

John Doe Case

John Doe, 68-year-old male with CAD, admitted for crescendo angina

HPI:

- Diagnosed with CAD 1 year prior, stent placed
- Chest pain started 2 months ago, occurring more frequently in past week (3-4 times a day), requiring more nitroglycerin for pain relief
- 4 AM day of admission, had more intense chest pain, minimally improved with 3 nitroglycerin. Developed shortness of breath, sweats. Called PCP → told him to come to the emergency department

Past Medical History:

- Hypertension
- h/o AFib (started on coumadin 2 years ago)
- DMII
- Morbid obesity
- OSA on CPAP
- Atypical CP
- Asthma
- s/p appy
- DJD b/l knees

Directions:

1. Review the answers to the interview questions
2. Access the sources of preadmission medication information
3. Compile the different sources of information and create the best possible medication history

What John Doe would say his medications are if asked:

Without prompting:

- Allopurinol 1 or 2 a day depending if I have gout (would say “I think so” if asked whether 50 mg tablets, not sure of dose if not prompted with it)
- Plavix 1 a day (would not recognize it as clopidogrel, would say “I think so” if asked whether it is 75 mg)
- Colchicine twice a day (would say “I think so” if asked whether 0.6 mg tablets, not sure of dose if not prompted with dose)
- Glyburide 1mg a day (if asked whether it’s really 1.25, would say “I’m not sure, maybe”)
- Toprol 50 mg a day (would not say XL, would not recognize it as metoprolol XL)
- Amiloride 5 mg twice a day
- Vasotec 20 mg twice a day (would recognize it as enalapril if asked)

Would forget to mention Tylenol arthritis and ASA unless prompted about OTCs:

- Tylenol arthritis 1-2 tablets up to 3 times a day as needed (doesn’t know dose, would say “I think so” if prompted for 650 mg) states he takes 4-6 tablets per day prn for his knees
- Aspirin ½ tablet every day (adult aspirin if prompted, wouldn’t know dose otherwise; Dr. Weiser told him to take ½ instead of 1 tablet a day)

Would forget nighttime medications unless prompted:

- Zocor 40 (note that it’s really 80 mg, if asked about discrepancy, would say “oh yeah, maybe it’s 80”; would recognize it as simvastatin if asked)
- “Coudamints” “whatever dose they tell me to take” (if prompted whether recently on 5 mg of warfarin lately, would say “I’m not sure, you can call my coudamint clinic”)

Would forget nitroglycerin unless prompted about prn medications:

- Nitro 1-2 every day or every other day for chest pain (doesn’t know how often could take it if needed, doesn’t know dose, even if prompted)

Would forget albuterol unless prompted about inhalers:

- Albuterol 2 puffs prn – doesn’t use often, doesn’t know how often could take it if needed

Would not mention the following at all because not taking:

- Imdur (doesn’t think he’s taking it, not sure)
- Advair – has never filled prescription

If asked about flomax or pepcid: would say that he does not take them. Would not recognize them by their generic names (tamsulosin or famotidine).

John Doe Discharge Orders/Instructions:

From admission 6 months prior to current admission

MEDICATIONS ON DISCHARGE:

1. COUMADIN (WARFARIN SODIUM) 7.5 MG PO QPM
2. ALLOPURINOL 50 MG PO DAILY
3. ENTERIC COATED ASA 325 MG PO DAILY
4. PLAVIX (CLOPIDOGREL) 75 MG PO DAILY
5. COLCHICINE 0.6 MG PO BID
6. PEPCID (FAMOTIDINE) 20 MG PO BID
7. GLYBURIDE 1.25 MG PO BID
8. IMDUR ER (ISOSORBIDE MONONITRATE (SR)) 30 MG PO DAILY
9. METOPROLOL SUCCINATE EXTENDED RELEASE 50 MG PO DAILY
10. ZOCOR (SIMVASTATIN) 80 MG PO BEDTIME
11. TAMSULOSIN 0.4 MG PO DAILY

WARFARIN

Indication for anticoagulation: Atrial fibrillation

Anticipated length of anticoagulation: Lifetime

INR Target Range: 2 to 3

Last 3 INR Results:

John Doe's Preadmission Medication List – Pharmacy

Allopurinol 100mg po Daily (2 50mg tabs)

Clopidogrel 75mg po Daily

Colchicine 0.6mg po BID

Glyburide 1.25mg po BID

Imdur 30mg po qd –Has not picked up his Imdur 30mg PO Daily since 3 months + 10 days, though it was a 90 day supply

Metoprolol XL 50mg po Daily

Simvastatin 80mg po QHS

Warfarin 5mg po QPM

Amiloride 5mg po BID (last filled one month ago #120 tabs)

Enalapril 20mg BID (last filled 3 months ago #180 tabs- 3 month supply per Walmart)

Nitro 0.4 mg SL PRN chest pain as instructed

Albuterol inhaler PRN shortness of breath as instructed

Advair 250/50mg 1 puff BID - script that he has never picked up/filled

John Doe's Preadmission Medication List – PCP Office

Allopurinol 100mg po Daily

Aspirin 162.5mg po Daily

Clopidogrel 75mg po Daily

Colchicine 0.6mg po BID

Glyburide 1.25mg po BID

Imdur 30mg po Daily

Metoprolol XL 50mg po Daily

Simvastatin 80mg po QHS

Warfarin 5mg po QPM

Amiloride 5mg po BID

Enalapril 20mg BID

Tylenol Arthritis (650mg) 4-6 tabs per day prn knee pain

Nitro 0.4 mg SL prn chest pain as instructed

Albuterol inhaler prn shortness of breath as instructed

Advair 250/50mg 1 puff BID

John Doe's Bags of Medications

(Note: you would only know what these are if you accessed an electronic pill identifier site like Drugs.com)

Morning Ziplock:

- Allopurinol 2 50 mg tablets: learn he takes 1 or 2 a day depending on whether he has gout
- Aspirin ½ tablet: doctor told him to take ½ tablet
- Clopidogrel 75 mg tablet
- Colchicine 0.6 mg tablet
- Glyburide 1.25 mg tablet
- Toprol XL 50 mg tablet
- Amiloride 5 mg tablet
- Enalapril 20 mg tablet
- Tylenol Arthritis 2 650 mg tablets

Afternoon Ziplock:

- Tylenol Arthritis 2 650 mg tablets

PM Ziplock:

- Colchicine 0.6 mg tablet
- Glyburide 1.25 mg tablet
- Simvastatin 80 mg tablet
- Warfarin 5 mg tablet
- Amiloride 5 mg tablet
- Enalapril 20 mg tablet
- Tylenol Arthritis 2 650 mg tablets

Also has:

- Nitroglycerin bottle of 0.4 mg tablets – takes 1 QD or QOD
- Albuterol inhaler: prn. Does not use often.