

# Patient Admitted for Placement Exacerbation

**NEW ORLEANS, LA** - Gomerblog has learned 88-year-old patient Betty Waltuck was readmitted last night by the Emergency Department (ED) at Tulane Medical Center for what is suspected to be acute on chronic [placement](#) or a placement exacerbation. This is the patient's fourth hospitalization in as many months.



“Don’t worry, Mrs. W, we’ll get your flare under control”

“The reality is that chronic conditions, no matter how well they are controlled, can [flare](#) up for any of a number of reasons: infection, missing a few doses of medications, or even just bad luck,” explained Tulane hospitalist Jamie Callahan.

Waltuck is a [bounce back](#) to Callahan’s service, who just discharged the patient 2 weeks ago after a prolonged [length of stay \(LOS\)](#). “In Mrs. Waltuck’s case, she had a [placement exacerbation](#). It happens.”

Placement is like any other chronic condition. In the same way patients can have admissions for acute on chronic [congestive heart failure](#) or acute on chronic [renal failure](#), patients, too, can be hospitalized for [acute on chronic placement](#).

Waltuck’s condition appears to be approaching end stage and may warrant the involvement of [palliative care](#), if not during this hospitalization then at some point in the near future.

“It is well known that [nursing homes](#) or rehabilitation facilities have a low threshold to send a patient to the ED if the patient is having a fever or, worse, it’s a [Friday afternoon](#),” explained Dr. Elaine Stevenson, the Director of Hospital Medicine at Tulane Medical Center. “Before you know it, the patient has lost his

or her original bed and you have to start the process all over again. And as we all know, placement exacerbations are very slow to resolve. I feel bad for our social workers.”

Many of the nation’s experts believe that within the next decade, it is highly possible that the discharge home will become obsolete.