Patient 8	Observer Information W	eek 5			
Setting	Inpatient Medical/Surgical Unit				
Scenario	Patient was admitted today from Ja	ayhawk Sunset Acres	nursing h	iome.	
Patient Information	Gender: Male Age: 8 Allergies: penicillins and cephalosporins			Asian t ID#:	Room #: 421 38821
CC	Patient with fever, shortness of breath, a	and cough was brought to	the ED.		
НРІ	Patient is an 84-year-old male who was get him for breakfast, he was unable to gused the guaifenesin w/codeine cough s 100.7 degrees F.	get out of bed. Patient had	been com	plaining o	of a cough for a few days and had
Family History	Mother- died of cancer at age 87 Father- died of old age at 92 3 siblings all in reasonable health for the	eir age	РМН	as his walive indeadout remarkable living following	had COVID in 2020 at the same time ife. She died and he was unable to ependently after that. He recovered ains unable to complete activities of ing on his own so remained at the home where he was sent for rehable hospital DC post-COVID. PMH is hypertension and arthritis.
Social History	 Retired pharmacist Widowed—wife died 2 years ago from unable to live alone after that Has 2 children and 5 grandchildren w visit occasionally Does not smoke, drink alcohol, or use Drinks coffee or hot tea with meals Exercises by walking down the hall ar aerobics at NH 	ho live out of state but illicit drugs	Vaccine History	Shingles Flu last f	3 yr ago s several years ago fall an/Feb 2021 & 2 boosters

Physical Exan	 Neck: supple without lymphad Lungs: labored breathing, coar Heart: Tachycardia, regular rhy Abdomen: nontender, + bowel Extremities: pulses 2+ through 	enopathy se rhonchi througho thm sounds out, normal appear	out lungs, decreased l	es and bilat hearing aids. breath sounds bilat in lower lung es II-XII are grossly intact. Able to				
VS	BP: 146/91 HR: 126 RR: 32	T: 102.4 F	02 sat 84%	Wt: 177 lb	HT: 5'9"			
Labs	Na: 140 mEq/L	BUN: 20 mg/dL		Hgb: 11 g/dL				
	K: 4.2 mEq/L	SCr: 1.1 mg/dL		Hct: 34.5%				
	Cl: 97 mEq/L	Glu: 111 mg/dL		RBC 3.9 X 10 ³ /mm ³				
	CO2: 24 mEq/L			WBC: 12.3 X 10 ³ /mm ³				
	Ca: 8.6 mg/dL			Plt: 422 X 10 ³ /mm ³				
Cultures	Blood and sputum cultures sent to lab, final C&S results expected in 2-5 days.							
	Sputum Gram stain:							
	>25 WBC/hpf							
	<10 epithelial cells/hpf							
	2+ gram + cocci							
	3+ gram – rods							
	Blood Gram stain: negative for bacte	ria						

Hospital Medications

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
NS	55 ml/hr	IV	continuous		0800 09/XX/20XX today	
Levofloxacin	750 mg	IV	Q24h	0900	0900 09/XX/20XX today	Change to PO tomorrow
Methylprednisolone	125 mg	IV	Q6h	0000-0600-1200- 1800	0600 09/XX/20XX today	Plan to taper
Pantoprazole	20 mg	IV	Q24h	0700	0700 09/XX/20XX today	GI prophylaxis
Acetaminophen	650 mg	РО	Q6h prn			For fever 99-100.4 F or mild pain (1-3)
Ibuprofen	400 mg	РО	Q6h prn		0900 09/XX/20XX today	For fever ≥100.5 F or moderate pain (4-6)
Morphine	1 mg	IV	Q6h prn			For severe pain (7-10)
Albuterol/ipratropium neb sol	2.5/0.5 mg in 3 ml	Via neb	Q4h while awake	0600-1000-1400- 1800-2200	0600 09/XX/20XX today	
Enoxaparin	40 mg	SQ	Daily	0900	0900 09/XX/20XX today	DVT prophylaxis

