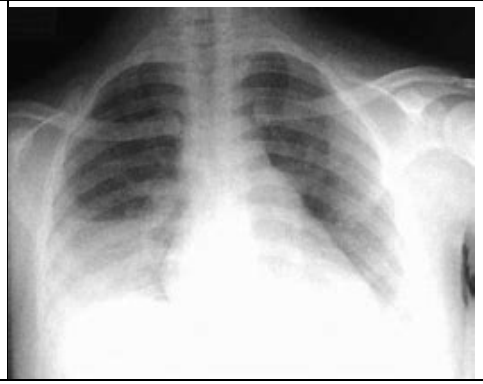
Patient 9	**Observer Information**	**Week 5**		
Setting	Inpatient Medical/Surgical Unit			
Scenario	Patient was admitted yesterday from the ED with community-acquired pneumonia			
Patient Information	**Name: Jane Thompson** **DOB: 08/12/67** **Race**: unknown **Room #: 432** **Gender: Female** **Age: 55** **Patient ID #:** 38845 **Allergies**: NKDA			
CC	Patient with fever, shortness of breath, and cough came to the ED.			
HPI	Patient is a 55 year old woman with a 3 day history of worsening SOB, productive cough, fevers, chills, and right-sided pain. Patient states that her shortness of breath began about a week ago after delivering mail on a really hot, humid day. Since she didn't get better, she went to an Urgent Care Clinic a few days later. They diagnosed her with a respiratory tract infection and prescribed Levofloxacin 750 mg PO daily x 5 days. She couldn't afford to fill the prescription so has just been taking OTC acetaminophen and cough/cold medicine, but her symptoms keep getting worse. She started coughing up stuff a few days ago and has been feeling feverish with chills, but has not taken her temperature.			
Family History	Unknown—patient was adopted as a baby and did not know birth family	**PMH**	HTN x 15 yr T2DM x 10 yr	
Physical Exam	• HEENT: PERRLA, EOMI, dry mucus membranes • Neck: No JVD; full range of motion, no neck stiffness, no masses or thyromegaly, no cervical lymphadenopathy • Lungs: Tachypneic, labored breathing, coarse rhonchi throughout right lung fields; decreased breath sounds in right middle and right lower lung fields • Heart: Tachycardic with regular rate and rhythm; no MRG • Abdomen: NTND; + bowel sounds • Extremities: No CCE; 5/5 grip strength, 2+ pulses bilat • Neurological: A & O x3; CN II-XII intact			
VS-yesterday **today**	BP: 155/85 HR: 127 RR: 32 T: 103.1 F O2 sat 87% on room air Wt: 185 lb HT: 5'10" 129/80 82 20 99.2 F 98%			

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Labs	Na: 141 mEq/L K: 4.3 mEq/L Cl: 102 mEq/L CO2: 22 mEq/L	BUN: 42 mg/dL SCr: 1.4 mg/dL Glu: 295 mg/dL	Hgb: 12.1 g/dL Hct: 35% RBC 3.8 X $10^3/mm^3$ WBC: 23.1 X $10^3/mm^3$ Plt: 220 X $10^3/mm^3$
Cultures	Blood culture results expected in 3 more days—negative so far Sputum culture today is + for *Streptococcus pneumonia.* R to azithromycin (MIC >1 mcg/ml) S to penicillin (MIC < 2 mcg/ml) S to ceftriaxone (MIC < 1 mcg/ml) S to Levofloxacin (MIC < 0.5 mcg/ml) S to Vancomycin (MIC < 1 mcg/ml) Sputum Gram stain on admission: >25 WBC/hpf <10 epithelial cells/hpf Many gram + cocci in pairs *Streptococcus pneumoniae* urine antigen—positive *Legionella pneumophila* urine antigen—negative		
Diagnostic Imaging		Chest X-ray on admission shows right middle and lower lobe consolidated airspace disease, likely pneumonia. Left lung is clear. Heart size is normal. CT on admission shows no axillary, mediastinal, or hilar lymphadenopathy. Heart size is normal. There is consolidation of the RLL and lateral segment of the middle lobe, with air bronchograms. No significant pleural effusions. Left lung is clear.	

