Patient 11 – Hospital Information – Week 6						
Setting	Inpatient hospital room					
Scenario	A patient presents to the ED for blurry vision and chest tightness. Patient is diagnosed as being in a hypertensive crisis. The attending physician has asked that you meet with the patient to conduct a medication reconciliation.					
Patient Information	**Patient Name**: Jay Shin **Gender**: Male	**DOB**: 04/07/1975 **Age**: 45 years old		**Race:** Asian **Room:** 4242		
CC	"I'm having trouble seeing and my chest feels tight."					
HPI	JS is a 45yoAM who was admitted to the ED with a chief complaint of blurry vision and chest tightness due to feeling anxious. He describes "blurry vision" that has been happening off and on for the last few days. The chest tightness started yesterday and is mild, occurring when he would walk his dog outside and resolving with rest. (Pain scale of 1 out of 10)					
Family History	Father deceased (age 60 from 2nd heart attack) – HTN Mother deceased (age 65 from stroke) – HTN Sister in good health	**PMH**	Hypertension x 9 years Hyperlipidemia x 9 years			
ROS	JS complains of vision trouble as mentioned above; no hearing problems. He complains of chest discomfort as mentioned above but denies palpitations and dizziness. He admits to becoming short of breath more easily in the last few weeks and has felt a loss of energy over this same time period, although he never has been very active. He denies nausea, vomiting, or abdominal pain. He denies any swelling in his extremities or weight gain. He denies any mental status changes.					
Physical Exam	**General:** Moderate distress **Skin:** Normal tone and temperature, good turgor **HEENT:** PERRLA; EOMI; no hemorrhages, exudates, or papilledema **Neck:** Neck supple, no JVD, no bruits, no thyromegaly, or lymphadenopathy **Chest:** CTA bilaterally **CV:** RRR, no MRG, normal S1 and S2; no S3 or S4 **Abd:** Soft, NT/ND, no guarding, (+) BS, no abdominal bruits appreciated, liver span about 12 cm **Ext:** Normal ROM, no CCE, pulses 2+ radial; 1+ to 2+ in the rest of her upper and lower extremities **Neuro:** A & O × 3, CN II–XII intact, motor/sensory normal					
VS	BP: 199/132	HR: 74 bpm	RR: 24	T: 98.6°F	Wt: 80 kg	HT: 65 in
UA	**Specific Gravity, Urine:** 1.016	**pH, Urine:** 5.8	**Other:** Negative for blood or protein			
Labs	Na: 140 mEq/L K: 4.9 mEq/L CL: 100 mEq/L	BUN: 30 mg/dL SCr: 1.5 mg/dL CO_2: 28 mEq/L	Glu: 109 mg/dL AST: 27 IU/L ALT: 45 IU/L	WBC: 6.6 X 10^3/mm^3 Hgb: 13.2 g/dL Hct: 43%	Plt: 222 X 10^3/mm^3 TC: 196 mg/dL HDL: 42 mg/dL	LDL: 126 mg/dL TG: 142 mg/dL Troponin-I: Normal

Medication Administration Record (MAR): ED Admission Orders per Physician

Medication	Dose	Route	Frequency	Last administered	Notes
Labetalol	0.6 mg/kg	IV Push	Q 10 minutes	Not given yet	Pharmacy to calculate dose and prepare.
Lorazepam	1 mg	IV	Stat, then q 30 to 60 mins PRN	Upon Arrival	PRN Anxiety due to Hypertensive Urgency
Pantoprazole	20 mg	PO	Daily	To start tomorrow	For GI prophylaxis

Prior to Admit (PTA) Medication List: Electronic Health Record – 5 years ago

Medication:	Allergies:
Lisinopril/HCTZ 10/12.5mg 1 po q daily	Not of file
Atorvastatin 10 mg 1 po q daily	

Pharmacy Records of Last Fills: Verbally given by local Pharmacist

Rx Fill Date	Medication	Dose	Directions for Use	Quantity	Day Supply
The patient may have switched to a new pharmacy. We have not filled any prescriptions in some time.					

