

Life Care Plan

Henry Dandelion

November 1, 2015

Prepared by:

Patricia Cline, LCSW, CCM, CLCP, C-ASWCM, NCG
Expert Lifecare Manager

Shay Jacobson, RN, MA, NMG, LNCC, CNLCP
Expert Lifecare Manager
President, Lifecare Innovations

Table of Contents

Synopsis	p. 2
Sources of Information	p. 2
Lifecare Innovations	p. 2
Goals of the Life Care Plan	p. 3
Life Expectancy and Cost Considerations	p. 3
Medical Issues	p. 4
Medical Record Overview	p. 4
Green Hospital	p. 4
Yellow Hills Health and Rehabilitation Center	p. 5
Rehabilitation Institute of Townsville	p. 6
St. Sapphire Medical Center	p. 7
Home Visit Observations & Findings	p. 8
Clinical Interviews Setting & Observations	p. 8
Medical Issues Discussion	p. 8
Current Service Providers	p. 10
Medications	p. 10
Nutritional Status & Issues	p. 12
Physical Status	p. 12
Skin Integrity	p. 12
Sleep	p. 13
Activities of Daily Living	p. 13
Instrumental Activities of Daily Living	p. 16
Equipment/Services Needed	p. 18
Cognitive Status	p. 18
Psychosocial & Emotional Issues	p. 18
Family Issues	p. 19
Caregiver Issues	p. 19
Vocational Issues	p. 19
Environmental & Equipment Observations	p. 19
Financial Issues	p. 23
Summary	p. 23
Life Care Plan Cost Projections	Appendix A

Synopsis:

Lifecare Innovations was contacted by Sienna and Evergreen and asked to provide consultative services including production of a Life Care Plan regarding Mr. Henry Dandelion. Henry's date of birth is April 11, 1935; he is currently 79 years old. Henry is afflicted with cauda equine syndrome; a neurological condition characterized by sensorimotor loss, and has been diagnosed with paraplegia, neurogenic bladder, and neurogenic bowel. Henry's sensorimotor issues manifest in numerous deficits including mobility and self-care. The onset of Henry's condition was following a surgical procedure on May 20, 2011. Henry went into the surgery with intact bladder and bowel function and mobility that was affected by back pain. After surgery Henry had lost bladder and bowel control as well as sensation in his lower extremities. Henry resides with his wife in their Carrot, Illinois community home.

Sources of Information:

Data in the Life Care Plan is based upon: review of available hospital, rehabilitation, and related medical records; review of legal pleadings; information obtained during the meetings and clinical interviews with Henry Dandelion and his spouse Carol Dandelion at their home; review of the home environment and equipment and cost research. Cost for local goods and services were obtained via survey of vendors and accessing online data. Cost information was obtained from current treating providers or suppliers when possible.

Records reviewed in conjunction with this report include:

- Green Hospital
- Yellow Hills Health and Rehabilitation Center
- Rehabilitation Institute of Townville
- St. Sapphire Hospital

Lifecare Innovations reserves the right to amend or revise the Life Care Plan in the event that new or additional information becomes available.

Lifecare Innovations:

Lifecare Innovations (LCI) is the core company founded and managed by Ms. Shay Jacobson which is staffed with licensed clinical social workers, licensed clinical professional counselors, and registered nurses. The company creates and implements plans of care for individuals of all ages with disabilities. At times the company is also requested to revise plans created by other entities in order to make them user-friendly, to have a greater ease of implementation, and to subsequently put the plans into action.

Shay Jacobson, a registered nurse, served in a variety of nursing roles in home care, nursing homes, hospitals, and infusion therapy settings in the 30 years prior to founding Lifecare Innovations. Her past roles include clinical staff nurse, clinical nurse specialist, nurse educator, nurse manager, and nursing home administrator. She has remained an active participant in continuing education activities and is also active within professional provider organizations. Ms. Jacobson is a member of the National Association of Professional GeriatRIT Care Managers and National Guardianship Association where

she served on the National Board for two years. She holds the designation of Master Guardian through the Center on Guardianship Certification, a designation held by less than 70 individuals nationally. She is also a member of the Education and Planning Committee for the Illinois Institute of Continuing Legal Education and John Marshall Law School. Ms. Jacobson is also a Legal Nurse Consultant Certified through the AmeRITan Association of Legal Nurse Consultants and a Certified Nurse Life Care Planner. She is a prolific speaker and LCI is an approved provider of continuing education programs for nurses, social workers, and nursing home administrators.

PatRITia Cline, a licensed clinical social worker, has been an employee of Lifecare Innovations for over thirteen years and has held positions of increasing responsibility during her tenure. In addition to Illinois social work licensure, Ms. Cline is a credentialed social worker in Wisconsin, a certified case manager through the Commission on Case Manager Certification, a certified advanced social work case manager through the National Association of Social Workers and a certified guardian through the Center on Guardianship Certification. Ms. Cline is also a certified life care planner and a certified Medicare set-aside consultant through the International Commission on Health Care Certification. Ms. Cline served in a variety of social work and case management roles prior to joining LCI in settings including acute care hospital, rehabilitation hospital, nursing home, and home care agency. She is a member of the National Association of Social Workers, National Guardianship Association, and National Association of Professional GeriatRIT Care Managers.

Ms. Jacobson and Ms. Cline have extensive experience in working with attorneys, fiduciaries, and the court systems in multiple Illinois County Courts, as well as in the court systems of various other state jurisdictions. Real world experience with clients is the core business of LCI. Their work includes implementing Life Care Plans; drafting of reports for fiduciaries, courts, and families, as well as training other professionals in theoretical underpinnings and best practice standards.

Goals of the Life Care Plan: The 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 along with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs. The Life Care Plan is intended to be a tool for future planning that analyzes and addresses concerns related to catastrophic injury in a methodical fashion. The goals of the plan include maximizing function and minimizing occurrence of complications through provision of optimal care. The plan is not a geneRIT product but rather is conceptualized and developed to meet the needs of the specific individual.

Life Expectancy and Cost Considerations:

LCI has utilized the life expectancy remaining years figure of 10 years in calculations as per request of the referring attorney's office. This figure was obtained from Table #1 of the United States Life Tables 2009, as published in the U.S. Centers for Disease Control and Prevention, National Vital Statistics System Reports, Vol. 62, No. 7, dated

January 6, 2014. The table provides a life expectancy for individuals between 79 and 80 years of age of 9.7 residual years, which was rounded to 10 for calculation purposes.

Costs in the Life Care Plan reflect current market figures in U.S. dollars and have not been adjusted for inflation. If present value or other economic consideration is desirable then consultation with a qualified economist is recommended.

Medical Issues:

Medical Records Overview: LCI staff received and reviewed medical records that detail Henry's medical and rehabilitation care including documents from:

- Green Hospital, Cityville, Indiana
- Yellow Hills Health and Rehabilitation Center, Ann Arbor, Michigan
- Rehabilitation Institute of Townville, Townville, Illinois
- St. Sapphire Medical Center, Turquoise, Indiana

Green Hospital: Henry was admitted to Green Hospital and underwent surgery on May 20, 2011. His pre-operative and post-operative diagnoses included degenerative spondylolisthesis, flat back deformity, and spinal stenosis L3-L4 and L4-L5 with extraforaminal disc herniation at L3-L4 left side. Dr. Elliot Tangerine performed the surgical procedure described as transpedicular instrumentation, fusion, correcting the flat back deformity and interbody fusion L3-L4, L4-5. Post-operatively on May 20th Henry is noted as "doing fine" and also as complaining of incisional pain. On May 28th oral surgery notes that a loose metal crown was removed by anesthesia and was unable to be replaced. On May 29th urinary retention was noted when the foley catheter was removed, resulting in the catheter being re-inserted with plans for removal when Henry was stronger.

On May 30th a rehabilitation consultation was ordered and performed by Dr. Charlie Beige, M.D. Dr. Beige notes that 3-4 weeks prior Henry had severe pain and difficulty walking. He was noted as having undergone laminectomy and spinal fusion was being seen per a referral for rehabilitation. Henry had loss of feeling in both lower extremities and decreased strength in dorsiflexion and plantar flexion. Dr. Beige diagnosed paraparesis with paresthesia in lower extremities, gait disturbance, and spinal stenosis. Henry's prior level of function was indicated as independent in activities of daily living without an assistive device.

