



Year 3 Case-based Learning 2024-25

Case 4 Part 1

Facilitator Materials



Key Contributors:

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Case 4 Part 1 Facilitator Materials

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STUDENT MATERIALS

Patient background

Mr Richard Evans is an 82-year-old retired PE teacher living with his wife. Students first met him in Year 2 CBL when he had a knee replacement, from which he initially recovered well. He has a past medical history of osteoarthritis, type 2 diabetes mellitus and hypertension. Past surgical history includes total knee replacement and total hip replacement. However, last year he was admitted to hospital with pneumonia. He suffered a non-ST elevation MI as an inpatient and had a prolonged recovery. A number of months have passed, but he is frustrated that he still does not feel like his former self. His Parkrun days are in the past - his mobility remains poor, and he now mobilises with a stick.

Richard speaks to his GP, Dr Spence, on the morning triage line. She has known Richard since she was a registrar and realises something is not quite right. The GP carries out a triage assessment over the phone.

Consultant hospital discharge letter

Mr Richard Evans
88 Blossom Road
Loughgall
County Armagh
BT61 9QR

H&C 9074460698
Age 82 years

7th January 2022

Dear Dr Spence,

This 82-year-old gentleman was admitted through Criagavon hospital ED in early Dec 2022. He presented with shortness of breath and productive cough. CXR showed left lower lobe consolidation. Urinary antigens confirmed *S. pneumoniae*. He was managed for CURB-3 CAP as per local antimicrobial policy.

While on the ward he complained of central chest pain and was seen by Cardiology re a non-ST elevation MI. He was transferred to CCU and then eventually back to the ward where multidisciplinary assessment was made before discharge to the community with step down care.

Mr Evans unfortunately saw a significant deterioration in his mobility. He complained of severe pain in his back and legs and was commenced on gabapentin.

Medications continue as per ECR discharge note.

He will have a repeat CXR in 6 weeks. Future pneumococcal vaccination was encouraged. No routine review is planned but do not hesitate to contact us if there are any further problems.

Dr A Khan (Respiratory Consultant)

Secretary Mr A Burns 02895 628250

GP EMIS web entry

Richard Evans
88 Blossom Road
Loughgall
County Armagh
BT61 9QR
H&C 9074460698
Age 82 years

10/03/23 11.30

Telephone triage: TATT, unsteady on his feet, general deterioration++ since admission with CAP in Dec. Falls x2 – both appear to be trips over rug but assoc some dizziness- no LOC, no cardio/ neuro RFs. Had to be helped up by wife/ son and found this humiliating. Chest generally well improved. Burning pain in both legs started in hosp ? no identified cause - px gabapentin/ tramadol during admission. Amitriptyline started last month by GP ST2.

D/w re options- agreed:

- Check bloods/ urine
- Will review hosp letter
- See F2F later this week and review medication
- Falls clinic referral for MDT support
- Safety netting advice given

Richard happy with same, tx room appt this morning, rv straight away if any concerns.

Refer practice nurse:

FBP U&E LFTS TFTS B12 and folate bone profile vitamin D HbA1c and urinalysis, urinary ACR, sit and stand BP thanks v much

Problem List

S. pneumoniae confirmed by laboratory test (Dec 22)

Breathlessness (Feb 23- linked medication Symbicort)

NSTEMI (Dec 22 – linked medication ramipril, atorvastatin, aspirin, clopidogrel, bisoprolol)

Type 2 diabetes mellitus (Oct 21)

Total knee replacement (July 21)

Total hip replacement (March 13)

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Acute and Repeat Medication List

Amlodipine 5mg mane issue 28 (repeat 4 of 6)

Ramipril 10mg mane issue 28 (repeat 3 of 6)

Atorvastatin 40mg nocte issue 84 (repeat 1 of 3)

Amitriptyline 25mg nocte issue 28 (acute)

