
VIVA ACCESS LTD**CASE STUDY****David**

David is 39 and following a traumatic head injury is in a persistent vegetative state/locked-in syndrome. He is currently being cared for in hospital and requires 24 hour nursing care. He is completely dependent on staff to meet his care needs, is hoisted for all transfers, catheterised and unable to communicate. PEG fed and MRSA positive, he needs to wear resting splints on his hands and feet at night. David frequently vomits and can do so for up to 36 hours at a time, requiring mechanical suction to clear his airways. Most of his time is spent in bed (profiling bed with pressure relieving mattress). However, each day he is transferred to his reclining wheelchair, which is 1600mm long and 650mm wide, for several hours. David's family have stated they wish to care for David at home and have refused offers of nursing home care.

Prior to injury David lived at home with his mother in a property that could not be suitably adapted. The OT role is to assess an alternative council property for David and his mother, and to advise if it can be adapted to provide level access in and out, as well as level access within those parts likely to be occupied by David; the OT is also to advise if an accessible showering facility and facilities for a second carer can be provided.

1. Study the floor plans for the proposed property Do you think the property, in its current layout, is suitable for David needs (and for his mother and proposed carer)? **NB: extending is not possible here and the adaptations therefore need to be internal.**
2. How would you adapt the property to better meet David's needs?
3. What facilities and equipment would you need to consider when planning these adaptations?