



STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

# CLINICAL SKILLS COMPETITION

**National CSC 2014 DIVISION I**  
Renaissance Arlington Capital View Hotel  
Arlington, VA

**Instructions:** Below is the official Division I case for the 2014 National Clinical Skills Competition. Complete the accompanied SOAP note with your evaluation and recommendations for drug therapy and patient education. Judges will only take into account information written in the ASSESSMENT and PLAN/EDUCATION sections of the SOAP note. Included in your work-up packet is a set of normal lab values. Use the provided scratch paper for any additional notes you would like to write down. This section will not be evaluated.



**Name: LJ**  
**MRN 718-201401**  
**Date: 7/5/2014**

**CC:** "I have not been feeling well for the past couple of days".

**HPI:** LJ is a 33 year-old African American Female who presented to her local Kroger pharmacy on 7/5/2014 (today). She has been monitoring her blood pressure at home and is concerned that her blood pressure has not dropped since starting lisinopril. Since it is Saturday morning, her Primary Care Physician (PCP)'s office is not open. She checked her blood pressure at the pharmacy's blood pressure machine (which was high despite taking her blood pressure medication today). Therefore, she approached the counter to fill an older prescription for hydrochlorothiazide (HCTZ). LJ has been recently inspired by Dr. Oz and decided it was time to start living a healthier lifestyle. She would also like your recommendation for an OTC product for her current cold sore as well as advice on how she can quit smoking.

**PMH:**

-Hypertension x 4 yrs  
-Obesity (has been an issue for as long as she can remember)

**SH:**

-Tobacco: Smokes 1 ½ ppd x 10 yrs: Patient wants to quit but is worried about the associated weight gain  
-Alcohol: Occasionally drinks wine with dinner. Also drinks alcoholic beverages during her monthly ladies night.  
-Patient is single and practices safe sex, and had multiple sex partners in the last month.

**FH:**

-Mother: hypertension, dyslipidemia: still alive  
-Father: smoked and had heart attack at age 48; deceased at age 55  
-Brother: deceased at age 28 due to gunshot wound to the abdomen

**Allergies:** Sulfa allergy (severe rash)

**Home medications (available by her profile at your Kroger Pharmacy):**

Medication	Sig	RF	RF history
Lisinopril 20 mg	1 tab qd	12	2/5/14, 4/1/14, 5/20/14, 6/30/14
Ibuprofen 400 mg	1 tab q4h pr headache/body aches	5	2/5/14, 3/1/14, 5/20/14

\*Deleted RX for HCTZ brought in on 2/5/14 but rx note indicated that the patient could not afford it at the time the rx was brought in. She wanted to hold onto the prescription herself.

Immunizations: annual flu shot (10/27/13), Tdap at age 23

\*\* Patient claims she took all of her medications this morning, but doesn't like taking pills

**Vital Signs:**

	7/5/2014	7/5/2014 (5 min later)
<b>BP</b>	160/90	158/88
<b>HR</b>	80	78
<b>Temp</b>	37°C	37°C
<b>Wt</b>	170lb	---
<b>Ht</b>	5'4"	--

**PROBLEM LIST**

- 1) HTN
- 2) Smoking Cessation
- 3) Cold sore
- 4) Lifestyle Modifications/Preventative Health Practices
  - a) Immunization
  - b) Exercise
  - c) Diet
- 5) Adherence (both pharmacologic and nonpharmacologic)

