NATIONAL CASE

ASHP CLINICAL SKILLS COMPETITION 2011 PHARMACIST'S PATIENT DATA BASE FORM

12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg):	station)	/4 78 97.9 16 6 79
Physician: Moore Pharmacy: Walgreen Race: Caucasian Religion: Methodist Vitals & Other Tests 12/2 clinic Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm. 9/2 clinic: 120/70 (10/3 clinic: 135/82 (11/4 clinic: 140/87 (12/2 clinic: 160/90 (12/2 1200: 155/93 (12/2 1200: 157/94 (12/2 2000: 158/95 (12/2 2400: 161/91)	12/3 80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Pharmacy: Walgreen Race: Caucasian Religion: Methodist Vitals & Other Tests 12/2 clinic Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm) 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges	station)	78 97.9 16 6
Race: Caucasian Religion: Methodist Vitals & Other Tests 12/2 clinic Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges	station)	78 97.9 16 6
Religion: Methodist Vitals & Other Tests 12/2 clinic Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Vitals & Other Tests 12/2 clinic Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm) 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm) 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	12/3 80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Pulse 85 Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	80 98.7 15 1 77 Hg): (22 wks ges (26 wks ges	station)	78 97.9 16 6
Temp 98.8 Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	15 1 77 Hg): (22 wks ges (26 wks ges	station)	97.9 16 6
Resp 16 Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	1 77 Hg): (22 wks ges (26 wks ges	station) station)	6
Pain (0-10) 7 Weight (kg) 75 Blood Pressures (mm) 9/2 clinic: 120/70 (10/3 clinic: 135/82 (11/4 clinic: 140/87 (12/2 clinic: 160/90 (12/2 1200: 155/93 (12/2 1600: 157/94 (12/2 2000: 158/95 (12/2 2400: 161/91)	1 77 Hg): (22 wks ges (26 wks ges	station) station)	6
Weight (kg) 75 Blood Pressures (mm. 9/2 clinic: 120/70 (10/3 clinic: 135/82 (11/4 clinic: 140/87 (12/2 clinic: 160/90 (12/2 1200: 155/93 (12/2 1600: 157/94 (12/2 2000: 158/95 (12/2 2400: 161/91 (12/2 1600) (161/91 (16/14) (16/14 (16/14 (16/14 (16/14 (16/14 (16/14 (16/14 (16/14 (16/14) (16/14 (16/14 (16/14 (16/14) (16/14 (16/14) (16/14 (16/14) (16/14) (16/14 (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/14) (16/1	Hg): (22 wks ges (26 wks ges	station) station)	
Blood Pressures (mm 9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	(22 wks ges (26 wks ges	station)	
9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 158/95 12/2 2400: 161/91	(22 wks ges (26 wks ges	station)	
9/2 clinic: 120/70 10/3 clinic: 135/82 11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 158/95 12/2 2400: 161/91	(22 wks ges (26 wks ges	station)	
10/3 clinic: 135/82 clinic: 140/87 clinic: 140/87 clinic: 160/90 12/2 clinic: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	(26 wks ges	station)	
11/4 clinic: 140/87 12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91			
12/2 clinic: 160/90 12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91	e o mas gen		
12/2 1200: 155/93 12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91			
12/2 1600: 157/94 12/2 2000: 158/95 12/2 2400: 161/91			
12/2 2000: 158/95 12/2 2400: 161/91			
12/2 2400: 161/91			
1 12/3 0400 150/04			
12/4 0800: 1/3/112			
Labs	12/2	12/3	12/4
			13
			4.0
			103
	l I		25
BUN (mg/dL)	20		35
SCr (mg/dL)	l I		1.1
Glucose (mg/dL)	80		75
Calcium (mg/dL)	9.8		9.7
Magnesium (mEq/L)	1.6		2.0
Albumin (g/dL)	4.1		4.0
AST (IU/L)	34		80
ALT (IU/L)	40		120
Total bili (mg/dL)	0.9		1.2
WBC (million/mm ³)	9.8		10.
``	11.2		10.
	28		27
	l I		88
	Na (mEq/L) K (mEq/L) Cl (mEq/L) CO ₂ (mEq/L) BUN (mg/dL) SCr (mg/dL) Glucose (mg/dL) Calcium (mg/dL) Magnesium (mEq/L) Albumin (g/dL) AST (IU/L) ALT (IU/L) Total bili (mg/dL)	12/3 0800: 162/95 12/3 1200: 163/95 12/3 1600: 164/97 12/3 2000: 165/100 12/3 2400: 164/101 12/4 0400: 169/105 12/4 0800: 173/112 Labs 12/2 Na (mEq/L) 140 K (mEq/L) 3.8 Cl (mEq/L) 26 BUN (mg/dL) 20 SCr (mg/dL) 0.7 Glucose (mg/dL) 80 Calcium (mg/dL) 80 Calcium (mg/dL) 9.8 Magnesium (mEq/L) 1.6 Albumin (g/dL) 4.1 AST (IU/L) 34 ALT (IU/L) 40 Total bili (mg/dL) 0.9 WBC (million/mm³) 9.8 Hgb (g/dL) 11.2 Hct (%) 28	12/3 0800: 162/95 12/3 1200: 163/95 12/3 1600: 164/97 12/3 2000: 165/100 12/3 2400: 164/101 12/4 0400: 169/105 12/4 0800: 173/112 Labs

