PATIENT CHART

Chart for Lucy Grey Simulation #3

Download these tools and attach to chart:

* Fulmer SPICES: <https://hign.org/consultgeri/try-this-series/fulmer-spices-overall-assessment-tool-older-adults>
* Hendrich II Fall Risk Model: <https://hign.org/consultgeri/try-this-series/fall-risk-assessment-older-adults-hendrich-ii-fall-risk-model>
* The Geriatric Depression Scale: <https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>

SBAR Report Students Will Receive Before Simulation

**Time:** 1230

**Person providing report:** Paramedic who brought Lucy to the ED

**Situation:** This patient called 911 after having a dizzy spell and a fall in her home. When we arrived, she was sitting on her couch in her living room, alert and oriented.

**Background:** Lucy Grey lives alone, lost her partner to cancer a few months ago. She has had several episodes of falling during the past 3 months. She has been transported to the ED but not admitted in the past.

**Assessment:** Her blood pressure is 160/88, heart rate is 102, respirations 20, and her oxygen saturation has been in the 90’s. She is currently on 2 liters of oxygen per nasal cannula. She was apologetic for calling us, said she was scared about falling but didn’t think she was seriously hurt. Patient denies taking any medications today, states she takes celecoxib 200mg in the evenings. States she had tea and oatmeal for breakfast. No complaints of pain, currently. She has good mobility, a little slow at times due to “stiff knees.” There is a mild abrasion on her arm, we just taped a gauze pad on it. We inserted a saline lock in her right forearm.

**Recommendation:** Assess and follow up on recurring falls.

|  |  |
| --- | --- |
| **Patient Name:** Lucy Grey | **MRN:** |
| **Room:** | **Doctor Name:** Barbara Green, MD |
| **DOB:** 05-24-YYYY (reflect age 74) | **Date Admitted:** |
| **Age:** 74 |  |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
|  | Patient was brought to ED by ambulance after a fall at home. She is alert, oriented and in no acute distress. Has a scrape on left arm; saline lock in right forearm. States she has been seen over the past few months in this emergency department for falls. Medical record requested.  M. Hayes, RN |

Medication Reconciliation Form

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

**Allergies/Sensitivities:** None known

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