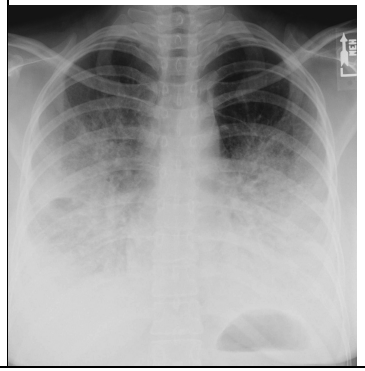
Patient 10	**Observer Information**	**Week 5**	
Setting	Inpatient Medical/Surgical Unit		
Scenario	Patient was admitted yesterday from the ED with community-acquired pneumonia		
Patient Information	**Name: Justin Case** **DOB:08/11/62** **Race**: white **Room #: ICU-3** **Gender: Male** **Age: 60** **Patient ID #:** 38852 **Allergies**: penicillins and cephalosporins		
CC	"This cough is getting worse, and I can't catch my breath."		
HPI	Patient came in 2 days ago for elective surgery. Meds were brought from home due to outpatient status. He had planned to go home yesterday, but he developed fever and started having shortness of breath so was kept another night for observation. He was transferred to ICU this morning and Pharmacy was called to do med rec so home meds can be sent from hospital pharmacy.		
Family History	Mother—alive at age 89, heart disease Father—died 2 years ago at age 88, heart disease	**PMH**	CAD s/p MI 3 yrs ago, no surgical intervention
Social History	• Lives with wife • Works in construction • Smokes 1 ppd x 40 yr Denies alcohol or illicit drug use	**Vaccine History**	Tetanus 4 yr ago Shingles 5 years ago Flu last fall COVID fully vaccinated & 1 booster last month
Physical Exam	• HEENT: PERRLA; moist mucous membranes • Neck: Supple, no lymphadenopathy • Lungs: Scattered rhonchi with expiratory wheezing, diffuse bilat crackles, decreased breath sounds bilat bases; right IJ port-a-cath intact without erythema • Heart: Tachycardic with regular rhythm; no MRG • Abdomen: Soft, mildly distended, hypoactive BS, large liver palpated in RUQ, ileostomy in RLQ is pink and functioning, surgical incision is C/D/L • Extremities: 1+ pitting edema, 2+ pulses bilat, good peripheral perfusion • Neurological: Patient was A & O x3; CN II-XII intact; patient is currently intubated and sedated		
VS (current)	BP: 142/93 HR: 130 RR: 43 T: 101.3 F O2 sat 87% on room air Wt: 154 lb HT: 5'6"		

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

Labs (current)	Na: 141 mEq/L	BUN: 34 mg/dL	Hgb: 12.4 g/dL
	K: 5.1 mEq/L	SCr: 1.1 mg/dL	Hct: 37%
	Cl: 110 mEq/L	Glu: 148 mg/dL	RBC 3.9 X $10^3/mm^3$
	CO2: 19 mEq/L	Ca: 9.2	WBC: 17 X $10^3/mm^3$
			Plt: 584 X $10^3/mm^3$
Cultures	Blood culture x2 pending with results expected in 5 days Sputum culture pending with results expected in 2 days Sputum Gram stain: >25 WBC/hpf <10 epithelial cells/hpf 1+ (few) gram + cocci 3+ (many) gram - rods		
Diagnostic Imaging		Chest X-ray shows new bilateral opacities in left upper lobe and right middle lobe; likely infectious process. Increased alveolar infiltrates in the perihilar location and involving lower lobes. CT shows no evidence of pulmonary embolism. Heart size normal. Small mediastinal and axillary lymph nodes; none are pathologically enlarged. There are small bilateral pleural effusions with adjacent atelectasis. There are pleural-based airspace opacities bilaterally consistent with acute infectious process.	

