



**Case Based
Learning**



Year 3 Case-based Learning 2024-25

Case 4 Part 2

Facilitator Materials



Key Contributors:

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Case 4 Part 2 Facilitator Materials

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STUDENT MATERIALS

Falls clinic

Richard attends the Falls clinic where he is assessed by the MDT.

Nursing assessment

78/CA.2/1

**IN-PATIENT FOLLOW-UP
AND
OUT-PATIENT NOTES**

Affix Label
or Enter in
Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

Richard Evans
407 446 0698
88 Blossom Rd

NOTES

When used for In-patient follow-up ignore left-hand column

Falls clinic Dr O'Neill 8/5/23

Out-Patient Use Only	Date	Clinical Notes
→	8/5/23	Nursing S. Knight
Age 82	15.20	
URINE Protein Sugar Acetone		Obs: HR 82 BP 115/69 RR 13 SpO ₂ 95% RA 36.9°C
WEIGHT 50 kg.		
		BP Lying 126/76 Standing 100/70 p80 reg (lightheaded on standing)
→		
Age		
URINE Protein Sugar Acetone		BM 8.9
WEIGHT kg.		Weight 50kg Height 170cm BMI 17.3
→		
Age		Skin check: no breaks venous eczema lower legs
URINE Protein Sugar Acetone		
WEIGHT kg.		Social: Mobilises with stick Lives with wife No POC Glasses + hearing aid Continent

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S. Knight

Case 4 Part 2 Facilitator Materials

Text:

Richard Evans
88 Blossom Road
Loughgall
County Armagh
BT61 9QR

H&C 907 446 0698
Age 82 years

Nursing S. Knight
8/5/23 15.20
HR 82, BP 115/69, RR 13, SpO2 95% RA, temp 36.9

BP 126/76 lying, 100/ 70 stand (p90 reg) – lightheaded on standing

BM 8.9

Weight: 50kg
Height: 170cm
BMI: 17.3

Skin check: no breaks, venous eczema lower legs

Social: Mobilises with stick. Lives with wife. No POC. Glasses and hearing aid. Continent.
Signed S Knight

Case 4 Part 2 Facilitator Materials

Medical assessment

78/CA.2/1

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Address
Consultant

Richard Evans

907446 0698

Age 82

88 Blossom Rd BT61 9AR

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→	8/5/23	Falls clinic - Medical r/v
Age 82	15:40	J. Ryan F2 CDE (Cons: Dr O'Neill)
URINE Protein Sugar Acetone		
WEIGHT 50 kg		Reviewed w wife
		Issues
→		1) Falls - x3 falls at home in last 6/12, most recent in living room 4/5/2 ago. Mobilises w stick. Tripped over rug twice (has now been removed). Feels light headed sit-stand + unstable on walking. Feels generally weak all over. Some joint stiffness. No chest pain/palpitations No LOC/fit. No focal weakness or joint problem. No injuries sustained
→		2) Postural hypotN - Falls assoc w dizziness sit to stand, improved since stopped amitrip but still present. Poorly controlled DM - at risk of autonomic dysfunction.
→		3) Leg swelling - Present for months - years, restricts movement. No orthopnoea/PNDP. Has not worsened recently. No hx CCF.
→		4) Leg pain - intermittent burning + paraesthesiae in feet developed over past months. Feet feel numb. No back pain/sciatica.

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Text:

Case 4 Part 2 Facilitator Materials

Richard Evans
H&C 907 446 0698
Age 82 years

88 Blossom Road
Loughgall
County Armagh
BT61 9QR

8/5/23 15.40 J. Ryan F2 COE (Cons. Dr O'Neill)

82 y/o man
Reviewed with wife

Issues

- 1) Falls – x3 falls at home in last 6 months, most recent in living room 4 weeks ago. Mobilises with stick. Tripped over rug twice (has now been removed). Feels lightheaded sit-stand and unstable on walking. Feels generally weak all over. Some joint stiffness. No chest pain or palpitations. No LOC/fit. No focal weakness or joint problem. No injuries sustained.
- 2) Postural hypotension – Falls assoc with dizziness sit to stand, improved since stopped amitrip but still present. Poorly controlled DM – at risk of autonomic dysfunction.
- 3) Leg swelling – Present for months-years and restricts movement. No orthopnoea/PND. Has not worsened recently. No hx CCF.
- 4) Leg pain – intermittent burning and parasthesiae in feet developed over past months. Feet feel numb. No back pain/sciatica.