This form is to be used ONLY in the ASHP Clinical Skills Competition. Any other use of this form requires permission from ASHP.

Social History	Labs cont.	12/2	12/3	12/4
Tobacco: h/o 1 ppd cigarettes – reports that she quit when she				
discovered she was 6 weeks pregnant	MCH (pg)	29		30
ETOH: none	RBC (mil/uL)	3.4		3.2
Illicit Drugs: none	Plt (K/mm ³)	155		95
Caffeine: 1 Diet Coke per week	Protime (sec)	13		13.4
Occupation: DEA investigator	INR	1.1		1.2
Status: married	PTT (sec)	33		34
Children: none	Uric Acid (mg/dL)	5.9		6.1
Physical Activity: not specified	Urine protein:	2+	2+	3+
Diet: pregnancy	24 hour urine protein		1810	
	(mg)			

Vaccination history	Cultures and pregnancy screens:		
Influenza: has never had	Blood type: A+		
Pneumococcal: has never had	Rubella: non-immune		
Tetanus: last booster unknown	Varicella Zoster IgGAntibody: positive		
All childhood immunizations: up to date	Hepatitis B Surface Antibody: positive		
	Hepatitis B Surface Antigen: negative		
	Hepatitis C Virus Antibody: negative		
	Gonorrhea/Chlamydia: negative		
	Rapid Plasma Reagin: non-reactive		
	Herpes Simplex Virus: negative		
	HIV1 and 2 Antibody Screen: non-reactive		
	Vaginal cx: Group B Streptococcus positive		
Physical Exam (12/2/11)	Urinalysis 12/2		
General: well-nourished pregnant female in some discomfort	Appearance: yellow		
HEENT – PERRLA, EOMI	Bili: negative		
Chest: CTA bilaterally; no wheezes, crackles	Glucose: negative		
CV: RRR; no murmurs, rubs, gallops	Ketones: negative		
Abd: gravid, non-tender, bowel sounds present	Hgb: negative		
Fetal Heart Tones: 135, moderate, variable, (-) decels	LE: negative		
Sterile Vaginal Exam: 1/50/-1 (dilation/effacement/station),	pH: 6.5		
amniotic fluid present in vaginal vault	Protein: moderate		
Ext: 2+ edema in hands,	Spec Grav: 1.02		
Neuro: A&O x 3, CII-XII intact, DTR 2+ patella/Achilles, (-)			
clonus			

Allergies/Intolerances		Prescription Coverage	
PCN - rash		Insurance: Cigna	
		Copay: \$10 gen, \$25 brand	
		Cost per month:	
		Annual Income: \$80,000	
Current Drug Therapy			
Drug Name/Dose/Strength/Route	Prescribed Schedule	Duration Start-Stop Dates	Compliance/Dosing
			Issue
1. Prenatal Vitamin w/ *DHA PO	1 tablet/cap daily	2009 – present	none
2. Ferrous Sulfate 325 mg PO	1 tablet daily	July '11 – present	none
3. Fluticasone 110 mcg MDI Inh	1 puff BID	2000 – present	none
4. Albuterol MDI Inh	2 puffs prn SOB,	2000 – present	increased need for
	coughing		use in last month
5. Acetaminophen 500 mg PO	2 tablets x 1	12/2/11	
6. Famotidine 20 mg PO	twice daily as needed	12/2/11 - present	
7. Lactated Ringers	125 ml/hr	12/2/11 - present	

Medication History

Prior to pregnancy, patient previously used hydrocodone 7.5 mg/acetaminophen 325 mg PO q4-6h as needed at onset of migraine headache, but has only had one headache early in the pregnancy and took acetaminophen 1000 mg PO x 1 with relief.