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Hospital Medications

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
NS	60 ml/hr	IV	continuous		0800 09/XX/20XX today	
Ceftriaxone	1 gram	IV	Q 24 hr	0900	0900 09/XX/20XX today	
Azithromycin	500 mg	IV	Q 24 hr	1000	1000 09/XX/20XX today	
Ibuprofen	400 mg	PO	Q6h prn		0800 09/XX/20XX today	Fever >101.5 F
Acetaminophen	650 mg	PO	Q4h prn			Mild pain or Fever <101.5 F
Guaifenesin	200 mg/10 ml	PO	Q4h prn			Chest congestion
Methylprednisolone	125 mg	IV	Q6h	0300-0900-1500-2100	0900 09/XX/20XX today	Tapering schedule
Albuterol/ipratropium	2.5/0.5 mg per 3 ml	Via neb	Q4h prn		0800 09/XX/20XX today	Shortness of breath

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Home Medication List:	
Medication:	**Allergies:**
Lisinopril 10 mg PO daily	NKDA
Hydrochlorothiazide 25 mg PO daily	
Vitamin C 500 mg PO daily for past week	
Acetaminophen 325 mg, 2 tablets PO q4h prn fever/pain—has taken routinely for a few days	
Generic 12 hr cough/cold medicine (guaifenesin, phenylephrine, acetaminophen, dextromethorphan)—has taken q12h x 3 days	
Zinc 50 mg PO daily x the last 3 days	
Elderberry lozenges prn cough for last few days	

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Jayhawk Medical Center
Medication Discharge Plan/Prescriptions

Patient Name: Jane Thompson
Discharge Date: 9/XX/20XX
Primary Diagnosis: pneumonia
Allergies: none
Community Pharmacy: Jayhawk

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
NS	60 ml/hr				X	
Ceftriaxone	1 gram IV q24h				X	
Azithromycin	500 mg IV q24h	Change to 250 mg PO daily x5 more days		X		X
Ibuprofen	400 mg PO q6h prn	For fever > 101.5 F			X	
Acetaminophen	650 mg PO q4h prn	For mild pain or fever<101.5 F	X			
Guaifenesin	200 mg/10 ml PO q4h prn	For chest congestion	X			
Methylprednisolone	125 mg IV q24h	Tapering off—last dose today			X	
Albuterol/ipratropium	2.5/0.5 mg per 3 ml via nebulizer q4h prn	For shortness of breath	X			X

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Lisinopril	10 mg PO daily		X			
HCTZ	25 mg PO daily		X			
Vitamin C	500 mg PO daily	Pt may continue if she wants			X	
12 hr couth/cold med (guaifenesin, phenylephrine, acetaminophen, dextromethorphan)	1 tablet PO BID	Counsel pt not to use products with phenylephrine which can increase her blood pressure			X	
Zinc	50 mg PO daily	Pt may continue if she wants			X	
Elderberry lozenges	1 lozenge PO prn cough	Pt may continue if she wants			X	

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Pharmacy Medication Reconciliation Form

Patient Name: Jane Thompson **Date of Birth: 8/2/1938** **Room #: 421**	**Allergies:** NKDA	**Immunization History:** Tetanus 2 yr ago Shingles last year Flu last fall COVID fully vaccinated & 1 booster a few months ago
Community Rx Info: Jayhawk **Prescription Insurance: any, good insurance**	**Social History:** Denies alcohol, tobacco, and illicit drug use. Patient states that she has trouble affording medications	

