**Case #1 – Patient**

**Be the Patient and Follow Your Role:**

Today is October 1, 2015. You are Victoria Kaminsky, a 62 year old female whose date of birth is 09/21/1953. You have come to the Emergency Department by yourself with knee swelling and pain. Your past medical history includes high blood pressure, blood clot in your leg (after surgery 30 years ago, no problems since), and chronic headaches. Your allergies are:lisinopril – cough, thiazides: rash, and clonidine: rash.

The clinician entering the room has access to some of your longitudinal medical records.

**For role play purposes**: If the clinician asks foryour pill bottles, you should give them the sheet with the picture of pills – tell the clinician you have these in a container in your purse. If the clinician recognizes the need to look these up in an online database like Drug.com, then hand them the list of what those medications are. Both of these are in your packet.

If asked about prescribers: you have a PCP and a neurologist for headaches. If asked, can supply contact information for each one: PCP is Dr. James Smith, White River Medical Associates, Springfield. Neurologist is Dr. Jane Cross, Springfield Neurology Partners, Springfield.

**Role Play Regarding your Medications as Follows:**

* **If asked if you have a list of medications:**

Explain that you do not keep a list

* **If asked to list or describe what medications you take (without any other prompts) you state:**

Baby aspirin and Amlodipine (You decided ASA might be good for your heart)

You think dose of amlodipine is 5 mg, but you’re not sure

* **If asked if you have medication bottles present, or for your pharmacy’s name or number:**

You do not have your medication bottles with you but you do have some of your medications with you in your purse (see above). You do know your pharmacy: Walgreen’s located on Spruce Street in Springfield.

* **Only if asked about non-prescription medications do you know the following:**

You remember you take a multivitamin (Centrum Silver) 1 tablet daily for your general health.

* **If asked about your headaches (on your problem list) or if anything is prescribed by a specialist**  You also take Tylenol 1 pill twice a day several days each week as needed for pain or headaches (which was recommended by a neurologist you saw for headaches). You don’t know the strength but have some in your purse. \*You can provide pills in purse, pass on the loose pills picture as above\*
* **If asked about Non-Oral meds:**

You use an albuterol inhaler when you feel short of breath which you got from a “Convenient MD” stop last month when you had a cold that made you short of breath. You have been using the albuterol inhaler 1 puff daily for a month. You do not know how often you could use it.

**If asked about adherence:** You take your medications most days, but discontinued Vitamin B complex of your own accord. Maybe you miss your pills 1 day a week on average.

**You deny any issues with costs/copayments/insurance coverage, running out, side effects, and deny thoughts of your medications not working if asked**

If asked about specific medications after clinician has accessed sources of medication information:

If asked if you take Amlodipine: 5 mg (take 1 tablet) or 10 mg (take 2 tablets): you know you used to be on 5 mg (1 tablet), but a year ago your PCP increased the dose to 10 mg (2 tablets). So you do take 2 tablets of amlodipine daily.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Final Correct list** **(for your use only)** after you have been asked multiple probing and clarifying questions:

**(Do Not Share with Clinician)**

* ASA 81mg (1 tablet) by mouth daily “for heart” (which was omitted from patients prior pre-admission med list)
* Amlodipine 10mg by mouth daily “for blood pressure” (your home pharmacy can verify prescription for 5mg tablets take 2 by mouth daily – not just 5mg daily)
* MVI 1 tablet by mouth daily for general health (not vit B complex which was self discontinued)
* Acetaminophen 500mg (1 tablet) by mouth bid PRN for pain or headaches (takes several days per week)
* Albuterol Inhaler: 1-2 puffs inhaled q6h PRN for shortness of breath, currently using it 1 puff a day

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Case #1**

**Loose pills in a small unmarked container in purse**

**\*\*\*For Clinician\*\*\***



And



**Case #1**

**Loose pills in a small unmarked container in purse: Identified**

**\*\*\*For Clinician\*\*\***

If clinician recognizes need to use a Pill Identifier:

White tablet is acetaminophen 500mg

Orange tablet is aspirin 81mg