Patient Narrative

On 12/4, 48 hours after admission, her BP has continued to increase and her headache is back. The obstetrician has requested pharmacy's recommendations for medication management with anticipated delivery of the baby by Cesarean section the morning of 12/5. In addition to new therapy recommendations, Dr. Moore requests you look at her current medication profile to determine if changes are needed with any of those medications.

^{*} DHA – docosahexaenoic acid

ASHP Clinical Skills Competition - Pharmacist's Care Plan - 2011 National Answer Key

Evaluated for competition

Team	#	

Problem Identification and Prioritization with Pharmacist's Care Plan

- A. List all health care problems that need to be addressed in this patient using the table below.
- B. Prioritize the problems by indicating the appropriate number in the "Priority" column below:
 - 1 = Most urgent problem (<u>Note</u>: There can only be <u>one</u> most urgent problem)
 - 2 = Other problems that must be addressed immediately or during this clinical encounter; **OR**
 - 3 = Problems that can be addressed later (e.g. a week or more later)

^{*}Please note, there should be only a "1", "2", or "3" listed in the priority column, and the number "1" should only be used once.

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
Severe pre-eclampsia [due to BP > 160/110 and corresponding HELLP(Hemolysis, Elevated Liver enzymes, Low Platelets)] BONUS points if corresponding HELLP syndrome identified	1	Seizure prophylaxis Prevent renal failure, DIC, eclampsia, stroke, death	Magnesium sulfate 4-6 gram IV or IM over 15-20 min followed by 1-3 gram/hr IV continuous infusion using 10% solution Phenytoin, fosphenytoin and diazepam should not be used unless contraindication to magnesium exists.	Check Mg++ level 2 hrs after bolus, then every 6-12 hours Achieve Mg++ level = 4-8 mg/dl Continue x 24-48 hours after delivery. Monitor for s/sx of toxicity: muscular weakness/paralysis, loss of deep tendon reflexes, hypotension, vasodilation, flushing, sweating, cardiac arrythmias, respiratory depression, chest tightness and pulmonary edema Have calcium gluconate 1gram IV
		Lower maternal BP to DBP 95- 105 mmHg prior to delivery	Check BP every 4 hours while awake Nifedipine 10 mg PO every 10 min up to 3 doses, followed by 10 mg q6-8h; Nicardipine 5 mg/hr IV continuous	available for administration if mag toxic decrease SBP < 150-160, DBP < 95 prior to C-section; monitor for hypotension Nifedipine/Nicardipine: monitor for flushing, headache, peripheral edema, nausea, dizziness; can potentiate toxic

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
			infusion, titrating up to max dose of 15 mg/hr OR	effects of magnesium
			Hydralazine 5-10 mg IV/IM every 20-30 min OR	Hydralazine: monitor for headache, tachycardia, flushing
			Labetalol 20 mg IV, followed by 40 mg IV 10 min later, then 80 mg every 10 min up to 220 mg total dose OR 200-400 mg PO BID	Labetalol: monitor for bradycardia; not contraindicated, but use with some caution due to asthma diagnosis
			Methyldopa is not a good choice due to acuity- it takes up to a week to achieve therapeutic effect. ACE inhibitors and ARB's are contraindicated until postpartum due to teratogenicity.	Continue monitoring CBC, LFT's, electrolytes, SCr, BUN, Uric Acid q48h until discharge
		Relieve headache pain Headache needs to be recognized as a symptom of the pre-eclampsia, not as a migraine	Acetaminophen 500-1000 mg PO/IV/PR q4-6hrs prn pain no aspirin or NSAIDs to avoid premature closure of the neonate's ductus	Pain score with vitals every 4 hrs with controlled pain. Limit total daily acetaminophen to 4000mg
Group B Strep colonization for	2	Eradication of Group B Strep prior to delivery	Due to PCN allergy of rash, options for treatment until delivery include:	If Cefazolin used, monitor for allergic reaction due to possible crosssensitivity with PCN.
PROM			Cefazolin 2 gm IV x 1, then 1 gm IV q8h OR Clindamycin 900 mg IV q8h	If Vancomycin used, infuse dose over an hour to avoid infusion-related reaction.

