit $1890 - $2050 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 31

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New Citing)

Maintenance of Power Bed	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $50 - $250	Maintenance on equipment begins one year after each new item is purchased. (Change in cost.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP, Michael Lyons, M.D. and foundational research 32

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New Citing)

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Life Care Plan

Adrianna Barrett

Home Furnishings and Accessories

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Geo Mattress Max	Beginning 32 2008 Ending Life Exp.	2 X / year	Memory foam mattress that delivers unsurpassed offloading of vulnerable areas.	Per Unit $523 - $731 Per Year $1046 - $1462	Change in mattress system as recommended by Dr. Lyons.	Michael Lyons, M.D. 33
Power Patient Lift	Beginning 32 2008 Ending Life Exp.	1 X / 7 Years	Lift aid	Per Unit $1999 - $2250 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 34

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New Citing)

Maintenance of Lift and Replacement Sling	Beginning 34 2010 Ending Life Exp.	1 X / 2 Years	Maintenance/ replacement sling	Per Unit $355 - $395 Per Year	Maintenance on equipment begins two years after each new item is purchased. Only recommended if Home Care Option chosen.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP, Michael Lyons, M.D.and foundational research 35

Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182). (New Citing)

IV Stand	Beginning 32 2008 Ending Life Exp.	1 X / 10 Years	Hold bags	Per Unit $159 - $252 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 36

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Life Care Plan

Adrianna Barrett

Home Furnishings and Accessories

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Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Aspirator / Suction	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Needed to perform oral suction to control secretions	Per Unit $300 - $329 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 37
Enteral Feeding Pump	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Pump used to provide gastrostomy feeding	Per Unit $880 - $1280 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 38
Maintenance Enteral Feeding Pump	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $88 - $128	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 39
Nebulizer	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Respiratory care	Per Unit $125 - $235 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 40
Residential Standby Generator	Beginning 32 2008 Ending Life Exp.	1 X / 5-7 Years	Back-up power to operate equipment during power failure	Per Unit $6000 - $8500 Per Year	Unit cost does not include the cost for an electrician to install the generator. Only recommended with home care options.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 41

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Life Care Plan

Adrianna Barrett

Home Furnishings and Accessories

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Maintenance of Generator	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $200 - $400	Maintenance on equipment begins one year after each new item is purchased. Only recommended with home care options.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 42

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Life Care Plan

Adrianna Barrett

Aids for Independent Function

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Adapted Clothing	Beginning 32 2008 Ending Life Exp.	1 X / Year	Ease in care	Per Unit Per Year $677	Amount based on allowance established by Veteran's Administration for disabled vets.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP based on allowance established by the Veterans Administration 43
Augmentative Communication Device	Beginning 32 2008 Ending Life Exp.	1 X / 4-6 Years	Assist Adrianna in verbally communicating.	Per Unit $2219 - $7395 Per Year	An assessment was conducted and Adrianna was found to be a good candidate for the use of augmentative communication. There is a wide variety of devices available. No specific piece of equipment was recommended in the report.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 44

The choices for Augmentative Communication include electronic communication devices or a non-electronic device. A number of factors must be considered prior to selecting a manual communication device over an electric one, or vice versa. Obviously, manual devices are primarily selected for their low cost and flexibility in design. Typically, the decision to use a manual board can be viewed as an introduction to an electronic device. Users of electronic devices should also be provided with manual communication systems, should electronic ones need repair or be unavailable. Many disabled individuals are best served through the implementation of a variety of systems (signs, pictures, electronic devices) as opposed to reliance on any one system. The user's skills will dictate the design of the system. *Source: Idaho Assistive Technology Project, (IATP), Augmentative Communication Information Sheet #12. Taken from Alternative and Augmentative Communication; Electronic Communication Devices: A Look at Features; and Manual Communication, all by Gilson Capilouto; Introducing Augmentative Communication: Interactive Training Strategies, by Caroline Musselwhite; and the Tech Use Guide from the Center for Special Education Technology.*

Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. Aphasia can be divided into four broad categories: 1. Expressive aphasia; 2. Receptive aphasia; 3. Anomic or amnesia aphasia; 4. Global aphasia. In most cases, language therapy should begin as soon as possible and be tailored to the individual needs of the patient. Rehabilitation with a speech pathologist involves extensive exercises in which patients read, write, follow directions and repeat what they hear. The outcome of aphasia is difficult to predict given the wide range of variability of the condition. Generally, people who are younger or have less extensive brain damage fare better. The location of the injury is also important and is another clue to prognosis. In general, patients tend to recover skills in language comprehension more completely than those skills involving expression. *Source: National Institute of Neurological Disorders and Stroke. National Institutes of Health, Bethesada, MD. NINDA Aphasia Page. Reviewed 3/21/2003; www.ninds.nih.gov/health_and_medical/disorders/aphasia.htm.*

Maintenance of Augmentative Communication Device	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $222 - $740	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 45

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Life Care Plan

Adrianna Barrett

Aids for Independent Function

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Environmental Control Unit	Beginning 32 2008 Ending Life Exp.	1 X / 4-6 Years	Allow Adrianna access to controlling her environment.	Per Unit $2895 - $6400 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 46

