

Case #5 – Clinician

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

Today is March 5

You are going to see patient Cynthia Tucker

She is a 68 year old female with history of hypertension, stroke, hypothyroidism, and seizure disorder. Patient is being admitted for symptoms consistent with a possible GI bleed. Patient also complains of persistent knee pain. The patient has no known drug allergies.

Ms. Tucker is a new patient to your hospital and health system and has no available electronic medical record for review for dates prior to today

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 #5 – 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 wishes to contact the pharmacy, give the clinician the **Case #5 Outpatient Pharmacy Records *for Clinician*** from your packet.

If the clinician asks for other medication sources, say that they are not available (except for the patient’s list of medications, which the patient should give the clinician if asked).

Notes:

Gold Standard Preadmission Medication List

Final correct list, after multiple probing questions and clarifications:

1. Rx: Valsartan 80 mg take one tablet by mouth daily
2. Rx: Levothyroxine 37.5 mcg take one tablet by mouth daily
3. Rx: Levetiracetam ER 500 mg take one by mouth once daily
(Recently changed from levetiracetam 250mg po BID)
4. OTC: Multivitamin 1 tablet by month once daily
5. OTC: Aspirin 81 mg by mouth daily
6. OTC: Ibuprofen 200 mg 1-2 tablets by mouth TID as needed for headache or knee pain (last taken yesterday)
7. Sample Rx: Albuterol inhaler 1- 2 puffs every 6 hours as needed for coughing or wheezing (last taken 2-3 days ago).
8. Rx: Celecoxib 100 mg daily as needed for knee pain (last taken 2-3 days ago).
Note: Patient is currently taking this differently than how originally prescribed (prescription was for 100 mg po BID scheduled)

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)	<input type="checkbox"/>
Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds <ul style="list-style-type: none"> • Patient will only remember multivitamin, baby aspirin, and ibuprofen if asked about OTCs • Patient will only remember Celebrex, albuterol, and ibuprofen if asked about PRNs (if not already solicited with another prompt) • Patient will only remember albuterol if asked about non-oral meds (if not already solicited with another prompt) 	<input type="checkbox"/>
Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists	<input type="checkbox"/>
Asks about adherence	<input type="checkbox"/>
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) <ul style="list-style-type: none"> • In this case, patient list (and then pharmacy) 	<input type="checkbox"/>
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) <ul style="list-style-type: none"> • Needs to gather additional sources 	<input type="checkbox"/>
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. <ul style="list-style-type: none"> • Gets data from the pharmacy 	<input type="checkbox"/>
Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)	NA
Gets help from other team members when needed	NA

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

Case #5 – Outpatient Pharmacy Records

*** For Clinician ***

If the clinician contacts the pharmacy to confirm your medications, provide this paper

Today is March 5.

1. Valsartan 80 mg take one tablet by mouth daily
 - Last filled 2/15
2. Levothyroxine 37.5 mcg take one tablet by mouth daily
 - Last filled 2/15
3. Levetiracetam 250 mg by mouth every 12 hours
 - Last filled 2/15
4. Levetiracetam ER 500 mg by mouth once daily
 - Last filled 2/26
5. Celecoxib 100 mg one tablet by mouth two times per day
 - Last filled 1/29

Case #5 – Patient

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

Be the Patient and Follow Your Role:

Today is March 5, 2015. You are Cynthia Tucker, a 68 year old female. You are being admitted for symptoms consistent with a possible GI bleed. You have a past medical history of hypertension, stroke, hypothyroidism, and seizure disorder. You also have knee pain. You have no known drug allergies.

You have not been to this hospital before, and therefore the clinician does not have access to prior medical records with this encounter.

Role Play Regarding your Medications as Follows:

- **If asked if you have a list of medications:**

You don't keep a full list, but happen to have the names of your 3 prescriptions written down on a piece of paper in your bag. It may be provided to the Clinician when asked (see **Case #5: Patient's Own Medication List** in your packet). The handwritten list you give the clinician appears as follows:

Medicine

1. *Diovan 1 x day (80 mg)*
2. *Synthroid 1 x day (37.5 mg)*
3. *Keppra (500 mg)*

- **If asked if you have medication bottles present:**

You did not bring any of your medication bottles with you.

- **If asked to list or describe how you are taking your medications (without any other prompts), you would say the following** (you can refer to your list of meds described above if/when asked for medication names). At this point before probing, only think to mention your 3 prescriptions:

1. Blood pressure pill - you take daily
2. Thyroid pill - you take daily
3. Seizure medicine - you take daily

You don't know the strength of your medications without prompting (but you have it on your list).

