PATIENT CHART

Chart for Patrick Lake - Simulation #1

SBAR Report Students Will Receive Before Simulation

**Time:** 1500

**Person providing report:** Dr. Smith

**Situation:** Mr. Lake is an adult patient who reports to the clinic with joint pain in both upper and lower extremities.

**Background:** The patient has a history of glaucoma, hypertension, intermittent atrial fibrillation, osteoarthritis, hypercholesterolemia, and an above-the-knee amputation from a war injury. This is his second visit to our clinic.

**Assessment:** Has joint pain for the past month. Wife is concerned that recently he has had some wooziness and she is wondering if this or any of his medications may be the cause.

**Recommendation:** Complete a focused history and physical exam related to the patient’s chief complaints.

|  |  |
| --- | --- |
| **Patient Name:** Patrick Lake | **MRN:** 234-567-890 |
| **DOB:** 11-13-YYYY (reflect age 64)  **Age:** 64 | **Provider Team:** Avery Smith, MD |
| **Address:** 111 Country Road, Suburbia | **Diagnosis:** joint pain |
| **Phone**: 555-666-1210 | **Allergies:** no known allergies |

**Age**: 64

**Sex Assigned at Birth**: Male **Gender Identity**: Male

**Race**: **Weight**: **Height**: [Race, Weight & Height should reflect those of simulated patient]

**Religion**: Catholic

**Support Person:** Wife Gloria **Support Phone:** 555-666-1210

**Immunizations**: Up to date

**Social History:** Married, denies use of tobacco, alcohol, or drugs. Participates in support group related to disability.

Medication Reconciliation Form

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

**Allergies:** no known allergies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| Lisinopril | 20 mg | PO | Daily | Hypertension | This AM | C  DC |
| Metoprolol | 50 mg | PO | Twice Daily | To control atrial fibrillation | This AM | C  DC |
| Atorvastatin | 40 mg | PO | Daily | High cholesterol | This AM | C  DC |
| Timolol 0.25% | 1 drop | Both eyes | Twice Daily | Glaucoma | This AM | C  DC |
| Apixaban | 5 mg | PO | Twice Daily | Prevention of blood clots from atrial fibrillation | This AM | C  DC |
| Acetaminophen | 650 mg | PO | Every 8 hours as needed | For pain | This AM | C  DC |

Provider Signatures

|  |  |  |
| --- | --- | --- |
| **Date/Time** | **Initial** | **Provider Signature** |
| First Clinic Visit 1200 | AS | Avery Smith, MD |

Nurse Signatures

|  |  |  |
| --- | --- | --- |
| **Date/Time** | **Initial** | **Nurse Signature** |
| First Clinic Visit 1200 | MA | Mary Adams, RN |

Provider Orders

**Allergies/Sensitivities:** None

|  |  |
| --- | --- |
| **Date/Time:** |  |
| First visit | **Continue with medications:**  Lisinopril, 20 mg, PO, daily  Metoprolol, 50 mg, PO, twice daily  Atorvastatin, 40 mg, PO, daily  Timolol 0.25% , 1 drop, both eyes, twice daily  Apixaban, 5 mg, PO, twice daily  Acetaminophen, 650 mg, PO, every 8 hours as needed |
|  | Return visit in 6 months |
|  | Recommended diet low in sodium and fat |
|  | Avery Smith, MD |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Previous Visit 6 months earlier  1530 | Patrick Lake was seen for the first time today; he wishes to use this clinic for his primary care. Mr. Lake is a male in his 60s with a history of glaucoma for 2 years, hypertension for 10 years, osteoarthritis for 10 years, hypercholesterolemia for 15 years, and intermittent atrial fibrillation for 1 year. He has an amputation from a war injury in his early 20s, and he states that he has managed an active lifestyle throughout his life using his prosthesis. He is on lisinopril 20 mg PO daily for hypertension; metoprolol 50 mg twice a day for atrial fibrillation; Apixaban, 5 mg twice daily for anticoagulation prophylaxis for the atrial fibrillation; atorvastatin 40 mg PO daily for hypercholesterolemia; and timolol 0.25% one drop twice a day to both eyes. He takes acetaminophen 650 mg PO every 8 hours as needed for joint pain. He reports stiffness in the joints of his arms and legs that is worse in the morning, but states he is able to perform his activities of daily living. No erythema or edema of the joints is evident.  His initial lab work done earlier this week is normal (see chart). At this time, Mr. Lake has no other complaints.  Avery Smith, MD |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Previous Visit 6 months earlier/  1500 | Mr. Lake was seen at the clinic today for a well visit. This is his first time at this clinic. The patient has glaucoma, hypertension, intermittent atrial fibrillation, osteoarthritis, hypercholesterolemia, and an above-the-knee amputation from a war injury (see past medical history). He is able to perform his ADLs but has occasional pain in his joints due to arthritis, which is managed by acetaminophen. He has had no recent changes in medical history or medications; he is here today to establish his medical care with the clinic. He is able to do light to moderate exercise for 30 minutes 3 times per week. His current medications are lisinopril 20 mg PO daily for hypertension; metoprolol 50 mg twice a day for atrial fibrillation; Apixaban, 5 mg twice daily for anticoagulation prophylaxis for the atrial fibrillation; atorvastatin 40 mg PO daily for high cholesterol; timolol 0.25% one drop twice a day to both eyes for glaucoma; acetaminophen 650 mg PO q 8 hrs prn for joint pain.  His vital signs were blood pressure 128/82; heart rate 68 and regular;respirations 18; temperature 98.6, O2 saturation 96%. His weight is XXX lbs. M. Adams RN |

