**Julie (simulated patient) briefing notes**

**Title**

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| Medication and falls prevention |

**Summary/overview**

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| This is a 2 hour 3 minute workshop focusing on medications and falls. The workshop consists of a briefing, educational presentation and a twenty minute simulated scenario followed by a debriefing session.Participants will be seeing either one or two patients during the simulated patient scenario depending on local resources available. Once the simulation scenario begins, there should be an initial handover by the Nurse In Charge and participants will then have 20 minutes to review clinical notes and medication charts, talk to the patients then make recommendations on their current treatment plans and situation. The participants will then be asked to handover any recommendations to the Nurse In Charge and/or RMO if available either verbally or via written handover. They should also think about other relevant health professionals that may benefit from the knowledge e.g. physiotherapists and occupational therapists. |

**Learning objectives**

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| By the end of this simulation, participants will be able to:1. Identify medications associated with an increased risk of falls,
2. Identify medications that may be associated with increased adverse outcomes if a patient does have a fall,
3. Recognise patient characteristics and disease states that may predispose a patient to falls,
4. Expand knowledge of medication management in patients with falls,
5. Develop skills to effectively communicate to other health professionals increased falls risks that are associated with medications.
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**Scenario**

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| Two bed acute medical ward – (may be sitting in a chair if no beds available) |

**Participants’ tasks**

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| The participants should fully engage in the simulation and interact with the patients as they usually would in a ward environment. The participants will usually be pharmacists although this simulation may also include other health professionals including nurses, doctors, occupational therapists and physiotherapists.The participants will be expected to interview the patients, review the patient case notes and medication charts and identify any issues that may arise. The area of focus for this workshop is the identification of issues that may either contribute to a risk of falls (previous or future) or identifying drug therapy that may pose an increased risk of adverse events if the patient does have a fall in the future. The risks may be related to medications, current medical conditions or environmental risks. Once any risks or issues have been identified, the participants need to communicate those issues and their recommendations to mitigate the problem to the relevant health professionals via the Nurse In Charge at the handover meeting. |

**About your role**

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| *Age/gender:**Ethnicity:* *Wardrobe/makeup:* | 70 year old femaleAustralianMichael is wearing a hospital gown and glasses. She cannot get out of bed at the minute. |

**Clinical details**

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| Reason for admission: | Presented to hospital with a fractured neck of femur following a fall at the hostel where she lives. She did not lose consciousness but is in a lot of pain. She is going to theatre to have a long gamma nail fixation to stabilise the joint then will be going to rehabilitation for a couple of weeks before being discharged back to the hostel. |
| Past medical history: | Julie has a history of hypertension, mild Alzheimer’s Disease, non-insulin dependent diabetes mellitus (NIDDM), chronic mild renal impairment, osteoporosis, hypothyroidism and urinary incontinence. She has some issues with peripheral neuropathy. Julie is mildly cognitively impaired and is sometimes a bit forgetful.Julie was seen by the GP five days ago and he diagnosed her with a UTI and commenced her on Cephalexin. She was a little confused which is unusual for her. |
| Social history: | Julie is mildly cognitively impaired and currently lives in a hostel. Her medications are usually in a Webster pack and the hostel staff assist her with taking them. She is still in low level care. Her daughter Evelyn comes and visits her every week and says her mum has been a bit “off” recently. She is widowed, her husband Jeff died two years ago. She has no other children. |
| Premorbid functioning: | Julie has lived in the hostel since 2013. She was quite well usually but been a bit “off” over the last couple of days. She can normally recognise her daughter and hostel staff and though she is not totally sure what medication she takes, she does have a Webster pack that she is able to use most of the time with a bit of assistance.  |
| Presenting affect and behaviours: | Julie is a very pleasant lady who appears to be in quite a lot of pain and is requesting analgesia. She has had some morphine already. She is very co-operative with staff but is concerned about wetting the bed. She seems a little vague. |
| *Medication history* | Julie has all her medications in a Webster pack that the staff at the hostel help her use. She thinks she takes far too many tablets. She takes Ramipril, Frusemide, Metoprolol and Spironolactone for her heart failure. She also takes Esomeprazole, Warfarin, Simvastatin, Gliclazide and Thyroxine. She recently just had a course of Cephalexin from the GP. She is also on Pregabalin and Reminyl and every six months she has a Prolia injection. |

