

## Patient Centered Care Assignment 2018 - Laura Dowd

I met my patient (M) when she was recovering from surgery and being prepared for discharge from CCDHB. I thought M would be a suitable patient for the Patient Centered Care Assignment for several reasons. She was an independent, elderly female who showed a genuine interest in her health, and a recent deterioration of her respiratory condition had led to a new, rather confusing, inhaler regime. She happily agreed to participate in the assignment. Her medical history consisted of advanced Asthma-COPD Overlap Syndrome (ACOS), associated with frequent exacerbations / hospitalisations in the winter, anxiety, a very low BMI, breathlessness and fatigue.

The first time I met with M (post discharge) was to discuss her current medications and concerns. Her regular medications included:

- Salbutamol (Ventolin) 100mcg/dose 1-2puffs when required (rarely used)
- Ipratropium (Atrovent) 20mcg/dose 2 puffs when required (~ once a week)
- Beclometasone (Beclazone) 250mcg/dose 1 puff twice a day
- Tiotropium + Olodaterol (Spiolto) 2 puffs in the morning
- Amlodipine 2.5mg in the morning
- Glyceryl trinitrate 400mcg/spray when required (rarely used)
- Paracetamol 500mg TWO tablets when required (rarely used)

M told me that she experienced throat dryness / irritation, she struggled with the Spiolto inhaler due to her arthritic hands, and she suffered from intermittent constipation. Her primary concern was having a fall as she lived alone. I also noted that her knowledge of her medications and conditions was relatively poor.

After the initial interview, I took a holistic approach to assessing her medications, considering her physical, mental, social and spiritual well-being. This led to me making several recommendations at our next meeting.

In terms of M's throat dryness / irritation, I counseled her on mouth hygiene, suggested she increase her fluid intake, used soothing products when required and counseled her on the correct inhaler technique. I also suggested she try using salbutamol as opposed to ipratropium, as this would reduce the anti-cholinergic drying effect on the throat.

M's arthritic hands meant using the Spiolto inhaler was difficult. We practiced her inhaler technique and I also advised her GP of M's dexterity issues and suggested a switch to Anoro Ellipta, if her inspiratory volume was sufficient, as I knew she would find this device easier to use.

I offered M lots of lifestyle advice for her constipation and suggested she try psyllium husk if the problem continued.

M's main health concern was having a fall and not being found. To help reduce this risk, I advised the GP of M's low blood pressure results in hospital and dizziness during the day. I talked to M about trialing a night time dose of amlodipine to reduce the risk of day time orthostatic hypotension, I also suggested she get a medic alarm and counselled her on reducing hazards around her home.

Referrals were made for pulmonary rehabilitation and a dietician. We also discussed the Age Concern programme, meals on wheels and increasing her home help while recovering from her operation. During the assignment, M's flu vaccination was administered which will be helpful in the winter months.

M was extremely thankful for the time I spent going through her concerns with her. She felt that many of the questions that she had been afraid to ask other health care professionals had been answered and her confidence improved dramatically.

This assignment has really opened my eyes to the complex care of elderly individuals in the community. Given New Zealand's ageing population, pharmacists are becoming increasingly involved in their care (e.g. LTC services, blister packing, and supply to rest homes). Educating people about their health and medications is an element of pharmacy that I am really passionate about. Counselling M was a perfect example of how education can improve overall health outcomes and I feel like I really made a positive impact on M's daily life. I look forward to using the range of communication, clinical, and social skills I have developed throughout this assignment.