PATIENT CHART

Chart for Sherman “Red” Yoder Simulation #2

Download this tool and attach to chart:

* The Confusion Assessment Method (CAM)

<https://hign.org/consultgeri/try-this-series/confusion-assessment-method-cam>

Add any other relevant information from Simulation 1 chart

SBAR Report Students Will Receive Before Simulation

**Time:**  1500

**Person providing report:** Emergency Department Charge Nurse

**Situation:** 80-year-old male just transported here by ambulance. Family member went to visit and found him weak, ill, and unable to get out of bed.

**Background:** Red Yoder is an 80-year-old type 2 diabetic treated with metformin and glipizide. He was healthy, alert, and active until he developed a pressure ulcer on his right great toe about 5 weeks ago. He was treated at home with moist saline dressings daily, and family thought it was improving. They last visited him 5 days ago. Today, his son found him in bed and confused and he called Dr. Baker’s office and was instructed to call 911. His foot is red and edematous and much worse according to his son.

Paramedics started an IV of 0.9% NaCl. It is running at 125 mL/hour in his right forearm. Dr. Baker called in some orders and said he will be in soon. The lab tech just drew his bloods and reported that his blood glucose was 78.

**Assessment**: 80-year-old male with possible wound infection; rule out sepsis.

**Recommendation:** Please do a head to toe assessment and get a wound culture.

Provider’s Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
|  | Emergency Department orders: |
|  | Labs: CBG, CBC, electrolytes, BUN and creatinine, arterial blood gases, blood cultures x 2, serum lactate |
|  | Wound culture and sensitivity |
|  | Oxygen at 2 liters per minute via nasal cannula; titrate to keep SpO2 > 94% |
|  | Continuous ECG and Sp O2 monitoring |
|  | Capillary blood glucose stat: Administer regular insulin per sliding scale below: If less than 60 notify Dr. Baker 61-130- give no insulin 131-200- give 2 units subcutaneously 201-250- give 4 units subcutaneously 251-300- give 6 units subcutaneously >300 notify Dr. Baker |
|  | Consult Dr. Davies, Intensivist (called) |
|  | Frank Baker, MD |