Patient 2– Hospital information Week 3			
Setting	Inpatient Medical/Surgical Unit		
Scenario	Patient was admitted to the hospital from the ED.		
Patient Information	**Name: Tom Jackson** **DOB: 3/10/1967** **Race**: White **Room #: 513** **Gender: Male** **Age: 55** **Patient ID #:** 387034 **Allergies**: codeine, bee pollen, tetracycline		
CC	Patient presented to ED with severe abdominal pain.		
HPI	Patient has had stomach pain for the past 2 weeks, but it felt better with OTC medications. Today the pain became much worse and he vomited what looked like coffee grounds. Patient diagnosed with NSAID-induced ulcer.		
Family History	Mother- died of cervical cancer at age 82 Father- died of heart attack at age 60	**PMH**	Hx PUD w/*H. pylori* eradication 1 yr ago, GERD, OA in right wrist, right hand, and left hip, HTN, Type II DM (diet controlled)
Social History	• Police officer • Smokes 1-2 packs/wk down from 2 ppd • Drinks 1+ alcoholic beverage/day • No illicit drugs Plays basketball a couple times/week when able	**Vaccine History**	Tetanus 5 yr ago Shingles 1 year ago Flu last fall COVID fully vaccinated and boosted
Physical Exam	• HEENT: PERRLA, EOMI. Patient wears glasses. • Neck: supple, no JVD or thyromegaly, no carotid bruits • Lungs: CTA • Heart: RRR • Abdomen: normal BS, moderate epigastric pain on palpation • Extremities: mild weakness and swelling of joints on RUE, no skin breakdown or ulcers. • Neurological: A&O x3 Cranial nerves II-XII are grossly intact.		
VS	BP: 130/70 HR: 80 RR: 12 T: 98.4 F O2 sat 99% Wt: 165 lb HT: 5'8"		

Note: patient is based on "To Serve and Protect" patient case from Pharmacotherapy Casebook—a Patient Focused Approach, 9th edition.

Labs	Na: 140 mEq/L K: 4.3 mEq/L Cl: 104 mEq/L CO2: 26 mEq/L	BUN: 20 mg/dL SCr: 1.2 mg/dL Glu: 124 mg/dL	Hgb: 8.7 g/dL Hct: 27% RBC 3.8 X $10^3/mm^3$ WBC: 7.1 X $10^3/mm^3$ Plt: 379 X $10^3/mm^3$
Cultures	Serology positive but rapid urease test of gastric biopsy negative for *H. pylori.*		

Hospital orders written

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
NS	75 ml/hr	IV	Continuous infusion		0800	
Pantoprazole	8 mg/hr	IV	Continuous infusion		0800	X3 days
Ondansetron	4mg	IV	Q6h prn nausea			
Hydromorphone	1 mg	IV	Q4h prn severe pain (7-10 on pain scale)		0900	Pain not relieved by acetaminophen
Acetaminophen	1000 mg	IV	Q6h prn moderate pain (4-6 on pain scale)		0800	
Pharmacy to continue home meds						iSBARR needs to be done based on home meds, not hospital meds this week

Note: patient is based on "To Serve and Protect" patient case from Pharmacotherapy Casebook—a Patient Focused Approach, 9th edition.

Home Medication List: Verified by pharmacy on admit	
Medication:	**Allergies:**
Aspirin 325 mg PO daily	Codeine—rash
Benazepril 10 mg PO daily	Bee pollen—hives
Lovastatin 20 mg PO at bedtime daily	Tetracycline—rash
Naproxen 200 mg, 2 tablets PO up to QID prn arthritis pain (OTC)	
Famotidine 20 mg PO up to TID prn stomach pain	

Note: patient is based on "To Serve and Protect" patient case from Pharmacotherapy Casebook—a Patient Focused Approach, 9th edition.

