PATIENT CHART

Chart for Butch Sampson Simulation #3

SBAR Report Students Will Receive Before Simulation

**Time:** 1100

**Person providing report:** Home healthcare manager

**Situation:** Bradley Leonard Sampson is a 68-year-old patient of Dr. Bell. He prefers to be called “Butch.” He was discharged from the VA hospital four days ago after surgical debridement of his right great toe.

**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 work opportunities 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 was discharged to transitional housing as a part of a VA program and has been assigned a case manager, Bill Trenton. He is receiving home health visits from nursing and PT for follow-up care regarding his diabetic foot ulcer. He is a smoker x1 pack a day x40 years and consumes alcohol regularly. These lifestyle issues have created a problem for him in the past at transitional housing at other locations. His fasting blood sugar record is with his chart. He is supposed to be taking metformin twice daily and an oral antibiotic.

**Assessment:** He needs a lot of reinforcement to stick with the program that he agreed to with Dr. Bell. The home health nurses who visited earlier in the week report that they did not see any blood sugars recorded by Butch, so they have done blood sugars for him when they visit. They are running between 135 and 150. They report his wound seems to be healing and they noted granulation tissue in the wound bed. Wound remains the size of a quarter. I’m concerned he may get kicked out of transitional housing because of his violation of the smoking and drinking rules. We may be visiting him where he was living under the interstate by next week if he doesn’t change his ways.

**Recommendation:** You will need to assess and redress his foot, assess his blood sugar and dietary and medication compliance and perform a safety assessment of his home environment. We have an interprofessional team meeting scheduled in 2 days and Butch has a follow-up appointment at the Healthcare for Homeless Veterans office next week.

Home Health Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Admission to Home Health  | 1. RN home visit daily x 2 weeks (call for further visits)
2. Assess blood sugar record each visit
3. Wound assessment and dressing change each visit
4. Assess dietary intake
5. Assess home environment for safety
6. Assess medications: metformin 500 mg twice daily, amoxicillin/clavulanate potassium 500 mg twice daily for the first 5 days and ibuprofen 600 mg prn q 6 hours for foot discomfort.
7. Reinforce offloading with use of boot on affected foot until healed.
8. PT home visit x1 for assessment and treatment (call for further visits)

Samantha Bell, MD |

Blood Glucose Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Blood Sugar Level** | **Nurse Signature** |
| Day 1  | 5:00 pm | 140 | M. Landers RN |
|  |  |  |  |
| Day 2 | 8:00 am | 143 | Ken Adams, RN |
|  |  |  |  |
| Day 3 | 7:30 am | 135 | Ken Adams, RN |
|  |  |  |  |

Daily Food Diary: Day 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  | Case manager stopped on way home from hospital and let me shop a little. |
| Vegetables |  |  |  |  |
| Fruits |  |  |  |  |
| Dairy |  |  |  |  |
| Protein |  |  |  |  |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dinner** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  | frozen pizza |
| Vegetables |  |  |  |  |
| Fruits |  |  |  | can of applesauce |
| Dairy |  |  |  |  |
| Protein |  |  |  |  |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  | 2 beers |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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):

Daily Food Diary: Day 2

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Snacks** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
|  |  |  |  | corn chips and bean dip |
|  |  |  |  |  |

\*Notes on today: [Select an item from the list, if applicable.] \*If today is a weigh-in day, enter your weight (lbs or kg):

Daily Food Diary: Day 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Breakfast** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  | frozen waffle |
| Vegetables |  |  |  |  |
| Fruits |  |  |  |  |
| Dairy |  |  |  |  |
| Protein |  |  |  | 2 fried eggs |
| Water |  |  |  |  |
| Caffeinated drinks |  |  |  |  |
| Fruit juice |  |  |  |  |
| Other |  |  |  | diet syrup |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lunch** | **# Servings** | **Est. Calories** | **% Daily Target** | **Comments** |
| Grains |  |  |  |  |
| Vegetables |  |  |  | jalapeno peppers |
| Fruits |  |  |  |  |
| Dairy |  |  |  | cheddar cheese |
| Protein |  |  |  | canned chili |
| 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):

