PATIENT CHART

Chart for Millie Larsen Simulation #3

Download this tool and attach to chart:

* Katz Index of Independence in Activities of Daily Living

<https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>

Add any other relevant information from Simulation 1 and 2 charts

SBAR Report Students Will Receive Before Simulation

**Time:** 0700

**Person providing report:** Nurse ending shift

**Situation:** Millie Larsen was brought to the ED by her daughter with confusion. She was diagnosed with a urinary tract infection and dehydration and transferred to our unit 2 days ago. She has been on antibiotics since admission. She is scheduled for discharge today.

**Background:** Prior to admission, Millie’s daughter stopped in to see her at home and found that she was not making sense. She brought her to the ED and a decision was made to admit her, but she remained in the ED all night until a bed became available. Mrs. Larsen has a history of hypertension, glaucoma, osteoporosis, arthritis, elevated cholesterol, and stress incontinence. It is unclear whether she has taken her medications properly the past few days; her daughter couldn't tell from looking at her medication box. Her blood pressure was very elevated yesterday, but once we restarted her meds it started coming down.

**Assessment:** She had a near fall yesterday but did not sustain any injuries. Millie’s last vital signs were temperature 98.6, heart rate 78, respirations 14, and her blood pressure was 160/92. Dr. Lund just ordered her IV fluids dc’d. Her confusion has resolved.

**Recommendation:** They may discharge her later today. Discontinue her IV fluids and saline lock her IV. She lives alone so please do a Katz Index of Independence. Dr. Lund will want those results when he comes in to help him develop a discharge plan.

Provider’s Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 3 | Begin discharge planning, may dc this evening |
|  | Regular, low fat diet |
|  | Discontinue IV fluids and saline lock IV |
|  | Continue on all previous medications  Captopril 25 mg po three times a day |
|  | Metoprolol 100 mg every day |
|  | Furosemide 40 mg po twice per day |
|  | Atorvastatin 50 mg once daily |
|  | Pilocarpine eye drops 2 drops each eye 2 times a day |
|  | Alendronate 70 mg po weekly |
|  | Celecoxib 200 mg po once a day |
|  | Ciprofloxacin 250 mg po every 12 hours for 7 days |
|  | Acetaminophen 325 mg po every 6 hours prn for pain |
|  | Eric Lund, MD |

Medication Reconciliation Form

**Source of medication list: primary care provider**

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| Captopril | 25 mg | po | 3 times a day | hypertension |  | C  DC |
| Metoprolol | 100 mg | po | Once a day | hypertension |  | C  DC |
| Furosemide | 40 mg | po | 2 times a day | hypertension |  | C  DC |
| Atorvastatin | 50 mg | po | Once a day | high cholesterol |  | C  DC |
| Pilocarpine eye drops | 2 drops each eye | eye drops | 2 times a day | glaucoma |  | C  DC |
| Alendronate | 70 mg | po | once weekly | osteoporosis |  | C  DC |
| Celecoxib | 200 mg | po | Once a day | arthritic pain |  | C  DC |
| Ciprofloxacin | 250 mg | po | Every 12 hours for 7 days | Urinary tract infection |  | C  DC |
| Acetaminophen | 325 mg | po | Every 6 hours when needed | pain |  | C  DC |

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| Signature RN: Steve Witt, RN  Print name: Steve Witt, RN Date: Today’s date |