The loss of independence and control of one's environment can lead to low self-esteem and depression. Using an environmental control unit to increase independence and control can improve a person's self-esteem by allowing them to participate in every day living, school, work and leisure activities. This increased independence can reduce the need for a paid attendant, cut down on demands on the family and provide some much needed privacy for the individual with a disability. *Source: Lindstrom, Patti, OTR and Souri, Ghassan, MS, RE. Assistive Technology Program Rehabilitation Institute of Michigan. Everything You Need To Know About Environmental Control Units. CSUN 98 Papers. www.dinf.org/csun_98/csun98_048.htm*

Maintenance and Upgrade of Environmental Control Unit	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain equipment	Per Unit Per Year $290 - $640	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 47
Adaptive Switches	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Ease in operating augmentative communication device or environmental control.	Per Unit $147 Per Year	Jelly Bean Switches (2)- $86 for 2; Microlite Switch - $61	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 48
Universal Switch Mounting System	Beginning 32 2008 Ending Life Exp.	1 X / 5-7 Years	Mount switch for easy access.	Per Unit $195 - $210 Per Year		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 49

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Life Care Plan

Adrianna Barrett

Supplies

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Supplies	Beginning 32 2008 Ending Life Exp.	Annual Costs	Daily care	Per Unit Per Year $6873	Supply needs will be billed seperately in rehab and long term care. (Change in cost.)	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 50

Supplies are estimated based on information supplied by facility, physician orders, equipment usage, and diagnosis. They are subject to change with changes in her condition.
Lopez Valve (1 box of 50 / year) - **$230 / year**; Feeding Pump Bags - (12 cases of 30 / year) - **$1,524 / year;** Replacement gastrostomy tube (1 / month) - **$432 / year**; G-tube extension set (1 / week) - **$270 / year**; Gauze pads 4x4 (15 boxes of 50 / year) - **$94 / year**; Cotton Tipped Applicators 6" (2 boxes of 1000 / year) - **$19 / year**; Alcohol Prep Pads (1 box of 200 / month) - **$25 / year**; 60 cc Irrigation Syringe (4 / month) - **$98 / year**; Disposable gloves (12 cases of 1000 / year) - **$65 / year**; Tena Adult Briefs X-large (31 cases of 72 count / year) - **$1,798 / year**; Underpads (2 cases of 72 / month) - **$1,082 / year**; Wipes (1 package of 80 / week) - **$325 / year**; Lantiseptic Therapeutic Cream (2 8oz jars / month) - **$240 / year**; Cornstrach powder (1 22oz bottle / month) - **$60 / year**; Tongue blades (3 boxes of 100 / year) - **$12 / year**; Suction Catheters (2 cases of 50 / year) - **$36 / year**; Toothette Oral Swab (4 boxes of 250 / year) - **$25 / year;** Viraguard Disinfectant Cleaner (1 16oz. bottle / month - **$112 / year**; TED Anti-Embolism Stockings Knee High (14 pair / year) - **$250 / year**; Sheepskin Heel Protectors (6 pair / year) - **$176 / year.**

Nutritional Formula	Beginning 32 2008 Ending Life Exp.	Annual allowance (Billed seperately in rehab and long term care.)	Nutritional formula for G-tube feeding	Per Unit $100 - $144 Per Year $6100 - $8784	Ross Perative (40 mls / hour for 20 hours / day) 800 mls / day = approximately four 8 oz cans of formula / day. Annual amount would be approximately 61 cases of 24 cans / year @ $100 - $144 / case.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 51

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Life Care Plan

Adrianna Barrett

Medications

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Prescription Medications	Beginning 32 2008 Ending Life Exp.	Annual cost (Change in cost.)	As prescribed by physician	Per Unit $1156.19 Per Year $13874	Medication cost billed seperately in rehab and long term care. (Change in cost.)	As outlined within physician orders from skilled nursing facility. 52

Current medications include the following and are subject to change with changes in her condition: Miacalcin (Fortical) 200 unit Solution (1 spray in nostril daily) - 3.7 ml bottle / month @ **$123.32**; Potassium Chloride 10% (7.5 ml daily) - 225 ml / month @ **$11.99**; Singulair 5 mg (qd) - 30 / month @ **105.99**; Timolol Maleate 0.5% solution (1 drop in each eye daily) - 15 ml bottle / month @ **$18.99**; Phenytoin (Dilantin) 125mg/5ml suspension (8 mls bid) - 480 mls / month @ **$58.70**; Albuterol 0.83% / 3 ml vials (1 vial bid or q6hours prn) - 125 vials / month @ **$83.32**; Keppra 100mg/ ml (10 ml bid) - 600 mls / month @ **$393.84**; Periogard 0.12% Solution (Dip toothette bid and brush teeth) - one 437 ml bottle / month @ **$15.99**; Hydrocodone-Acetaminophen 5-500mg (q6hours) - 120 tablets / month @ **$27.96**; Paroxetine HCI (Paxil) 20 mg (qhs) - 30 tablets / month @ **$12.99;** Travatan 0.004% Solution (1 drop in each eye qhs) - 4 ml / month @ **$118.19;** Atropine Sulfate 1% Solution (1-2 drops subligual bid) - 1 15 ml bottle / month @ **$12.99**; Ibuprofen 400 mg (q6hours prn) - 120 / month @ **$27.94**; Warfarin Sodium (Coumadin) 5 mg (qd) - 30 / month @ **$13.99**; Ipratropium BR (Atrovent) 0.02% Sol. (1 vial bid) - 60 vials / month @ **$79.99**; Mirtazapine (Remeron) 15 mg (qd) - 30 / month @ **$50**.

