Case #4 – Clinician

- Be the Clinician taking a best possible medication history
- Use the space below to document your best possible medication history

Today is October 20th. You are going to see Patient Harry Vicente who is a 48 year old patient with chronic history of lymphedema, frequent admissions for diuresis and leg pain presenting with increased lower extremity edema and pain.

You are working with a computer system that allows you access to ambulatory electronic medical record for this patient, and the computer provides you with the following information

Past Medical History: Lower Extremity Edema, Asthma, Depression, Diabetes mellitus type 2, Hypertension, Chronic Pain, Gout

Allergies: penicillins – rash, and lisinopril – throat tightness

You have a list from the computer, as follows

Allopurinol 100mg PO daily	Gabapentin 1200mg PO three times a day
Amlodipine 5mg PO daily	Hydrocodone 5mg + acetaminophen 325mg PO q6h PRN breakthrough pain
Citalopram 10mg PO daily	Metformin Extended Release 500mg PO daily
Clonidine 0.1mg PO QHS	Potassium Chloride Extended Release 20meq PO daily
Furosemide 60mg PO daily	Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID

You can use the attached checklist of high performance behaviors and the supplied pocket guide to help you

High Performance Behaviors

• Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct)

• Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds

• Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists

• Asks about adherence

• Uses at least two sources of medications, ideally one provided by the patient and one from another "objective" source (e.g., patient's own list and ambulatory EMR med list)

• Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)

• Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)

• When additional sources are needed, uses available sources first (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.

• Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)

• Returns to patient to review new information, resolve all remaining discrepancies

• Gets help from other team members when needed

• Educates that patient and/or caregiver about the importance of carrying an accurate and up to date medication list with them

Case #4 – Observer

- Listen carefully to the exchange between patient and clinician.
- Complete the "High Performance Behaviors Checklist," attached.
- Compare the clinician's final medication list to the "gold standard," attached.
- Be prepared to give feedback to your colleagues:
    - Did they use high performance behaviors?
    - Did they achieve an accurate best possible medication history?
    - What did they do well? What could use improvement?

If the clinician calls the pharmacy, give the clinician the **Case #4 - Outpatient Pharmacy Records *for Clinician*** from your packet

If the clinician asks a team member for help or uses an online pill identifier (like Drugs.com) for loose medications given to the clinician by the patient: give the clinician the **Case #4 - Loose Medication Answers *for Clinician*** from your packet

Notes:

Gold Standard Preadmission Medication List

Allopurinol 100mg (1 tablet) by mouth daily for gout

Amlodipine 5mg (1 tablet) by mouth daily for blood pressure

Citalopram 10mg (1 tablet) by mouth daily for mood

Clonidine 0.1mg (1 tablet) by mouth every night for blood pressure

Duoneb 3ml neb q6h prn SOB, Wheezing (uses a few times a week) for asthma

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID for asthma

Gabapentin 1200mg (#3 400mg tablets by mouth three times a day) for pain

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain (using it 1-2 times a day)

Metformin Extended Release 500mg (1 tablet) by mouth daily for diabetes

Torsemide 30mg (#3 10mg tablets) by mouth daily for swelling **(not furosemide)**

Tylenol 500mg (1 tablet) by mouth every eight hours for pain (using it about 3 times a day)

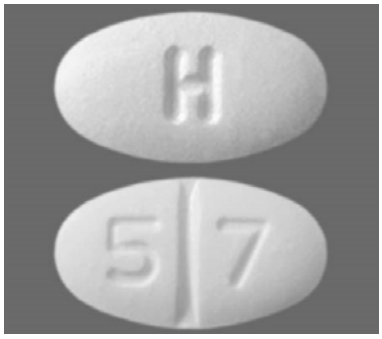
No longer taking: Potassium Chloride Extended Release 20meq (#2 10meq tablets) by mouth daily

High-Performance Behaviors Checklist:

Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct) • Patient will just say the med list is correct if asked	☐
Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds	☐
Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists	☐
Asks about adherence	☐
Uses at least two sources of medications, ideally one provided by the patient and one from another "objective" source (e.g., patient's own list and ambulatory EMR med list) • In this case, hospital list, patient list	☐
Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)	NA
Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information) • Needs additional sources because possible med changes not on list	☐
When additional sources are needed, uses available sources first (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources. • Pharmacy list, loose pills that patient has	☐
Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)	☐
Returns to patient to review new information, resolve all remaining discrepancies • Needs to resolve furosemide/torsemide, potassium, duonebs • Needs to get frequency of PRN meds that are taken	☐
Gets help from other team members when needed	☐
Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them	☐

