PATIENT CHART

Chart for Lois Gardner Simulation 1

This simulation is somewhat different than those you may have experienced in the past. While you will be caring for both the patient and the caregiver, the focus of the simulation is the caregiver.

Download this tool and attach to chart:

Mental Status Assessment of Older Adults: The Mini-Cog™

<https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>

SBAR Report Students Will Receive Before Simulation

**Time:** 0730

**Person providing report:** Night shift RN going off duty

**Situation:** Lois Gardner is a 75-year-old female admitted to the unit from the Emergency Department 3 days ago. Her husband Phil Gardner brought her in with a severe cough and weakness. She was dehydrated, dyspneic, and required oxygen support.

**Background:** Mrs. Gardner is a previous smoker and has a history of chronic obstructive pulmonary disease (COPD) and heart failure (HF), which she developed after a myocardial infarction (MI) at age 51. Her husband reported a 3-day history of an upper respiratory infection which worsened to the point where his wife was unable to eat or carry out her normal activities. He brought her to the ED where she was started on IV fluids, antibiotics, and oxygen at 4 liters per minute via nasal canula.

Prior to admission, Mrs. Gardner’s home medications were metoprolol, atorvastatin, aspirin, and her inhalers – albuterol, salmeterol, and tiotropium bromide.

Mrs. Gardner’s husband and caregiver reports that she seems increasingly forgetful over the past year or two, particularly the past few months, causing him some concern. Her respiratory status has improved over the past few days and she is now on oxygen at 1-2 liters. Her oxygen saturation has been 95-96% for 6 hours. She is going to be discharged later this morning on oral antibiotics. She will also need a walker at least temporarily due to weakness.

**Assessment:** Admission oxygen saturation was 82% on room air. Mrs. Gardner’s sat is currently 95% on 1-2 liters per minute O2 by nasal canula. Pulse is 92, RR 20, BP 122/70. Lungs have course rales but clear with coughing. She has a productive cough that has improved over the past 24 hours. She has an IV of D5 1/2NS at 30 mL/hour. She is able to answer some questions, and she slept well last night. Her husband Phil has been here during the day but goes home at night. He answers most questions for her. He seems really tired and a little frustrated with her at times but seems very caring and competent.

**Recommendation:** Due for vital signs and focused respiratory assessment. Please be sure her husband knows the signs of increasing respiratory distress. You can wean her off oxygen if her saturation is above 94%, which it has been through the night. Her discharge teaching form is ready and includes her home medications, so please review that. I recommend doing a Mini-Cog on Mrs. Gardner to determine her ability to comprehend what’s going on and assist with her own care.

Provider Orders

**Allergies/Sensitivities:** Penicillin

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 1 (Admission) | **Activity:** Bathroom privileges with assistance |
|  | **Diet:** General |
|  | **Vital signs:** Every 4 hours for 24 hours, then every 8 hours |
|  | **Medications:** |
|  | Levofloxacin 750 mg intravenous every 24 hours  Metoprolol tartrate 25 mg orally twice daily  Atorvastatin 20 mg orally once daily  ASA 81 mg orally once daily  Ipratropium bromide 0.5 mg/albuterol sulfate 3.0 mg inhalation solution Administer 3 mL vial every 4 hours as needed for shortness of breath  PRN:  Nitroglycerin 0.4 mg tablet: Administer one tablet sublingually as needed for chest pain. May repeat every 5 minutes x 3 doses |
|  | IV fluids: D5 1/2NS @ 125 mL/hour |
|  | Oxygen via nasal canula to maintain oxygen saturation above 93% |
|  | Wean off oxygen if oxygen saturation remains 94% or above |
|  | **Labs:** CBC, Basic metabolic panel, urinalysis |
|  | Jenna Wong, MD |
| Day 3 | Discharge to home |
|  | Continue home meds: metoprolol tartrate: 25 mg orally twice daily  atorvastatin 20 mg orally once daily  aspirin 81 mg orally once daily  salmeterol inhaler 1 inhalation (50 mcg) twice daily  tiotropium bromide handihaler 2 inhalations of one capsule contents (18 mcg) once daily  PRN:  nitroglycerin: 0.4 mg tablets, one tablet sublingual as needed for chest pain, repeat every 5 minutes up to 3 doses total  albuterol metered dose inhaler: 180 mcg (2 puffs) inhaled PO every 4-6 hours as needed for wheezing or dyspnea |
|  | Start azithromycin: 500 mg orally once for Day 1, then 250 mg once daily for 4 days |
|  | Schedule appointment in neurology to evaluate confusion |
|  | Follow up in office in one week |
|  | Jenna Wong, MD |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 1 | Admit to medical unit from ED. Start home meds, oxygen via nasal canula, and IV antibiotics Jenna Wong, MD |
| Day 2 | Continues on oxygen at 2 liters/min. Noted improvement in shortness of breath. Taking PO fluids. Husband and nurses concerned about confusion, will order neuro eval after discharge. Jenna Wong, MD |
| Day 3 | Patient is walking around room without difficulty. If oxygen saturation above 94% on room air will discharge without O2, otherwise send home on oxygen. Discharge today on oral antibiotics. Jenna Wong, MD |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 1 | Admitted from ED with pneumonia. IV inserted in ED, fluids started- D5 1/2NS @ 125 mL/hr. Patient confused per husband Phil. Will continue to monitor. Lina Garcia, RN |
| Day 2 | Taking fluids orally and eating well. Husband Phil here most of day, assists with care. Oxygen sats 90% + on 2 liters per minute of oxygen via nasal cannula. Lina Garcia RN |
| Day 3 | Will discontinue oxygen if saturation remains 94% on room air. Prepare for discharge today. Robby Thomas RN |