Nonprescription Medications	Beginning 32 2008 Ending Life Exp.	Annual allowance	As recommended by treating physicians	Per Unit Per Year $2320	Non prescription medication billed seperately in rehab and long term care. The nonprescription medications listed reflect her current needs. (Change in cost.)	As outlined within physician orders from skilled nursing facility. 53

Current Nonprescription medications include: **(Note three items are listed with yearly cost, because the quantity needed or dispensed could not be broken down by month.)** Certagen Liquid (15 mls qd) - 2 8oz bottles / month @ **$13.40 total / month**; Protein Powder (2 scoops 4 X / day) - 2.1 lb can / month @ **$23.39 / month**; Maalox Liquid (30 ml q4hours prn) - 3 26oz bottles / month @ **$24.87 total / month**; OsCal 500+D (qd) - 3 bottles of 120 / year @ **$46.77 / year**; Seena Syrup (15mls every other day prn) - 3 74ml bottles / month @ **$13.77 total / month**; Artificial Tears (TheraTears Lubricant - Single Use Containers) (1 drop both eyes qid) - 8 boxes of 32 single use vials / month @ **$99.92 total / month**; Triple Antibiotic Ointment (apply qd) - One 1 oz tube / month @ **$7.49 total / month**; Ocean Nasal Spray (use as directed) - 1.5 fl. oz. / month @ **$4.49 total / month**; Debrox Earwax Drops (1 drop in each ear once weekly) - One 15ml bottle / year @ **$7.19 / year**; Tylenol 325 mg (2q6hours prn) - 4 bottles of 100 / year @ **$17.96 / year**.

Growth Trend To Be Determined By Economist.

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Life Care Plan

Adrianna Barrett

Home Care / Facility Care

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option #1 ***Home Care - Private Hire*** *Skilled Nursing Care*	Beginning 32 2008 / Ending Life Exp.	24 hour care (8,760 hours / year). To begin after 30 to 42 days in rehab.	Provide skilled nursing care for tube feeding, suctioning, respiratory care, etc.	Per Unit $20.41 / Per Year $178792	Plus cost of additional people in the home as noted below.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 54

The term "privately-hired" indicates that one hires the caregiver staff directly without the assistance of a home health agency. This is sometimes a less costly alternative, but it is more time intensive. To privately hire a caregiver staff one must advertise, interview, solicit background checks and maintain payroll and accounting. LPNs in Adrianna's geographical area earn a mean hourly wage of $16.33. *(Wage Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2007 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Jacksonville, Florida. www.bls.gov)* We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate would be $20.41.

Must also add in extra costs for another adult living in the home [food/utilities] = $3,150-$3,560/yr., Avg. $3,355. ***Cost of food data: U.S. Census Bureau, Statistical Abstract of the United States. (2004-2005). No. 711: Weekly Food Cost by Type of Family: 1990 and 2003. http://www.census.gov/prod/2004pubs/04statab/prices.pdf Cost of utilities data: U.S. Department of Commerce, Bureau of Economic Analysis. (February 2005). National Income and Product Accounts Table.***

Option #1 ***Home Care - Private Hire*** *Case Management*	Beginning 32 2008 / Ending Life Exp.	8 -10 hours per month (96- 120 hours / year)	Coordinate and oversee care	Per Unit $65 - $84 / Per Year $7152 - $8940		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 55

It is anticipated that in the private hire options, a case manager would be required at least 8-10 hours per month in order to maintain the private hire employees and the responsibilities attached thereto.

Option #1 ***Home Care - Private Hire*** *Interior/Exterior Home Maintenance*	Beginning 32 2008 / Ending Life Exp.	Regular weekly service	Maintain home and lawn (Assumes own home)	Per Unit / Per Year $7360 - $10100		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 56

Annual cost based on the following: Weekly lawn care at $40 to $50 per week, $2,080 to $2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees, $5,280 to $7,500 per year.
Sources: Lawn Care Business Information and Software. http://www.lawncare-business.com/, Nailing Down a Reliable Dial-a-Handyman Service. Real Estate Journal.com. The Wall Street Journal Guide to Property. http://www.realestatejournal.com/buildimprove/20050117-schechner.html

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Life Care Plan

Adrianna Barrett

Home Care / Facility Care

DOB: Feb 25, 1976
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Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option #1 ***Home Care - Private Hire*** *Homemaker/ House Keeper*	Beginning 32 2008 / Ending Life Exp.	Regular weekly service (Assumes own home)	Clean home, run errands, laundry, grocery shop, etc.	Per Unit $50 - $80 / Per Year $2600 - $4160		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP &Michael Lyons, M.D. 57

Sources: A Maid Service? Why Start a Maid Service? http://www.abiz4me.com/startpages2/whystart.htm. Maid Services of America. Empowering independent residential cleaners. http://www.maidservicesofamerica.com/startup.html

Option #2 ***Home Care - Agency Hire*** *Skilled Nursing Care*	Beginning 32 2008 / Ending Life Exp.	24 hour care (8,760 hours / year). To begin after 30 to 42 days in rehab.	Provide skilled nursing care for tube feeding, suctioning, respiratory care, etc.	Per Unit $23 - $34 / Per Year	$201,480 - $297,840 / year.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 58

The term "agency hired" refers to soliciting the services of a home health agency to provide a staff of caregivers. Hiring an agency is typically more expensive; however, they handle all of the interviewing, screening, maintenance of staff and accounting. One of the benefits of hiring an agency to provide a caregiver staff is that it is their responsibility to provide a replacement for regular staff in case of illness or inability to present to work.