Abbreviated Neurological Assessment Flow Sheet

(Adapted from NIH Stroke Scale)

From first visit

|  |  |
| --- | --- |
| **Date/ Time:** Monday/1400 | **Signature:** Mary Adams, RN |
| Level of Consciousness | |
| Alert/ keenly responsive  Not alert, but arousable by minor stimulation to obey, answer, or respond  Not alert; requires repeated stimulation to attend/ obtunded  Responds only with reflex motor or autonomic effects, or totally unresponsive | |
| What month is it? How old are you? | |
| Answers both questions correctly  Answers one question correctly  Answers neither question correctly | |
| Person/ Time/ Place/ Situation | |
| Answers person correctly  Answers place correctly  Answers time correctly  Answers situation correctly | |

Musculoskeletal Assessment

From first visit

**AMPUTATION:**

|  |  |
| --- | --- |
| right | BKA |
| left | AKA |
|  | other |

**SPINE:**

|  |  |  |
| --- | --- | --- |
| kyphosis | osteoporosis | scoliosis |

**GAIT:**

|  |  |  |
| --- | --- | --- |
| steady | unsteady | non-ambulatory |

|  |  |
| --- | --- |
| **ACTIVITY:**  up ad lib | **ASSIST:**  x1 |
| walker | x2 |
| cane | lift |
| crutches | bed bound |
| wheelchair  walks with prosthesis |  |

**HAND GRIPS:**

|  |  |
| --- | --- |
| **LEFT:**  strong | **RIGHT:**  strong |
| weak | weak |
| flaccid | flaccid |
| contractures | contractures |

**RANGE OF MOTION:**

|  |  |
| --- | --- |
| **ARMS:**  full | **LEGS:**  full – On non-AKA side |
| weak | weak |
| flaccid | flaccid |
| contractures | contractures |
|  | TED hose |

Lab Data

Obtained prior to first visit

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result** | **Reference Range** |
| Sodium | 142 | 135-145 mmol/L |
| Potassium | 4.1 | 3.5-5 mmol/L |
| Carbon dioxide | 26 | 35-45 mm hg |
| Calcium | 2.4 | 2-2.6 mmol/L |
| Chloride | 104 | 95-105 mEq/L |
| Glucose | 95 | 65-110 mg/dL |
| Bun | 17 | 1.2-3 mmol/L |
| Creatinine | 1.0 | 0.8-1.3 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Lipid Panel** | **Result** | **Reference Range** |
| Total cholesterol | 315 mg/dl | <200 normal |
| HDL | 27 mg/dl | >40 normal |
| LDL | 142 mg/dl | <100 normal |
| Triglycerides | 147 mg/dl | <150 normal |

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC (White Blood Count) | 6 | 3.6-11.0 K/uL |
| RBC (Red Blood Count) | 5.5 | 4.5-5.9 M/uL |
| HGB (Hemoglobin) | 15 | 12.0-15.6 g/dL (F)  13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 44 | 36-46 % (F)  40-52 % (M) |
| PLT (Platelets) | 300 | 150-450 K/uL |