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
			OR Vancomycin 1 gm IV q12h (this dose is the standard per GBS guidelines)	Monitoring for this problem occurs with the baby. Because neonate is 34 weeks, they need an admit CBC and blood culture with observation for signs of sepsis for at least 48 hours.
			Discontinue therapy post-partum unless clinical evidence indicates active infection requiring treatment.	signs of sepsis for at least 40 hours.
Post-partum pain management	3	relieve pain	Opiod narcotic (oxycodone or hydrocodone) appropriate for moderate pain Ibuprofen 600-800mg PO q6-8h or Naproxen 500mg PO q12h OK appropriate to manage mild pain and uterine tonicity	Pain score with vitals q4h. Goal: Score 0-3 Monitor frequency pain medication is needed.
Pregnancy associated anemia	3	increase Hgb restore pre-pregnancy blood volume	Increase FeSO4 to 325mg po BID or TID (preferred answer). OR Change to different oral iron supplement OR Continue current dose AND/OR Start anemia work-up	Goal Hgb > 12 Monitor for constipation, GI irritation, nausea, epigastric pain caused by iron supplement
Heartburn	3	prevent pain from reflux decrease gastric acidity	Continue Famotidine 20 mg BID prn heartburn OR Calcium Carbonate (TUMS) 500- 1000mg PO TID prn heartburn (bonus point if student states to avoid dosing at same time as iron supplement) OR Antacid (Maalox, Mylanta, etc) prn	Monitor for symptom relief Consider discontinuing therapy post- partum as symptoms typically resolve after delivery of baby.

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
Migraine headaches	3	relieve pain (prophylaxis not warranted due to frequency of 4 per year)	Acetaminophen and NSAIDs prn preferred if patient is breast-feeding. Fioricet, opiods and triptans prn as alternatives. Avoid codeine due to risk of CYP2D6 ultra rapid—metabolism and conversion to morphine, causing overdose in infant. Same concern may also be considered with possible ultra rapid metabolism of hydrocodone to hydromorphone. Dihydroergotamine contraindicated if she is breast-feeding.	Monitor frequency of headaches and type and whether or not first-line medications are effective. If taking opiods for pain relief, monitor for sedation.
Asthma	3	Prevent bronchospasms and other symptoms Minimize need for short-acting bronchodilator	Continue Flovent and Albuterol as previously ordered.	Pulmonary Function Tests annually if disease stable Daytime symptoms should occur ≤ 2 times per week, nighttime awakenings ≤1 time per month PEF should remain in the green zone (>80 personal best) with <20% variability. Monitor use of short-acting albuterol. SABA should be used ≤2 days per week.
Immunizations	3	Rubella immunity Prevent influenza & its complications Boost tetanus-diptheria- pertussis immunity	Administer MMR vaccine, Influenza vaccine (inactive), pneumococcal-23 (PPSV) vaccine (quit smoking less than 1 yr ago) and Tdap prior to discharge (deduct points if Flumist recommended due to asthma history)	Monitor for local injection site reaction, fever, malaise, arthralgia, dizziness, syncope, etc.

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
Smoking Cessation	3	Maintain smoking cessation Decrease nicotine cravings Reduce morbidity/mortality from CV disease and malignancy	1 st option: patient has already been smoke-free during pregnancy, so best option is to continue smoke-free lifestyle. Encourage with counseling. OR 2 nd option: Nicotine gum or 7 mg/hr patch, but nicotine crosses into breastmilk if breastfeeding	Monitor for cravings Monitor for adverse effects of nicotine if gum or patch used: nausea, dry mouth, dizziness, headache
Birth Control	3	Prevent pregnancy	Initiate/restart birth control 3-6 weeks post-partum (recommendation on time to delay varies among references). Non-hormonal methods of contraception are preferred if she plans to breastfeed. If a hormonal method is used, then progestin-only products are preferred to limit the negative impact on milk production. Counseling as appropriate.	If hormonal contraception chosen, monitor for compliance, s/sx of intolerance (nausea, vomiting, headaches, dizziness, thrombosis, visual disturbances) and breakthrough bleeding.

^{© 2007,} American Society of Health-System Pharmacists®, Inc. All rights reserved.