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

Hospital Medications

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
Albuterol/ipratropium inhalation sol.	2.5/0.5 mg per 3 ml	Via neb	Q4h while awake	0600-1000-1400-1800-2200	0600 09/XX/20XX today	Per protocol
Propofol 1% (10 mg/ml)	0.3 mg/kg/hr	IV	Continuous infusion		0800 09/XX/20XX today	Adjust per protocol
Piperacillin/tazobactam	3.375 g	IV	Q6h	0000-0600-1200-1800	0600 09/XX/20XX today	iSBARR—pt allergic to penicillin
Levofloxacin	750 mg	IV	Daily	0900	0900 09/XX/20XX today	
Vancomycin	1 gram	IV	Q12h	1000-2200	2200 09/XX/20XX yesterday	Pharmacy to dose
Methylprednisolone	125 mg	IV	Q6h	0000-0600-1200-1800	0600 09/XX/20XX today	Wean per protocol
Hydromorphone	1 mg	IV	Q4h prn			Severe pain (6-10)
Acetaminophen	650 mg	PR	Q4h prn			Mild pain/fever
Ibuprofen	400 mg	IV	Q4h prn		0600 09/XX/20XX today	Fever >100.5 F or moderate pain (4-6)
Enoxaparin	40 mg	SC	Daily	0900	0900 09/XX/20XX today	DVT prophylaxis
Pantoprazole	20 mg	IV	Daily	0700	0700 09/XX/20XX today	GI prophylaxis
D5-1/2 NS	50 ml/hr	IV	Continuous infusion		0600 09/XX/20XX today	

Based on “The HAPpening” patient from Pharmacotherapy Casebook. A Patient-Focused Approach, 9th ed

Home Medication List:	
Medication:	**Allergies:**
Aspirin 81 mg PO daily	Penicillins & cephalosporins—rash to both
Rosuvastatin 20 mg PO daily	
Metoprolol succinate 100 mg PO daily	
Co-Q-10 100 mg PO daily	
Fish oil 1000 mg PO daily	
Nitroglycerin 0.4 mg SL q 5 min x3 prn chest pain	

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

Jayhawk Medical Center
Medication Discharge Plan/Prescriptions

Patient Name: Justin Case
Discharge Date: 9/XX/20XX
Primary Diagnosis: pneumonia
Allergies: penicillins & cephalosporins
Community Pharmacy: Jayhawk

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Albuterol/ipratropium inhalation sol.	2.5/0.5 mg per 3 ml via neb while awake	Change to q4h prn	X			X
Propofol 1% (10 mg/ml)	0.3 mg/kg/hr IV continuous infusion	weaned and DC'd when extubated			X	
Levofloxacin	750 mg IV daily	Change to PO, need 7 more days	X			X
Vancomycin	1 gram IV q12h	Last culture showed sensitive to levofloxacin			X	
Methylprednisolone	125 mg IV daily	Tapering, last dose today			X	
Hydromorphone	1 mg IV q4h prn severe pain	Has not needed for a few days			X	
Acetaminophen	650 mg PR q4h prn fever, mild pain	Has not needed			X	
Ibuprofen	400 mg IV q4h prn fever, moderate pain	Has not needed for a few days			X	
Enoxaparin	40 mg SC daily	For DVT prophylaxis			X	
Pantoprazole	20 mg IV daily	For GI prophylaxis			X	
D5-1/2 NS	50 ml/hr IV continuous infusion				X	

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

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Aspirin	*81 mg*	*PO daily*	X			
Rosuvastatin	*20 mg*	*PO daily*	X			
Metoprolol succinate	*100 mg*	*PO daily*	X			
Nitroglycerin	*0.4 mg*	*SL q5min x3 prn chest pain*	X			
Co-Q-10	100 mg	PO daily	X			
Fish oil	1000 mg	PO daily	X			

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

Pharmacy Medication Reconciliation Form

Patient Name: Justin Case **Date of Birth: 8/11/62** **Room #: ICU-3**	**Allergies:** penicillins and cephalosporins—rash to both	**Immunization History:** Tetanus 4 yr ago Shingles 5 years ago Flu last fall COVID fully vaccinated & 1 booster last month
Community Rx Info: Jayhawk **Prescription Insurance: any, good insurance**	**Social History:** Lives with wife • Works in construction • Smokes 1 ppd x 40 yr • Denies alcohol or illicit drug use	