Home Safety Assessment

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Floor free of clutter? |  |  |
| Throw rugs or other trip hazards present? |  |  |
| Medications properly labeled? |  |  |
| Fire hazards? (candles, electrical concerns, space heaters, smoking in or near sleeping area, clutter in kitchen near stove?) |  |  |
| Assistive device present and used? |  |  |
| Adequate lighting for safe movement? |  |  |
| Home free of visible pests? (insects, mouse droppings, etc.) |  |  |
| Possible food hazards (food needing refrigeration left out) |  |  |
| Other concerns: |  |  |

Wound Care Flow Sheet

|  |
| --- |
| **Patient Name:** Butch Sampson**Age:** 68 years**Wound Size:** 2.5 cm in circumference (size of a quarter) **Location:** right great toe |
|

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Type/Color** | **Odor** |
| [ ]  Scant | [ ]  Clear | [ ]  Present |
| [x]  Small | [x]  Blood Tinged | [x]  Absent |
| [ ]  Moderate | [x]  Yellow | [ ]  Foul |
| [ ]  Large | [ ]  Tan |  |
| [ ]  Copious | [ ]  Purulent |  |
|  | [ ]  Green |  |
|  | [ ]  Gray |  |

**Exudate:** | **Wound Bed:**

|  |  |
| --- | --- |
| **Color** | **Tissue** |
| [x]  Red | [ ]  Bloody |
| [ ]  Pink | [ ]  Pale |
| [ ]  White | [ ]  Sloughing |
| [ ]  Gray | [ ]  Necrotic |
| [ ]  Black | [ ]  Eschar |
| [ ]  Tan | [x]  Granular |
| [ ]  Brown | [ ]  Weeping |
|  | [ ]  Healthy |

 |
| **Wound Margins:**

|  |
| --- |
| [x]  Edematous |
| [ ]  Calloused |
| [ ]  Macerated |
| [x]  Clean |
| [ ]  Intact |
| [ ]  Jagged |

 | **Surrounding Tissue:**

|  |
| --- |
| [ ]  Pink |
| [ ]  White |
| [ ]  Red |
| [x]  Pale |
| [ ]  Warm |
| [ ]  Cool |
| [ ]  Blanched |
| [ ]  Shiny |
| [x]  Edematous |

 | **Undermining:** NONE**Tunneling:** NONE

|  |  |
| --- | --- |
| **Pain:**  | **Scale (1-10):** |
| [x]  yes | \_\_\_\_\_3\_\_\_\_\_\_ |
| [ ]  no  |  |

Using acetaminophen 650 mg |
| **Treatment:** (Please describe dressing change and materials used. Example: Irrigation with saline using 10 ml syringe; redressed with 2 4x4 gauze and one stretch gauze wrap).Irrigated with normal saline. Redressed using damp 4x4 as packing. Wrapped with stretch gauze wrap.  |
|

|  |  |
| --- | --- |
| **Completed by:** M. Landers, RN | **Date**: Homecare Day 2 |

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Wound Care Flow Sheet

|  |
| --- |
| **Patient Name:** Butch Sampson**Age:** 68 years**Wound Size:** 2.5 cm in circumference (size of a quarter) **Location:** right great toe |
|

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Type/Color** | **Odor** |
| [ ]  Scant | [ ]  Clear | [ ]  Present |
| [ ]  Small | [ ]  Blood Tinged | [x]  Absent |
| [ ]  Moderate | [ ]  Yellow | [ ]  Foul |
| [ ]  Large | [ ]  Tan |  |
| [ ]  Copious | [ ]  Purulent |  |
|  | [ ]  Green |  |
|  | [ ]  Gray |  |

**Exudate:** | **Wound Bed:**

|  |  |
| --- | --- |
| **Color** | **Tissue** |
| [ ]  Red | [ ]  Bloody |
| [ ]  Pink | [ ]  Pale |
| [ ]  White | [ ]  Sloughing |
| [ ]  Gray | [ ]  Necrotic |
| [ ]  Black | [ ]  Eschar |
| [ ]  Tan | [x]  Granular |
| [ ]  Brown | [ ]  Weeping |
|  | [ ]  Healthy |

 |
| **Wound Margins:**

|  |
| --- |
| [x]  Edematous |
| [x]  Calloused |
| [ ]  Macerated |
| [ ]  Clean |
| [ ]  Intact |
| [ ]  Jagged |