On June 1, 2011 Dr. Tangerine indicated that Henry's lower extremity neurological status had deteriorated. His perianal sensation was diminished, his rectal tone was weak and his toes were weaker. Radiologic tests were ordered with CT scan and MRI completed the following day. The MRI results demonstrated a large extruded disc proximal to L3 level compromising the cauda equina. A microdiscectomy surgery was planned and Dr. Tangerine indicated expectation for full recovery was "not great."

Surgery for microdiscectomy was completed on June 3, 2011 by Dr. Tangerine. Henry subsequently developed acute renal failure and was seen for nephrology consultation.

Henry was noted to have a congenitally absent left kidney with his right kidney exhibiting compensatory hypertrophy. Henry was also seen by cardiology for consultation due to leg edema. He was noted by cardiology as having a history of a triple bypass coronary graft.

Henry was medically stabilized and discharged from Green Hospital medical unit on June 8, 2011. He was subsequently admitted to the acute inpatient rehabilitation unit at Green Hospital, the records for which were not available to LCI staff. Following acute rehabilitation services at Green Hospital he was discharged and subsequently admitted to a local nursing facility for sub-acute level rehabilitation at Spring Mill Health in Merrillville, Indiana. Records from this facility, where Henry reported having stayed eight days, were not available for LCI staff review.

Yellow Hills Health and Rehabilitation Center: Henry was inpatient at Yellow Hills in the rehabilitation unit from August 4, 2011 through October 20, 2011. Upon admission Henry required assistance with dressing, transfers, ambulation, bathing, and completion of exercises. He received daily sessions of physical and occupational therapies to assist in regaining functional abilities. Henry was dependent upon catheterization for urinary elimination and was incontinent of bowel. He was treated throughout his stay with wound care modalities for a pressure ulcer that had developed on his left heel.

Henry's care at Yellow Hills was managed by Dr. Cliff Rose, M.D. Dr. Rose's initial note on August 8, 2011 indicated that post-operative complications at Green Hospital included: renal failure, mental status changes, urinary tract infection, clostridium difficile colitis; right proximal vein deep vein thrombosis; an episode of acute inflammatory arthritis of the right knee; and symptoms of gout. Henry was admitted to Yellow Hills with urinary retention, fecal incontinence, trouble with diarrhea, foot drop, hamstring weakness, and a pressure ulcer on his left heel. Henry had very little rectal sensation and was oozing stool. He was utilizing a knee-ankle-foot orthosis (KAFO) to provide support in ambulation, which was accomplished a walker and the assistance of therapy staff.

Henry was seen routinely by Dr. Rose as well as by physical and occupational therapists while at Yellow Hills. Occupational therapy provided treatment for four weeks and focused on upper extremity function. At discharge from occupational therapy Henry required supervision for toilet transfers and tub transfers and was to continue with physical therapy and recommended to receive occupational therapy after returning home.

In physical therapy Henry was treated up until his discharge and sessions focused on balance, standing, walking, and safe use of equipment. Henry was noted to be frequently tired and shaky, with low endurance. At discharge Henry was able to walk 75 feet with a rolling walker and stand-by or contact-guard assistance. He was walking slowly and required breaks to stand. Problems with standing tolerance and balance remained present. Home therapy was recommended.

Henry 's diarrhea resolved during his admission though problems with fecal incontinence continued. He was wearing incontinent briefs. He was found to have a urinary tract infection that was treated with antibiotics. Nursing staff worked with Henry and taught self-catheterizing procedures. A bowel and bladder program was recommended for Henry to follow ongoing.

The wound on Henry's heel did not resolve despite treatments received at Yellow Hills. Dr. Rose indicated that debridement might be needed at some future time. Dr. Rose also indicated that Henry would require a power wheelchair, a standing frame, and also a handicapped driving evaluation and vehicle modifications for driving. Henry was discharged home on October 22, 2011.

Rehabilitation Institute of Townville (RIT): Henry was seen and evaluated for RIT rehabilitation and medical services through the Day Rehab program in November 2011. He was seen initially for physical and occupational therapy evaluations on November 1, 2011 followed by nursing intake and evaluation on November 2, 2011 and a physician evaluation by Dr. Roger Lavender on November 4, 2011. His presenting problems were noted by therapists as mobility and self-care deficits and left heel ulcer. His primary diagnoses noted by Dr. Lavender were cauda equine syndrome and neurogenic bowel and bladder. Additionally Henry was diagnosed with: abnormality of gait; debility, unspecified; muscle weakness; malaise and fatigue; paraplegia; and late effects of spinal cord injury.

It is noted for the reader that RIT is designated as a national Model Systems Center for treatment of spinal cord injury. Dr. Tangerine had noted in the record at Green Hospital that Henry's radiologic tests demonstrated compromise of the cauda equina, which is sometimes referred to as the "tail" of the spinal cord because it is in fact a bundle of spinal nerves and spinal nerve roots. At RIT Henry is formally diagnosed with cauda equine syndrome and also with the diagnoses of late effects of spinal cord injury.

Henry participated in the RIT Day Rehab program from November 1, 2011 to approximately January 28, 2012. He received physical and occupational therapy to address strengthening, balance, coordination, endurance, safety, mobility, and function in activities of daily living. Equipment issues were addressed including issues with Henry 's wheelchair and home mobility aids. He received rehabilitation nursing to address bladder and bowel training and wound care. He was noted as unsafe transferring in and out of the car and unsafe to drive upon program admission. Transfer training was provided. The program provided services during daytime hours for several hours each day, two to three days per week.

Upon discharge from Day Rehab Henry was immediately transitioned to RIT outpatient therapy services. At that time Henry was noted to require a caregiver for assistance with activities of daily living. He was able to be left alone for up to eight hours with compensatory systems in place. Outpatient therapy services were begun with an assessment on January 28, 2012 and provided physical and occupational therapy to continue work to functional goals including increased strength, endurance, mobility and

ability to complete self-care activities. Goals were established for sessions to occur once to twice weekly for 11-12 weeks. Wound care services were continued and provided by rehabilitation nurses and Dr. Lavender.

On February 6, 2012 Dr. Lavender ordered testing to check for infection because the left heel wound was failing to heal. Shortly thereafter Henry's wound was debrided and he subsequently developed signs of infection that prompted him to present to the emergency department at the local St. Sapphire Medical Center. He was subsequently discharged from the RIT outpatient therapy services at the end of February 2012.

There were no further records from RIT available to LCI staff. Henry reported that he returned to RIT in 2013 and received further outpatient therapy services.

St. Sapphire Medical Center: Henry was seen as an outpatient for a CT scan procedure at St. Sapphire Medical Center on May 10, 2011, about two weeks prior to his spine fusion surgery.

Henry was later admitted to the medical center on February 22 through February 26, 2012 for leg swelling and cellulitis treatment. He had presented for care through the emergency room and reported that after undergoing an outpatient wound debridement procedure of his left heel he observed increased redness and swelling in his left leg. He also reported problems with constipation requiring daily use of Fleets enemas, and neurogenic bladder requiring intermittent catheterization.

Henry was treated with intravenous antibiotics and his symptoms improved. A venous Doppler was completed to rule out deep vein thrombosis as well as x-rays of the left lower extremities. Henry was discharged on February 24, 2012 to his home with instructions to follow up with his primary care physician for wound care.

Henry was again admitted to St. Sapphire on July 13 through July 19, 2012 for severe left leg cellulitis. He continued to have a pressure ulcer on the left heel and had developed a soft skin and tissue infection (SSTI) on the left thigh and calf. An infectious disease consultation and nephrology consultation were obtained and wound care was ordered. Multiple medical tests were completed including a bone scan, x-rays, and ultrasounds. The nephrologist, Dr. Auburn, diagnosed acute kidney injury, likely due to sepsis. The infectious disease specialist diagnosed osteomyelitis, or bone infection, in addition to cellulitis.

Henry was discharged to Violet, a long term acute care hospital (LTACH) on July 18th, 2012 for ongoing wound care and long term intravenous antibiotics for treatment of cellulitis and osteomyelitis. Records from Violet were not available for LCI staff review; Henry reported that he was inpatient at Violet for several months.