Case 4 Part 2 Facilitator Materials

	Date	Clinical Notes
→	8/5/23	Medical cont.
Age		Recent dx T2DM - due to attend
URINE Protein Sugar Acetone		podiatry. No formal nerve conduction studies. B12 normal.
WEIGHT kg.		5) Vision - occasional floaters, attending diabetic retinopathy screening, no recent changes or concerns.
→		6) Nutrition - Vit D/ Ca/ Folate def's noted. Happy for nutritional supplements given sarcopenia risk.
Age		7) Activity level - Reduced exercise since prolonged hospital adm 2022.
URINE Protein Sugar Acetone		Previously active + keen for support & exercise. Seeking support from wife.
WEIGHT kg.		Managing ADLs & her support at present.
→		8) Frailty - risk of frailty given syndrome of falls
Age		9) Fear of falling - feels improvement in dizziness but still fears falling + injury. Affecting mood. No memory issues reported. Still finds joy in grandchildren + hopes function can improve. Sleep + concentration poor. Wife concerned about him, feels he is withdrawn.
URINE Protein Sugar Acetone		10) Osteoporosis risk - recent Vit D def (on replacement). Low BMI. FRAX score awaited.
WEIGHT kg.		
		PRM
		T2DM + diabetic retinopathy stage 1, NSTEMI, HTN, HypoT (TSH in normal range on levothyroxine), nutritional def (on folic acid), TKR + THR

Case 4 Part 2 Facilitator Materials

Text:

Medical cont.

Recent dx T2DM – due to attend podiatry. No formal nerve conduction studies. B12 normal.

- 5) Vision – Occasional floaters, attending diabetic retinopathy screening, no recent changes or concerns
- 6) Nutrition – Vit D/Ca/folate defs noted. Happy for nutritional supplements given sarcopenia risk.
- 7) Activity level - Reduced exercise since prolonged hospital adm 2022. Previously active and keen for support with exercise. Seeking support from wife. Managing ADLs with her support at present.
- 8) Frailty – risk of frailty given syndrome of falls
- 9) Fear of falling – feels improvement in dizziness but still fears falling and injury. Affecting mood. No memory issues reported. Still finds joy in grandchildren and hopes function can improve. Sleep and concentration poor. Wife concerned about him, feels he is withdrawn.
- 10) Osteoporosis risk – recent Vit D def (on replacement). Low BMI. FRAX score awaited.

PMH

T2DM - diabetic retinopathy stage 1

NSTEMI

HTN

HypoT – TSH in normal range on levothyroxine

Nutritional def – on folic acid

TKR and THR

Case 4 Part 2 Facilitator Materials

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Richard Evans
907 446 0698
Age 82
88 Blossom Rd BT61 9QR

NOTES

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Out-Patient Use Only	Date	Clinical Notes
→	8/5/23	Medical r/v. cont. J. Ryan F2
Age		
URINE Protein Sugar Acetone		NKDA
WEIGHT kg.		Meds - amlodipine gabapentin ramipril bisoprolol atorvastatin metformin aspirin empagliflozin clopidogrel tramadol
→		
Age		
URINE Protein Sugar Acetone		Social Mobilises c stick
WEIGHT kg.		Never smoked, a whiskey at weekends Lives c wife
→		2 storey house c stairs. No handrails/stairli Downstairs bedroom + bathroom, does not go upstairs.
Age		No POC - feels managing without @ present
URINE Protein Sugar Acetone		ADLs - attends to personal hygiene, but wife attends to cooking, meds + shopping.
WEIGHT kg.		Meds - managed by wife (pill pack). No issues c swallow.
		Continence - On several occasions has not made it to bathroom on time to pass urine due to ↓ mobility. Does not wear pads.