<b>Prob</b>	<b>Assessment</b> (Disease and Drug therapy plus justification)	<b>Plan</b> (recommendation, rationale, monitoring, patient ed)
<b>HTN</b>	<p><b>Assessment:</b> Patient has uncontrolled hypertension as evidenced by: BP readings of 160/90 and 158/88. Her lack of adherence to current drug therapy could be contributing to her high blood pressure readings.</p> <p>Guideline: JNC 8 (2014)</p> <p><b>Goals for tx:</b> Reduce BP to &lt; 140/90 (JNC 8), reduce chance of heart attack, HF, stroke, and kidney disease</p> <p><b>Risk factors/contributing factors:</b> Family history of premature CV disease, Obesity, Physical inactivity, Tobacco use</p> <p><b>Current medication tx:</b> Patient is currently taking lisinopril 20 mg which not controlling her BP as seen she is not at her goal BP of &lt;140/90 mmHg.</p>	<p><b>Stop:</b> Ibuprofen 400 mg  <b>Start:</b> Tylenol 325-500mg (1-2 tablets) q 6hrs prn. Do not exceed more than 6 tablets (3,000mg) in 24 hours.</p> <p><b>Option one:</b>  <b>Stop:</b> lisinopril 20 mg  <b>Start:</b> lisinopril 40 mg QD</p> <p><b>Option two:</b>  <b>Start:</b> amlodipine 5mg to lisinopril 20mg per ACCOMPLISH trial: ACEi + amlodipine lowered CV morbidity/mortality more than ACEi + HCTZ; using 2 drugs initially was effective</p> <p><b>Rational:</b> Patient’s current medication is not controlling her BP despite taking her dose this morning. Due to financial issues this patient was unable to fill her second prescription HCTZ at the initiation of lisinopril. LJ also has a severe allergy to sulfa therefore cannot fill HCTZ. Maximizing lisinopril is the most appropriate option since the patient doesn’t like taking pills and optimizing her current therapy is appropriate. However, adding a CCB is also appropriate due to ACCOMPLISH trial. Ibuprofen should be discontinued do the interaction with lisinopril. Ibuprofen can increase the patient’s blood pressure and is not an ideal agent to use since her blood pressure is not controlled. Tylenol is the better option for this patient and treats mild to moderate pain and will not increase the patient’s blood pressure.</p> <p><b>F/U and labs:</b> BP, electrolytes, renal function (if starting CCB should monitor for HR, peripheral edema, and flushing)          Patient’s BP should be reassessed in 2 - 4 weeks after change in blood pressure medication. if she becomes pregnant because a change in therapy would be warranted. Patient can also monitor her blood pressure at home until</p> <p><b>Patient education:</b> Initiate TLC, low sodium diet, pt should be counseled on the importance of taking her medications daily and on a regular bases.</p>

