Presenting a Patient Case

Pharmacotherapy III Lab
(728-655)
Objectives

- Identify the components of a patient case presentation
- Compare and contrast the format of a case presentation with a SOAP note
- Demonstrate and refine your own patient case presentation technique
Components of a Patient Case

- Demographics
- Chief complaint
- History – HPI, PMH, SH, FH, surgical procedures and previous hospitalizations pertinent to current illness
- Medications and Allergies/ADRs
- Pertinent PE
- Pertinent Laboratory Values
- List patient’s problems in an assessment
- Plan for treatment
- Monitoring parameters (efficacy/toxicity)

Adapted from the Pharmacy Practice Manual, 2nd ed, Larry E. Boh, ed.
Patient Case Components (1)

- Subjective Data
  - Demographics – age, sex, race, weight, and service the patient is on
  - Chief complaint
  - History – include HPI, PMH, SH, FH, any illnesses/procedures/previous hospitalizations that have a direct effect on present illness
  - Medications, Allergies/ADRs
Patient Case Components (2)

- Objective Data
  - Pertinent physical exam (pertinent positives and negatives)
    - Includes vital signs and ROS data
  - Pertinent lab values (pertinent positives and negatives)
Patient Case Components (3)

- Assessment
- Plan
  - Initial plan for treatment
  - Monitoring parameters (effectiveness/toxicity)
Pertinence

- How do you know if something is pertinent?
- Pertinent positive
  - E.g. presence of 3+ pitting edema, +HJR, +JVP in CHF patient
- Pertinent negative
  - E.g. normal rate and rhythm to r/o MI
Hello, Dr. Pepper. My name is Erin, and I’m a pharmacy student intern. Could I discuss Allison Lewis’ case with you for a few minutes?
Ms. Lewis is an 83 yo Caucasian F, weighing 65kg and measuring 5’3”, who came to clinic today with complaints of a cough after discontinuing lisinopril 1 month ago due to angioedema and starting losartan 50 mg po daily. Her PMH is significant for HTN, type II DM, and CKD (stage IV). The patient’s SH and FH are non-contributory. Current meds include hydrochlorothiazide 25 mg po qAM, losartan 50 mg po daily, and glipizide 2.5 mg po qAM. She has NKDA, but a h/o an ADR to lisinopril (angioedema).
Objective Data

On physical exam, the patient’s vitals are significant for a BP of 136/86 mmHg and a pulse of 85. The patient had a SCr of 1.7 which correlates with an estimated CrCL of 21 mL/min, BUN of 15, and a K of 4.1.
This 83 year old female is experiencing an ADR of a cough from her ARB, losartan. She also has uncontrolled HTN with a goal of <130/80 mmHg, which may be due to the fact that her hydrochlorothiazide is ineffective, given her CrCL<30 mL/min.
Plan

I recommend discontinuing losartan and starting verapamil 80 mg po TID. I also recommend discontinuing the hydrochlorothiazide and starting furosemide 20 mg po qAM. Ms. Lewis should RTC in 2 weeks to assess BP/HR, K, and SCr.
Tips

- Be prepared
- Be thorough, yet concise
- Practice! Practice! Practice!