

Patient Centered Care Assignment 2019

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As one of the new interns, I had the liberty of being assigned to deliveries for the year which is where I met my patient (Mrs. N). At 76 years of age, Mrs N is someone that has her medication packed and dropped off every Tuesday. I thought Mrs. N would be an ideal patient for this assignment as she came off very independent, showed a great interest in bettering her health and because I visited her weekly, we built a large amount of rapport and a friendly relationship. Because I was able to keep tabs on Mrs N from week to week, I noticed her declining ability to control her asthma symptoms and best believed an intervention was required, which is when she agreed to be my patient for this assignment.

On first Interview:

Current medical conditions:

- Heavy smoker (around 6-10 cigarettes/day at her peak consumption for over 35 years).
- Diagnosed with asthma back in the early 2000's (has been smoke free since).
- Hypertension (should be monitored more than every 3 months when visiting GP).
- In the most recent years, Mrs. Norris has been suffering from Dementia but has kept it at bay by keeping busy and staying active.

Current Medication:

- Salbutamol 100mcg (Ventolin brand) – 1 to 2 puffs three times daily and as required.
- Flixotide 125mcg – two puffs twice daily.
- Flixonase nasal spray 50mcg – twice daily as required.
- Amlodipine 10mg – once daily in the morning.
- Accuretic (quinapril 10mg + hydrochlorothiazide 12.5mg) – once daily in the morning.
- Paracetamol – 1 to 2 tablets every 4 to 6 hours as required for pain.

Mrs. N has been on the same medication for years with little to no adjustments. She was experiencing an increase in resting tremors/shaky hands, increased amounts of breathlessness and more frequently experiencing achy tired legs. Her biggest concern, since she lives alone, was having a fall whilst out and about as well as a bit of swelling in the leg.

Assessment of Patient:

Mrs. N, although independent and cares for herself, compliance seemed to be a real issue when asked how regularly she would remember to take her medication. She would for the most part take them daily but would miss a dose at least once per week on average. It was suggested that Mrs N should have her medicines arranged into a weekly blister pack with the right dose times to help with compliance.

At first glance, I thought the resting tremors / shaky hands were directly attributed towards other factors, including large amounts of caffeine (three cups daily), her age and a lifetime of using a sewing machine (occupational overuse). My first suggestion was to include daily stretches, limit caffeine use and possibly physiotherapy. However, with a bit of investigative work, the tremors seemed more directly related to improper inhaler technique and lack of

compliance. A lack of health literacy meant that Mrs N wasn't using her orange inhaler (preventer – flixotide) regularly, as it didn't provide any relief at the time and therefore was heavily relying on her blue inhaler (reliever – ventolin) in times of need. There is a direct correlation between the increase use of salbutamol and resting tremors. With proper counselling, I explained to Mrs N the importance of using her preventer regularly which should limit her use of her reliever and hopefully tremor symptoms. Eventually if adherence and compliance of her inhalers is managed, it could be possible to implement Mrs. Norris on to the SMART regimen, as one inhaler could help with regular use and prevent asthma symptoms. I advised Mrs. N to keep her house tidy and free of clutter which should help to reduce the likelihood of having a fall. It was also advised to have a check-up with her GP in regards to her blood pressure medications as this hadn't been adjusted for over a year and with increasing leg pains/swelling, thoughts were her hypertension was not being controlled.

Importance:

This assignment itself has raised importance to my line of work, as I understand how significant the role I can play in someone's health. We were all taught that as pharmacists that we are one of the first line health practitioners in the community that people come to and completing this assignment has really highlighted this. We are in a position to provide superb healthcare as we have the ability to see a patient's medical history and suggest adjustments when required.

In this assignment I found that just because a patient has been on medication for a period of time, does not mean that it is right for them still. Changes are inevitable and must be looked into with a magnifying glass. Mrs N herself was in desperate need of intervention, specifically with her inhalers. I am happy to express that since my patient assignment, I have been in contact with her GP and together we have adjusted her inhaler as well as hypertension medication regime. This has made me a better pharmacist who can relate to the patient, helping to better their quality of life. I am honoured to have had the chance to better Mrs N understanding of health literacy, we have become good friends because of this assignment.