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**
Aspirin	*81 mg*	*PO*	*Daily*		*0800 2 days ago*	*None*	*Takes every day*	C	
Rosuvastatin	*20 mg*	*PO*	*Daily*		*0800 2 days ago*	*None*	*Takes every day*	C	
Metoprolol succinate	*100 mg*	*PO*	*Daily*		*0800 2 days ago*	*None*	*Takes every day*	C	
Co-Q-10	*100 mg*	*PO*	*Daily*		*0800 2 days ago*	*None*	*Takes every day*	H	Dietary supplement, not needed in hospital
Fish oil	*1000 mg*	*PO*	*Daily*		*0800 2 days ago*	*None*	*Takes every day*	H	Dietary supplement, not needed in hospital
Nitroglycerin	*0.4 mg*	*SL*	*Q 5 min x3 prn chest pain*			*None*		C	

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

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Medication Reconciliation – (Finalized Medication List = Hospital Orders)

Patient Name: Justin Case **DOB**: 8/11/1962 **Room**: ICU-3

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	*Aspirin*	*81 mg*	*PO*	*Daily*	
2.	*Rosuvastatin*	*20 mg*	*PO*	*Daily*	
3.	*Metoprolol succinate*	*100 mg*	*PO*	*Daily*	
4.	*Nitroglycerin*	*0.4 mg*	*SL*	*Q 5 min x3 prn chest pain*	
5.	Albuterol/ipratropium inhalation sol.	2.5/0.5 mg per 3 ml	Via neb	Q4h while awake	
6.	Propofol 1% (10 mg/ml)	0.3 mg/kg/hr	IV	Continuous infusion	Wean per protocol and extubate
7.	Levofloxacin	750 mg	IV	Daily	
8.	Vancomycin	1 gram	IV	Q12h	
9.	Methylprednisolone	125 mg	IV	Q6h	Weaning per protocol
10.	Hydromorphone	1 mg	IV	Q4h prn	For severe post-op pain
11.	Acetaminophen	650 mg	PR	Q4h prn	
12.	Ibuprofen	400 mg	IV	Q4h prn	
13.	Enoxaparin	40 mg	SC	Daily	
14.	Pantoprazole	20 mg	IV	Daily	
15.	D5-1/2 NS	50 ml/hr	IV	Continuous infusion	

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 Justin Case is allergic to his antibiotic.
Background	He was admitted to the hospital 2 days ago for surgery and then developed HAP. He had to be intubated and moved to ICU. Pipercillin/tazobactam was ordered per protocol.
Assessment	Pipercillin/tazobactam cross reacts to penicillin as an allergy, so the patient is likely to have an adverse reaction to this medication.
Recommendation	I recommend we discontinue the pipercillin/tazobactam 3.375 grams IV q6h and leave the Levaquin and Vancomycin as ordered.
Repeat	Ok, thanks! I will discontinue the pipercillin/tazobactam order.

Jayhawk Medical Center Medication List and Instructions

Patient Name: Justin Case		
Admission Date: 9/XX/20XX	**Discharge Date: 9/XX/20XX**	**Service: med/surg**
Principal Diagnosis This Admission: pneumonia		
Secondary Diagnosis:		
Allergies (reactions): penicillin and cephalosporins—rash to both		

Medications added this visit: (begin taking these)
Levofloxacin and albuterol/ipratropium
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.	Take for 7 more days.	X			
Aspirin 81 mg—Take one tablet by mouth once daily		X			
Rosuvastatin 20 mg—Take one tablet by mouth once daily		X			
Metoprolol Succinate 100 mg—Take one tablet by mouth once daily		X			
Co-Q-10 100 mg—Take one tablet by mouth once daily		X			
Fish oil 1000 mg—Take one capsule by mouth once daily		X			
As needed medications					
Nitroglycerin 0.4 mg—Place one tablet under the tongue and let dissolve as needed for chest pain. May repeat every 5 minutes up to 3 times.	Call 911 and sit down before you take nitroglycerin				
Albuterol/ipratropium 2.5/0.5 mg per 3 ml solution for nebulizer—Use 1 vial in nebulizer up to every 4 hours as needed	for shortness of breath				