Home Visit Observations and Findings:
Clinical Interviews Setting and Observations:

On September 24th, 2015 LCI staff met with Henry and his wife, Carol, in their single family home in Carrot, Illinois. The home is a tri-level design with a front entry way on a separate level that in effect makes it a quad-level home. There are four sets of stairs, not including the step to get in and out of the home through the front door and the step located at the back patio door. A chair lift makes the five stairs from the kitchen to the den accessible, as does another chair lift spanning the eight stairs from the dining area to the upstairs rooms. There was no lift for the three steps from the front foyer to the piano room or for the three steps from the piano room to the dining room.

LCI staff met and discussed Henry's care issues for approximately three hours and forty-five minutes with Henry and his wife Carol. Issues and challenges related to health concerns, functional difficulties, social and vocational losses were reviewed. Henry was able to discuss and demonstrate his day to day functions to LCI staff with additional information provided by his wife, who was and is very involved in his care. Henry displayed appropriate focus and attention throughout the discussions and demonstrated good memory for recent and past events. Results of the interview session are deemed to have provided a true and accurate representation of Henry's care needs.

Medical Issues Discussion:

Henry discussed a number of health concerns including: paraplegia; impaired sensation; chronic pain; kidney problems; urinary retention; urinary incontinence; constipation; fecal incontinence; edema; and skin breakdown. Henry indicated that prior to his 2011 back surgery he experienced back pain but did not suffer from these health issues. He described problems and issues that manifested after surgery and have persisted with regards to ambulation and mobility as well as difficulties related to his intermittent catheterization, bowel and bladder management programs.

Henry reported having full sensation in his right hip, about 80% sensation in his right thigh, and about 65% sensation in his right leg. He reported 0% sensation in his left hip and about 35% in his leg. Below his left knee he has little sensation and no sensation in his left foot. Henry indicated that this level of sensation represents significant improvement from the weeks and months immediately following his injury. He reported that the sensation in his lower extremities was slow to return during his time in rehabilitation and that some of his prior medical providers feared he may have been unable to regain the ability to walk.

Henry reported experiences of pain at different discomfort levels, frequencies, and lengths of duration. He described the pain in his left hip as if he were "sitting on a prickly golf ball." He rated it as a level three to four on a scale of ten. Henry reported that the pain is present for some period of time daily and varies in intensity and duration. It often results from sitting for any significant period of time. He described it as an internal pain that overrides his loss of sensation.

Back pain is also an issue for Henry. He rated his back pain as level three to four and described it as persistent. Henry reported that the pain radiates across his back and is not relieved by repositioning.

Henry reported that after his back surgeries he developed pain in his knees and wrists that was diagnosed as gout. He stated that he had never previously experienced gout but has since had recurrent gout episodes. He rated his gout pain between a level eight and nine affecting his right wrist, elbow, and knee. He has been prescribed multiple gout specific medications.

Henry reported that he suffers from daily stomach cramps, which often occur after eating. He reported that laxatives temporarily relieve this pain, but he is woken once or twice nightly and has to sit at the edge of his bed until the pain subsides. This pain can last up to an hour.

Another pain Henry described as bothersome, especially at night, is left side pain. He is forced to change his position frequently in attempts to avoid this type of suffering but also resulting in poor sleep.

Henry described two different sensations of neuropathic pain. He indicated that a prickly, tingling pain is typically present in his feet and ankles but will sometimes move up his legs and thighs. He also described an intense body pain sensation he referred to as "lightning strikes." During these brief but intense pain episodes, Henry reported that his whole body tenses up into a rigid position and he begins gasping. On average, this occurs three to four times each week, sometimes multiple times per day. Henry reported that the intense pain lasts for ten to fifteen seconds, and afterwards he feels weak.

In regards to urinary status and frequency of urinary tract infections, Henry went to St. Sapphire Hospital in 2013 twice for urinary tract infections (UTIs), presenting through the emergency room. Henry reported that he self-catheterizes every three hours. If he catheterizes frequently, he will yield 150 to 200 mL of urine. If he performs catheterization less frequently he produces 600 to 700 mL of urine but also experiences painful bladder spasms and cramping due to excessive bladder fullness.

An overfilled bladder also sometimes results in urinary leakage and soiling of Henry's incontinent briefs. Urinary leakage occurs intermittently when Henry's bladder is not overfull, but more typically when his bladder is at higher capacities. Henry reported awareness that if he fails to catheterize routinely, an overfull bladder could lead to further kidney damage. This is of particular concern for Henry since he has been historically functioning with one kidney.

Henry reported that when he is out in the community, he faces challenges with completing catheterizations in a suitably clean environment and manner. Henry described how, due to his loss of balance, it is difficult for him to balance himself against the often dirty walls or stall of a public restroom, remove his catheterization supplies from a bag, hold the catheter in his teeth while he obtains a suitable body position, and then he proceeds to self-catheterize. He reports using disposable catheters and zipper-seal bags for collecting and disposing of the urine for any times he must catheterize in a non-restroom setting. Catheterizing in a non-restroom setting occurs at times because

not all male bathrooms have individual private stalls and at times due to cleanliness and balance concerns.

Current Service Providers: Henry 's current medical care providers include:

- Dr. Bruce Mauve, primary care physician, appointments every three months for overall health management
- Dr. James Sepia, urologist, appointments once to twice annually for management of neurogenic bladder
- Dr. Ronald Scarlett, cardiologist, appointments bi-annually for management pre-existing cardiac condition
- Dr. Serge Kelly, retinal expert, appointments annually for management of pre-existing diabetic related vision needs
- Dr. Charlotte Teal, podiatrist, appointments every two to three months for monitoring and follow up related to prior heel ulcer
- Dr. David Pumpkin, dentist, appointments as needed for routine oral care
- Dr. Alex Gray, endodontist, appointments as needed

Medications:

Henry has a significant number of daily prescribed oral medications and physician recommended over-the-counter supplements. Additionally he requires insulin injections to manage his diabetes. Henry's diabetes and hypertension diagnoses were pre-existing to his injury. He reported however that prior to his back surgery his diabetes management was via oral medications only without need for insulin. Cost for diabetic medications, hypertension medications, and high cholesterol medications are not included in the Life Care Plan. Information on comprehensive prescribed medications is provided for information purposes itemized as follows:

Medication	Dosage	Frequency	Purpose
Amoxicillin	500 mg x four tablets = 2000 mg	Once prior to dental appointments	Prevent spread of infection
Aspirin	81 mg	Once daily	Hypertension
Atenolol	25 mg	Once daily	Hypertension
Atorvastatin	10 mg	Once daily	High cholesterol
Allopurinol	200 mg – 400 mg	Once to twice daily as needed	Gout
Colcrys	0.6 mg	Once to twice daily as needed	Gout
Cystex Cranberry liquid	2 tablespoons	Once daily	Urinary tract management
Ferrous sulfate	65 mg	Once daily	Iron supplement
Folic acid	400 mcg	Once daily	Vitamin supplement
Furosemide	20 mg	Once daily for 5 days per week	Edema, hypertension
Furosemide	40 mg	Once daily for 2 days per week	Edema, hypertension

Glipizide	5 mg	Twice daily	Diabetes
Glucosamine/ chondroitin	One tablet	Once daily	Joint function
Hydrocodone/ acetaminophen	5 mg/ 325	As needed	Pain
Lantus insulin	21 Units	Once daily	Diabetes
Multivitamin w/o K	One tablet	Once daily	Nutritional supplement
Omeprazole	20 mg	Once daily	GastRIT issues
Senna	8.6 mg	Once to twice daily as needed	Constipation
Colace	100 mg	Once to three time daily as needed	Constipation
Bisacodyl suppository	10 mg	As needed, typically every third day	Constipation
Fleets enema	One unit	As needed up to twice weekly	Constipation
Psyllium fiber wafers	One to three wafers	Once daily as needed	Constipation
Warfarin	Varied dose per INR readings, 5 mg to 7.5 mg	Once daily	Blood thinner
Vita Fusion gummies with fiber	One gummy	Once daily	Supplement
Eucerin lotion	Topical	Once to twice daily	Skin moisturizer

To prevent medication errors, Henry's medication management requires attention to detail given the number of medications. Currently Henry's wife sets up his medications in daily dose bottles in a system the couple have devised. Medications are put into pill bottles typically weekly that are labeled with morning and evening dosages.