Case #4 – Loose Medications Answers

****To hand to Clinician once they ask a team member for help or know to use an on-line pill identifier****



Each tablet is Torsemide 10mg

Case #4 – Outpatient Pharmacy Record

** To hand to Clinician when Clinician 'calls the pharmacy' **

Allopurinol 100mg (1 tablet) by mouth daily

- Last filled 9/25/15

Amlodipine 5mg (1 tablet) by mouth daily

- Last filled 9/25/15

Citalopram 10mg (1 tablet) by mouth daily

- Last filled 9/25/15

Clonidine 0.1mg (1 tablet) by mouth every night

- Last filled 9/25/15

Duoneb 3ml neb q6h prn SOB, Wheezing

- Last filled 9/3/15

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID

- Last filled 9/25/15

Gabapentin 1200mg (three 400mg tablets by mouth three times a day)

- Last filled 9/25/15

Torsemide 30mg (three 10mg tablets) by mouth daily

- Last filled 9/20/15

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain

- Last filled 9/15/15

Metformin Extended Release 500mg (1 tablet) by mouth daily

- Last filled 9/12/15

Potassium Chloride Extended Release 20meq (two 10meq tablets) by mouth daily

- Last filled 8/15/15

Furosemide 60 mg (1 tablet) by mouth daily filled 45 days ago for 30 day supply

- Last filled 8/15/15

Case #4 – Patient

- ***When the clinician asks for additional information (patient list, medications with you), you can provide the corresponding documents from this packet upon request.***

Be the Patient and Follow Your Role:

Today is October 20th, 2015. You are Harry Vicente, a 48 year old patient with a chronic history of lymphedema, frequent admissions for diuresis and leg pain presenting with increased left extremity edema and lower extremity pain.

Past Medical History: Lower extremity swelling, Asthma, Depression, Diabetes mellitus type 2, Hypertension, Chronic Pain, Gout
Allergies: penicillins – rash, and lisinopril – throat tightness

Role Play Regarding your Medications as Follows:

If the patient has a list and just asks you if each med is correct, just say yes to each one.

If the clinician asks you for a list or asks an open-ended question regarding your medications, then read them the following. You can also show them the list if asked (attached)

Allopurinol 100mg PO daily
Norvasc 5mg PO daily
Celexa 10mg PO daily
Clonidine 0.1mg PO QHS
Advair 1 inhalation BID
Neurontin 1200mg PO three times a day
Vicodin PO q6h PRN breakthrough pain
Metformin 500mg PO daily
Potassium 20meq PO daily
Lasix 60mg PO daily

You do not remember the duonebs unless asked about it from the pharmacy list (see below)

You're not sure of the formulation of the metformin, i.e., whether it's extended release or no. If asked, It hasn't changed in years.

You're using the Vicodin about 1-2 times most days

If asked about the lasix, you think it has changed recently to something else – this list might be a little out of date. If asked, you haven't updated the list in at least 2 months. You're now on a new water pill, but you can't remember the name.

You think you stopped the potassium when you stopped the lasix

You only mention the Tylenol Extra Strength if asked about OTC or PRN meds. You take 1 pill, up to 3 times a day as needed for pain. You currently take it about that often.

- If the clinician asks for additional sources:
  - If asks for pill bottles/pills: You know that Lasix recently changed and now you take 3 of the pills that you have with you every day. Give the clinician the **Case #4 – Loose Medications *for clinician* from your packet**
  - If clinician would like to call the pharmacy : give the clinician the contact information (Smith's Pharmacy, 51 Main Street, Oak Hill)

- If asked questions related to the pharmacy list, see attached **Case #4 – Outpatient Pharmacy Record *for Patient *** on how to answer the questions.

- **If educated, you agree to keep an up to date medication list with you from now on**

Final Correct Preadmission Medication List
Not to be shared with clinician

Final Correct list –You can use this to help guide your responses (refer to outpatient pharmacy records in this packet if asked questions about outpatient pharmacy fills). For all other non-scripted questions – use this list to help guide your answers.

