

Interprofessional Education (IPE) Case Study

Demographics	
Name	Eduardo Jimenez
Age	68 Years of Age
Race	Hispanic
Weight	180 lbs.
Height	5'8"

Setting	Outpatient Clinic/Office
Chief Complaint	Hospital discharge follow-up

Visit # 1 – Medication Management and Nutrition
<i>Lead by Medicine, Pharmacy & Physician Assistant</i>
<p>History of Present Illness</p> <p>Mr. Jimenez comes in today for a follow-up visit with after being hospitalized two weeks ago for a mild ischemic stroke with some residual, persistent right-sided hand and leg weakness and some word finding difficulties that have impacted his activities of daily living (ADL's). He is right hand dominant. He is accompanied by his wife Mrs. Jimenez who is mainly Spanish-speaking and she stays in the treatment room with him the entire time.</p> <p>He was discharged from the hospital with two new medications which he says are Plavix and Lisinopril/Hydrochlorothiazide. He is not sure what his medications are for and the directions are written in English, not his primary language, Spanish. He has no medication list but thinks he is over-medicated and wants to reduce the medications he takes. He especially thinks that the Parkinson's medication does not seem to control his increased hand shaking.</p> <p>The doctor ordered a nurse and social worker from Home Health.</p> <p>Past Medical/Surgical History</p> <p>Hypertension (since 10 years), Hyperlipidemia (since 12 years), Parkinson's disease (since 3 years), Stroke (2 weeks ago Mr. Jimenez had sudden weakness of the right side of the body and was hospitalized for 3 days with a stroke diagnosis, Osteoarthritis, and Insomnia).</p> <p>Medications</p> <p>Atenolol 50 mg once a day (blood pressure), Lisinopril/Hydrochlorothiazide 20/12.5mg once a day (blood pressure), Aspirin 81 mg once a day (cardio-vascular protection), Plavix 75 mg once a day (post stroke), Lipitor 10mg once a day, Carbidopa/Levodopa 10/100mg 3 times /day (Parkinson's), Ibuprofen 200mg prn (for osteoarthritis), Zolpidem 5mg at bedtime 3-4 times a week for (for insomnia), Tylenol PM 1 tab (as needed for pain and sleep).</p>

You have the following prescription fill dates collected from the patient's medication bottles:

Medication	Last two fill dates	Quantity
Atenolol 50mg daily	8/1/18	#30
Lisinopril/Hydrochlorothiazide 20/12.5mg daily	9/6/18	#30
Aspirin 81mg daily	9/6/18, 8/1/18	#30
Plavix 75mg daily	9/6/18	#30
Lipitor 10mg daily	Sample bottle from MD office	#30
Atorvastatin 10mg daily	9/2/18, 8/1/18	#30
Carbidopa/Levodopa 10/100mg TID	9/2/18, 7/22/18	#90
Zolpidem 5mg qHS	9/2/18, 8/1/18	#30
Ibuprofen 200mg as needed	Purchased over the counter	
Tylenol PM 1 qHS	Purchased over the counter	

Allergies

Penicillin (Hives). The reaction was during childhood.

Social History

Patient is married and was self-employed as a roofing contractor until his diagnosis 3 years ago of Parkinson's Disease at which time his physical challenges prevented him from continuing in that role. Prior to his recent hospitalization for a stroke, he had been working at Target as a janitor. He has two adult children living in Mexico with his mother. He sends money to help support them when he can.

Patient used to smoke a pack of cigarettes per day for more than 25 years and but quit 3 years ago. He drinks 3-4 beers per week.

Since his stroke and recent hospitalization, he has recently lost the ability to drive. Also, the doctor tells him he will not be able to return back to work or perform his previous duties. He was working at the local Target, earning \$7.75 per hour, 30 hours per week. His total monthly income is \$1330.00 (\$900 from Target and \$400 Social Security). His rent is \$575.00 month. His insurance is Medicare and Medi-cal. His spouse does not work. They have no savings and 1 car.

He indicates he will be seeing his priest this week for The Catholic Sacrament of Anointing of the Sick, he believes that "God will heal me, He has before." He is concerned about not being able to get to church which he used to go to daily and help out with the church collection.

Nutrition:

His wife cooks all his meals and he has always had a high sodium diet with lots of rice, beans, tortillas and little fruit and vegetables. He admits he has hard stools regularly. Chewing has been difficult as he has multiple missing teeth and hasn't seen a dentist in many years.

Vitals

BP: Initial:	180/90 mmHg, large cuff, right arm, sitting.
1 st re-check	178/88 mmHg, large cuff, right arm, sitting.
2 nd re-check	176/86 mmHg, large cuff, right arm, sitting.
Pulse: Initial:	78 bpm regular rhythm
1 st re-check	76 bpm regular rhythm
2 nd re-check	74 bpm regular rhythm
Respiration:	16 breaths/min, unlabored
Temp:	96.8 F
Pain:	0/10

Patient's BP was high at all readings and when asked, patient said he usually takes his medications in the morning but did not this morning because he rushed to his appointment without eating breakfast. He usually takes his pills with breakfast.