Lab Data

(on admission)

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC (White Blood Count) | 18 | 6.0-11.0 K/uL |
| RBC (Red Blood Count) | 5 | 4.5-5.9 M/uL |
| HGB (Hemoglobin) | 12.2 | 12.0-15.6 g/dL (F)  13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 37% | 36-46 % (F)  40-52 % (M) |
| PLT (Platelets) | 400 | 150-450 K/uL |

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result** | **Reference Range** |
| Sodium | 145 | 135-145 mmol/L |
| Potassium | 3.6 | 3.5-5 mmol/L |
| Carbon dioxide | 40 | 35-45 mm hg |
| Calcium | 2.5 | 2-2.6 mmol/L |
| Chloride | 103 | 95-105 mEq/L |
| Glucose | 75 | 65-110 mg/dL |
| Bun | 2 | 1.2-3 mmol/L |
| Creatinine | 1.2 | 0.8-1.3 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Urinalysis** | **Result** | **Reference Range** |
| Color | Dark yellow | Yellow- dark yellow |
| Appearance | Clear | Clear |
| Specific gravity | 1.025 | 1.016-1.022 |
| pH | 6 | 5-6 |

Medication Administration Record

Scheduled & Routine Drugs

**Allergies/Sensitivities:** Penicillin

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date of Administration** | **Time of Administration:** | **Initials** |
| Day of Admission | levofloxacin | 750 mg | IV | every 24 hours | Day of admission  Day 2  Day 3 | 0800  0800 | *LG*  *LG* |
|  | metoprolol tartrate | 25 mg | oral | twice daily | Day of admission  Day 2  Day 3 | 0800  2000  0800  2000 | *LG*  *RT*  *LG*  *RT* |
|  | aspirin | 81 mg | oral | once daily | Day of admission  Day 2  Day 3 | 0800  0800 | *LG*  *LG* |
|  | atorvastatin | 20 mg | oral |  | Day of admission  Day 2  Day 3 | 1700  1700 | *LG*  *LG* |
|  | tiotropium bromide handihaler | Two inhalations of one capsule contents (18 mcg) | inhaled | once daily | Day of admission  Day 2  Day 3 | 0800  0800 | *LG*  *LG* |

PRN and STAT Medications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | | **Initials** |
| Day of Admission | nitroglycerin | 0.3 mg one tablet as needed for chest pain | sublingual | repeat every 5 minutes up to 3 doses total |  |  |  |
|  | Ipratropium bromide 0.5 mg/albuterol sulfate 3.0 mg inhalation solution | Administer 3 mL vial every 4 hours as needed for shortness of breath | inhaled | every 4 hours | Day of admission | 0830  1230  1630  2100 | *LG*  *LG*  *LG*  *RT* |

Medication Reconciliation Form

**Source of medication list (i.e. patient, family member, primary care provider):** Caregiver-husband Phil Gardner

**Allergies/Sensitivities:** Penicillin

Date completed: \_\_\_\_\_\_\_\_\_ Date of admission: X/XX/XX

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/ DC** |
| metoprolol tartrate | 25 mg | oral | twice a day | blood pressure management | X/XX/XX | C  DC |
| aspirin | 81 mg | oral | every day | blood thinner | X/XX/XX | C  DC |
| atorvastatin | 20 mg | oral | every day | cholesterol med | X/XX/XX | C  DC |
| salmeterol inhaler | 1 inhalation (50 mcg) | inhaled | every day | COPD | X/XX/XX | C  DC |
| tiotropium bromide handihaler | 2 inhalations of one capsule contents (18 mcg) | inhaled | every day | COPD | X/XX/XX | C  DC |
| PRN Medications | | | | | | |
| nitroglycerin | 0.4 mg tabs | sublingual | one tab as needed for chest pain, repeat every 5 minutes up to 3 doses total | angina | X/XX/XX | C  DC |
| albuterol metered dose inhaler | 180 mcg (2 puffs) | inhaled | every 4 to 6 hours as needed for wheezing or dyspnea | COPD | X/XX/XX | C  DC |
| Lina Garcia RN | | | | | | |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| *RT* | Robbie Thomas RN |  |  |
| *LG* | Lina Garcia RN |  |  |