Must also add in extra costs for another adult living in the home [food/utilities] = $3,150-$3,560/yr., Avg. $3,355. ***Cost of food data: U.S. Census Bureau, Statistical Abstract of the United States. (2004-2005). No. 711: Weekly Food Cost by Type of Family: 1990 and 2003. http://www.census.gov/prod/2004pubs/04statab/prices.pdf Cost of utilities data: U.S. Department of Commerce, Bureau of Economic Analysis. (February 2005). National Income and Product Accounts Table.***

Option #2 ***Home Care - Agency Hire*** *Case Management*	Beginning 32 2008 / Ending Life Exp.	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit $65 - $84 / Per Year $2682 - $3576		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 59

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option #2 ***Home Care - Agency Hire*** *Interior/Exterior Home Maintenance*	Beginning 32 2008 / Ending Life Exp.	Regular weekly service	Maintain home and lawn. Assumes own home.	Per Unit / Per Year $7360 - $10100		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 60

Annual cost based on the following: Weekly lawn care at $40 to $50 per week, $2,080 to $2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees, $5,280 to $7,500 per year.
Sources: Lawn Care Business Information and Software. http://www.lawncare-business.com/, Nailing Down a Reliable Dial-a-Handyman Service. Real Estate Journal.com. The Wall Street Journal Guide to Property. http://www.realestatejournal.com/buildimprove/20050117-schechner.html

Option #2 ***Home Care - Agency Hire*** *Homemaker/ House Keeper*	Beginning 32 2008 / Ending Life Exp.	Regular weekly service. Assumes own home.	Clean home, run errands, laundry, grocery shop, etc.	Per Unit $50 - $80 / Per Year $2600 - $4160		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 61

Sources: A Maid Service? Why Start a Maid Service? http://www.abiz4me.com/startpages2/whystart.htm. Maid Services of America. Empowering independent residential cleaners. http://www.maidservicesofamerica.com/startup.html

Option #3 ***Facility Placement*** *Skilled Nursing Facility*	Beginning 32 2008 / Ending Life Exp.	Room&Board and Nursing care. (All doctor fees, medications and supplies billed seperately.) To begin after 30 to 42 days in rehab.	Long term skilled nursing care.	Per Unit $160 - $195 / Per Year $58400 - $71175	Because of Adrianna's level of disability, she does not meet the criteria for placement in long-term care programs designed for people with brain injures. Placement in a skilled nursing facility is the only option other than home care program.	Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 62

NOTE: The economist should calculate an offset for room and board. This is a cost typically covered by wage loss. Thus it should not be included in the cost of a facility based program.

Option #3 ***Facility Placement*** *Supplemental Attendant Care (HHA)*	Beginning 32 2008 / Ending Life Exp.	12 hours / day (4,380 hours / year)	Provide one-on-one assistance and care not provided by nursing facility.	Per Unit $16 - $22 / Per Year $70080 - $96360		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 63

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option #3 ***Facility Placement*** *Case Management*	Beginning 32 2008 Ending Life Exp.	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit $65 - $84 Per Year $2682 - $3576		Paul M. Deutsch,Ph.D., C.R.C. CCM. CLCP, FIALCP & Michael Lyons, M.D. 64

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Future Medical Care Routine

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Primary Care Physician	Beginning 32 2008 Ending Life Exp.	1 X / month for one year; then 1 X / 2 months thereafter	Care required in addition to the routine care everyone requires.	Per Unit $40 - $118 Per Year $480 - $1416	$480 - $1,416 / year for one year; then $240 - $708 / year thereafter. (Change in frequency and cost.)	Destin Garrison, M.D. and Michael Lyons, M.D. 65

Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

Neurologist	Beginning 32 2008 Ending Life Exp.	2 X / Year	Monitor neurological deficits and seizure disorder	Per Unit $52 - $174 Per Year $104 - $348		Destin Garrison, M.D. and Michael Lyons, M.D. 66

Young children are more prone to early seizures, and adolescents and adults, to late seizures. The main risk factors for LPTSs (late post-traumatic seizures) are early seizures and depressed skull fracture. Severity of brain injury, as measured by a low GCS score, prolonged unconsciousness, and post-traumatic amnesia (PTA) without local brain lesion, should not be considered risk factor for LPTSs. Thorough follow-up of patients with TBI with seizures and adequate antiepileptic therapy may help attain rehabilitation goals and re-employment. *Source: Asikaine, I.; Kaste, M.; Sarna, S. Early and late post-traumatic seizures in traumatic brain injury rehabilitation patients: brain injury factors causing late seizures and influence of seizures on long-term outcome. Epilepsia. 1999; 40(5): 584-9 (ISSN: 0013-9580)*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Urologist	Beginning 32 2008 Ending Life Exp.	2 X / Year	Monitor urological system due to immobility.	Per Unit $123 - $353 Per Year $246 - $706	Unit cost includes urinalysis.	Michael Lyons, M. D. 67