Home Medication List:	
Medication:	Allergies:
Felodipine 10 mg PO daily for HTN	Penicillins & cephalosporins—rash to both
Albuterol inhaler 2 puffs PO q6h prn SOB post-COVID	
Meloxicam 7.5 mg PO daily for arthritis	
MOM 30 ml PO daily prn constipation	
Senior adult multivitamin/mineral tablet PO daily	
Loratadine 10 mg PO daily prn allergies	
Melatonin 3 mg PO daily at bedtime PRN sleep	

Jayhawk Medical Center Medication Discharge Plan/Prescriptions

Discharge Date: 9/XX/20XX

Patient Name: Haresh Patel Primary Diagnosis: pneumonia Community Pharmacy: Jayhawk

Allergies: penicillins and cephalosporins--rash

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
NS	55 ml/hr	IV continuous infusion			Х	
Levofloxacin	750 mg PO q24h	Total 5 days of therapy	X			Х
Methylprednisolone	125 mg IV daily	Tapered dose—last dose on day of discharge			Х	
Pantoprazole	20 mg IV q24h	For GI prophylaxis in hospital			Х	
Acetaminophen	650 mg PO q6h prn	For fever or pain (changed instructions for NH)	Х			Х
Ibuprofen	400 mg PO q6h prn	For fever ≥ 100.5 F for moderate to severe pain			Х	
Morphine	1 mg IV q6h prn	For severe pain (7-10)			Х	
Albuterol/ ipratropium neb sol	2.5/0.5 mg in 3 ml via neb q4h while awake	Change back to albuterol inhaler from NH			Х	
Enoxaparin	40 mg SQ daily	For DVT prophylaxis			Х	

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Felodipine	10 mg PO daily	For HTN	Х			
Albuterol inhaler	2 puffs PO q6h prn	For SOB post-COVID	Х			
Meloxicam	10 mg PO daily	For arthritis	Х			
MOM	30 ml PO daily prn	For constipation	Х			
Senior Adult	1 tablet PO daily		Х			
Multivitamin/Mineral						
Loratadine	10 mg PO daily prn	For allergies	Х			
Melatonin	3 mg PO daily at HS prn	For sleep	X			

Pharmacy Medication Reconciliation Form

Patient Name: Haresh Patel Date of Birth: 8/2/1938 Room #: 421				Allergies: penicillin & cephalosporins—rash to both					Immunization History: Tetanus 3 yr ago Shingles several years ago		
Community Rx Info: Jayhawk Prescription Insurance: any, has Medicare					s not smoke, ogs lks coffee or h rcises by walk	ed pharmacist drink alcohol, o ot tea with me ing down the l air aerobics at	Flu last fall COVID Jan/Feb 2021 & 2 boosters				
Comp	lete Medi	cation	History P	rior to	Admission	(write legibl	y)		Med Reconciliation		
Medication Name	Strength	Route	Freq	PRN?	Last Dose (date/time)	Adverse Effects	Adherence	Action	*Reason for discontinue, hold, modify		
Felodipine	10 mg	PO	Daily		0800 today	None	Always takes	M	Formulary substitution to amlodipine 10 mg PO daily		
Albuterol inhaler	2 puffs	PO	Q6h prn	X	0800 today	None		Н	On Duoneb in hospital		
Meloxicam	10 mg	PO	Daily		0800 today	None	Always takes	С			
мом	30 ml	РО	Daily prn	X	0800 today	None		С			
Senior adult MVI w/ minerals	1 tablet	РО	Daily		0800 today	None	Always takes	Н	Not needed in the hospital		
Loratadine	10 mg	PO	Daily prn	x	0800 today	None		С			
Melatonin	3 mg	РО	HS prn	x	2000 last night	None		С			
Additional Notes:							D : I	ion Key - C: Continue Discontinue* H: Hold* Modify* (*provide reason)			
Med History obtain	ed by (sign a	and prin	nt name):						Date:		