 | **Surrounding Tissue:**

|  |
| --- |
| [ ]  Pink |
| [ ]  White |
| [ ]  Red |
| [x]  Pale |
| [ ]  Warm |
| [ ]  Cool |
| [ ]  Blanched |
| [ ]  Shiny |
| [x]  Edematous |

 | **Undermining:** NONE**Tunneling:** NONE

|  |  |
| --- | --- |
| **Pain:**  | **Scale (1-10):** |
| [ ]  yes | \_\_\_\_\_\_\_\_\_\_\_ |
| [x]  no  |  |

 |
| **Treatment:** (Please describe dressing change and materials used. Example: Irrigation with saline using 10 ml syringe; redressed with 2 4x4 gauze and one stretch gauze wrap).Irrigated with normal saline. Redressed using damp 4x4 as packing. Wrapped with stretch gauze.  |
|

|  |  |
| --- | --- |
| **Completed by:** M. Landers, RN | **Date:** Homecare Day 3 |

 |

Wound Care Flow Sheet

|  |
| --- |
| **Patient Name:** Butch Sampson**Age:** 68 years**Wound Size:** 2.5 cm in circumference (size of a quarter) **Location:** right great toe |
|

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Type/Color** | **Odor** |
| [ ]  Scant | [ ]  Clear | [ ]  Present |
| [ ]  Small | [ ]  Blood Tinged | [ ]  Absent |
| [ ]  Moderate | [ ]  Yellow | [ ]  Foul |
| [ ]  Large | [ ]  Tan |  |
| [ ]  Copious | [ ]  Purulent |  |
|  | [ ]  Green |  |
|  | [ ]  Gray |  |

**Exudate:** | **Wound Bed:**

|  |  |
| --- | --- |
| **Color** | **Tissue** |
| [ ]  Red | [ ]  Bloody |
| [ ]  Pink | [ ]  Pale |
| [ ]  White | [ ]  Sloughing |
| [ ]  Gray | [ ]  Necrotic |
| [ ]  Black | [ ]  Eschar |
| [ ]  Tan | [ ]  Granular |
| [ ]  Brown | [ ]  Weeping |
|  | [ ]  Healthy |

 |
| **Wound Margins:**

|  |
| --- |
| [ ]  Edematous |
| [ ]  Calloused |
| [ ]  Macerated |
| [ ]  Clean |
| [ ]  Intact |
| [ ]  Jagged |

 | **Surrounding Tissue:**

|  |
| --- |
| [ ]  Pink |
| [ ]  White |
| [ ]  Red |
| [ ]  Pale |
| [ ]  Warm |
| [ ]  Cool |
| [ ]  Blanched |
| [ ]  Shiny |
| [ ]  Edematous |

 | **Undermining:** NONE**Tunneling:** NONE

|  |  |
| --- | --- |
| **Pain:**  | **Scale (1-10):** |
| [ ]  yes | \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  no  |  |

 |
| **Treatment:** (Please describe dressing change and materials used. Example: Irrigation with saline using 10 ml syringe; redressed with 2 4x4 gauze and one stretch gauze wrap). |
|

|  |  |
| --- | --- |
| **Completed by:**  | **Date:** Homecare Day 4 |

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Transitional Housing Program Guidelines

The goal of the TH is to provide the opportunity for homeless veterans to complete the transition back into the community after completing inpatient or residential care.

1. Veteran must be eligible for services under the Veteran’s Administration guidelines.
2. Veteran must be homeless or at risk for homelessness.
3. Veteran agrees to remain drug and alcohol free while living in the TH environment.
4. Veteran agrees to follow plan for recovery and rehabilitation while in TH.
5. Veteran agrees to keep appointments as set with the VA and with VA care providers.
6. Veteran agrees to keep living quarters clean and habitable and will notify the manager of any plumbing or electrical problems or damage to the quarters.
7. Veteran will not smoke in the living quarters. Smoking is allowed in the smoking area outside the rear exit of the building.

Violations of the TH guidelines will place the Veteran at risk for expulsion from the TH program as decided by agreement between the case manager, housing manager, and Healthcare for Homeless Veterans program director.