Urinary Complications of Immobility: Lack of adequate fluids, bowel incontinence, immobility or decreased mobility, having a Foley catheter, and placement in a nursing home, all place the person at increased risk for developing cystitis. Cystitis (lower urinary tract infection) is caused when the normally sterile lower urinary tract is infected by bacteria and becomes inflamed. Cystitis is very common. Tests that may be done include: Urinalysis; Urine culture and abdominal ultrasound or KUB. *Source: Medical Encyclopedia. Urinary tract infection - chronic or recurrent. Medline Plus. Updated by: Daniel Levy, M.D., Ph.D., Infectious Diseases, Greater Baltimore Medical Center, Baltimore, MD. Review provided by VeriMed Healthcare Network. http://www.nlm.nih.gov/medlineplus/ency/article/000505.htm*

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Dentist	Beginning 32 2008 Ending Life Exp.	2 X / year in addition to the 2 X / year everyone should be seen.	Monitor per guidelines for enteral feeding.	Per Unit $85 - $115 Per Year $170 - $230		Michael Lyons, M. D. 68

Good oral hygiene should be maintained in patients with dysphagia, particularly in those with PEG or nasogastric (NG) tubes, in order to promote oral health and patient comfort. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

Practice Guidelines for Dental Care: Medications used for the treatment of systemic diseases can also influence risk for oral problems due to various side effects. Some medications can cause adverse oral effects such as salivary gland hypofunction (SGH), xerostomia, gingival overgrowth, lichenoid reactions, tardive dyskinesia (oral musculature movements) and problems with speech, swallowing and taste. Medications such as antipsychotics, antidepressants, tranquilizers, sedatives, diuretics, antihypertensives, anti-Parkinsonian agents, narcotic analgesics, anticonvulsants, antihistamines and antiemetics have the most severe dry mouth and SGH side effects. Low levels of saliva result in the oral environment becoming more acidic and together with decreased buffering capacity, result in dental caries. *Source: Oral hygiene care for functionally dependent and cognitively impaired older adults. Research Dissemination Core. Oral hygiene care for functionally dependent and cognitively impaired older adults. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center; 2002 Nov. 48 p. www.guidelines.gov*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physiatrist	Beginning 32 2008 Ending Life Exp.	Initial evaluation, then 2 X / year.	Monitor needs and make rehabilitation recommendations.	Per Unit $45 - $150 Per Year	Initial evaluation one time only at $120 - $350; then $90 - $300 / year.	Michael Lyons, M. D. 69
Podiatrist	Beginning 32 2008 Ending Life Exp.	6 - 8 X / Year	Monitor and treat bilateral foot drop and chronic nail issues	Per Unit $30 - $75 Per Year $315 - $420		Michael Lyons, M. D. 70
Gastroenterologist	Beginning 32 2008 Ending Life Exp.	4 X / Year	Monitor gastrostomy and nutrition.	Per Unit $30 - $171 Per Year $120 - $684		Michael Lyons, M. D. 71

Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

Pulmonologist	Beginning 32 2008 Ending Life Exp.	2 X / Year	Monitor airway and respiratory needs.	Per Unit $65 - $200 Per Year $130 - $400		Michael Lyons, M. D. 72

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Ophthalmologist	Beginning 32 2008 Ending Life Exp.	1 X / Year (Change in frequency)	Monitor eye health secondary to difficulties with eye closure and blinking	Per Unit $65 - $140 Per Year $65 - $140		Michael Lyons, M. D. 73
Orthopedist	Beginning 32 2008 Ending Life Exp.	Initial evaluation and 1 X / year thereafter	Evaluate orthopedic pain complaints and monitor needs.	Per Unit $220 - $547 Per Year	To include the cost of right shoulder x-rays	Michael Lyons, M. D. 74
Pain Management Specilaist	Beginning 32 2008 Ending 32 2008	Initial evaluation, the need for further treatment to be determined.	Evaluate chronic pain issues.	Per Unit $200 - $250 Per Year		Michael Lyons, M. D. 75
Psychiatrist	Beginning 32 2008 Ending Life Exp.	4 x / year for 2 years; then 1 X / year thereafter.	Monitor medications, as she is currently on Paxil.	Per Unit $100 - $200 Per Year	$400 - $800 / year for 2 years; then $100 - $200 / year thereafter.	Michael Lyons, M. D. 76

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Neurosurgeon	Beginning 32 2008 Ending Life Exp.	Periodically for a total 5 to 10 times over the course of life.	Evaluate and monitor VP Shunt.	Per Unit $250 - $400 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 77