Smoking Cessation	<p><b>Assessment:</b> Smokes 1 ½ ppd X 10 yrs. Assess patients’ readiness to quit. Use the “5 A’s”: Ask, Advise, Assess, Assist, and Arrange. Counsel patient on smoking cessation. Patient expresses interest about quitting smoking but is apprehensive about quitting due to the possibility of gaining weight.</p> <p><b>Goals for tx:</b> To stop smoking, to prevent secondhand smoke exposure, to prevent relapse of smoking</p> <p><b>Risk Factors/Contributing factors:</b> Patient has an extensive history of tobacco use, father smokes (family history)</p> <p><b>Current medication tx:</b> None</p>	<p><b>Start:</b> Nicotine replacement therapy start nicotine patch 21mg apply one patch everyday and titrate down.</p> <p><b>Rational:</b>  <b>F/U and monitoring:</b> Follow up weekly. Nicotine withdrawal sx’s most intense during 1<sup>st</sup> 3-7 days after cessation but may continue for several weekly.</p> <p><b>Patient education:</b> If patient experiences  Do not abruptly stop nicotine replacement therapy. Change locations of the patch (irritation may be caused by the adhesive or nicotine), place patch on an area above the waist (with limited hair or hairless area). Remove patch before MRIs and do not cut patch.</p> <p>Remove patch is sleep problems occur (such as trouble sleeping, especially vivid dreams) can occur when using a 24-hour patch. Removal of the patch after 8 p.m. may help decrease this side effect.</p> <p>Ways to deal w/withdrawal symptoms</p> <ul style="list-style-type: none"> <li>• Physical discomfort or depression: exercise</li> <li>• Insomnia: avoid caffeine &amp; other stimulants, relax before going to bed</li> <li>• Irritability, frustration or anger: use relaxation techniques, exercise regularly, try to avoid stress</li> <li>• Increased appetite: eat healthy snacks, drink plenty of water, increase exercise</li> </ul>
Cold sore	<p><b>Assessment:</b> Patient has an untreated cold sore caused by the herpes simplex virus (HSV).</p> <p><b>Goals of therapy:</b> Prevent bacterial infection of the cold sore, speed up healing, and reduce associated symptoms.</p> <p><b>Risk factors:</b> Kissing infected persons, avoid any triggers such as sun exposure, stress etc.</p> <p><b>Current therapy:</b> No current treatment</p>	<p><b>Start:</b> Abreva: use as directed on package- five times a day starting with the first sign of the cold sore. (For a maximum of 10 days)</p> <p><b>Rational:</b> Abreva is an over-the-counter topical remedy used to help speed healing and minimize pain from a cold sore. It must be used many times a day to speed the healing. Preferred medicines contain numbing agents such as phenol and menthol to reduce cracking and soften scabs.</p> <p><b>F/U and monitoring:</b> Follow up with physician if cold sore has not resolved in 10 days or if the cold sore presents with signs of infection (redness, discharge, gets worse)</p> <p>If cold sores get especially painful or irritating a doctor can prescribe anesthetic gel (relieve pain) or antiviral oral medication (acyclovir (Zovirax), famciclovir (Famvir), and valacyclovir (Valtrex)) to speed healing or prevent recurrence.</p> <p><b>Patient education:</b> You can't cure HSV or a cold sore (usually take roughly 8-10 days to resolve without treatment), but you can alleviate the pain it causes by avoiding spicy or acidic foods, applying ice, or using over-the-counter therapies.</p> <p>Cold sores can become complicated by a bacterial infection, so it is also important to keep them clean by washing gently with soap and water as needed.</p> <p>To prevent spreading Herpies, wash your hands after touching a cold sore, do not rub your eyes after touching a cold sore (could develop an ocular herpes infection, which may lead to blindness if left untreated), do not touch genitals after touching your cold sore could develop genital herpes, replace your toothbrush and avoid sharing anything that could have touched the cold sore and avoid kissing someone with a cold sore. Prevention from sun exposure (trigger for cold sores) use sunscreen.</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Healthy Maintenance/Healthy Lifestyle</p>	<p><b>Assessment:</b> Patient has expressed interest in quitting smoking and starting to live a healthier lifestyle</p> <p><b>Goals for tx:</b> Increase healthy lifestyle habits, which includes diet, smoking cessation and exercise. Want to reduce negative outcomes from both habits such as DM, CVD, metabolic syndrome</p> <p><b>Risk Factors/ Contributing factors:</b> Smoking cessation: patient is hesitant about quitting due to the possible weight gain</p> <p><b>Immunizations</b>  <b>Assessment:</b> LJ is due for the Tdap vaccination according to CDC recommendations of getting a Tdap shot every 10 years.</p> <p><b>Goals for tx:</b> preventative health care for flu, whooping cough</p> <p><b>Risk Factors/Contributing factors:</b> --</p> <p><b>Current medication tx:</b> none</p>	<p><b>EtOH:</b> At-risk drinking is associated with complications. At-risk drinking is classified as drinking more than 7 drinks in one week or 3 drinks on one occasion. Patient should limit at risk drinking.</p> <p><b>Exercise:</b> Patient should try to exercise 150 min per week. Patient should gradually increase exercise and exercise as much as tolerable to attain 150 min/wk.</p> <p><b>Nutrition:</b>  <b>START:</b> Calorie reduction by 500 Kcal a day to achieve a healthy weight loss of ½ lb to 1lb loss per week. Calories per day = roughly 1200-1500 cal/day</p> <ul style="list-style-type: none"> <li>· MyPlate method can be used and can show LJ how much food she needs to consume each day from each food group</li> <li>· Patient could also try diets such as weight watchers, or Mediterranean diet.</li> </ul> <p>* It is important to find a diet which the patient likes and is most likely to stick with the diet.</p> <p><b>Rational:</b> Patient is not eligible for medication if since her BMI is 29.2. She is eligible for drug therapy if she has a BMI ≥ 30 with at least one weight related conditions such as HTN, T2DM, dyslipidemia</p> <p><b>Immunizations</b>  <b>Recommendation:</b> Annual Influenza Vaccine (during flu season), 1 dose of Tdap (booster)</p> <p><b>Rational:</b> Recommendations based on CDC immunization recommendations. Annual influenza is recommended during each flu season and Tdap should be given every 10 years.</p> <p><b>F/U and labs:</b> anaphylaxis, injection site reactions</p> <p><b>Patient education:</b> Must stay for 15 minutes for observation, may feel fatigued and sore from injection site, mild fever, may take TYLENOL (specifically for influenza vaccine). Could use a cold pack to ice she is sore or has redness at the injection site.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Adherence</p>	<p><b>Assessment:</b> LJ is not adherent to her current medication therapies as evidence by her refill history. LJ also stated that she often doesn't take her medications because she doesn't like taking pills.</p> <p><b>Goal:</b> Increase adherence</p>	<p><b>Patient Education:</b> Counsel LJ on importance of taking all of her newly prescribed medications. Stress importance in not skipping a dose. Discuss with patient it is important to take all of her meds to maintain a healthy lifestyle and prevent future cardiovascular events.</p> <p><b>Adherence tips:</b> use pharmacy automatic refill program, and sign up for prescription notifications. Pill boxes, as well as setting an alarm can help increase adherence. Patient could also be prescribed combo products such as ACEi and CCB in a combo pill. Also try to eliminate multiple dosing per day in any therapies.</p> <p><b>Rational:</b> Increase in adherence will help reduce the mortality and morbidity of her comorbidities, and changing her lifestyle will increase her quality of life and help prevent additional comorbidities like DM etc.</p>