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Case 4 Part 2 Facilitator Materials

Text:

Medications

NKDA

Amlodipine, Ramipril, Atorvastatin, Aspirin, Clopidogrel, Gabapentin, Bisoprolol, Metformin, Empaglifozin, Tramadol

Social

Mobilises with stick

Never smoked, a whiskey at weekends

Lives with wife

2 storey house with stairs. No handrails or stairlift.

Downstairs bedroom and bathroom, does not go upstairs.

No POC – feels managing without at present

ADLs – attends to personal hygiene, but wife attends to cooking, meds and shopping.

Meds – managed by wife (pill pack). No issues with swallow.

Continence – On several occasions has not made it to the bathroom on time to pass urine due to reduced mobility. Does not wear pads.

Case 4 Part 2 Facilitator Materials

	Date	Clinical Notes
→	8/5/23	Medical r/v cont.
Age		Vision - wears glasses, retinopathy screening
URINE Protein		up to date, no recent changes to vision
Sugar		Hearing - wears hearing aid, no issues
Acetone		
WEIGHT		
kg.		
→		O/E BM normal
		Symptomatic postural drop
		HSL +11 +0
Age		UVP <→
URINE Protein		ECG NSR
Sugar		Chest clear
Acetone		Abdo SNT
WEIGHT		° focal bony tenderness
kg.		Bilateral lower limb oedema, some
→		dry flaky skin on legs + venous eczema
		Peripheral pulses intact, well perfused
Age		skin, no breaks.
URINE Protein		Neuro - Upper limb neuro exam normal
Sugar		Mild reduction in sensation both
Acetone		feet in stocking distribution,
WEIGHT		No dermatomal sensory loss,
kg.		Motor normal, reflexes OK
→		
Age		Impression:
URINE Protein		Problem list:
Sugar		
Acetone		
WEIGHT		Plan:
kg.		

J Ryan F2
7831 378

Case 4 Part 2 Facilitator Materials

Text:

Vision – wears glasses, retinopathy screening up to date, no recent changes to vision

Hearing – wears hearing aid, no issues

O/e

BM normal

Symptomatic postural drop

HS 1+2+0, JVP normal, ECG NSR

Chest clear

Abdo SNT

No focal bony tenderness

Bilateral lower limb oedema, some dry flaky skin on legs and venous eczema.

Peripheral pulses intact, well perfused pink skin, no breaks.

Neuro - Upper limb neuro exam normal

Mild reduction in sensation both feet in stocking distribution- no dermatomal sensory loss, motor normal, reflexes ok.

Imp:

Problem list:

Plan:

Case 4 Part 2 Facilitator Materials

Physiotherapy and occupational therapy assessment summaries

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907 446 0698

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Out-Patient Use Only	Date	Clinical Notes
→	8/5/23	Physiotherapy R. Singh
Age 82		Gait - antalgic
URINE Protein		Timed up + go test - 15 seconds
Sugar		Mobility with stick - supervision x/ recommended
Acetone		
WEIGHT 50 kg		Stocking distribution bilateral sensory neuropathy - footwear + orthotics referral discussed.
→		For podiatry r/v given risk of foot ulcers, for community r/v re. strength + balance training.
Age		R. Singh
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.	8/5/23	Occupational therapy C. Phillips
→		MMSE 28/30
Age		Continence - no pads, downstairs bathroom
URINE Protein		Bedroom - downstairs, sleeps in bed with mattress, no bed rails
Sugar		House - 2 storey, no stairlift or handrails for stairs, does not go upstairs
Acetone		Cooking/feeding - discussed adapted crockery given OA
WEIGHT		Bathroom - has a stool, discussed shower seat + non-slip mat
kg.		Home hazards - discussed removal of rugs 2 outside steps into house
		Falls alarm recommended, advice provided
		C. Phillips

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Case 4 Part 2 Facilitator Materials

Text:

