Monica and John
Their story

Early Sunday morning
Monica observed John: his facial expression indicated that he had had a stroke
Dialled 999
Monica not present for verbal handover
John’s initial diagnosis - sub-arachnoid haemorrhage.

Later on Sunday
Many hours of waiting
John remained unconscious
Monica remained in passage way

"There was much questioning without telling”

Monica felt ‘evicted’ from the emergency room

Later on Sunday
Monica was questioned about John ‘so that charts could be completed’

Monica told that John had had a ‘serious stroke’ Monica did not understand what ‘serious’ meant

Transfer to ward
Admitted to geriatric ward; Monica concerned as she saw John as a ‘young man’
No access to specialist stroke unit
Referral to specialist took many days
John regained consciousness; he was afraid to find so many leads attached
Contracted MRSA

**Transfer to ward**
Monica often found medication on the floor; call bell out of John’s reach
John was considered for a percutaneous endoscopic gastrostomy (PEG) & discharge to rehab.
Fits began
Social worker referral which was a positive experience for Monica

**5 months later**
Between Rehab unit and home
Adaptations to home needed – Occupational Therapist visits, referral for wheelchair – RAF provided

Stair lift installed one year after hospital assessment

**5 months later**
Monica was trained in drug administration

Discharged from the hospital at the end of the financial year: barrier for adaptations to be financed
Monica gives up working as a lawyer to become John’s full time carer

**Periodic readmissions**
Repeated chest infections and fits: each admission treated as a new admission (paperwork & questions repeated)

Would not consent to PEG until 5 years after stroke

Chest infections & fits ongoing; progressive loss of mobility

**Periodic admissions**

Very little nursing help; many untrained people offered to support Monica, could only get carers when direct payments issued

Portable oxygen ordered but did not arrive

John died soon after.