While this system is effective for routine medications, Henry additionally has a number of as-needed and intermittently used medicines that are maintained in pill bottles, most of which are kept on his bedroom dresser:



Nutritional Status and Issues: Henry reported a good appetite. He indicated the need to be careful with his dietary intake because of the impact on his bowel elimination and bowel incontinence episodes. Certain foods are more likely to produce soft or liquidly stools that are more apt to ooze and cause soiling. Other certain foods are more likely to cause constipation that does not respond well to his typical bowel management medications and rituals. Henry has not seen a nutritionist or dietary specialist since attending RIT.

Physical Status:

Henry's physical appearance is consistent with his chronological age. He is fairly tall statured with an average body frame size. He wears glasses for reading. Henry's hearing is intact. He has his own teeth with the exception of front implants that were placed after his existing crowned front tooth was damaged during the course of one of his back surgeries. Henry reported a number of physical and functional issues.

Skin integrity: Henry recounted the historic difficulty with healing the pressure ulcer that developed on his left heel in 2011. Because of his experience, his impaired sensation, and inability to effectively inspect all parts of his body independently, Carol performs a daily full-body skin check before bedtime.

Henry additionally reported difficulties with leg edema and with blisters appearing on his left leg. He indicated that after his back surgery his legs both swelled significantly. While his left leg had episodes of swelling previous to his back surgery, he indicated that the intensity of swelling was increased post-surgically and that the development of blistering was a new occurrence. When Carol completes the skin check she inspects for any recurrence of leg blisters, which Henry indicated have come and gone numerous times. When the blisters are present they tend to open and ooze fluid. To manage the edema and blistering this Henry will utilize Ace bandage wraps.

Henry or Carol applies skin moisturizing lotions daily to Henry 's feet and legs to help maintain skin integrity.

Scar on left heel from prior pressure ulcer:



Sleep: Henry reported that he never sleeps straight through the night. Sometimes he is awakened by stomach cramps and sometimes by neuromuscular or neuropathic pain. He reported that pain occurs routinely if he lies in one position for too long and the pain will awaken him. Additionally, Henry must catheterize every three hours whenever possible to avoid urinary leakage, bladder spasms, and risk of kidney damage. When he is awakened at night by discomfort he utilizes the opportunity to get up and catheterize.

Activities of Daily Living: Henry requires supervision for safety and assistance with activities of daily living (ADLs) as follows:

Ambulation and Transfers: Henry is independent in mobilizing with assistive device and supervision for safety. He reported that his equilibrium is non-existent and lack of balance as a significant obstacle. He demonstrated a lack of balance when standing and releasing his cane, at which time he swayed from side to side, and forward and backward. Henry reported that without shoes on his balance is worsened, and that he is unable to walk without shoes on due to foot and ankle instability. Henry attributes the instability to lack of sensation in his legs and feet and resulting inability to fully coordinate muscular movements. He will put shoes on even when awakening at night to go to the restroom to catheterize, to try and minimize his fall risk.

Henry reported having fallen twice over the last year, both times in the bathroom. He reported having fallen five or six times since returning home from inpatient rehabilitation. He tries to sit only in chairs with sturdy arms to help enable safe

transfers from sitting to standing. Carol reported that she will not leave Henry alone in the house because of his history of and ongoing risk for falling. She worries about him falling again in the bathroom including at night when he gets up to catheterize.

When walking with the use of bilateral quad-canes Henry exhibited a wide-based, slow and deliberate gait. He leaned forward somewhat on both canes. Henry reported that he has tried using other styles of canes and also tried walkers, and that the use of quad canes bilaterally has been the most comfortable and suited to his particular balance and gait issues.

One of the three sets of quad canes in the home:



Henry is independent in transferring to a seated position to use the stair lifts in the home, using the arms of the stair lift chair for support. He reported the ability to walk up a few steps and demonstrated this holding onto a hand railing and leaning to the side. Henry indicated inability to go down a set of stairs due to balance and instability.

Henry is independent in transferring to a seated position to utilize his wheelchair, power wheelchair and/or power scooter. He is independently able to operate his powered mobility devices and relies upon these for mobility both within and outside the home.

Bathing: Henry requires assistance from his spouse Carol with bathing. He is unable to effectively reach his back and is unable to effectively wash while standing. He currently has an older style, traditional shower tub combination in the bathroom. Carol reported that Henry is unsteady in transferring and out of the bathtub and leans on the walls or sides of the tub for support.

Dressing & Grooming: Henry is independent.

Eating: Henry is independent.

Toileting: Henry is independent with the use of disposable urinary catheters for self-administered intermittent catheterizations.

Continence/incontinence: Henry is incontinent due to neurogenic bladder and bowel. He reports the need to catheterize himself at a frequency of every three hours, to prevent over filling his bladder to the point that it becomes painful. At times, he will experience urinary leakage.

Henry described consistent problems with constipation that he utilizes fiber, laxatives and enemas to manage. Henry also reported problems with bowel accidents that occur about twice monthly. He indicated that he experiences a sense of lower abdominal fullness at times but is unable to identify if the sensation is representative of a full bladder or a loose bowel movement. Henry stated that he is unable to control his sphincter and that if a bowel movement is in process he is unable to hold it back.

Bed mobility: Henry is independent.

Strength and endurance: Henry's lower body strength and endurance are diminished compared to his pre-injury abilities.

Equipment/services used (to manage ADLs):

Henry relies upon a variety of assistive devices for mobility. While in his home, he uses two quad walking canes or his power wheelchair, depending upon which level of the home he is on and how extensive of movement is required. There are two canes on every major level of the home because of the difficulty in moving the canes from level to level. Thus there are a total of six canes being used in the home.

There is a lightweight manual wheelchair in the den level of the home that is used for outings. A power wheelchair is kept on the mid-level of the home for use in the kitchen, eating area, and sun room. The power chair is fitted with a Roho cushion to aid in comfort and maintenance of skin integrity. A power scooter is kept on the patio for use mobilizing in the yard and/or to the outbuildings.

There are two chair lifts in the home to allow access between the den level and the main/kitchen level and also between the kitchen level and the upstairs/bedroom level of the home.

Because much of Henry's activity is completed from a sitting position, he has purchased a number of reacher/grabber devices that are kept throughout the home.

The bathroom across from Henry's bedroom is modified for Henry's use. Currently there is a commode frame with support arms, a handheld shower attachment, foot scrubber, and bath bench in place. Carol provides assistance to Henry for transferring in and out of the tub and assistance with washing hard to reach areas.

Urinary catheter supplies are stored primarily in the bathroom. Henry voiced frustration with the quantity of catheter supplies allotted by Medicare monthly stating that it was insufficient to meet his needs. The supply vendor has reportedly been supplying additional catheters monthly so that Henry does not run out in between shipments. Previously Carol made efforts to wash and reuse catheters but found it difficult and worried about the risk of infection. Carol typically knows when Henry is going to catheterize and provides supervision and assistance as needed.

To help manage bowel movements Henry relies upon a variety of medications and products. Henry reported that he changes the amount and type of a given laxative product intermittently because it aids in efficacy. He reported currently taking three fiber wafers daily, a stool softener on some days, and bisacodyl suppositories typically every three days. This regimen does not always result in regular bowel movements so if more than two or three days pass without bowel movement a Fleets enema is used. Carol provides assistance with the bowel program and use of products as needed.

Henry wears incontinent briefs to manage urinary leakage and/or bowel incontinent episodes. Washable cotton bedpads are also utilized.

Instrumental Activities of Daily Living: Henry is independent in some instrumental activities of daily living (IADLs) and requires assistance in others as follows:

Meal preparation: Henry is independent with use of environmental modifications. He cooks most of his meals and can access the counters, stove, microwave, refrigerator, and oven from his wheelchair. He cannot access the high cabinets but can access the lower cabinets that have been modified for ease of access.

Telephone use: Henry is independent.

Outings into community: Henry requires supervision and assistance for safety with outings. He is physically able to drive his handicap accessible Ford Edge. A recent history of auto accident was reported in which Henry was driving and lost control. As a result, Carol reported that she has now become the consistent driver for the couple.