Vital Signs Record

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Date of Admission** | **Date of Admission** | **Date of Admission** | **Date of Admission** | **Date of Admission** | **Date of Admission** | **Date of Admission** |
| **Time:** | 0700 | 1130 | 1505 | 1915 | 2330 | 0345 |  |
| **Temperature:** | 99.4 | 99.2 | 98.4 | 98.8 | 98 | 98 |  |
| **Heart Rate/Pulse:** | 90 | 90 | 80 | 82 | 78 | 78 |  |
| **Respirations:** | 18 | 18 | 14 | 16 | 14 | 14 |  |
| **Blood Pressure** | 140/84 | 130/84 | 138/84 | 132/80 | 128/78 | 128/80 |  |
| **O2  Saturation:** | 94% | 96% | 95% | 95% | 96% | 96% |  |
| **Weight:** | 133 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Nurse Initials:** | *LG* | *LG* | *LG* | *LG* | *RT* | *RT* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Day 2** | **Day 2** | **Day 2** | **Day 2** | **Day 2** | **Day 2** | **Day 2** |
| **Time:** | 0800 | 1615 | 2345 |  |  |  |  |
| **Temperature:** | 98.4 | 98 | 97.8 |  |  |  |  |
| **Heart Rate/Pulse:** | 80 | 78 | 74 |  |  |  |  |
| **Respirations:** | 14 | 12 | 12 |  |  |  |  |
| **Blood Pressure** | 126/84 | 128/80 | 132/82 |  |  |  |  |
| **O2  Saturation:** | 94% | 96% | 97% |  |  |  |  |
| **Weight:** | 133 |  |  |  |  |  |  |
| **Nurse Initials:** | *LG* | *LG* | *RT* |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Today** | **Day** | **Day** | **Day** | **Day** | **Day** | **Day** |
| **Time:** | 0600 |  |  |  |  |  |  |
| **Temperature:** | 98.4 |  |  |  |  |  |  |
| **Heart Rate/Pulse:** | 82 |  |  |  |  |  |  |
| **Respirations:** | 14 |  |  |  |  |  |  |
| **Blood Pressure** | 130/80 |  |  |  |  |  |  |
| **O2  Saturation:** | 94% |  |  |  |  |  |  |
| **Weight:** | 134 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Nurse Initials:** | *RT* |  |  |  |  |  |  |

Intake & Output Bedside Worksheet

DAY OF ADMISSION (Day 1)

**INTAKE OUTPUT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL**  **Day \_1\_** | **TUBE**  **FEED** | **IV** | **IVPB** | **OTHER** | **URINE**  **Day \_1\_** | **EMESIS** | **NG** | **Drains**  **Type:** | **Other** |
| 240  210  120 |  | 2125 |  |  | 120  240  220  290  300 |  |  |  |  |
| **Total Intake this shift:** 2695 | | | | | **Total Output this shift**: 1170 | | | | |

(Day 2)

**INTAKE OUTPUT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL**  **Day \_2\_** | **TUBE**  **FEED** | **IV** | **IVPB** | **OTHER** | **URINE**  **Day \_2\_** | **EMESIS** | **NG** | **Drains**  **Type:** | **Other** |
| 160  250  200 |  | 2600 |  |  | 200  300  240  400  360 |  |  |  |  |
| **Total Intake this shift:** 3210 | | | | | **Total Output this shift**: 1500 | | | | |

(Day 3)

**INTAKE OUTPUT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL**  **Day \_3\_** | **TUBE**  **FEED** | **IV** | **IVPB** | **OTHER** | **URINE**  **Day \_3\_** | **EMESIS** | **NG** | **Drains**  **Type:** | **Other** |
| 60 |  | 875 |  |  | 200 |  |  |  |  |
| **Total Intake this shift:** | | | | | **Total Output this shift**: | | | | |

Discharge Instructions

Name: Lois Gardner\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. You are being discharged to home with family member after treatment for pneumonia.
2. Increase your activity as tolerated.
3. Call your primary care physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if you have fever, difficulty breathing, or other symptoms return.
4. You have a follow-up appointment with Dr. Raj Moore, Neurology Department, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

MEDICATIONS

Continue your pre-hospital medications:

metoprolol tartrate 25 mg orally twice daily

atorvastatin 20 mg orally once daily

aspirin 81 mg orally once daily

salmeterol inhaler 1 inhalation (50 mcg) twice daily

tiotropium bromide handihaler 2 inhalations of one capsule contents (18 mcg) once daily

As needed:

nitroglycerin: 0.4 mg tablets, one tablet sublingual as needed for chest pain, repeat every 5 minutes up to 3 doses total

albuterol metered dose inhaler: 180mcg (2 puffs) inhaled PO every 4-6 hours as needed for wheezing or dyspnea

New medication:

Start azithromycin: 500 mg orally once for Day 1, then 250 mg once daily for 4 days

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_