In most cases of shunt malfunction, the diagnosis is obvious because of the overt signs of elevated intracranial pressure, including headaches, vomiting and lethargy. This mode of presentation occurs in approximately 70% of shunted children. The other 30%, however, may present with more subtle signs of deterioration, with neuropsychologic, cognitive and behavioral symptoms heralding their shunt dysfunction. When a shunt malfunction is suspected, the first step is to determine the site of the malfunction. Workup should begin with a CT scan or MRI scan to compare the ventricular size and show the most definitive signs of a malfunction: interval enlargement of the ventricles. A shunt series should also be done to look for continuity of the shunt, optimal placement of the shunt catheter or a distal shunt problem such as a short distal shunt. *Source: Fried, Arno H., M.D., Epstein, Mel H., M.D. Childhood Hydrocephalus: Clinical Features, Treatment, and the Slit-Ventricle Syndrome. Treatment of Hydrocephalus: Shunts. http://virtualtrials.com/shunts.cfm*

Routine Pathology Lab Work	Beginning 32 2008 Ending Life Exp.	See individual testing. (Change in frequency and cost.)	Monitor functions	Per Unit Per Year $1744 - $2196	Comprehensive Metabolic Panel: $68-$87 (2 X / year); CBC: $40-$49 (2 X / year); Liver Functions: $28-$36 (4X/year); Urinalysis: $23-$38 (4 X / year); Dilantin levels: $104-$132 (6X/year); Urine Culture: $52-$68 (4 X / year); PT/INR: $26-$32 (1 X / month); Draw Fee - $15 (1 X / month).	Michael Lyons, M. D. and Destin Garrison, M.D. 78

Monitoring for Complications of Enteral Feeding

1. Malnourished patients at risk for refeeding syndrome should have serum phosphorus, magnesium, potassium, and glucose levels monitored closely at initiation of specialized nutrition support.
2. In patients with diabetes or risk factors for glucose intolerance, specialized nutrition support should be initiated with a low dextrose infusion rate and blood and urine glucose monitored closely.
3. Blood glucose should be monitored frequently upon initiation of specialized nutrition support, after any change in insulin dose, and until measurements are stable.
4. Serum electrolytes (sodium, potassium, chloride, and bicarbonate) should be monitored frequently upon initiation of specialized nutrition support until measurements are stable.
5. Patients receiving intravenous fat emulsion should have serum triglyceride levels monitored until stable and when changes are made in the amount of fat administered.
6. Liver function tests should be monitored periodically in patients receiving parenteral nutrition.
7. Bone densitometry should be performed upon initiation of long-term specialized nutrition support and periodically thereafter.
8. Postpyloric placement of feeding tubes should be considered in patients at high risk for aspiration who are receiving enteral nutrition.

Source: Access for administration of nutrition support. JPEN J Parenter Enteral Nutr 2002 Jan-Feb;26(1 Suppl):33SA-41SA.

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Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Chest X-rays	Beginning 32 2008 Ending Life Exp.	1 X / year to age 55; then 2 X / year. (Change in frequency)	Monitor lungs	Per Unit $142 - $200 Per Year		Michael Lyons, M. D. 79

Chest films are frequently ordered to diagnose or rule out pneumonia. Other pulmonary disorders such as emphysema or pneumothorax (presence of air or gas in the chest cavity outside the lungs) may be detected or evaluated through the use of chest x ray. *Source: Morris, Teresa, RN. Chest X-ray. Caremark Health Resources. healthresources.caremark.com*

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Shunt Series	Beginning 32 2008 Ending Life Exp.	1 X / 2-3 Years	Monitor shunt function	Per Unit $376 - $502 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 80

Shunt Malfunction and Revisions:
Upon suspect malfunction workup should begin with:
o CT scan or MRI to compare the ventricular size.
o A shunt series should be done
Source: Clinical Trials and Noteworthy Treatments for Brain Tumors: Treatment of Hydrocephalus: Shunts. Childhood Hydrocephalus: Clinical Features, Treatment and the Slit-Ventricle Syndrome. Arno H. Fried, MD, Mel H. Epstein, MD, abstract, sponsored by Cleveland Clinic Brain Tumor Institute.

When a shunt malfunction is suspected, the first step is to determine the site of the malfunction. Workup should begin with a CT scan or MRI scan to compare the ventricular size and show the most definitive signs of a malfunction: interval enlargement of the ventricles. A shunt series should also be done to look for continuity of the shunt, optimal placement of the shunt catheter or a distal shunt problem such as a short distal shunt. *Source: Fried, Arno H., M.D., Epstein, Mel H., M.D. Childhood Hydrocephalus: Clinical Features, Treatment, and the Slit-Ventricle Syndrome. Treatment of Hydrocephalus: Shunts. http://virtualtrials.com/shunts.cfm*

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Life Care Plan

Adrianna Barrett

Future Medical Care Aggressive Treatment

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Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Renal System Diagnostics	Beginning 32 2008 Ending Life Exp.	See individual test (Change in frequency.)	Monitor renal system due to immobility	Per Unit Per Year	Renal ultrasound - $595 (1 X / year); Bladder ultrasound - $598 (1 X / 10 years); and Cystoscopy- $486 - $936 (1 X / 10 years)	Michael Lyons, M. D. and Destin Garrison, M.D. 81