Shopping: Henry benefits from assistance with shopping to facilitate ease and safety. He typically shops with Carol for groceries and other items. He typically utilizes the motorized carts in the grocery store.

Housekeeping & Laundry: Henry requires assistance for completion of housekeeping and laundry. He makes effort to assist Carol as he is able from his wheelchair.

Home Maintenance: Henry requires assistance for home maintenance due to mobility issues.

Processing mail and paying bills: Henry is independent.

Money Management: Henry is independent.

Healthcare Management: Henry requires assistance to keep track of his numerous medical providers' frequent recurrent appointments as well as his numerous medications and necessary refills. He also requires assistance to keep track of his supplies and over the counter health care products.

Equipment/Services Used (to manage IADLs): Henry relies primarily upon assistance from Carol for IADL task completion including outings, shopping, housekeeping, laundry and healthcare management. The couple has an SUV with hand controls that facilitates Henry's outings into the community.

Carol reported that the housekeeping was becoming overwhelming so recently a housekeeping service was engaged to provide supplemental assistance. Henry adapted the lawn tractor so that he is able to mow the lawn. The couple pays vendors for other necessary outdoor maintenance.

Henry purchased a gas generator that was professionally installed and is in place for use during power outages. This ensures that the stair lifts and lights can remain functional. The vendor services the generator and tests it annually.

Henry has an emergency alert system with a pendant and push-button system that the couple paid to have installed and is maintained with a recurrent subscription-type fee.

Equipment/Service Needed to Manage ADLs/IADLs: Henry would benefit from a fully accessible, single-story home in full compliance with ADA specifications. This would

include widened doorways to facilitate wheelchair access, enclosed access to a garage/loading area, barrier free shower, lowered and accessible sinks, and accessible kitchen fixtures.

To ensure that mobility and equipment needs are being appropriately met Henry would benefit from a re-evaluation by a physical medicine and rehabilitation specialist. Physical and occupational therapy services are also appropriate for assessing the suitability of currently utilized equipment, making recommendations for equipment items, and for provision and monitoring of a structured home exercise program.

Henry's dietary and nutritional issues warrant evaluation and services provided by a licensed/registered nutritionist, as his intake greatly effects his bowel elimination and the effectiveness of his bowel program. Additionally, ensuring appropriate caloric and nutritional intake will assist in minimizing potential complications and maintaining kidney function.

Henry requires supervision for safety at all times due to fall risk. He will continue to require direct assistance with bathing, medication management and healthcare management. Currently Carol is the sole provider of caregiving and direct support and reported it as exceedingly stressful. Henry would benefit from private duty attendant care services to allow Carol to resume a spousal role.

Cognitive Status:

Henry was alert and oriented to person, place, time and situation during the LCI staff visit. His thought process was logical and he displayed good attention and concentration. His language skills were appropriate for age and educational level.

Psychosocial & Emotional Issues: Henry presented with a friendly and welcoming demeanor. He readily engaged with LCI staff and was open and forthcoming about his status and concerns.

Henry reported that before his injury, he was very involved in car clubs, hobbies, traveling, faith and church organizations, and other activities. Due to difficulties with mobility, problems with pain, difficulties with sitting for extended periods of time, and difficulties with accessing suitable environments to catheterize outside of the home, Henry is no longer as socially active. He and Carol reported more than one occasion where they ventured out of the home for a social outing only to turn around and return home due to Henry's difficulties.

When asked if he experienced depressive symptoms Henry stated that he experiences sadness. He indicated that he tries to maintain a positive attitude and that Carol's unflagging love and support was essential to his wellbeing. Henry did not deny feeling depressed by his situation and he became visibly emotional when asked about his feelings. Henry described having been a self-motivated individual lifelong and was obviously upset by the impact his condition has had on his independence.

Henry is an accomplished musician and enjoys playing the organ and piano. He modified the foot pedals on the piano in the home to compensate for his lack of leg/foot sensation and lack of motor control, so that he can press the pedal without having to move his foot from side to side. Henry reported that playing the piano helps relax him and lift his mood when he is feeling down.

Henry and Carol reported being active in the Dutch Reformed Church and deriving significant support from members of their congregation.

Family Issues:

Henry and Carol have been married for almost twenty years. This is the second marriage for both parties. Henry has six children from his first marriage, fifteen grandchildren, and eleven great grandchildren. Carol has three children from her first marriage and four grandchildren. Due to Henry's mobility and health difficulties the couple reported that they do not socialize with family as often as they did previously.

In regards to the marital relationship, Henry verbalized being unhappy about changes in his sexual function that have affected him and Carol. Henry stated that he and Carol had a consistently active sex life prior to his injury with conjugal relations typically twice weekly. He indicated that he still has emotional and psychological feelings of desire and attraction but that mechanically he is impotent. Henry indicated that he and Carol maintain as much physical relationship as possible despite their inability to engage in intercourse.

Caregiver Issues:

Carol is the sole caregiver for Henry. She reported that she has thought about getting outside help but that she feels obligated to provide for Henry's personal care needs as best she is able. Carol broke down crying when Henry was out of earshot during LCI staff's visit; she appeared to be under excessive stress and overwhelmed by Henry's condition and needs. LCI staff spoke with Carol about caregiver burnout and she did not deny feeling at risk for burnout.

Vocational Issues:

Henry reported that he was active in business and productive prior to his injury. He had worked at a variety of ventures over the course of his work history including restaurant equipment supply, light truck equipment, and wind energy. Due to issues related to recovery and ongoing health status he is no longer active in business ventures.

Environmental & Equipment Observations:

LCI staff observed the home as neat, clean and well organized. There were no environmental concerns identified other than the overt lack of accessibility. While the stair lifts enable Henry to transition between levels within the home, he is still limited and cannot reach the kitchen level of the home from the front entrance. Additionally the repeated need to transfer into and out of the stair lift chairs presents additional risk for falls. The main bathroom and bathtub is not appropriately accessible for safe bathing, and the kitchen is only partially accessible for safe meal preparation.

Main bathroom on the bedroom level, commode:



Main bathroom on the bedroom level, bathtub:



Stairs up to main/kitchen level from front entrance:



Looking down from the bedroom level to the kitchen level:



Henry's equipment was observed as in need of maintenance and/or replacement. The stair lifts were put into place over four years ago and have not had any routine maintenance. The power wheelchair was purchased as used equipment and has never been maintained. It appears worn and in less than ideal condition. The power scooter that is used outdoors is in somewhat better condition but also shows sign of wear and is in need of maintenance.

Power wheelchair, for indoor use:



Power scooter, for outdoor use:



Financial Issues:

Henry and Carol reported that they have suffered financially due to costs associated with Henry's injury, recuperation and current condition.

Henry's primary medical insurance is Medicare. As noted, he voiced concern that some items he needs such as a plentiful supply of catheters, are not fully covered under Medicare.

Summary:

Henry Dandelion is a 79-year-old man whose care needs resultant from cauda equine syndrome and paraplegia have greatly altered his health status and lifestyle. Mobility limitations, pain, neurogenic bladder and bowel and incontinence require daily attention and management. Whereas Henry was previously independent in activities of daily living he now requires significant assistance and use of adaptive equipment and supplies. He has relinquished participation in hobbies and outings that are now to difficult or impossible. Although Henry demonstrates an outwardly positive attitude and appears highly motivated, he acknowledges feelings of depression that he primarily keeps to himself. Henry's spouse, Carol, provides 24 hour supervision and assistance with Henry's daily care and additionally works to coordinate Henry's many necessary goods and services.

Both Henry and Carol report that their marital relationship is drastically changed since Henry's injury. Their day to day relationship has become dominated by matters related to Henry's care needs. Carol expressed that she is constantly worried about Henry falling or developing health complications. She provides daily supervision and caregiving for Henry that is outside of a normal marital role function. Henry is now impotent, limiting their ability for intimate relations and further changing the nature of his role in the relationship. Carol reports feeling overwhelmed and was very tearful and emotional during LCI staff interviews. Carol is at significant risk for caregiver burnout.