Mr Richard Evans
88 Blossom Road
H&C 9074460698
Age 82 years

8/5/23
Physiotherapy K. Singh

Gait – antalgic
Timed up and go test – 15 seconds
Mobility with stick supervision x1 recommended
Stocking distribution bilateral sensory neuropathy - footwear and orthotics referral discussed. For podiatry review given risk of foot ulcers.
For community review re strength and balance training

Occupational therapy C. Phillips

MMSE 28/30
Continence – no pads, downstairs bathroom
Bedroom – downstairs, sleeps in bed with mattress, no bed rails
House - 2 storey, no stairlift or hand rails for stairs, does not go upstairs
Cooking/feeding – discussed adapted crockery given OA
Bathroom – has a stool, discussed shower seat and non-slip mat
Home hazards – discussed removal of rugs, two outside steps into house.
Falls alarm recommended, advice provided.

Case 4 Part 2 Facilitator Materials

Dietitian and pharmacy assessment summaries

78/CA.2/1

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Richard Evans
90744 60698

NOTES

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Out-Patient Use Only	Date	Clinical Notes
→	8/5/23	Dietician N. Walsh
Age		↓ BMI 17.3
URINE Protein		Current diet reviewed
Sugar		Advice provided about rec.
Acetone		calorie + protein intake
WEIGHT		Nutritional supplements discussed
kg.		Note medical hx re causes of
→		malabsorption.
Age		N. Walsh
URINE Protein		
Sugar		
Acetone	8/5/23	Pharmacy A. Gibson
WEIGHT		Polypharmacy highlighted
kg.		and discussed with
→		medical staff.
Age		Wife manages medicine
URINE Protein		at present.
Sugar		Would benefit
Acetone		from blister pack
WEIGHT		- liaised with communi
kg.		pharmacy
→		A C B = 1
Age		(tramadol but note med
URINE Protein		plan to stop)
Sugar		A. G.
Acetone		
WEIGHT		
kg.		

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Case 4 Part 2 Facilitator Materials

Text:

Mr Richard Evans
88 Blossom Road
H&C 9074460698
Age 82 years

Dietician N. Walsh

Low BMI 17.3.
Current diet reviewed
Advice provided about recommended calorie and protein intake
Nutritional supplements discussed
Note medical investigations re causes for malabsorption.

Pharmacy A Gibson

Polypharmacy highlighted and discussed with medical staff
Wife manages medicines at present. Would benefit from blister pack – liaised with community pharmacy
ACB=1 (tramadol but note medical plan to stop)

ADDITIONAL FACILITATOR MATERIALS


GP follow-up

Richard rings Dr Spence again in eight weeks as arranged. He has had some blood tests repeated before speaking to her.


Blood work

907 446 0698 EVANS, Richard (Male/82 years)


Thyroid function tests

Number	1	Ref. Range (Units)
Collected	15-May 2023 09:00	
Signed		
Source	BHSCT	
TSH	4.0	0.3 - 4.2 (mU/L)
ft4	16	9 - 25 (pmol/L)

B12 and folate

Number	1	Ref. Range (Units)
Collected	15-May 2023 09:00	
Signed		
Source	BHSCT	
Serum vitamin B12	220	160 – 925 (ng/L)
Serum folate	>5	3 – 15 (µg/L)

HbA1c

Number	1	Ref. Range (Units)
Collected	15-May 2023 09:00	
Signed		
Source	BHSCT	
HbA1c	*66	20 - 42 (mmol/mol)

GP EMIS web entry

Richard Evans

H&C 9074460698

Age 82 years

17/5/23 Dr Spence

Telephone triage: Feeling better- off amitrip and on much reduced gabapentin 300mg bd now, pain in legs no worse but still constant - burning discomfort. Mild postural symptoms only. Stopped amlodipine at falls clinic - BP on home monitor usually about 116/80.

Tolerating levothyroxine well. Raised HbA1c and management options discussed. Less tired but feels he is still a little forgetful and low at times. MMSE at falls clinic 28. Has noticed skin and hair dry. No more falls. Starting to get confidence back with MDT support. Mood improved.