WM is a 19 year old man who suffered an hypoxic brain injury following an attempted hanging, in September 2013, which has resulted in WM being in a semi-vegetative state; he and his family are now living with the effects of his injury. WM's care is very complex and his clinical situation is an ever changing one requiring constant monitoring and reassessment of his management by a highly skilled care team.

WM is unable to verbally communicate which means that his care team need to anticipate all of his clinical, social and personal needs and respond in an appropriate and timely manner. WM's team use various stimulation techniques including visual, auditory, sensory, touch and smell to engage WM in his day to day activities.

WM has a tracheostomy tube to secure/support his airway, he is oxygen dependant through is tracheostomy and requires frequent suctioning and sometimes may require deep suctioning due to large amounts of thick sputum. He requires daily tracheostomy care including changing the dressing, ties, and inner tube (4 hourly checks) as well as care of the stoma itself. WM's current tracheostomy is a size 8.0, cuffed, un-fenestrated Tracheo Twist; Tracheostomy changes are performed 3 monthly at home by WM's care team. WM is on continuous humidified oxygen via his tracheostomy mask at 1 – 8 litres per minute in order to maintain his oxygen saturations at above 93%. However, we are currently following a weaning protocol to determine whether WM can effectively support his airway without his tracheostomy; this involves capping off WM's tracheostomy for periods throughout the day, as tolerated and requires close monitoring of WM's behaviours and vital signs in order to ensure his comfort and safety. WM also requires regular chest physiotherapy to manage and assist with his secretion clearance.

WM is unable swallow and therefore unable to eat or drink, he has a balloon PEG in situ in order to administer feed, fluids and medication. WM requires care and management of his PEG to include site care and extra water flushes before and after feeds and medications. He requires overnight rest periods from his feeds to ensure he has appropriate sleep-wake cycles and to prevent vomiting and requires appropriate positioning during feed/fluid and medication administration to minimise his risk of vomiting. WM's

PEG balloon water is changed weekly, performed at home by his care team and his PEG is changed 3 monthly also performed at home by his care team.

WM is incontinent of faeces and urine and therefore requires incontinence pads and linen changes.

WM has contractures in his arms and requires 4 hourly stretches and passive movements, as tolerated, he also has elbow splints to help release the muscles. To prevent foot drop and contractures in his legs, WM requires 4 hourly leg stretches and splints for his feet. WM is unable to mobilise and is dependent on hoisting with 2 carers for all transfers; he is hoisted to his chair daily for as long as tolerated and pressure area care is a fundamental part of his care delivery.

Due to his injury, WM has episodes of myoclonic jerking, which may be seizure activity. He will bring his arms to his chin and his knees come up often kicking and cycling in a repetitive jerking motion. Often this signifies that he is uncomfortable and requires suction, repositioning, or a pad change. If it continues it may become uncontrollable for him and instigate a state of autonomic instability in which he will begin sweating and will be visibly agitated. He has little head control, so during these jerking episodes and during coughing/suctioning, someone is needed to hold his head to ensure he is safe and to protect his tracheostomy and airway. Extended periods like this require intervention by medication which include administration of buccal midazolam and Oxynorm (a morphine based medication).

WM has a DNR order in place and is not for hospitalisation in the event of a chest infection or urinary tract infection developing. Instead we have a stringent protocol in place to commence high flow oxygen, administration of IV/SC/IM antibiotics, and steroids as appropriate which will be administered by the clinical team.

WM lives in the family home in a converted living room at the moment, where his care team have to deal daily with WM's parents and the emotional difficulties they are dealing with in coming to terms with WM's situation