**Michael (simulated patient) briefing notes**

**Title**

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| Medication and falls prevention |

**Summary/overview**

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| This is a 2 hour 30 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:* | 75 year old maleAustralianMichael is wearing pyjamas and is barefoot. He has a shuffling gait and usually wears slippers usually. He has tremor in his right hand and usually walks with a walking stick. |

**Clinical details**

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| Reason for admission: | Presented to hospital with palpitations and intermittent dizziness. He was diagnosed with Paroxysmal atrial fibrillation on admission. He has been started on Dabigatran 110mg bd (does not know this). |
| Past medical history: | Has a 20 year history of Parkinson’s Disease but is not very compliant with his medications. He also has hyper tension and heart failure. He has recently been started on a new medication called amitriptyline by the local GP. He is not quite sure what it is for but had seen the GP as he was feeling a bit flat and couldn’t sleep and he gave him this to help.  |
| Social history: | Michael lives at home with his wife, Jessie, and is her main carer. Jessie has had severe COPD for the last 6 years. She is still able to walk around a bit. Their daughter Mary, who normally lives in Queensland, is currently staying at home with her mum but she cannot stay for too long as needs to get back to her family. There are no other children. Michael does some of the work around the house where he can, but they do have a private carer who comes in twice a week to do some cooking and cleaning. He has never needed any other help. He is a very proud man, who has lots of friends locally who are always willing to lend a hand. He does most of the cooking and helps out with all his wife’s needs but it is getting increasingly difficult. |
| Premorbid functioning: | Until recently Michael has been doing quite well, although his Parkinson’s Disease (PD) does play up now and again. Recently however he has been feeling quite dizzy when he stands up and feels like he is going to fall over sometimes.  |
| Presenting affect and behaviours: | Michael is concerned about his dizziness and that he is feeling like he will fall. He is also concerned about his heart racing. He is worried about his wife at home as he is her main carer and his daughter Mary has to go back to Queensland soon. |
| *Medication history* | Michael is sometimes non-compliant with his medication as he forgets to take them when he is distracted by looking after Jessie. He currently takes (according to his medication list):*Ramipril (Tritace)5mg mane**Madopar 100/25 ½ tablet q4h**Sinemet CR 250 1 nocte**Amitriptyline (Endep) 25mg nocte**Atorvastatin (Lipitor) 10mg mane**Frusemide (Lasix) 40mg mane and midi**Metoprolol (Betaloc) 50mg bd**Aspirin 100mg mane – ceased on admission(Not aware of this)* |

**Storyboard**

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| You are a 75 year old male who lives at home in a one storey house with your wife Jessie. Jessie has severe COPD and is on home oxygen and you are her principal carer. She cannot be left home alone anymore really as it is hard for her to move around and do everything for herself. Your daughter Mary has come down from Brisbane to stay with her while you are in hospital but she has to get back to her family very soon (at the weekend) as her husband works on the mines and she needs to sort out the kids. You have no other children. You do most of the cooking and cleaning around the house, but do have a private carer who comes in twice a week to help out. You are finding you are increasingly dependent on her and she will also help out with shopping. You do however like to have a stroll down to the shops to pick up bread and milk. The shop is quite nearby. Recently (last two weeks) you have been feeling quite dizzy when you stand up and feel like you are going to fall over sometimes. You are worried about your heart palpitations now too. You have recently been started on a new medication three weeks ago called amitriptyline by the local GP, Dr Matthews. You are not quite sure what it is for but you saw the GP as you were feeling a bit flat and couldn’t sleep and he gave you this to help. You don’t seem to think it is doing anything. You almost had a fall recently at home but managed to grab onto the chair so you did not hurt yourself. |

**Responses to participants**

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| If anyone asks about MEDICAL HISTORY: | * You have had PD for 20 years and go to see Professor Newton as an OP. You have tried a lot of different medications and have been taking the current combination for the last five years. You have noticed your tremor has got worse and it takes a long time to “get going” nowadays, especially in the mornings. You are usually compliant with medications but sometimes you forget if Jessie is having a bad day then you realise as the tremor gets worse and you start to find it hard to move around.
* You smoked a pack of cigarettes a day for forty years but gave them up 10 years ago. You don’t drink much, just the odd beer now and again.
* You have had some problems with high blood pressure and mild heart failure over the last few years but this has been controlled quite well. Your GP usually keeps an eye on it and you only see your cardiologist once a year.
* Just recently you have been feeling a bit dizzy when you stand up and almost fell the other day but managed to save yourself. Then today you felt like your heart was racing and went to see the GP Dr Matthews. The GP said you should come to hospital to get it sorted out.
* You think you had a funny turn in the late 1980’S and have been taking aspirin since then. You have not realised it has been stopped in hospital.
* You have been feeling a bit down lately and have had some problems sleeping over the last few weeks.
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| If anyone asks about his AF and PALPITATIONS? | You felt fine until the other day when you felt like your heart was racing – it seemed OK after a bit but started again yesterday so you went to the doctor. It is making you quite concerned. |
| If anyone asks about MEDICATIONS/DRUGS: | * You have been taking your current PD medications for the last 5 years. There hasn’t been a change in dose since then.
* Your blood pressure tablets and “water pills” usually keep your heart problems under control. You have been on aspirin for a long time and never had any problems with it.
* Your GP put you on atorvastatin about five years ago for your cholesterol.

 * Your GP recently started a new tablet but you aren’t really sure what it does? You don’t have any allergies or use any other tablets except for Panadol now and again if you have a headache.
* You look after your medications (and Jessie’s) and are sometimes good at remembering to take them at the right times but sometimes forget. The doctor told you that you need to take them at the same time every day and you try to do this but sometimes Jessie can be a handful and you get distracted.
* You don’t really like your water tablets as they make you go to the toilet a lot and sometimes you feel like you won’t make it in time
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| If anyone asks about DIET AND EXERCISE: | You eat a healthy diet and don’t drink much anymore – just the odd beer. You try to get out and about when you can but it’s getting harder nowadays. You like to go for a short walk to the shops at least once or twice a week if you can but you find you are needing to use your walking stick more and more, even in the house. |
| If anyone asks about FAMILY/LIVING SITUATION? | You live with Jessie in a two bedroom, one storey house. There are some steps (four) going up to the front door and a couple down to the back yard. There is a bath and separate shower but no hand rails around the house. You get a carer pension for looking after Jessie and you are not short of money. You are a bit upset that Jessie seems to be slowly deteriorating and are worried that she may have to go into a home as you know she would not like it and you would feel very guilty. She is now on home oxygen. |
| If anyone asks about his DIZZINESS? | You have been feeling a bit dizzy when you stand up sometimes but not sure why? It has been like this for a couple of weeks and you nearly fell over the other day. It has not been a problem in the past. |
| If anyone asks about his AF and PALPITATIONS? | You felt fine until the other day when you felt like your heart was racing – it seemed OK after a bit but started again yesterday so you went to the doctor. It is making you quite concerned. |
| If anyone asks about plans for HELP IN THE HOME? | You already have a private cleaner coming in twice a week but concede that you might need more help from now on. You are wondering if someone could maybe come every morning and help you sort yourself out for the day.You do not want to consider any respite care for either yourself or for Jessie at the moment and want to go home when you are discharged. You would like to leave hospital quite soon as Mary has to go back to Brisbane. |