**Case #4 – Observer**

* Listen carefully to the exchange between patient and clinician.
* Complete the “High Performance Behaviors Checklist,” attached.
* Compare the clinician’s final medication list to the “gold standard,” attached.
* Be prepared to give feedback to your colleagues:
  + Did they use high performance behaviors?
  + Did they achieve an accurate best possible medication history?
  + What did they do well? What could use improvement?

If the clinician calls the pharmacy, give the clinician the **Case #4 - Outpatient Pharmacy Records \*for Clinician\*** from your packet

If the clinician asks a team member for help or uses an online pill identifier (like Drugs.com) for loose medications given to the clinician by the patient: give the clinician the **Case #4 - Loose Medication Answers \*for Clinician\*** from your packet

**Notes:**

**Gold Standard Preadmission Medication List**

Allopurinol 100mg (1 tablet) by mouth daily for gout

Amlodipine 5mg (1 tablet) by mouth daily for blood pressure

Citalopram 10mg (1 tablet) by mouth daily for mood

Clonidine 0.1mg (1 tablet) by mouth every night for blood pressure

Duoneb 3ml neb q6h prn SOB, Wheezing (uses a few times a week) for asthma

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID for asthma

Gabapentin 1200mg (#3 400mg tablets by mouth three times a day) for pain

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain (using it 1-2 times a day)

Metformin Extended Release 500mg (1 tablet) by mouth daily for diabetes

Torsemide 30mg (#3 10mg tablets) by mouth daily for swelling **(not furosemide)**

Tylenol 500mg (1 tablet) by mouth every eight hours for pain (using it about 3 times a day)

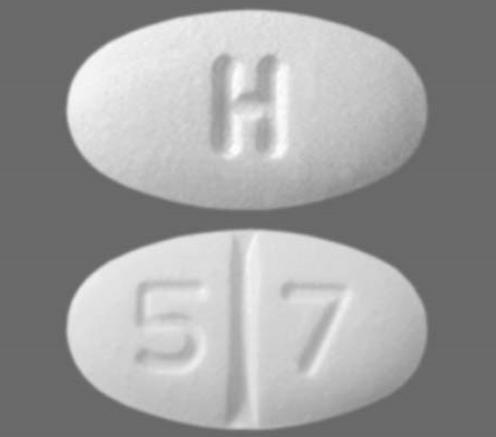
**No longer taking**: Potassium Chloride Extended Release 20meq (#2 10meq tablets) by mouth daily

**High-Performance Behaviors Checklist:**

|  |  |
| --- | --- |
| Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn’t read the list and ask if it is correct)   * Patient will just say the med list is correct if asked |  |
| Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds |  |
| Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists |  |
| Asks about adherence |  |
| Uses at least two sources of medications, ideally one provided by the patient and one from another “objective” source (e.g., patient’s own list and ambulatory EMR med list)   * In this case, hospital list, patient list |  |
| Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained) | NA |
| Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)   * Needs additional sources because possible med changes not on list |  |
| When additional sources are needed, uses available sources ﬁrst (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.   * Pharmacy list, loose pills that patient has |  |
| Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient) |  |
| Returns to patient to review new information, resolve all remaining discrepancies   * Needs to resolve furosemide/torsemide, potassium, duonebs * Needs to get frequency of PRN meds that are taken |  |
| Gets help from other team members when needed |  |
| Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them |  |

**Case #4 – Loose Medications Answers**

**\*\*To hand to Clinician once they ask a team member for help or know to use an on-line pill identifier\*\***

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**Each tablet is Torsemide 10mg**

**Case #4 – Outpatient Pharmacy Record**

**\*\* To hand to Clinician when Clinician ‘calls the pharmacy’ \*\***

Allopurinol 100mg (1 tablet) by mouth daily

* Last filled 9/25/15

Amlodipine 5mg (1 tablet) by mouth daily

* Last filled 9/25/15

Citalopram 10mg (1 tablet) by mouth daily

* Last filled 9/25/15

Clonidine 0.1mg (1 tablet) by mouth every night

* Last filled 9/25/15

Duoneb 3ml neb q6h prn SOB, Wheezing

* Last filled 9/3/15

Fluticasone Prop/Salmeterol 250mcg/50mcg 1 inhalation BID

* Last filled 9/25/15

Gabapentin 1200mg (three 400mg tablets by mouth three times a day)

* Last filled 9/25/15

Torsemide 30mg (three 10mg tablets) by mouth daily

* Last filled 9/20/15

Hydrocodone 5mg +Tylenol 325mg 1 tablet my mouth q6h PRN breakthrough pain

* Last filled 9/15/15

Metformin Extended Release 500mg (1 tablet) by mouth daily

* Last filled 9/12/15

Potassium Chloride Extended Release 20meq (two 10meq tablets) by mouth daily

* Last filled 8/15/15

Furosemide 60 mg (1 tablet) by mouth daily filled 45 days ago for 30 day supply

* Last filled 8/15/15