Pharmacy Medication Reconciliation Form

Patient Name: Tom Jackson **Date of Birth: 3/10/1967** **Room #:513**	**Allergies:** codeine, bee pollen, tetracycline	**Immunization History:** *Tetanus 5 yr ago* *Shingles 1 yr ago* *Flu last fall* *COVID fully vax & boosted*
Community Rx Info: **Prescription Insurance:**	**Social History:** **Smokes 1-2 packs/wk, down from 2 ppd**	

Complete Medication History Prior to Admission (write legibly)								Med Reconciliation	
Medication Name	**Strength**	**Route**	**Freq**	**PRN?**	**Last Dose (date/time)**	**Adverse Effects**	**Adherence**	**Action**	***Reason for discontinue, hold, modify**
Lovastatin	*20 mg*	*PO*	*HS*	☐	*2200 last night*	*None*	*Never misses*	M	Change to simvastatin 10 mg PO daily at HS—formulary sub
Benazepril	*10 mg*	*PO*	*Daily*	☐	*0800 this am*	*None*	*Never misses*	M	Change to lisinopril 10 mg PO daily—formulary sub
Aspirin	*325 mg*	*PO*	*Daily*	☐	*0800 this am*	*None*	*Never misses*	D	Patient admitted w/NSAID induced ulcer, was taking this "for his health" but not per MD
Naproxen	*200 mg x 2 tablets*	*PO*	*QID*	✠	*0600 this am*	*None*	*Has been taking around the clock to treat his arthritis*	D	Patient admitted w/NSAID induced ulcer—stop this med!
Famotidine	*20 mg*	*PO*	*TID*	✠	*0800 this am*	*None*	*Has been taking TID for stomach pain*	D	Started PPI infusion in ED
				☐					

Additional Notes:	Action Key - **C:** Continue **D:** Discontinue* **H:** Hold* **M:** Modify* (*provide reason)
Med History obtained by (sign and print name):	**Date:**

Medication Reconciliation – (Finalized Medication List = Hospital Orders)

Patient Name:_____ **DOB**: _____ **Room**: _____

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	NS	75 ml/hr	IV	Continuous infusion	
2.	Pantoprazole	8 mg/hr	IV	Continuous infusion	X3 days
3.	Ondansetron	4mg	IV	Q6h prn nausea	
4.	Hydromorphone	1 mg	IV	Q4h prn severe pain (7-10 on pain scale)	If not relieved by acetaminophen
5.	Acetaminophen	1000 mg	IV	Q6h prn moderate pain (4-6 on pain scale)	
6.	Simvastatin	10 mg	PO	Daily at bedtime	Formulary substitution for home med lovastatin 20 mg PO HS
7.	Lisinopril	10 mg	PO	Daily	Formulary substitution for benazepril 10 mg PO daily
8.	Nicotine Patch	7 mg	Topically	Daily	To prevent nicotine withdrawal

****Must be written legibly for grading****

iSBARR Form—done on admission to ED

i	Introduction (name/title/unit)	Hello, I am XXXX, the pharmacist in the ED.
S	Situation	I am concerned that our patient may be dealing with an adverse effect of medication he takes at home.
B	Background	Tom Jackson, 55 YOM in the ED with severe abdominal pain told me he has been taking naproxen OTC 200 mg x2 tablets PO QID and also Aspirin 325 mg PO daily.
A	Assessment	Both aspirin and naproxen are NSAIDS and can cause stomach pain and ulcers.
R	Recommendation	I recommend that both aspirin and naproxen be stopped immediately and the patient be educated not to resume them at home.
R	Repeat	OK, I will write the order to discontinue the aspirin and naproxen he takes at home due to newly diagnosed ulcer.

Jayhawk Medical Center Medication List and Instructions

Patient Name: Tom Jackson		
Admission Date:	**Discharge Date:**	**Service: med-surg**
Principal Diagnosis This Admission: NSAID-induced ulcer		
Secondary Diagnosis:		
Allergies (reactions): codeine, bee pollen, tetracycline (rash to all)		

Medications added this visit: (begin taking these)
Pantoprazole 40 mg by mouth daily Acetaminophen 500 mg (extra-strength), 2 tablets by mouth up to 4 times a day as needed for arthritis pain
Medications changed this visit: (modify what you previously were taking)
Medications discontinued this visit: (stop taking these)
Aspirin 325 mg by mouth daily for health Naproxen 200 mg, 2 tablets by mouth up to four times a day as needed Famotidine 20 mg by mouth up to three times a day as needed

FINAL DISCHARGE MEDICATION LIST					
MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	*Comments*	**Morning**	**Afternoon**	**Evening**	**Bedtime**
Benazepril 10 mg by mouth daily		X			
Lovastatin 20 mg by mouth at bedtime daily					X
Pantoprazole 40 mg by mouth daily	Take for 1 month, then follow up with regular Doctor	X			
As needed medications					
Acetaminophen 500 mg extra strength, 2 tablets by mouth up to four times a day	As needed for arthritis pain				