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 hold, discontinue, modify**
Lisinopril	*10 mg*	*PO*	*Daily*		*0700 today*	*None*	*Always takes*	C	
HCTZ	*25 mg*	*PO*	*Daily*		*0700 today*	*None*	*Always takes*	C	
Vitamin C	*500 mg*	*PO*	*Daily*	X	*0700 today*	*None*	*Has taken for a few days*	D	Dietary supplement, does not usually take, not needed
12 hr couth/cold med (guaifenesin, phenylephrine, acetaminophen, dextromethorphan)	*1 tablet*	*PO*	*BID*	X	*0700 today*	*None*	*Has taken q12h x3 days*	D	iSBARR concern about phenylephrine increasing BP
Zinc	*50 mg*	*PO*	*Daily*	X	*0700 today*	*None*	*Has taken x3 days*	D	Dietary supplement, does not usually take, not needed
Elderberry lozenges	*1 lozenge*	*PO*	*PRN cough*	X	*0700 today*	*None*	*Has taken for a few days*	D	Dietary supplement, does not usually take, not needed

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)

Based on "The Coughing Conundrum" patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed.

Patient Name: Jane Thompson **DOB**: 8/12/1967 **Room**: 432

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	*Lisinopril*	*10 mg*	*PO*	*Daily*	
2.	*HCTZ*	*25 mg*	*PO*	*Daily*	
3.	NS	60 ml/hr	IV	continuous	
4.	Ceftriaxone	1 gram	IV	Q 24 hr	
5.	Azithromycin	500 mg	IV	Q 24 hr	
6.	Ibuprofen	400 mg	PO	Q6h prn	Fever >101.5 F
7.	Acetaminophen	650 mg	PO	Q4h prn	Mild pain or Fever <101.5 F
8.	Guaifenesin	200 mg/10 ml	PO	Q4h prn	Chest congestion
9.	Methylprednisolone	125 mg	IV	Q6h	Tapering schedule
10.	Albuterol/ipratropium	2.5/0.5 mg per 3 ml	Via neb	Q4h prn	Shortness of breath

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

iSBARR Form—

Introduction (name/title/unit)	Hello, my name is ……and I am the pharmacist working on this unit today.
Situation	I am concerned that Jane Thompson's cold medicine is increasing her blood pressure and heart rate.
Background	She was admitted with CAP but had been taking a 12 hour OTC cold medicine containing phenylephrine for a few days at home. Her BP and HR are elevated.
Assessment	Phenylephrine can increase blood pressure and heart rate. These have improved as the medicine wore off.
Recommendation	I recommend that we do not resume her home OTC cold medicine.
Repeat	OK, I will DC the cold medicine and educate the patient that she should not take products containing phenylephrine due to her HTN.

Jayhawk Medical Center Medication List and Instructions

Patient Name: Jane Thompson		
Admission Date: 9/XX/20XX	**Discharge Date: 9/XX/20XX**	**Service: med/surg**
Principal Diagnosis This Admission: pneumonia		
Secondary Diagnosis:		
Allergies (reactions): NKDA		

Medications added this visit: (begin taking these)
Azithromycin, acetaminophen, guaifenesin, and albuterol/ipratropium
Medications changed this visit: (modify what you previously were taking)
None.
Medications discontinued this visit: (stop taking these)
12 hour cold medicine

FINAL DISCHARGE MEDICATION LIST					
MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	*Comments*	**Morning**	**Afternoon**	**Evening**	**Bedtime**
Azithromycin 250 mg—Take one tablet by mouth once daily	Take for 5 days only	X			
Lisinopril 10 mg—Take one tablet by mouth once daily	for high blood pressure	X			
Hydrochlorothiazide 25 mg—Take one tablet by mouth once daily	for high blood pressure, take in the morning	X			
As needed medications					
Acetaminophen 325 mg--take 2 tablets by mouth up to every 4 hours as needed	For pain or fever				
Guaifenesin 200 mg/10 ml cough syrup—Take 10 ml (2 teaspoonfuls) by mouth up to ever 4 hours as needed	For chest congestion				
Albuterol/Ipratropium 2.5/0.5 mg per 3 ml—use one ampule via nebulizer up to every 4 hours as needed	For shortness of breath				