

Case Study 1

Medications

Multivitamin
ASA 325mg
Lasix 20mg
Atenolol 25mg
Synthroid
Actonel
Namenda
Trazadone
Glucotrol
Artificial Tears
Miralax
Tylenol 1000mg

QD
QD
BID
BID
QD
Qweek
QD
QD
QD
QID
QD
TID

Diagnosis

Supplement
Preventative
Edema/CHF
HTN
Hypothyroidism
Osteoporosis
Dementia
Depression
Diabetes
Dry Eyes
Constipation
Pain

Therapeutic Goal

Treatments

Accuchecks TID
Eucercin Cream – apply to LE’s BID for dry skin.
TEDS – apply every am with cares and remove at HS
Elevate legs after breakfast and lunch for 30 minutes
Weights twice a week
Monitor every shift for increased edema in LE’s and call NP if noted.
Bunion cushion prn
Weekly selsun shampoo for dry scalp
Nutritional Supplement every day at 10am for weight loss
Thermal beads prn

Past year Review

Stella is 92 years old, DNR/DNI, and resides on a long term care unit. She requires assist of one for ADL’s and enjoys staff 1:1’s during cares. Ambulation status changed one year ago from I to A1 s/p hip fracture after a fall. She required an ORIF in the hospital which was complicated by a wound infection and a CHF exacerbation. She developed a Stage 1 pressure ulcer in the hospital and had an 8 lb weight loss. Since her hip fracture, Stella has become weepy over loss of independence and makes frequent requests to her daughter to “please let her go”. She makes attempts to self transfer daily and remains a high fall risk. Stella tells the NARs she is frustrated she needs assist to the bathroom because when she “feels the urge to go there is no time to wait for staff”. She does remain continent of urine. She is cognitively intact to family, knows she is in a “care center”, but is confused to time. Weights have been stable for past 9 months and appetite is fair to good. The stage 1 ulcer healed within 2 weeks and skin remains intact. B/P’s range 96/50 to 124/76. Nurse notes indicate 1+ ankle edema. Stella verbalizes every morning to NAR, “I do not like those tight stockings they irritate my skin on my legs”. She denies pain, but NARs report Stella does say her “bones ache in the morning”. Accuchecks range 70-110 prior to breakfast. Accuchecks average 120-140 after supper, which resident attributes to the “fun” times she has with her family visits and they bring her treats. In a resident preference interview, Stella expressed a desire to be able to attend more afternoon activities such as book clubs and coffee groups, but is not able to attend on a regular basis due to the need to elevate her legs per MD order.