Medication Reconciliation Practice – Patient Information – Jay Shin				
Setting	Inpatient hospital room			
Scenario	You present to the ED for blurry vision and chest tightness. A pharmacist is going to meet with you to conduct a medication reconciliation. The following information will help you answer questions in the interview.			
Patient Information	**Patient Name**: Jay Shin **Gender**: Male	**DOB**: 04/07/1975 **Age**: 45 years old	**Height:** 65 inches **Weight:** 80 kg	**Race:** Asian
CC	"I'm having trouble seeing and my chest feels tight."			
HPI	You were admitted to the emergency department with difficulty seeing and chest tightness due to feeling anxious. Your "blurry vision" has been happening off and on for the last few days. The chest tightness started yesterday and is mild, occurring when you would walk your dog outside and resolving with rest. You tried to self-medicate by taking a double dose of your antacid last night and another dose this morning, but that didn't help. You have been taking blood pressure medication for several years with good blood pressure control, but about 6 months ago you stopped taking both medicines, because you had to make an urgent trip to visit a friend out of state and ended up staying with him for a couple of months. Since your friend lives in a rural area with no pharmacy nearby, you never got the medications refilled when you ran out. After several days, you noticed that you felt just fine despite not taking the medicines. Consequently, you never resumed them and have not seen your provider since.			
Family History	Father deceased (age 60-2nd heart attack) – HTN Mother deceased (age 65-stroke) – HTN Sister in good health	**PMH**	High Blood Pressure x 9 years Cholesterol x 9 years Heartburn x 11 years	
Social History	Accountant Married for 20 years, 4 children Alcohol – infrequent (once or twice a month) Tobacco – 1 pack/day for 15 years	**Vaccine History**	Influenza – yes, yearly Tdap – yes, 1 year ago (birth of last child)	
		Allergies	NKDA	
Diet	In terms of diet, for breakfast you typically have a cup of coffee, toast with butter, and two eggs. For lunch, you usually eat a cold cut sandwich, although on work days, you typically do not eat lunch at all and compensates by eating a large breakfast. You munch on snack cakes and chips on breaks during work shifts. However, for dinner, you like to eat baked chicken and prepare some canned vegetables as a side dish along with a dinner salad with Italian dressing. You liberally use salt during breakfast and dinner.			
Pharmacy Information	**Community Pharmacy**: Haven't been to one in 6 months **Pharmacy Telephone #**: Not sure **Prescription Insurance**: Yes, Blue Cross and Blue Shield			

Home medications:

Instructions for patient: Only give each piece of information when asked. Only provide the appropriate answer if pharmacist asks with an open ended question (what, how, why, when, where). If you are asked a yes or no question, answer only with yes or no. For example, if the pharmacist asks "Do you know your dose?", reply with "yes," then wait for a follow-up question.

Prescription Medications: Patient's Handwritten List							
Name	**Dose**	**Route**	**Frequency**	**Last Dose**	**Indication**	**Adverse Events**	**Adherence**
Lisinopril/ HCTZ	20/12.5 mg	PO	1 q daily	6 months	High Blood Pressure	None	Stopped taking 6 months ago, felt fine
Atorvastatin	20 mg	PO	1 q daily	6 months	Cholesterol	None	Stopped taking 6 months ago, felt fine
OTC, Vitamins, Supplements & Herbals:							
Ranitidine	75 mg	PO	1 twice daily	Today 7:00 AM	Heartburn	None	Never miss. You tried to self-medicate your chest tightness by taking a double dose of your ranitidine last night and another dose this morning, but that didn't help.
Sudafed ER 12 HR	120 mg	PO	1 twice daily	Yesterday 6:00 PM	Cold	None	Been taking for 4 days due to a head cold, box says to use every 12 hours

