PATIENT CHART

Chart for George Palo Simulation #2

Download these tools and attach to chart:

* Geriatric Depression Scale

<https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>

* Brief Evaluation of Executive Dysfunction

<https://hign.org/consultgeri/try-this-series/brief-evaluation-executive-dysfunction-essential-refinement-assessment>

SBAR Report Students Will Receive Before Simulation

**Time:** 1400

**Person providing report:** Retirement community resident nurse

**Situation:** George Palo is a 90-year-old man living independently in our apartments. A nurse from your agency visited three months ago at the request of his daughter Maggie. George was then evaluated by his primary physician who found that his cognitive difficulties had progressed to mild neurocognitive disorder due to Alzheimer’s disease v. vascular etiology and started George on galantamine. He was managing well until two weeks ago when Max, George’s 13-year-old golden retriever, died. Maggie, his daughter, contacted us because her dad was calling her at odd hours of the night and not remembering he had just talked with her. She asked us to contact your agency to make another visit.

**Background:** During the first visit, the nurse from your agency did a physical and cognitive assessment with the CAM and Executive Dysfunction tools. The CAM was negative for delirium, but there was some impairment in executive functioning. You can review his results on the chart. Your nurse suggested some memory aids and resources to help him maintain independence and recommended that he see his physician. Since then he has been managing very well with his new medication. He has allowed Maggie to help him with his bills and has been coming for weekly BP checks.

**Assessment:** Mr. Palo’s BP has been well controlled these past few months. He was seen frequently, taking Max for a walk. He often went to the Humane Society where he volunteers. But since Max died 2 weeks ago, we rarely see him, and when we do, he looks sad and disheveled.

**Recommendation:** Do a complete physical assessment, administer the Geriatric Depression Scale, and reassess his cognition with the Brief Evaluation of Executive Dysfunction tool. Maggie will be there during your visit. Communicate your findings to the retirement community resource nurse and his physician if you think he needs to be seen again before his next scheduled visit.

Summary Report of Visit to Primary Care Physician: (3 months ago)

Mr. George Palo, age 90, came for an office visit accompanied by his daughter Maggie. Maggie had concerns about her father’s memory loss (e.g., forgetting to pay bills, take medications). I reviewed the assessments made by the community health nurse and re-assessed with same results. Brief Evaluation of Executive Dysfunction repeated with same results. Physical exam revealed healthy man for age. Lab results for CBC with Differential, Liver Function tests, RPR, TSH, B-12 Folate all were unremarkable. An MRI of the head revealed global atrophy of brain. Cognitive state has progressed from minor cognitive impairment to minor neurocognitive disorder with Alzheimer’s disease v. vascular etiology. Started on galantamine 8 mg p.o. BID. Continue same dose atenolol – 50 mg every day and go to clinic for BP monitoring. Schedule return visit in 6 months. Benjamin R. Casey, MD

Retirement Community Blood Pressure Tracking Record

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Retirement Community Blood Pressure Tracker** | | | | | | | |
| **Blood Pressure Target Goal:** 120/80 | | | | | | | |
| **Name:** George Palo | **Sex Assigned at Birth:** Male | | **Age:** 90 | **Height:** 5’11” | | **Weight:** 185 lbs | **Apartment #:** 22 |
| **Date:** | | **Time:** | | | **Blood Pressure:** | | |
| Week 16 | | 10:00 AM | | | 120/84 | | |
| Week 17 | | 10:00 AM | | | 126/82 | | |
| Week 18 | | 10:00 AM | | | 118/80 | | |
| Week 19 | | 10:00 AM | | | 126/80 | | |
| Week 20 | | 10:00 AM | | | 126/84 | | |
| Week 21 | | 10:00 AM | | | 132/84 | | |
| Week 22 | | 10:00 AM | | | 138/84 | | |
| Week 23 | | 10:00 AM | | | 130/88 | | |
| Week 24 | | 10:00 AM | | | 132/86 | | |
| Week 25 | | 10:00 AM | | | 134/90 | | |
| Week 26 | | 10:00 AM | | | 130/84 | | |
| Week 27 | | 10:00 AM | | | 128/84 | | |
| Week 28 | | 10:00 AM | | |  | | |
| Week 29 | | 10:00 AM | | |  | | |
| Week 30 | | 10:00 AM | | |  | | |
| Week 31 | | 10:00 AM | | |  | | |

Responses from Brief Evaluation of Executive Dysfunction (from first home visit by community health nurse)

**Clock #1:**

**George's clock drawing showing a clock face with the hands of equal length pointing at 2 and 9.**

**Clock #2:**

George's clock drawing showing a clock face with the longer hand pointing at 2 and the shorter hand pointing at 9.

Responses for Controlled Oral Word Association Test:

Able to name 10 words with F and A, 7 words for S then said, “This is stupid.”

Responses for Trail Making Test:

1-A, 2-B, 3-C, 4-E, 5-F, 6-G, 7-H, 9-I, 10-K, 11-L, 12-M, 13-N, then “I don’t know.”