Aspirin 75mg mane issue 28 (repeat 1 of 12)

Clopidogrel 75mg mane FOR 12 MONTHS FROM FEB 22 issue 28 (repeat of 12)

Gabapentin 900mg tid AS PER HOSPITAL issue 84 (repeat 1 of 1)

Bisoprolol 10mg mane issue 56 (repeat 2 of 6)

Metformin 500mg bd issue 36 (repeat 3 of 4)

Tramadol MR 50mg bd PLEASE REVIEW PAIN RELIEF WITH GP issue 56 (repeat 1 of 1)

13/3/23 09.30

Treatment room record:

BP sitting 106/80 standing 82/66 p88 regular


Urinalysis + gluc only

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Blood work

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

Complete Blood Count

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
HGB	123	115-165 (g/L)
HCT	0.39	0.37-0.47 (L/L)
WBC	8.9	4.0-10.0 (x 10 ⁹ /L)
PLT	298	150-450 (x 10 ⁹ /L)
RBC	4.5	3.8-5.8 (x 10 ¹² /L)
MCV	98	76-100 (fL)
MCHC	345	320-360 (g/L)
MCH	30	27-32 (pg)
NEUT	6.2	2.0-7.5 (x 10 ⁹ /L)
LYMPH	1.8	1.0-3.5 (x 10 ⁹ /L)
MONO	0.7	0.2-0.8 (x 10 ⁹ /L)
EOSIN	0.1	0.04-0.4 (x 10 ⁹ /L)
BASO	0.07	0.01-0.1 (x 10 ⁹ /L)


Electrolyte Profile

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
Sodium	143	136-145 (mmol/L)
Potassium	4.9	3.5-5.3 (mmol/L)
Chloride	101	95-108 (mmol/L)
CO2	28	22-29 (mmol/L)
Urea	5.6	2.5-7.8 (mmol/L)
Creatinine	*92	45-84 (μmol/L)
eGFR	>60	<60 (mL/min/1.73m ²)


* Denotes abnormal result

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Liver Profile

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
T. Bilirubin	7	
ALP	*167	<21 (µmol/L) 30-130 (U/L)
AST	20	<32 (U/L)
GGT	40	6-42 (U/L)
ALT	19	<33 (U/L)
Albumin	36	35-50 (mg/L)


Bone profile

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
Calcium	*2.08	
Phosphate	*0.78	2.2 – 2.6 (mmol/L) 0.8 – 1.5 (mmol/L)
ALP	*167	30 – 130 (IU/L)
Albumin	36	35-50 (mg/L)
Adjusted calcium	2.16	2.2 – 2.6 (mmol/L)

Magnesium


Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
Magnesium	0.8	
		0.7-1.0 (mmol/L)

Vitamin D


Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
25 OH-Vitamin D	<15	
		(nmol/L) [>50 = sufficient; 30-50 = insufficient; <30 = deficient]

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Parathyroid hormone

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
PTH	121	15-65 (pg/mL)


Thyroid function tests

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
TSH	*15.1	0.27 - 4.2 (mU/L)
fT4	*8.9	12 - 22 (pmol/L)

B12 and folate


Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
Serum vitamin B12	177	160 – 925 (ng/L)
Serum folate	*1.6	3 – 15 (µg/L)

HbA1c


Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
HbA1c	*72	20 - 42 (mmol/mol)

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Urinary albumin:creatinine ratio

Number	1	Ref. Range (Units)
Collected	13-Mar 2023 09:00	
Signed		
Source	BHSCT	
Urinary ACR	*5.6	<2.5 (mg/mmol)

Anti-TTG

Number	1	Ref. Range (Units)
Collected	16-Mar 2023 08:30	
Signed		
Source	BHSCT	
Anti-TTG	Not detected	

Clinical plan

Current issues needing managed

Non-pharmacological interventions

Pharmacological interventions

NO ADDITIONAL FACILITATOR MATERIALS