Medication Reconciliation – Practice Case – Jay Shin

Patient Name: Jay Shin	**Date of Birth:** 04/07/1975	**Room Number:** 4242	**Prescription Insurance:** BCBS
Community Pharmacy Information: Not sure; hasn't been in 6 months	**Allergies:** NKDA		**Immunization History:** Influenza – yes, 2020 Tdap – yes, 2020 (birth of last child)

Complete Medication History Prior to Admission (write legibly)									**Reconciliation With Admission Orders (check one)**				
Medication Name	**Strength**	**Route**	**Frequency**	**PRN? (yes/ no)**	**Last Dose (date/time)**	**Data Source**	**Adverse Effects & Adherence Notes**	**Taking? ☑**	**Continue**	**Discontinue***	**Hold***	**Modify***	***Reason for discontinue, hold, modify**
Lisinopril/ HCTZ	20/12.5 mg	PO	1 q daily	No	6 mo. Ago	PT	Felt good/ Stopped taking	No	X				
Atorvastatin	20 mg	PO	1 q daily	No	6 mo. Ago	PT	Felt good/ Stopped taking	No	X				
Ranitidine	75 mg	PO	1 twice daily	No	Today 7:00 AM	PT	Never miss. Tried to self-medicate chest tightness by taking a double dose last night and another dose this morning, but that didn't help.	Yes				X	TS: Famotidine 10 mg BID
Pseudoephedrine	120 mg	PO	1 twice daily	No	Yesterday 6:00 PM	PT	Cold – 4 days	Yes		X			Drug-Disease Interaction/HTN

Additional Notes:	**Medication history obtained by (sign/print name):**	**Date:**
Cold – Congestion – 4 days Gastroesophageal Reflux x 11 years Tobacco – 1 pack/day for 15 years	Student Full Name	Today

Medication Reconciliation – (Finalized Medication List) – Jay Shin

Patient Name: Jay Shin **DOB**: 04/07/1975 **Room**: 4242

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	Lisinopril/HCTZ	20/12.5 mg	PO	1 q daily	Hypertensive Crisis = Urgency *(not Emergency – no Target Organ Damage) (Per HTN guidelines = Reinstitute/intensify oral antihypertensive drug therapy and arrange follow-up)*
2.	Lorazepam	1 mg	IV	1 q 30 to 60 minutes PRN	As needed for anxiety due to Hypertensive Urgency
3.	Famotidine	10 mg	PO	1 twice daily	Therapeutic Substitution
4.	Atorvastatin	20 mg	PO	1 q daily	Continued Home Medication *(No changes; chronic condition follow-up with PCP)*
5.	Nicotine Transdermal Patch	21 mg	Topical	1 q daily	Current Smoker – 1 pack/day x 15 years *(Nicotine replacement during admission)*
6.					
7.					
8.					

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

Jayhawk Medical Center

Patient: ____Jay Shin_____

Discharge Notes:

Admission Date: 3 days ago	**Discharge Date:** Today	**Service:** Floor Unit
Primary Diagnosis (Reason for Admission): Hypertensive Urgency		
Secondary Diagnosis: Gastroesophageal Reflux		
Allergies (reactions): NKDA		

Medications added this visit: (begin taking these) name/strength/dosage form

1. Pantoprazole 20 mg 1 tablet po Q daily

Medications discontinued this visit: (stop taking these) name/strength/dosage form

1. Ranitidine 75 mg 1 tablet po twice daily
2. Pseudoephedrine 120 mg 1 tablet po twice daily

MEDICATION LIST:					
MEDICATION/DOSAGE/FREQUENCY	Morning	Afternoon	Evening	Bedtime	As Needed
Lisinopril/HCTZ 20/12.5 mg 1 tablet po Q daily	X				
Atorvastatin 20 mg 1 tablet po Q daily				X	
Pantoprazole 20 mg 1 tablet po Q daily	X				