Patient Care Plans and Case Presentations

The case presentation allows students to present to their preceptors and peers a case in which they have participated in providing care. It provides students with an opportunity to assess patient information, identify drug-related problems, establish goals and treatment alternatives, and ultimately make decisions and recommendations that they are able to defend.

Students are expected to present a minimum of **two** case workups during **each rotation**. **It is acknowledged that** <mark>sites/preceptors may have varying expectations for case presentations. This should be discussed with the preceptor at the beginning of the rotation.</mark>

In advance of a case presentation, a <u>concise</u> workup of drug therapy, including patient assessment and care plan, is required to be completed and submitted in writing to the preceptor.

Students should follow the format used in school for working up a patient's drug therapy, derived from <u>Presenting Patient Cases: The Pharmacotherapy Patient Case Presentation Format</u>, in Chapter 10 of *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley).
http://accesspharmacy.mhmedical.com/content.aspx?bookid=491&sectionid=39674910#56174208

Guidelines for Case Presentations

- Cases presented must be those where students have worked with the patient.
- The relevant facts of the case should be presented followed by a discussion of the **top 1-2 drug therapy problems (DTPs)**
- The method of presentation is typically oral with personal notes.
- Where other students are in attendance during case presentations, it is expected that **each** student will participate in the discussion of each case.
- **The case presentation format below is recommended as a means to organize the presentation of information. Students may opt to use an alternate format if so advised by the site preceptor.**

Assessment of the Patient's Drug-Related Needs

1. **Patient Description** (age, gender, appearance, other relevant demographics)

2. **Chief Complaint and History of Present Illness**
   - Why did the patient seek medical attention?

3. **Current Medical Conditions & Medications**
   - List current medical conditions, including date of diagnosis.
   - List current medications, including start date and indication for each.
   - Note immunization status.

4. **Allergies and Adverse Drug Reactions**
   - List drug & food allergies. Describe allergic reaction, if known.
   - List and describe ADRs.

5. **Family/Social/ /Compliance History**
   - List information relevant to the case. Include medication insurance information.

6. **Relevant Past Medical History and Medications**
   - List/briefly review the patient's past medical conditions and course in hospital (where applicable) or background of relevant events in chronological order, including dates (e.g., date of admission; dates medications were initiated, stopped, or changed) and medication management (including indication, start date, reason for discontinuation of each).

7. **Brief Review of Systems and Relevant Laboratory Findings (where available, or applicable)**
   - Include dates and reference ranges for lab investigations.
   - State WNL for those findings which are within normal range/limits.
   - A description of the Review of Systems may be found in <u>Table 6-6. Pharmacotherapy Workup: Review of Systems</u> in Chapter 6 of *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley). http://accesspharmacy.mhmedical.com/ViewLarge.aspx?figid=39676057&gbosContainerID=0&gbosid=0

Case Work-up Format

1. **Identify DTPs**
   - List and prioritize (high, moderate, low) all DTPs that you have identified.
   - Select the **one or two DTPs of highest priority** and work up for presentation.
   - Be prepared to discuss other DTPs as time permits.

2. **Present a Care Plan**
   For the highest priority DTPs:
   - State the desired therapeutic outcomes.

   - Present at least 2-3 feasible pharmacological treatment options.
     - Briefly describe the evidence (where applicable) when discussing efficacy and safety (e.g., first-line therapy according to clinical practice guidelines).

   - Provide a patient specific recommendation.
     - Explain the rationale for your recommendation.
     - Propose how it might be implemented.
     - Outline any non-pharmacological treatment strategies which complement your recommendation, where appropriate.

   - Present a monitoring plan (<u>table format</u> is suggested)
     - Address efficacy & safety.
     - Include parameters, desired degree of change, timelines, persons who will monitor.

3. **Cite references appropriately**
   Refer to the ***referencing guidelines*** developed by Dr. Carla Dillon, School of Pharmacy and Ms. Alison Farrell, MUN Library.
   - Available online, MUN Libraries, Guidelines for Citing Resources http://guides.library.mun.ca/content.php?pid=240311&sid=5622001.