PATIENT CHART

Chart for Butch Sampson Simulation #2

SBAR Report Students Will Receive Before Simulation

**Time:** 1100

**Person providing report:** Staff nurse on unit

**Situation:** Bradley Leonard Sampson is a 68-year-old patient of Dr. Bell. He prefers to be called “Butch.” He was admitted 3 days ago for cellulitis of right great toe. He had a debridement of his right great toe and he was treated with IV antibiotics.

**Background:** Butch has diabetes mellitus type 2, but because of his chronic and episodic homelessness, he has had difficulty managing this condition. He is a Navy veteran with known Agent Orange exposure from the Vietnam War. He says after he was discharged he worked as a deck hand for several years with various fishing operations but lost his home and job in Hurricane Katrina. He has no known relatives. He says his parents and brother are deceased and although he was married and divorced twice he has no known children. He is being discharged today to transitional housing as part of a VA program and has been assigned a case manager. Dr. Bell has also ordered home health and PT visits for follow-up care for his diabetic foot ulcer. He is a smoker - 1 pack a day x 40 years and consumes alcohol regularly. These lifestyle issues have created a problem for him in the past in previous transitional housing. His fasting blood sugar today was 130. It has improved from 190 on admission with control of the infection, balanced diet and use of metformin.

**Assessment:** He is willing to give the transitional housing unit a try and will also consider permanent housing if it becomes available through the VA program. He’s just getting ready for discharge. His social worker, Bill, will take him to his new place. I just took his discharge vital signs and they are stable: BP 120/80, Pulse 72, Resp. 16, Temp 98.6 F

I also re-dressed his toe this morning and the surgical wound was pink and moist with scant serous drainage.

**Recommendation:** Go over the discharge instructions that are on his chart and see if he understands all of them. Please complete the medication reconciliation form too. Make sure he gets the surgical shoe before he leaves.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 31000 | 1. Discharge to transitional housing 2. Arrange for home health visits by nursing and physical therapy3. Admit to Case Management and assign social worker4. Encourage Medium Calorie Carbohydrate Consistent diet5. Limited weight bearing to right foot. Keep foot elevated when possible. Use cane for ambulation6. Follow-up appointment in 5 days at Healthcare for Homeless Veterans office.7. Keep incision covered with clean dry dressing. Wear post surgical shoe except when in bed.8. Discharge medications:a. Metformin 500 mg twice daily with a.m. and p.m. mealb. Amoxicillin/clavulanate potassium 500 mg three times daily x 5 daysc. Ibuprofen 600 mg every 6 hours prn discomfortSamantha Bell, MD |

Glucose Monitoring

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Day 1 Admission | Day 2  | Day 3 | Day 4 |
| Fasting |  | 132 mg/dl @ 0600 | 90 mg/dl @ 0600 | 80 mg/dl @ 0600 |
| Bedtime |  | 110 mg/dl @ 2100 | 110 mg/dl @ 2100 |  |
| Other | 190 mg/dl @ 1200  |  |  |  |
| Notes | NPO for surgery |  |  |  |

Medication Administration Record

Scheduled & Routine Drugs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of Administration:** | **Initials** |
| Day 1 | Ampicillin/sulbactum  | 1.5 g | IV piggyback  | Every 6 hours | 0000060012001800 | * Day 1/ 1200
* Day 1/ 1800
* Day 2/ 0012
* Day 2/ 0615
* Day 2/ 1200
* Day 2/ 1800
* Day 3/ 0005
* Day 3 / 0600
 | * *CC*
* *CC*
* *JW*
* *JW*
* *SS*
* *SS*
* *SS*
* *SS*
 |
| Day 1 | Normal Saline | 50 ml/hr | IV |  |  | * Day 1/ 1400
* Day 2/ 1000
* Day 3/ 0600
 | * *CC*
* *JW*
* *SS*
 |
| Day 1 | Metformin  | 500 mg | po | Twice daily | 08001700 | * Day 1/ 0800
* Day 1/ 1700
* Day 2/ 0800
* Day 2/ 1700
* Day 3/ 0800
 | * *CC*
* *CC*
* *JW*
* *SS*
* *LM*
 |