**Storyboard**

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| You are a 70 year old lady who lives in a hostel. You have lived there for the last two years and your daughter comes and visits you at least twice a week. Your husband Jeff died two years ago.You recently had a “water infection” and had some antibiotics and Evelyn said you were a little confused when this happened? You think you are fine. You had a bit of a fall yesterday coming out of the bathroom at the hostel. You aren’t sure what happened but you think you bumped into something but don’t remember much about it. You aren’t sure if you lost consciousness or not? You know the cleaner found you and called an ambulance. You are aware you have broken your hip and cannot weight bear at the moment. You are in quite a bit of pain and cannot straighten your leg. You normally walk with a 4WW.You have had a couple of falls before but aren’t sure when. You have a lot of medical conditions and currently take Warfarin as your heart has a “funny beat”. You have to wear glasses all the time now as your eyes have got quite bad. You can be a bit forgetful at times but still manage to look after your own medicines with a bit of help from the people in the hostel. They have to remind you sometimes!You are sometimes incontinent of urine and are a bit worried about wetting the bed as you can’t really move. |

**Responses to participants**

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| If anyone asks about MEDICAL HISTORY: | You have a lot of medical conditions and are a bit tired of having to take so many “pills” You have had hypothyroidism for about ten years and been on Thyroxine since then. You were diagnosed with Alzheimer’s Disease about 2 years ago when your daughter noticed you were getting a bit forgetful. The doctor put you on a tablet and you think you are a lot better now. You felt a bit funny the other day when you had a water infection but that seems to have cleared up now. You are aware you have a lot of heart problems and complain a lot about your legs being swollen all the time as it makes it a bit difficult to walk and you get short of breath so you don’t get out much! You also know you have to take Warfarin or you might have a stroke.You also have had diabetes for about 20 years and it has left you with poor eyesight, some problems with your kidneys and you get pins and needles in your feet which can be very painful. Your doctor gave you some medicine for that recently but you think it makes you a bit too sleepy sometimes.You don’t smoke or drink. You did have a fall a few months ago but you don’t think you broke anything – just had a nasty bruise on your back. You think you slipped on a puddle of water in the corridor. |
| If anyone asks about FAMILY/LIVING SITUATION? | You are a widow, who has one daughter Evelyn who you see once or twice a week. She has two children but you don’t see them as often as they are at University. You have lived in Rossendale Hostel for the last two years in your own little studio flat on the first floor. There is a lift. |
| If anyone asks about his AF and PALPITATIONS? | You have had problems with your heart for years. You get a bit short of breath when walking but at the moment it’s quite bad when lying down too. You have a lot of fluid in your legs which makes it hard to walk. |
| If anyone asks about MEDICATIONS/DRUGS: | You think you take far too many tablets and aren’t too familiar with the names of them! All your tablets are packed into a Webster Pack by the local pharmacy – you can’t remember the name. The only other thing you take is the vitamins for your eyes (macular degeneration) Macu-Vision but you have left them at home. You take your tablets every day like the doctor says to – the staff at the hostel help you out with remembering. You have a blood test once a month for your Warfarin and think everything is OK with it. You have never had any signs of bleeding but you did get a huge bruise when you fell over last time. You get an injection for your bones every six months but have never been given any calcium or vitamin D to take that you can remember. You know you have diabetes and that the staff also help you to take your blood sugar levels. The GP seems happy with your results when you tell him. |
| If anyone asks about DIET AND EXERCISE: | You eat a healthy diet and don’t drink alcohol anymore. You try and follow your diabetic diet but Evelyn sometimes brings you a packet of biscuits as she knows you love them. You try to get out and about when you can but it’s getting much harder nowadays and often you might not go outside for a few days especially in winter. You like to go for a short walk in the garden and use a 4WW to get around. |
| If anyone asks about her FALLS? | You did have a fall a few months ago but you don’t think you broke anything – just had a nasty bruise on your back. You think you slipped on a puddle of water in the corridor.This time you aren’t sure what happened. You think you bumped into something and just fell over. You didn’t have your walker at the time. You aren’t sure if you lost consciousness but you know Betty the cleaner found you. You are in a fair bit of pain with it and are worried because you have to go to theatre at your age! |
| If anyone asks about her DIABETES? | You have had diabetes for 20 years and while at first you needed only to watch your diet, over the years you have had to take more and more medication. The Diabetes doctor is now talking about putting you on insulin but hasn’t done it yet. You were meant to see him next week. You have had a couple of hypoglycaemic attacks a few years ago, but not much recently. You know to have a drink of juice if you feel funny. |