Allopurinol 100mg (1 tablet) by mouth daily for gout

Amlodipine 5mg (1 tablet) by mouth daily for blood pressure

Citalopram 10mg (1 tablet) by mouth daily for mood

Clonidine 0.1mg (1 tablet) by mouth every night for blood pressure

Duoneb 3ml neb q6h prn SOB, Wheezing (uses a few times a week) for asthma

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID for asthma

Gabapentin 1200mg (#3 400mg tablets by mouth three times a day) for pain

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain (using it 1-2 times a day)

Metformin Extended Release 500mg (1 tablet) by mouth daily for diabetes

Torsemide 30mg (#3 10mg tablets) by mouth daily for swelling **(not furosemide)**

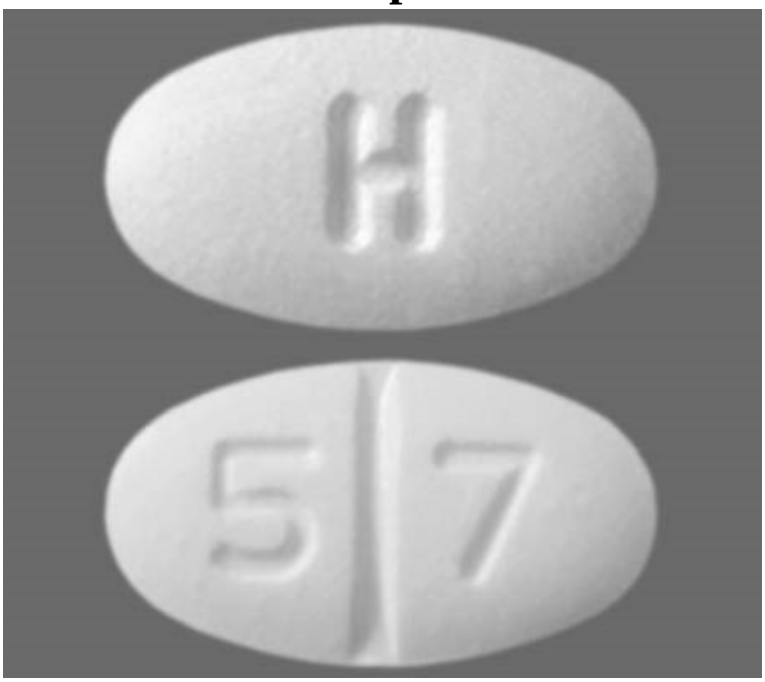
Tylenol 500mg (1 tablet) by mouth every eight hours for pain (using it about 3 times a day)

No longer taking: Potassium Chloride Extended Release 20meq (#2 10meq tablets) by mouth daily

Case #4 – Loose Medications

****To hand to Clinician when they ask if you have pills****

Pt has 3 of the below pill:



Case #4 - Patient's Medication List
To Share with Clinician if Asked

Allopurinol 100mg PO daily
Norvasc 5mg PO daily
Celexa 10mg PO daily
Clonidine 0.1mg PO QHS
Advair 1 inhalation BID
Neurontin 1200mg PO three times a day
Vicodin PO q6h PRN breakthrough pain
Metformin 500mg PO daily
Potassium 20meq PO daily
Lasix 60mg PO daily

Case #4 – Outpatient Pharmacy Record
** For Patient **

Today is October 20, 2015

If the clinician uses a lot of generic names that you don't recognize, you can say something like "that doesn't sound familiar, does it have another name?" as a prompt

Allopurinol 100mg (1 tablet) by mouth daily

- You would confirm this medication if asked

Amlodipine 5mg (1 tablet) by mouth daily

- You would recognize this medication as Norvasc, in which case you would confirm it

Citalopram 10mg (1 tablet) by mouth daily

- You would recognize this medication as Celexa, in which case you would confirm it

Clonidine 0.1mg (1 tablet) by mouth every night

- You would confirm this medication if asked

Duoneb 3ml neb q6h prn SOB, Wheezing

- You use this a few times a week for asthma

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID

- You would recognize this medication as Advair, in which case you would confirm it

Gabapentin 1200mg (#3 400mg tablets by mouth three times a day)

- You would recognize this medication as Neurontin, in which case you would confirm it

Torsemide 30mg (#3 10mg tablets) by mouth daily

- You're pretty sure this is the new water pill

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain

- You would recognize this medication as Vicodin, in which case you would confirm it

Metformin Extended Release 500mg (1 tablet) by mouth daily

- You would confirm this medication if asked

Potassium Chloride Extended Release 20meq (#2 10meq tablets) by mouth daily

- You're pretty sure you stopped taking this when you changed your water pill

Furosemide 60 mg (1 tablet) by mouth daily

- You would recognize this as lasix
- You're pretty sure this is the medication you changed to the other water pill