PATIENT CHART

Chart for Millie Larsen Simulation #1

Download these tools and attach to chart:

* Fulmer SPICES

<https://hign.org/consultgeri/try-this-series/fulmer-spices-overall-assessment-tool-older-adults>

* The Confusion Assessment Method (CAM)

<https://hign.org/consultgeri/try-this-series/confusion-assessment-method-cam>

SBAR Report Students Will Receive Before Simulation

**Time:** 0700

**Person providing report:** Nurse going off shift

**Situation:** Millie Larsen is an 84-year-old female brought to the ED by her daughter with confusion.

**Background:** When Millie’s daughter stopped in to see her yesterday evening, she found that she was not making sense or acting right. She brought her to the ED and a decision was made to admit her, but she remained in the ED all night until a bed became available an hour ago. Mrs. Larsen has a history of hypertension, glaucoma, osteoporosis, arthritis, elevated cholesterol, and stress incontinence. It is unclear whether she has taken her medications properly the past few days; her daughter couldn't tell from looking at her medication box.

**Assessment:** Millie’s last vital signs at 0230 were: temperature 98.4, heart rate 76, respirations 14, BP 170/90. She is not oriented to time or place and seems quite confused. She has an IV of D5 0.45% NaCl with 20 mEq KCL per liter at 60 mL’s per hour.

Her labs were drawn in the ED. She has 12000 WBC’s, an elevated sodium, and a urine specific gravity of 1.050, with some signs of a UTI. Urine culture is being done. Her primary physician Dr. Lund was notified of her admission and wrote orders for her meds. I just gave her AM meds about 15 minutes ago. I gave captopril, metoprolol, furosemide, pilocarpine drops, ciprofloxacin, and celecoxib. She takes her atorvastatin before dinner so that will be with her 1600 meds. She says she is not experiencing any pain.

**Recommendation:** Please do vital signs and head to toe assessment and administer the CAM and SPICES tools.

|  |  |
| --- | --- |
| **Patient Name:** Millie Larsen | **MRN:** 000-555-000 |
| **Room:** 816 | **Provider Name:** Eric Lund, MD |
| **DOB:** 01-23-YYYY (reflect age 84) | **Date Admitted:** today |
| **Age:** 84 |  |

Provider’s Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Today’s date0300ED Orders | Labs: CBC, Basic Metabolic Panel, UrinalysisBathroom privileges with assistanceStart IV: IV fluids D5 0.45%NaCl with 20 mEq KCL per liter at 60 mL/hourSamantha Turner, MD, ED Team |
| Today’s date0600 | Transfer to Medical UnitBathroom privileges with assistance |
|  | Regular, low fat diet |
|  | I & 0 |
|  | Captopril 25 mg po three times a day |
|  | Metoprolol 100 mg po every day |
|  | Furosemide 40 mg po twice per day |
|  | Atorvastatin 50 mg po once daily |
|  | Pilocarpine 2% eye drops 2 drops each eye 2 times daily |
|  | Alendronate 70 mg po once weekly, patient takes on Sunday |
|  | Celecoxib 200 mg po once a day  |
|  | Ciprofloxacin 250 mg po every 12 hours  |
|  | Acetaminophen 325 mg po q6h prn pain or fever |
|  | IV fluids D5 0.45% NaCl with 20 mEq KCL per liter at 60ml/hr |
|  | Eric Lund, MD  |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Today’s date0600 | Admit to medical unit from ED. Start home meds (ordered). I will see patient later this AM.Eric Lund, MD |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Today’s date0030 | Admitted to ED with daughter, stable; no bed available T. Ward ,RN |
| 0200 | IV started, 24g in right forearm. D5 0.45% NaCl with 20 mEq KCL per liter started at 60ml/hr T. Ward, RN |
| 0600 | Transfer to 6E. T. Ward, RN |
| 0600 | Received from ED. C. Roberts, RN |

