SimPHARM Case Description *(Summary)*

SimPHARM™

Case Level: Advanced Learning
Case Run: Single visit, 96 hours
Patient: William (Bill) Willson

Patient Description:

Introduction to Bill:

Bill is a resident in an assisted living facility. He is being seen by you as the team pharmacist who looks after the residents in this institution.

Gender: Male

Weight: 152 lbs. / 69 kg

Height: 5′ 10″ / 179 cm

Age: 82

Case Details

Bill has a long history of intercurrent illnesses. He has had 2 misdiagnoses resulting in treatments having been started (mild heart failure and benign prostatic hypertrophy). These were related to side effects of previous medicines he was receiving which was not identified at the time. He has a number of conditions that were present for a short term but have since resolved (reflux disease, lower backpain (caused by a compressed nerve that was successfully treated by manipulative therapy, depression and insomnia). He does have and still experiences mild osteoarthritis, moderate (but treated) osteoporosis and irrigable bowel syndrome. He has chronic hypotension which was identified and treated but the notes pertaining to this have been lost and it's not ever been re-documented. He also has mild confusion (of unknown cause).

Pathologies:

Condition	Severity	Occurrence	Duration	Probability
Reported in Patient Notes				
Gastroesophageal reflux	Not present	Not present	Not present	0%
Major depression	Not present	Not present	Not present	0%
Lower back pain	Not present	Not present	Not present	0%
Irritable bowel syndrome	Mild	Pre-existing	Ongoing	100%
Osteoarthritis	Mild-moderate	Pre-existing	Ongoing	100%
Osteoporosis	Moderate	Pre-existing	Ongoing	100%
Benign prostatic hypertrophy	Not present (misdiagnosis)	Not present	Not present	0%
Heart Failure	Not present (misdiagnosis)	Not present	Not present	0%
Insomnia	Not present	Not present	Not present	0%
Not reported in patient notes				
Confusion	Mild	Acute (presents at the time of the first visits)	Duration of the case	100%
Hypotension	Moderate	Pre-existing	Ongoing	100%

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Pre-existing Medication:

Aqueous BP apply as required for dry skin
Carvedilol 6.25 mg each day (not given)
Cilazapril 1 mg each day
Doxazosin 2 mg each day
Fludrocortisone 0.1 mg each day
Fluoxetine 20 mg each day
Psyllium (Metamucil) 1 spoonful every 8 hours
Naproxen 500 mg every 12 hours
Omeprazole 20 mg each day
Acetaminophen 1000 mg prn
Quetiapine 25 mg each evening
Simvastatin 20 mg each day
Tramadol-CR 100 mg each day
Alendronate 40 mg each week
Cholecalciferol 1.25 mg each month

Availability of drugs and laboratory investigations:

All drugs and investigations are available for students.

Debrief Notes:

Students are expected to develop a de-prescribing management plan for Bill and then start to initiate the plan – monitoring progress.

Although this is an advanced learning case and there are numerous issues that the student needs to deal with:

1. Identifying diagnoses that are no longer present.
2. Understanding which medicines are important for the patient's well-being.
3. Understanding the risks of discontinuing medicines
4. Development of a management plan in the absence of concrete evidence

All conditions and current prescriptions must be considered interdependent. This makes the case complexity high. The main purpose for the student is to determine a plan and then start to initiate this. It is important that students realize that they cannot complete their plan in the time that they are seeing Bill.

Finally an approach where the diagnoses are believed will result in a very different treatment strategy and case outcome than if some of the diagnoses were believed to be in error. This particularly relates to heart failure. During the debrief it is worth dividing the class into those that treated as if the diagnosis heart failure were correct vs if it were not correct and compare and contrast how the case unfolded and decision-making was affected.