- **If asked a probing question regarding OTC medications, you remember to mention this:**

- Multivitamin - you take one tablet daily (you take this most days)
 - Aspirin - you take one baby aspirin tablet every day
 - Ibuprofen 1-2 tablets by mouth 3 times per day as needed for knee pain, last taken yesterday. You're doctor does not know you're on it.
-
- **If asked a probing question about PRN medications:**
You remember to mention you take the following, but only as needed:
 - Celebrex 1 pill daily if needed for knee pain. Last taken 3 days ago.
 - Ibuprofen OTC 1-2 tablets by mouth 3 times per day as needed for knee pain, last taken yesterday. You don't know the dose, but you can say it's whatever you can get over the counter. You're doctor does not know you're on it.
 - Albuterol 1-2 puffs as needed for coughing or wheezing (you had the flu a month ago and you have some left over coughing and wheezing recently, but you do not have asthma). You last used it 2-3 days ago. You did not get this filled at a pharmacy but you received a free sample from the office. You don't know how often you could take it; you have been taking 1-2 puffs up to 2-3 times a day.
-
- **If asked a probing question about NON oral medications or inhalers:**
Albuterol 1-2 puffs as needed for coughing or wheezing, as above
-
- **If prompted for information about your pharmacy you offer the following:**
Your pharmacy is DrugMart on Winding Oak Road in Stoneville.
-
- **If the Clinician contacts the pharmacy, and you are asked clarifying questions:**
For your part on how to respond to any questions about these prescriptions, please see **Case #5: Outpatient Pharmacy Records *for Patient*** from your packet.
-
- **If asked about adherence:**
You take your 3 prescriptions and aspirin every day and try to never miss any doses. You sometimes miss the multivitamin.
-
- If probed further regarding the following, you should deny any problems with cost, copayments, insurance coverage, running out of medications, side effects, and deny thoughts of your medications not working

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.

1. Valsartan 80 mg take one tablet by mouth daily
2. Levothyroxine 37.5 mcg (**not mg**) take one tablet by mouth daily
3. Levetiracetam ER 500 mg take one by mouth once daily (recently changed from levetiracetam 250mg BID, which you stopped taking)
4. OTC: Multivitamin 1 tablet by month once daily
5. OTC: Aspirin 81 mg by mouth daily
6. OTC: Ibuprofen 200 mg 1-2 tablets by mouth TID as needed for headache or knee pain (last taken yesterday)
7. Sample Rx: Albuterol inhaler 1- 2 puffs every 6 hours as needed for coughing or wheezing (last taken 2-3 days ago).
8. Rx: Celecoxib 100 mg daily as needed for knee pain (last taken 2-3 days ago), this is different than how originally prescribed (prescription was for 100 mg po BID scheduled)

Case #5 – Patient’s Own Medication List

***** for Clinician *****

Medicine

1. Diovan 1 x day (80 mg)
2. Synthroid 1 x day (37.5 mg)
3. Keppra (500 mg)

Case #5 – Outpatient Pharmacy Records

*** For Patient ***

The Clinician may contact the pharmacy to confirm your medications. When asked about each medication, you can confirm the information in italics. You don't remember some strengths without prompting.

Today is March 5.

1. Valsartan 80 mg take one tablet by mouth daily
 - a. *You can confirm this frequency and know that it is for blood pressure*
2. Levothyroxine 37.5 mcg take one tablet by mouth daily
 - a. *You can confirm this frequency and that it is for "your thyroid"*
3. Levetiracetam 250 mg by mouth every 12 hours
 - a. *You can confirm that this used to be what you took until just recently. You switched from taking it twice per day to the new prescription, which is once per day.*
4. Levetiracetam ER 500 mg by mouth once daily
 - a. *You can confirm that this is what you are now taking for your seizures. You switched to this because it was once per day.*
5. Celecoxib 100 mg one tablet by mouth two times per day
 - a. *You have been having a lot of knee pain lately and the doctor prescribed this a few months ago. You were taking it two times per day every day, as prescribed, but now only take it occasionally when you need it (usually once per day, and you take it approximately 3-4 days per week). You last took it 2 days ago.*

Note: You received the albuterol inhaler as a sample from your physician's office and did not get this filled through a pharmacy.