<u>Medication Reconciliation – (Finalized Medication List = Hospital Orders)</u>

Patient Name: Haresh Patel DOB: 8/021938 Room: 421

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	Amlodipine	10 mg	РО	Daily	Formulary substitution for felodipine 10 mg PO daily
2.	Meloxicam	7.5 mg	PO	Daily	
3.	MOM	30 ml	PO	Daily prn	For constipation
4.	Loratadine	10 mg	PO	Daily prn	For allergies
5.	Melatonín	3 mg	PO	HS prn	For sleep
6.	NS	55 ml/hr	IV	continuous	
7.	Levofloxacin	750 mg	IV	Q24h	Change to PO tomorrow after fever goes down
8.	Methylprednisolone	125 mg	IV	Q6h	Tapering, will DC on discharge
9.	Pantoprazole	20 mg	IV	Q24h	For GI prophylaxis, DC on discharge
10.	Acetaminophen	650 mg	PO	Q6h prn	For fever 99-100.4 F or mild pain (1-3)
11.	Ibuprofen	400 mg	РО	Q6h prn	For fever ≥100.5 F or moderate pain (4-6)
12.	Morphine	1 mg	IV	Q6h prn	For severe pain (7-10)
13.	Albuterol/ipratropium neb sol	2.5/0.5 mg in 3 ml	Via neb	Q4h while awake	
14.	Enoxaparin	40 mg	SQ	Daily	For DVT prophylaxis, DC on discharge

^{**}Must be written legibly for grading**

iSBARR Form—

Introduction (name/title/unit)	Hello, my name isand I am the pharmacist working on this unit today.
Situation	I am concerned that Haresh Patel is at risk for bleeding.
Background	He was admitted from the nursing home for pneumonia. At the nursing home he received meloxicam daily for arthritis, and in the hospital ibuprofen is ordered for fever/pain and he has received at least one dose.
Assessment	Meloxicam and Ibuprofen are both NSAIDs and the combination increases the risk of a GI or other bleed.
Recommendation	I recommend that we stop either the Meloxicam 7.5 mg PO daily or the Ibuprofen 400 mg PO q6h prn pain/fever.
Repeat	OK, I will hold the meloxicam while in the hospital and continue Ibuprofen due to his high fever.

Jayhawk Medical Center Medication List and Instructions

Patient Name: Haresh Patel					
Admission Date: 9/XX/20XX	Discharge Date: 9/XX/20XX	Service:	med/surg		
Principal Diagnosis This Admission	n: pneumonia				
Secondary Diagnosis:					
Secondary Diagnosis.					
Allergies (reactions): penicillins and cephalosporins—rash to both					

Medications added this visit: (begin taking these)	
Levofloxacin, acetaminophen	
Medications changed this visit: (modify what you previously were taking)	
None.	
Medications discontinued this visit: (stop taking these)	
None.	

FINAL DISCHARGE MEDICATION LIST					
MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	Comments	Morning	Afternoon	Evening	Bedtime
Levofloxacin 750 mg—Take one tablet by mouth once daily	For a total of 5 days for pneumonia	X			
Felodipine 10 mg—Take one tablet by mouth once daily	For high blood pressure	X			
Meloxicam 7.5 mg—Take one tablet by mouth once daily	For arthritis	X			
Senior adult multivitamin/mineral—Take one tablet by mouth once daily	For nutrition	X			
As needed medications					
Acetaminophen 325 mgtake 2 tablets by mouth up to every 6 hours as needed	For pain or fever				
Milk of Magnesia—Take 30 ml by mouth up to once a day as needed	for constipation				
Albuterol inhaler—Take 2 puffs by mouth up to every 6 hours as needed	for shortness of breath				
Loratadine 10 mg—Take one tablet by mouth up to once a day as needed	For allergies				
Melatonin 3 mg—Take one tablet by mouth at bedtime if needed	For sleep				