

PHRM 833 – Introduction to Case Studies

Part I:

Patient Cheyenne Oakley (MRN: 1050371250; DOB: 8/24/60) arrived to the ED today (6/10/16) at 0530 due to an asthma attack/exacerbation. From your workup of the patient you found in her records that the patient stated she has been having trouble sleeping lately. She states she has woken up 3 times in the last week because she felt like she could not breathe. Currently, she feels she cannot catch her breath. She became scared and came to the hospital. She is able to talk in phrases but not full sentences. Her RR is 27 breaths/minute. A facilitator (in class with you now) is the pharmacist who just left the patient's room after performing a Med Rec. Med Rec is an important task performed to gather what medications the patient is taking and how they are taking it at home. You are aware she had both an FEV₁ and FVC performed 1 month ago at her annual primary care physician visit. Below is information you have gathered:

PMH: A-fib, HTN, asthma, insomnia, OSA, h/o crack cocaine abuse

FH: father died of lung cancer, brother died of HIV

SH:

-Tobacco: smoked 2 ppd x 30 years, down to 8 cigarettes/day

-Alcohol: rare

-Illicit: h/o crack cocaine (no use x 12 months)

Labs: locate in tEMR → use date May 20, 2016 → "Basic Metabolic"

*Information gathered from the tEMR will be located between the dates **May 19-May 20, 2016**. When creating your plan, use all practices approved to-date (ie: April 2018).*

FACILITATOR: *Students will most likely question the information as patient does not have an ED encounter/admission for the dates of noted in the text (May – June 2016). The tEMR contains outpatient information that they can use as background for the scenario described above. Please encourage them to combine the information provided in Part 1, with information available in the tEMR for the given dates, such as labs and medication lists.*

- 1) Define all abbreviations used in Part 1 description:
 - a. ED: Emergency Department
 - b. RR: respiratory rate
 - c. Med Rec: Medication Reconciliation
 - d. FEV₁: forced expiratory volume in one second
 - e. FVC: forced vital capacity
 - f. HTN: hypertension
 - g. OSA: osteoarthritis
 - h. h/o: history of
 - i. ppd: packs per day

- 2) Create a current medication list for this patient, including her current dosage.

FACILITATOR: *You will pose as a pharmacist who just performed an initial med rec with the patient. The students are to collect the list of medications from you.*

- 3) What drug therapy problems is CO experiencing?
- 4) What is an alternative medication that can be used for blood pressure management to avoid the potential side effect that CO is concerned about with her lisinopril?
- 5) Complete the table for classification of asthma severity in adults (≥ 12 years old).

Component	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Frequency of symptoms	≤ 2 days/wk			
Nighttime awakenings		3 or 4 times/mo		
SABA (used for symptom control)			Daily	
Interference with normal activity				Extremely limited
FEV ₁ /FVC	Normal			
FEV ₁ (% of normal)		$> 80\%$ (normal)		
Exacerbations requiring oral steroids			≥ 2 /yr	

- 6) What is a “normal” FEV₁/FVC for a patient of CO’s age? What is CO’s FEV₁/FVC? Is this “normal”?
- 7) What other information presented relates to the severity of her asthma?
- 8) What other objective information can also be used to identify exacerbations?
- 9) What is Cheyenne’s classification of asthma severity?
- 10) What are accepted initial treatment options for an adult patient with the type of asthma severity you identified for CO? Classes of medication are appropriate (do not need to list individual medications).
- 11) Based on the information gathered and accessible within CO’s tEMR, create a complete SOAP note for her asthma treatment for DAY 1 OF ADMISSION. You do not need to rewrite the medication list as part of this SOAP note. The plan only needs to include how to treat her for DAY 1 OF ADMISSION. (Recommendations must be cited)

Part II:

Patient Cheyenne Oakley (MRN: 1050371250; DOB: 8/24/60) has significantly improved and is ready for discharge at 0830 on 6/12/16. You are to create her discharge plan. At this point, you are responsible for addressing all medication/disease state concerns before she is to return home. Create a list of problems that need to be addressed at discharge based on the information from Part 1 and your recommendation as to how best to address them. Be specific with your recommendations based on your therapeutic knowledge to date. You do not have to look up specific therapeutic recommendations for any disease state that you have not yet covered. (Recommendations must be cited)

Part III:

You work within the ED at the hospital as the full-time pharmacist; however, you also work PRN at your local independent pharmacy. As you are filling prescriptions, you hear a familiar voice call your name. It is Cheyenne Oakley. She recognized you from her hospital visit one week ago. You ask how things have been, and she tells you she has just left her doctor's office. She was there for her follow-up appointment regarding her hospital visit for her asthma exacerbation. She states she has been told many times this past week she needs to quit smoking. She had been presented with many options, but it was too much to take in during her hospitalization. She states after her doctor's visit, she is determined now more than ever to quit smoking.

- 1) What smoking cessation options are available over the counter?
- 2) What smoking cessation options are available as prescription only?
- 3) Does CO have any contraindications for any smoking cessation option?
- 4) Cheyenne would like to make a plan for quitting smoking today. Develop a list of 10 questions you would like to ask prior to making a recommendation for her.

FACILITATORS: A variety of questions would be appropriate pertaining to the patient's demographic information that is unknown, past medication use, desires from a treatment option, etc.

You discuss the options to CO and she states she has in the past already tried over the counter options and would like to try a prescription product.

- 5) Because you are a proactive pharmacist and want to help CO quit smoking, you decide to contact her physician's office for a prescription for a smoking cessation product. Develop an SBAR for requesting a prescription for a smoking cessation product. Present this to a facilitator.
- 6) If the physician approves your prescription, develop five counseling points for the patient based on the three prime questions.

FACILITATOR: Appropriate counseling points will depend on the prescription selected