Henry is at risk for falls and at risk for health complications resultant from cauda equine syndrome and paraplegia and the associated symptoms. The normal aging process will combine with Henry's disability to increase these risks. He will continue to require medical and health care services as well as daily supervision and assistance to meet his needs. The following Life Care Plan details goods and services that will be necessary for Henry in order to achieve the highest quality of care, promote quality of life in the least restrictive environment, and offset risks to health and safety.

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
ROUTINE MEDICAL CARE - PHYSICIAN ONLY							
Primary care physician, quarterly appointments to monitor overall health status, cost per Dr. Mauve's office, Town Park, IL	79	10	4	\$ 55.00	\$18.33	\$220.00	\$2,200.00
Physiatrist, physical medicine and rehabilitation specialist appointments once to twice annually to monitor cauda equina syndrome, paraplegia and provide treatment recommendations, cost per Rehabilitation Institute of Townville, Dr. Christian's office, Townville, IL	79	10	2	\$ 400.00	\$66.67	\$800.00	\$8,000.00
Urologist, appointments twice annually to monitor and treat neurogenic bladder plus twice annually to treat erectile dysfunction, cost per Dr. Silver's office, Greenville, IL	79	10	4	\$ 225.00	\$75.00	\$900.00	\$9,000.00
Nephrologist, annual appointments to monitor and treat kidney function and minimize impact of neurogenic bladder, cost per Nephrology Specialists, Dr. Azure's office, Monroe, IN	79	10	1	\$ 150.00	\$12.50	\$150.00	\$1,500.00
Orthopedic specialist, annual appointments to monitor spinal fusion and spine hardware, cost per NorthOrthopaedic Institute, Townville IL	79	10	1	\$ 132.00	\$11.00	\$132.00	\$1,320.00
Podiatrist, appointments every two months to monitor skin integrity of heel, cost per Main Avenue Podiatry, Dr. Crimson's office, Townville, IL	79	10	6	\$ 99.00	\$49.50	\$594.00	\$5,940.00
TOTAL ROUTINE MEDICAL CARE - PHYSICIAN ONLY					\$233.00	\$2,796.00	\$27,960.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
ROUTINE MEDICAL CARE / DIAGNOSTIC & ALLIED SERVICES							
Periodic blood tests, CBC (\$60) and CMP (\$80) annually, cost per Newtown Medical Group	79	10	1	\$ 140.00	\$11.67	\$140.00	\$1,400.00
Urinalysis, to screen for urinary tract infections, four times annually on average, cost per Newtown Medical Group	79	10	4	\$ 25.00	\$8.33	\$100.00	\$1,000.00
Ultrasound of bilateral kidneys and bladder, to monitor anatomical components for signs of urinary complications, annually, cost per Newtown Medical Group	79	10	1	\$ 1,063.00	\$88.58	\$1,063.00	\$10,630.00
Renal scan, to evaluate functional components of urinary tract and kidney functioning after subsequent years of neurogenic bladder, twice during life expectancy, cost per Newtown Memorial Hospital	79	2	1	\$ 2,096.00	\$174.67	\$2,096.00	\$4,192.00
Urodynamic study, to evaluate bladder function and monitor for complications, twice during life expectancy, cost per Newtown Memorial Hospital	79	2	1	\$ 1,800.00	\$150.00	\$1,800.00	\$3,600.00
Cystoscopy, to evaluate bladder anatomy and monitor for complications, twice during life expectancy, cost per Newtown Memorial Hospital	79	2	1	\$ 166.00	\$13.83	\$166.00	\$332.00
X-Ray, lumbar spine with obliques, every two years to monitor hardware, cost per Cooper Medical Center	79	10	0.5	\$ 960.00	\$40.00	\$480.00	\$4,800.00
MRI Scan, lumbar spine, with and without contrast, once during life expectancy, cost per Cooper Medical Center	79	1	1	\$ 6,470.00	\$539.17	\$6,470.00	\$6,470.00
TOTAL ROUTINE MEDICAL CARE / DIAGNOSTIC & ALLIED SERVICES					\$1,026.25	\$12,315.00	\$32,424.00
MEDICAL PROCEDURES / HOSPITALIZATIONS							
Hospitalization, no cost is included due to inability to predict likelihood of occurrence, onset, or frequency; however, hospitalization is possible due to complications including injury from falls, bladder or bowel complications, renal complications, or spine hardware complications, cost could exceed \$10,000 per occurrence	79	NA	NA	NA	NA	NA	NA
TOTAL MEDICAL PROCEDURES / HOSPITALIZATIONS					\$0.00	\$0.00	\$0.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
MEDICATIONS							
Allopurinol, 200 to 400 mg once to twice daily as needed, supplied as 300 mg tablets qu. 20 monthly/240 annually, NDC 16714-0042-07, cost per Redbook	79	10	240	\$ 0.59	\$11.81	\$141.68	\$1,416.79
Amoxicillin 500 mg, 4 tablets before dental appointment, supplied as 8 tablets annually, NDC 42291-0121-50, cost per Redbook	79	10	8	\$ 0.37	\$0.25	\$2.95	\$29.52
Aspirin 81 mg, once daily, supplied as 365 annually, NDC 16103-0366-11, cost per Redbook	79	10	365	\$ 0.01	\$0.32	\$3.80	\$38.00
Atenolol 25 mg, once daily, supplied as 365 annually, NDC 42291-0140-90, cost per Redbook	79	10	365	\$ 0.78	\$23.62	\$283.48	\$2,834.85
Atorvastatin 10 mg, once daily, supplied as 365 annually, NDC 51079-0208-20, cost per Redbook	79	10	365	\$ 0.37	\$11.19	\$134.28	\$1,342.84
Colcrys 0.6 mg, once to twice daily as needed, supplied as 20 monthly/240 annually, cost per Redbook	79	10	240	\$ 7.19	\$143.71	\$1,724.56	\$17,245.61
Cystex cranberry liquid 2 tbsp. daily, supplied as 49 bottles annually of 15 tablespoons each, cost per Rite Aid Pharmacy	79	10	49	\$ 10.99	\$44.88	\$538.51	\$5,385.10
Ferrous Sulfate 65 mg, once daily, supplied as 365 annually, NDC 64376-0809-10, cost per Redbook	79	10	365	\$ 0.02	\$0.49	\$5.82	\$58.22
Folic acid 400 mcg tablet, once daily, supplied as 365 annually, UPC 88395-002653, cost per Redbook	79	10	365	\$ 0.01	\$0.33	\$3.95	\$39.53
Furosemide 20 mg, 5 times weekly, supplied as 260 annually, NDC 00904-5796-61, cost per Redbook	79	10	260	\$ 0.12	\$2.53	\$30.34	\$303.42
Furosemide 40 mg, 2 times weekly, supplied as 104 annually, NDC 00904-5797-61, cost per Redbook	79	10	104	\$ 0.13	\$1.16	\$13.86	\$138.63
Glipizide 5 mg, twice daily, supplied as 730 annually, NDC 00781-1452-01, no cost include for pre-existing need	79	0	730	NA	\$0.00	\$0.00	\$0.00
Glucosamine/chondroitin, once daily, supplied as 365 annually, UPC 40985-022495, cost per Amazon	79	10	365	\$ 0.13	\$3.80	\$45.63	\$456.25
Hydrocodone/acetaminophen 5 mg/ 500 mg as needed, supplied as 10 tablets monthly/120 annually, NDC 00406-0357-09, cost per Redbook	79	10	120	\$ 0.35	\$3.53	\$42.33	\$423.34
Lantus U-100 insulin 21 units, once daily, no cost included for pre-existing need	79	10	365	NA	\$30.42	\$365.00	\$3,650.00
Multiple vitamin without K, once daily, supplied as 365 annually, lot number 43065195, cost per Amazon	79	10	365	\$ 0.57	\$17.21	\$206.53	\$2,065.29
Omeprazole 20 mg, once daily, supplied as 365 annually, NDC 62175-0118-32, cost per Redbook	79	10	365	\$ 3.37	\$102.61	\$1,231.27	\$12,312.65
Senna 8.6 mg once to twice daily as needed, supplied as 365 annually, NDC 51660-0117-10, cost per Redbook	79	10	365	\$ 0.01	\$0.30	\$3.63	\$36.32