Medication Administration Record

Scheduled & Routine Drugs

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date of Administration** | **Time of Administration:** | **Initials** |
| today | Captopril | 25 mg | po | three times a day | Today | 0640 080012001600 | *CR* |
|  | Metoprolol | 100 mg | po | every day | Today | 0640 0800 | *CR* |
|  | Furosemide | 40 mg | po | twice per day | Today | 0640 08001600 | *CR* |
|  | Atorvastatin | 50 mg | po | once daily |  | 1600 |  |
|  | Pilocarpine 2% eye drops | 2 drops each eye |  | Twice daily | Today | 0640 08002000 | *CR* |
|  | Alendronate | 70 mg | po | weekly | PATIENT TAKES ON SUNDAYS ONLY | 0800 |  |
|  | Ciprofloxacin | 250 mg |  | every 12 hours | Today | 0640 08002000 | *CR* |
|  | Celecoxib | 200 mg | po | once a day | Today | 0640 0800 | *CR* |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| *CR* | Carol Roberts, RN |  |  |

PRN and STAT Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | **Initials** |
| Day 1 | Acetaminophen | 325 mg | po | every 6 hours |  |  |  |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
|  |  |  |  |

Medication Reconciliation Form

**Source of medication list (i.e., patient, family member, primary care provider):** Dina (daughter)

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
|  |  |  |  |  |  | [ ]  C [ ]  DC |
|  |  |  |  |  |  | [ ]  C [ ]  DC |
|  |  |  |  |  |  | [ ]  C [ ]  DC |

Note: Daughter Dina will bring in drug list. She reports that her mother takes several medications for high blood pressure, but she cannot remember the names. She also takes eye drops for glaucoma, something to strengthen her bones, and some drugs when she has pain. Dr. Lund was called and he did check her home med orders and ordered them to start this AM.

|  |
| --- |
| Signature RN: Tina Ward, RN Print name: Tina Ward Date: Today’s date  |

Vital Signs Record

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | today |  |  |  |  |  |  |
| **Time:** | 0045 | 0230 | 0600 |  |  |  |  |
| **Temperature:** | 98.4 | 98.0 | 98.0 |  |  |  |  |
| **Heart Rate/Pulse:** | 78 | 82 | 80 |  |  |  |  |
| **Respirations:** | 14 | 12 | 16 |  |  |  |  |
| **Blood Pressure** | 162/88 | 170/90 | 170/90 |  |  |  |  |
| **O2  Saturation:** | 95% | 94% | 96% |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Nurse Initials:** | *TW* | *TW* | *CR* |  |  |  |  |
|  |  |  |  |  |  |  |  |

Intake & Output Bedside Worksheet

 **INTAKE OUTPUT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORAL | TUBEFEED | IV | IVPB | Other | URINE | EMESIS | NG | DrainsType: | Other |
| 120 mL |  | 240 mL |  |  | 40 mL  |  |  |  |  |
| Total Intake this shift: 360mL at 0600 | Total Output this shift: 40 mL at 0600 |

Lab Data

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC (White Blood Count) | 12 | 6.0-11.0 K/uL |
| RBC (Red Blood Count) | 5.2 | 4.5-5.9 M/uL |
| HGB (Hemoglobin) | 9.9 | 12.0-15.6 g/dL (F)13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 32% | 36-46 % (F)40-52 % (M) |
| PLT (Platelets) | 320 | 150-450 K/uL |

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result** | **Reference Range** |
| Sodium | 149 | 135-145 mmol/L |
| Potassium | 3.5 | 3.5-5 mmol/L |
| Carbon dioxide | 38 | 35-45 mm hg |
| Calcium | 2.4 | 2-2.6 mmol/L |
| Chloride | 97 | 95-105 mEq/L |
| Glucose | 105 | 65-110 mg/dL |
| Bun | 1.5 | 1.2-3 mmol/L |
| Creatinine | 1.0 | 0.8-1.3 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Urinalysis** | **Result** | **Reference Range** |
| Color | Dark amber | Yellow- dark yellow |
| Appearance | Cloudy | Clear |
| Specific gravity | 1.050 | 1.016-1.022 |
| pH | 6 | 5-6 |
| Glucose | Neg | Neg |
| Ketones | Neg | Neg |
| Leukocyte esterase | Pos | Pos |
| Nitrites | Pos | Neg |