PRN and STAT Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | **Initials** |
| Day 1 | Ibuprofen  | 600 mg | po | Every 6 hours PRN mild/moderate pain  | Day 1Day 2Day 3 | 09152105060015000800 | * *CC*
* *CC*
* *JW*
* *JW*
* *LM*
 |
| Day 1 | Hydrocodone bitartrate / acetaminophen | 10 mg/500 mg | po | Every 6 hours PRN severe pain | Day 1Day 2Day 3 | 1215082021000900 | * *CC*
* *JW*
* *SS*
* *LM*
 |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| CC | Cathy Callan, RN | SS | Sue Shiply, RN |
| JW | Joan White, RN | LM | Lee Myer, RN |

Medication Reconciliation Form

**Source of medication list:** patient medication list, pharmacy, MAR for facility

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Last Dose** | **Continue/DC** |
| Ampicillin/sulbactum | 1.5 g | IV | Every 6 hours |  | [ ]  C [x]  DC |
| Metformin | 500 mg | PO | Twice daily |  | [x]  C [ ]  DC |
| Ibuprofen | 600 mg | PO | Every 6 hours |  | [x]  C [ ]  DC |
| Hydrocodone bitartrate / acetaminophen | 1 tab | PO | Every 6 hours |  | [ ]  C [x]  DC |
| Amoxicillin/clavulanate potassium | 500 mg | PO | Twice daily |  | [x]  C [ ]  DC |

Provider Signatures

|  |  |  |
| --- | --- | --- |
| **Date/Time** | **Initial** | **Provider Signature** |
| Wednesday | *SB* | Samantha Bell, MD |

Discharge Instructions

1. You are being discharged to transitional housing through the VA case management program. Your apartment is #126 in the Cedar Village Complex at 1294 W. Lincoln. Your social work Case Manager will meet you here at the hospital as you are being discharged and will accompany you to your assigned unit. Your social worker’s name is Bill Trenton.
2. You are encouraged to follow a medium calorie carbohydrate consistent diet until you receive further instructions from your physician, Dr. Bell. Please keep a record of your dietary intake.
3. You should keep your foot elevated when sitting or lying in bed. Keep your foot covered with a clean, dry dressing and wear your post-surgical shoe except when in bed. You should limit your walking to short distances within your home until you receive further instructions by Dr. Bell. Please use your cane for stability when ambulating.
4. You will receive daily visits by the Home Health Nurse and the Physical Therapy staff for the next several days. Please direct any questions about your care to them and they will consult Dr. Bell for you.
5. You have a follow-up appointment at the Healthcare for Homeless Veterans office in five days (next Monday). Your case manager will help arrange transportation for this appointment.
6. Your discharge medications are metformin 500 mg twice daily with your a.m. and p.m. meal, amoxicillin/clavulanate potassium also known as Augmentin 500 mg two times a day for the next 5 days and ibuprofen 600 mg which you may take every 6 hours for foot discomfort.

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

RN signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 copy for chart

1 copy for patient

Dietary Intake Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Breakfast** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  |  |
| Vegetables |  |  |  |  |
| Fruits |  |  |  |  |
| Dairy |  |  |  |  |
| Protein |  |  |  |  |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lunch** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  |  |
| Vegetables |  |  |  |  |
| Fruits |  |  |  |  |
| Dairy |  |  |  |  |
| Protein |  |  |  |  |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dinner** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  |  |
| Vegetables |  |  |  |  |
| Fruits |  |  |  |  |
| Dairy |  |  |  |  |
| Protein |  |  |  |  |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Snacks** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Notes on today: [Select an item from the list, if applicable.]

\*If today is a weigh-in day, enter your weight (lbs or kg): [Type your weight or type N/A]