

Case Study 2

| <u>Medications</u> | <u>Freq</u> | <u>Diagnosis</u> | <u>Therapeutic Goal</u> |
|---------------------------|--------------------|-------------------------|--------------------------------|
| ASA | QD | TIA Prevention | _____ |
| Ferrous Sulfate | BID | Anemia | _____ |
| Hydralazine | QD | HTN | _____ |
| Metoprolol | QD | HTN | _____ |
| Norvasc | QD | HTN | _____ |
| Lasix | BID | CHF | _____ |
| Levothyroxine | QD | Hypothyroid | _____ |
| Celexa | QD | Depression | _____ |
| Nuerontin | BID | Nueropathy | _____ |
| Novolog | QD | Diabetes | _____ |
| Omeprozole | BID | GERD | _____ |
| Senna | BID | Constipation | _____ |
| Tylenol | TID | Nueropathy | _____ |

Treatments

TEDS every am, remove at HS
 Accuchecks BID
 EPC Cream to coccyx/buttocks TID

Blood Pressures from past 3 months

126/76 172/88 122/80 158/90 134/82 122/66
 168/88 134/78 112/64 182/88 134/78 144/68

Daily weights range 176-184 **Blood Sugars range** from 60-240

Labs Hgb 11.2 2/20/11 Hgb 11.6 6/20/11
 TSH 5.54 12/4/10 (MD noted indicated no change in dose)

IPNs from Past 6 Months of possible significance related to medications

Resident of LTC for 11 months, age 86, Advanced Directives comfort cares, DNR/DNI/DNH
 Takes medications whole, expresses no concerns about meds, Enjoys visits with staff.
 No symptoms of TIA. Denies burning or tingling in LE's. Good sensation in all extremities
 Walks with walker, independent, needs encouragement, likes to remain in room, rest in bed
 Pleasant, cooperative, alert and orientated. Does not have a great deal of desire to be active
 Denies pain. Sleeps well. Attends activities when she chooses. Has other resident friends.
 Routine bowel movements, with no signs of blood in stools.
 Did have recent episode of loose stools with GI Flu with skin excoriation on bottom, now healed.
 Low fall risk. No falls in past 6 months.No complaints of headaches, no dizziness, good vision.
 No complaints of stomach pain, nausea. Appetite good, takes in fluids well.
 No edema in ankles at current. Episodes of 2+ pitting edema prior to admit with CHF exacerbation.
 Does complain of dry, itchy skin and scratches at LE's. Dislikes TEDs.
 Tolerates diabetic injections and blood sugar checks without complaints.
 Likes to have snacks when attends afternoon activities, understands impact on supper BS checks.