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
Colace 100 mg, once to three times daily as needed, supplied as 720 annually, NDC 67618-0101-52, cost per Redbook	79	10	720	\$ 0.29	\$17.66	\$211.88	\$2,118.82
Bisacodyl 10 mg suppository, once every three days as needed, NDC 54162-0006-01, supplied as 122 annually, cost per Redbook	79	10	122	\$ 0.09	\$0.96	\$11.55	\$115.53
Fleet enema up to twice weekly as needed, supplied as 104 annually, NDC 00132-0201-42, cost per Redbook	79	10	104	\$ 1.12	\$9.71	\$116.48	\$1,164.80
Warfarin 5 mg, daily for four days weekly and 7.5 mg daily for three days weekly, no cost included for pre-existing need	79	10	365	NA	\$30.42	\$365.00	\$3,650.00
Psyllium fiber wafers, one to three wafers daily as needed, supplied as 30 boxes of qu. 24 annually, cost per Walmart	79	10	30	\$ 7.47	\$18.68	\$224.10	\$2,241.00
Vita-Fusion fiber gummies, once daily, supplied as four bottles of qu. 90 annually, cost per Walmart	79	10	4	\$ 10.99	\$3.66	\$43.96	\$439.60
Eucerin Dry Skin Therapy lotion, one bottle monthly, cost per Walmart	79	10	12	\$ 7.59	\$7.59	\$91.08	\$910.80
TOTAL MEDICATIONS					\$11.25	\$135.04	\$1,350.40

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
PROJECTED EVALUATIONS							
Future needs/Life Care Plan evaluation, already completed, an update may be beneficial for consideration in 5 years time as physical and functional condition may change	79	NA	NA	NA	\$0.00	\$0.00	\$0.00
Physical therapy evaluation, annually to assess impact of paraplegia and status of mobility, review equipment and make recommendations, and provide updating of home exercise program, cost per Rehabilitation Institute of Townville, Townville, IL	79	10	1	\$ 628.00	\$52.33	\$628.00	\$6,280.00
Occupational therapy evaluation, annually to assess impact of paraplegia and status of activities of daily living performance, review equipment and make recommendations, and provide updating of home exercise program, cost per Rehabilitation Institute of Townville, Townville, IL	79	10	1	\$ 628.00	\$52.33	\$628.00	\$6,280.00
Nutritional assessment, annually to provide assessment of nutritional status, caloric needs, dietary intake and meal plans, cost per Healthier Tomorrows, Townville, IL	79	10	1	\$ 150.00	\$12.50	\$150.00	\$1,500.00
Psychological evaluation, one time to assess impact of disability on social and emotional functioning and make treatment recommendations for specific individual and marital counseling session goals, cost per Olive Counseling Associates, Acorn, IL		1	1	\$ 150.00	\$12.50	\$150.00	\$150.00
Handicapped driver evaluation, one time re-evaluation to determine if adaptive driving needs have changed and to make appropriate recommendations, cost per Moreville, West, IL	79	1	1	\$ 1,000.00	\$83.33	\$1,000.00	\$1,000.00
TOTAL PROJECTED EVALUATIONS					\$213.00	\$2,556.00	\$15,210.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
THERAPEUTIC MODALITIES / SERVICES							
Physical therapy, hour long outpatient sessions three times weekly for two to four weeks following each annual evaluation to maintain strength, introduce and evaluate any changes to equipment, and implement adaptations to home exercise program, cost per the Rehabilitation Institute of Townville, Townville, IL	79	10	9	\$ 554.00	\$415.50	\$4,986.00	\$49,860.00
Occupational therapy, hour long outpatient sessions three times weekly for two to four weeks following each annual evaluation to maintain strength, introduce and evaluate any changes to equipment, and implement adaptations to home exercise program, cost per the Rehabilitation Institute of Townville, Townville, IL	79	10	9	\$ 554.00	\$415.50	\$4,986.00	\$49,860.00
Nutritional counseling, three to five sessions annually following each nutritional evaluation to assist with implementation of recommended nutritional plan, cost per Healthier Tomorrows, Townville IL	79	10	4	\$ 135.00	\$45.00	\$540.00	\$5,400.00
Individual counseling, weekly sessions for the first three months of the year followed by every-other-week sessions for the remainder of the year, complete this series of 32 sessions in year one and repeat the series again in year five to address issues related to disability adjustment, cost per Olive Counseling Associates, Acorn IL	79	2	32	\$ 130.00	\$346.67	\$4,160.00	\$8,320.00
Individual counseling, monthly sessions in years two to four and years six to ten, to address issues relate to disability adjustment, cost per Olive Counseling Associates, Acorn, IL	80	8	12	\$ 130.00	\$130.00	\$1,560.00	\$12,480.00
Family counseling, weekly sessions for the initial six months to address marital relationship issues and changes to spousal roles, cost per Olive Counseling Associates, Acorn, IL	79	0.5	52	\$ 130.00	\$563.33	\$6,760.00	\$3,380.00
Family counseling, monthly sessions for the remainder of year one then ongoing to address marital relationship issues and changes to spousal roles, cost per Olive Counseling Associates, Acorn, IL	79	9.5	12	\$ 130.00	\$130.00	\$1,560.00	\$14,820.00
Music therapy, sessions every-other-week to promote relaxation and to compensate for limited participation in other prior interests, cost average per five local vendors	79	10	26	\$ 80.00	\$173.33	\$2,080.00	\$20,800.00
TOTAL THERAPEUTIC MODALITIES / SERVICES					\$2,219.33	\$26,632.00	\$164,920.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
WHEELCHAIR NEEDS / MEDICAL EQUIPMENT							
Manual wheelchair, Drive Poly-Fly High Strength Lightweight Wheelchair, replace every 5 years, cost per Genesys Medical Equipment	79	10	0.2	\$ 516.00	\$8.60	\$103.20	\$1,032.00
Power wheelchair, Drive Mobility Intrepid power chair for indoor use, cost per Genesys Medical Equipment	79	10	0.2	\$ 2,280.00	\$38.00	\$456.00	\$4,560.00
Power scooter, Drive Mobility Osprey Heavy Duty Scooter for outdoor use, replace every five years, cost per Genesys Medical Equipment	79	10	0.2	\$ 5,304.00	\$88.40	\$1,060.80	\$10,608.00
Batteries for power wheelchair, replacement pair annually beginning in year two, cost per EZ Mobility Battery	80	9	1	\$ 149.00	\$12.42	\$149.00	\$1,341.00
Batteries for outdoor scooter, replacement pair annually beginning in year two, cost per EZ Mobility Battery	80	9	1	\$ 359.00	\$29.92	\$359.00	\$3,231.00
Maintenance for manual wheelchair, annual maintenance beginning in year two after warranty expiration, calculated at 10% purchase price	80	9	1	\$ 52.00	\$4.33	\$52.00	\$468.00
Maintenance for power wheelchair, annual maintenance beginning in year two after warranty expiration, calculated at 10% purchase price	80	9	1	\$ 228.00	\$19.00	\$228.00	\$2,052.00
Maintenance for power scooter, annual maintenance beginning in year two after warranty expiration, calculated at 10% purchase price	80	9	1	\$ 530.00	\$44.17	\$530.00	\$4,770.00
Shower chair, wheeled Invacare Mariner Rehab Shower Chair for use in barrier free shower, replace every 5 years, cost per Genesys Medical Equipment	79	10	0.2	\$ 777.48	\$12.96	\$155.50	\$1,554.96
Maintenance for shower chair, annual maintenance beginning in year two after warranty expiration, calculated at 10% purchase price	80	9	1	\$ 78.00	\$6.50	\$78.00	\$702.00
Roho Enhancer Wheelchair Cushion, 15" x 15", replace every two years, cost per Cascade Healthcare Solutions	79	10	0.5	\$ 374.00	\$15.58	\$187.00	\$1,870.00
Quad walking canes, Hugo Adjustable Quad Cane with large base, \$24.99 each with six used in the current home, replace every five years	79	10	0.2	\$ 149.94	\$2.50	\$29.99	\$299.88
Raised toilet seat and safety frame, Eagle Health Supplies brand, replace every 5 years, cost per Preferred Health Choice	79	10	0.2	\$ 109.00	\$1.82	\$21.80	\$218.00
TOTAL WHEELCHAIR / MEDICAL EQUIPMENT					\$284.19	\$3,410.28	\$32,706.84