Urinary Complications of Immobility: Lack of adequate fluids, bowel incontinence, immobility or decreased mobility, having a Foley catheter, and placement in a nursing home, all place the person at increased risk for developing cystitis. Cystitis (lower urinary tract infection) is caused when the normally sterile lower urinary tract is infected by bacteria and becomes inflamed. Cystitis is very common. Tests that may be done include: Urinalysis; Urine culture and abdominal ultrasound or KUB. *Source: Medical Encyclopedia. Urinary tract infection - chronic or recurrent. Medline Plus. Updated by: Daniel Levy, M.D., Ph.D., Infectious Diseases, Greater Baltimore Medical Center, Baltimore, MD. Review provided by VeriMed Healthcare Network. http://www.nlm.nih.gov/medlineplus/ency/article/000505.htm*

Electroencephalogram	Beginning 32 2008 Ending Life Exp.	1 X / Year for 3 years; then 1 X / 3-5 years thereafter.	Monitor seizure activity.	Per Unit $415 - $1503 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 82
Electrocardiogram	Beginning 32 2008 Ending Life Exp.	1 X / Year	Monitor cardiac functioning.	Per Unit $131 - $415 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 83

Growth Trend To Be Determined By Economist.

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Life Care Plan

Adrianna Barrett

Future Medical Care Aggressive Treatment

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
MRI of Brain	Beginning 32 2008 Ending Life Exp.	1 X / 3 Years	Monitor brain injury	Per Unit $1050 - $3379 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 84

Shunt Malfunction and Revisions:
Upon suspect malfunction workup should begin with:
o CT scan or MRI to compare the ventricular size.
o A shunt series should be done
Source: Clinical Trials and Noteworthy Treatments for Brain Tumors: Treatment of Hydrocephalus: Shunts. Childhood Hydrocephalus: Clinical Features, Treatment and the Slit-Ventricle Syndrome. Arno H. Fried, MD, Mel H. Epstein, MD, abstract, sponsored by Cleveland Clinic Brain Tumor Institute.

When a shunt malfunction is suspected, the first step is to determine the site of the malfunction. Workup should begin with a CT scan or MRI scan to compare the ventricular size and show the most definitive signs of a malfunction: interval enlargement of the ventricles. A shunt series should also be done to look for continuity of the shunt, optimal placement of the shunt catheter or a distal shunt problem such as a short distal shunt. *Source: Fried, Arno H., M.D., Epstein, Mel H., M.D. Childhood Hydrocephalus: Clinical Features, Treatment, and the Slit-Ventricle Syndrome. Treatment of Hydrocephalus: Shunts. http://virtualtrials.com/shunts.cfm*

Bone Density Scan	Beginning 32 2008 Ending Life Exp.	1 X / 3-4 Years	Monitor for complications associated with Enteral feeding.	Per Unit $489 - $692 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 85

Bone densitometry should be performed upon initiation of long-term specialized nutrition support and periodically thereafter. *Source: Access for administration of nutrition support. JPEN J Parenter Enteral Nutr 2002 Jan-Feb;26(1 Suppl):33SA-41SA.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Video Swallow Study	Beginning 32 2008 Ending Life Exp.	2 - 4 times over the course of life expectancy.	Assess swallow function.	Per Unit $496 - $594 Per Year		Michael Lyons, M. D. and Destin Garrison, M.D. 86

When oropharyngeal dysphagia has an attributable cause, a modified barium swallow may be performed with the assistance of a speech therapist. *Source: American College of Radiology (ACR), Expert Panel on Gastrointestinal Imaging. Imagining recommendations for patients with dysphagia. Reston (VA): American College of Radiology (ACR); 2001. 6p. (ACR appropriateness criteria).* *www.guidelines.gov/summary/summary.aspx?doc_id=3259&nbr=2485&string=Dysphagia*

Bilateral Achilles Tendon Release	Beginning 32 2008 Ending 32 2008	1 X Only (Estimated pending recommendation from treating physician.)	Treatment of bilateral foot drop. (Short Achilles tendons and bilateral foot drop discussed by NIcholas Tavish in a report dated 3/10/08 within Sunny Acres records.)	Per Unit Per Year	Surgeon's fee and anesthesia $3,784 - $5,228 (2007 dollars); Hospital charges $16,566 - $23,180 (2006 dollars) Economist should adjust.	Based on report from Nicholas Tavish DPM. within Sunny Acres Nursing Home records from 9/27/07 - 5/7/08, Michael Lyons, M. D. 87

Stroke results in injury to the upper motoneurons. This injury may result in spasticity, which is defined as a velocity-dependent increase in resistance to muscle stretch. The "stepped" approach to managing spasticity is a guideline that recommends using the least invasive treatments initially then progressing, in sequence, to more invasive interventions.

1. Remove nociceptive input.
2. Begin therapeutic modalities.
3. Introduce oral mediations.
4. Give focal injections.
   a. Perform neuromuscular blocks (motor point blocks).
   b. Provide chemoneurolysis (nerve block).
5. Provide surgical intervention.
   a. Place an intrathecal pump (i.e. Baclofen).
   b. Perform tendon lengthening or release procedures.
   c. Do a tendon transfer.