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
AIDS FOR INDEPENDENT FUNCTION / SUPPLIES							
Handheld shower attachment with sliding holder, Delta T13H333 Classic, universal dual shower, to facilitate bathing, replace every 10 years, cost per Amazon	79	10	0.1	\$ 261.54	\$2.18	\$26.15	\$261.54
Dressing aids, Fablife dressing/extender hip/knee aid kit, replace every five years, cost per Devine Medical	79	10	0.2	\$ 35.70	\$0.60	\$7.14	\$71.40
Adapted bathing brush, Body Benefits Bath Brush to assist with limited leg mobility, replace annually, cost per Walgreens	79	10	1	\$ 4.99	\$0.42	\$4.99	\$49.90
Foot scrubber, Easy Feet bathtub attached foot scrubber, replace twice annually, cost per Walmart	79	10	2	\$ 9.88	\$1.65	\$19.76	\$197.60
Long handled reacher, Carex 26" reaching aid, four used in the home at \$13.07 each, replace four every 2 years, cost per Walmart	79	10	0.5	\$ 52.28	\$2.18	\$26.14	\$261.40
Incontinence briefs, Medline FitRight Stretch Ultra Briefs size XL, \$66.39 per 80 count case, three briefs per day, cost per Walmart	79	10	1095	\$ 0.83	\$75.74	\$908.85	\$9,088.50
Incontinence bed pads, Attends Night Preserver disposable 30" x 36" underpads, \$76.99 per case of 100, used nightly, cost per HDIS	79	10	365	\$ 0.77	\$23.42	\$281.05	\$2,810.50
Sterile gloves, Curad Powder-free sterile gloves, large, box of 100 per month, price per CVS	79	10	12	\$ 8.99	\$8.99	\$107.88	\$1,078.80
Urinary catheters, LoFric Classic Hydrophilic Intermittent Catheters 16 French, 8 used daily/2920 annually, \$59.99 per 30 count box, cost per Allegro Medical	79	10	2920	\$ 1.99	\$484.23	\$5,810.80	\$58,108.00
Catheter supplies, Cleanis Men's Urinal Bags, urinary collection bags for use on outings, \$23.99 per 20 count box, ten used monthly, cost per Vitality Medical	79	10	120	\$ 1.20	\$12.00	\$144.00	\$1,440.00
Elastic roll bandages, Ace Bandage Roll 3 inch width, five used daily, replace every three months, cost per Walmart	79	10	20	\$ 5.68	\$9.47	\$113.60	\$1,136.00
Calf sleeves, McDavid Deluxe Calf Support for left leg, seven sleeves total to allow for laundering, replaced annually cost per Doc Ortho	79	10	7	\$ 14.99	\$8.74	\$104.93	\$1,049.30
TOTAL AIDS FOR INDEPENDENT FUNCTION / SUPPLIES					\$629.61	\$7,555.29	\$75,552.94

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
ARCHITECTURAL / HOME MODIFICATIONS							
One time remodeling cost to render home more accessible, including installation of barrier-free shower, wheelchair ramping for exterior entrances, seated food preparation area, widened doorways, cost estimate per MetLife Report on Aging in Place 2.0 (2010)	79	1	1	\$ 75,000.00	\$6,250.00	\$75,000.00	\$75,000.00
Replacement of home stair lifts, one time replacement of all three existing units in approximately 6 years, replace with Ameriglide Vesta lift at \$1,899 each lift, cost per Ameriglide	85	1	1	\$ 5,697.00	\$474.75	\$5,697.00	\$5,697.00
Maintenance annually on new and existing stair lifts, excluding year one of warranty on new lifts, cost calculated at 10% purchase price of new Vesta lift at \$190 each	78	9	1	\$ 570.00	\$47.50	\$570.00	\$5,130.00
Whole-house generator maintenance, annually, cost per existing maintenance contract	79	10	1	\$ 150.00	\$12.50	\$150.00	\$1,500.00
TOTAL ARCHITECTURAL / HOME MODIFICATIONS					\$6,784.75	\$81,417.00	\$87,327.00
HEALTH & WELLNESS MAINTENANCE							
Home exercise equipment, annual allotment to replace home exercise equipment, examples of appropriate items: exercise balance ball by Giam, \$19.99; Thera-bands set of 3, \$11.08; Thera-band handles, \$10.19; Everlast 2'x6' folding mat, \$38.36; Valeo 6 pound medicine ball, \$15.99, cost per Amazon	79	10	1	\$ 50.00	\$4.17	\$50.00	\$500.00
Organizational memberships, Spinal Cord Injury Association of Illinois & United Spinal Association, free memberships; provides newsletter, activities, support group information and more	79	10	1	\$ -	\$0.00	\$0.00	\$0.00
TOTAL HEALTH & WELLNESS MAINTENANCE					\$4.17	\$50.00	\$500.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
TRANSPORTATION							
Accessible vehicle, one-time cost to replace current vehicle in 7 years with Dodge Grand Caravan with Braun Ability conversion package to allow ramped wheelchair access, cost per Mobility Works, Townville IL	86	1	1	\$ 56,932.00	\$4,744.33	\$56,932.00	\$56,932.00
Maintenance on the accessibility features of the current and future vehicles, cost estimate \$800 to \$1500 annually for upkeep of hand controls, ramp, and wheelchair lockdowns, not including first year of new vehicle when under warranty, cost estimate per Mobility Works	79	9	1	\$ 1,150.00	\$95.83	\$1,150.00	\$10,350.00
AAA Motor Club, annual membership due to limited ability to walk for help in an automobile crisis, cost per AAA	79	10	1	\$ 58.00	\$4.83	\$58.00	\$580.00
TOTAL TRANSPORTATION					\$4,845.00	\$58,140.00	\$67,862.00

Primary Disability: Paraplegia, cauda equina syndrome
 DOB:

Appendix A
 LIFE CARE PLAN
 Henry Dandelion

Date of Injury:
 Report Date:

	Begin at Age	Duration in Years	Frequency per year	Average Unit Cost	Monthly Cost	Annual Cost	Lifetime Cost
HOME / FUTURE CARE							
Private duty attendant, personal care services to provide 24 hour supervision for safety and assistance with activities of daily living, rate is averaged at \$23 per hour, cost per Visiting Angels, Orland Park, IL (\$21 per hour) and Interim Healthcare, Joliet, IL (\$25 per hour)	79	10	365	\$ 552.00	\$16,790.00	\$201,480.00	\$2,014,800.00
Home nursing, private-duty nursing visits every-other-week to set up medications in pill boxes, check vital signs, and monitor for health concerns, cost per Interim Health Care, Joliet, IL (service frequency will increase in the event that wound care or other skilled nursing need develop)	79	10	26	\$ 200.00	\$433.33	\$5,200.00	\$52,000.00
Case manager, services on an hourly basis to coordinate and oversee multidisciplinary providers, provide education and advocacy, and assist with implementing long term plan, 5-7 hours per month/72 hours per year at \$135 per hour, cost average of Lifecare Innovations (\$120/hour), Burr Ridge, IL and Senior Bridge (\$150/hour), Townville, IL	79	10	72	\$ 150.00	\$900.00	\$10,800.00	\$108,000.00
Lawn maintenance vendor, to provide weekly services for lawn and landscaping upkeep, 26 weeks per year, cost per Three Brothers Landscaping, Oak Forest IL	79	10	26	\$ 30.00	\$65.00	\$780.00	\$7,800.00
Snow removal vendor, to provide as needed services for shoveling and salting, weekly for 26 weeks per year, cost per Anderson Lawn and Landscape, Hazel Crest, IL	79	10	26	\$ 55.00	\$119.17	\$1,430.00	\$14,300.00
Handyman, hourly services as needed to provide home maintenance and upkeep for completion of repairs and physically intense chores that require standing or balance, 2 hours monthly on average at \$75 per hour, cost per My Super Handyman, Townville IL	79	10	12	\$ 150.00	\$150.00	\$1,800.00	\$18,000.00
TOTAL HOME / FUTURE CARE					\$18,457.50	\$221,490.00	\$2,214,900.00
TOTAL LIFE CARE COSTS					\$34,708.05	\$416,496.62	\$2,720,713.18