Source: Bogey RA, Geis CC, Bryant PR, Moroz A, O'Neill BJ. Stroke and Neurodegenerative Disorders. 3. Stroke: Rehabilitation Management. Archives of Physical Medicine and Rehabilitation 2004; 85(3 Suppl 1):S15-20.

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Life Care Plan

Adrianna Barrett

Future Medical Care Aggressive Treatment

DOB: Feb 25, 1976
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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
VP Shunt Revisions	Beginning 33 2009 Ending unknown	Estimate 1 X / 5-7 years. (Begin date is estimated. Adrianna has had multiple shunts and multiple shunt revisions since 2004.)	Treatment for shunt malfunctions as problems arrise.	Per Unit Per Year	Physician fees and anesthesia: $6,861 - $9,544 (2007 dollars) and Hospital charges: $24,698 - $43,380 (2006 dollars). Economist should adjust.	Michael Lyons, M. D. 88

Most cases of shunt malfunction are due to occlusion of the proximal ventricular catheter. In these instances palpation of the shunt will show a valve that is slow to refill, or does not refill at all coupled with an imaging scan which shows ventricles large enough so that if the shunt were working properly, the valve should have refilled promptly. Infection is an important cause of shunt malfunction. In cases where a suspected distal malfunction is present, the majority of this type of malfunction is due to a shunt infection(32). A preoperative CSF specimen from a shunt tap should be obtained to exclude this possibility. During shunt revisions an important principle is that the entire shunt system should be prepared and draped at the time of surgery, since unknown factors may become apparent in the course of a revision. The more proximal system can be tested by insuring free flow of CSF, whereas the more distal system can be tested by runoff using a manometer. *Source: Fried, Arno H., M.D., Epstein, Mel H., M.D. Childhood Hydrocephalus: Clinical Features, Treatment, and the Slit-Ventricle Syndrome. Treatment of Hydrocephalus: Shunts. http://virtualtrials.com/shunts.cfm*

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Life Care Plan

Adrianna Barrett

Transportation

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Adapted Van with Wheelchair Lift and Tie Down	Beginning 32 2008 Ending Life Exp.	1 X / 5-7 Years	Transportation	Per Unit $50500 - $56000 Per Year	Only recommended if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and Michael Lyons, M. D. 89

NOTE: Trade-in value to be determined by economist. For information purposes, the average cost of a typical family car in the U.S. is $28,450 (2006 dollars). This should be subtracted from the price of the van.

Adaptive Accessories Maintenance	Beginning 33 2009 Ending Life Exp.	1 X / Year	Maintain Equipment	Per Unit Per Year $300 - $400	Maintenance on equipment begins one year after each new item is purchased. Only recommended if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and Michael Lyons, M. D. 90
American Automobile Association Membership	Beginning 32 2008 Ending Life Exp.	Annual cost	Emergency roadside assistance.	Per Unit Per Year $64 - $96	Only recommended if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and Michael Lyons, M.D. 91

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Life Care Plan

Adrianna Barrett

Architectural Renovation(s)

DOB: Feb 25, 1976
D/A: Sep 20, 2004
Date Prepared: Nov 13, 2008
Primary Disability: Acquired Brain Injury

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Architectural Renovations	Beginning 32 2008 Ending 32 2008	1 X Only	Accessibility	Per Unit $50000 Per Year	Only recommended fif Home Care Option chosen. (New note)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and Michael Lyons, M.D. 92

Modifications/Architectural Renovations, according to Moreo Brothers, includes the following:
Minimal modifications can average $6,000 - $10,000. This would include: Roll-in shower, personal shower head with 6' hose, anti-scald device, grab bars, handicap toilet, slip-resistant floor tile and 36" doorway. **More extensive modifications can average $8,000 - $14,000.** This would include the above items plus: Enlargement of bathroom size to accommodate wheelchair turning radius (best accomplished if a walk-in closet adjoins the bathroom), roll-under vanity sink with lever or single-pull faucets, lowered mirror over the sink, insulated pipes to prevent leg burns, additional lighting, accessible towel bars, soap dish and toilet paper dispenser. Accessible design that is implemented at the time architectural plans are drawn for a single-family home can be provided in a cost-effective manner that is also aesthetically appropriate. For example, new single-family home blueprints can include 36" doorways with lever handle hardware; support backing placed in the walls of bathrooms for present/future grab bars; low-incline concrete walkways to eliminate steps at the front & rear entries; accessible electrical switches & lighting; curbless, roll-in showers; and other significantly important accessibility features for the existing or potential needs of homeowners. **On average, the cost to build a fully accessible single-family home in the U.S. is approximately 8% - 12% of the total cost of "standard" construction.**
(1) Moreo, James, *Moreo Construction,* 1820 SW 100 Ave., Miramar, FL 33025 (954) 432-4999;
(2) Moreo, Nick, *Moreo Construction,* 130 NW 72nd Terrace, Pembroke Pines, FL 33024 (954) 435-6749;
(3) Moreo, Roy, *Moreo Construction,* 46 Meadow Lake Circle N., Lake Placid, FL 33852 (941) 699-5968.

An additional source to use, and one which should be used by the economist if no specific house evaluation has been accomplished, is the $50,000 grant the Department of Veteran's Affairs allows for accessibility requirements for disabled veterans.

Growth Trend To Be Determined By Economist.