Clinical situations

(E020)

For each clinical situation, choose the most appropriate answer regarding the management plan.

1. **Mr. Kepner is 81 years old and has an end-stage colon cancer widely metastatic. He came in for inadequate pain management at home. He takes hydromorphone ER 6mg TID with breakthrough of hydromorphone 2mg q 3hrs. What is the appropriate approach for pain management?**
    a) Call the palliative care team and transfer care
    b) Prescribe morphine 15mg IV q 15 min and re-evaluate
    c) Prescribe hydromorphone 1mg IV q 15 min x 3 PRN then re-evaluate
    d) Start with acetaminophen 1000mg PO, then reassess in 30 minutes
    e) Refer this patient to the addiction centre

2. **Mrs. Savannah is 90 years old and presents for chest pain. After a thorough evaluation you notice a vesicular rash on her right chest. You diagnose a Herpes Zoster infection and you want to prescribe the right treatment. She is diabetic on diet control, has hypertension on amlodipine 5mg daily and has a creatinine clearance of 35ml/min.**
    a) Valacyclovir 1g BID x 7 days + acetaminophen 1g TID standing + morphine 2,5 – 5mg PRN
    b) Valacyclovir 1g TID x 7 days + prednisone 50mg PO x 7 days
    c) Valacyclovir 1g BID x 7 days + prednisone 25mg PO x 7 days + acetaminophen 1g TID standing
    d) Valacyclovir 1g TID x 7 days + prednisone 25mg PO x 7 days + acetaminophen 1g TID standing + morphine 2,5 – 5mg PRN
    e) No indication of herpes zoster treatment in older adults patient.

3. **Mr. Springer is 92 years old, lives independently and was diagnosed with an uncomplicated pneumonia with stable vital signs. He has CAD, HTN, NIDDM, atrial fibrillation on warfarin. He is allergic to penicillin. What would be the most appropriate management?**
    a) Amoxicillin-clavulanic acid 875/125mgmg BID x 7 days
    b) Levofloxacin 750mg daily x 5 days
    c) Clarithromycin 250mg BID
    d) Moxifloxacin 400mg daily x 5 days, + monitor INR
    e) Admission, ceftriaxone 1g IV q 24h + azithromycin 500mg IV q 24h and monitoring of INR

4. **Mrs. Alary is 85 years old and comes to ED with her daughter because she is more confused after a resolved episode of gastro-enteritis. She is known for early dementia, HTN, OA, and urinary incontinence. Vital signs are normal. She is on ramipril, celecoxib and oxybutynin.**
   What is the best approach for this patient?
   a) Stop all medication, rehydration and discharge home with her daughter who lives with her
   b) Blood work including CBC, chemistry panel, extended lytes, LFTs, urinanalysis, troponin, EKG, re-evaluate medication, ensure adequate hydration.
   c) Ask the medicine team to take over this case with a diagnosis of delirium NYD
   d) Blood work including CBC, chemistry panel, extended lytes, LFTs, urinanalysis, troponin, EKG, rehydration and continue all medication at discharge
   e) Prescribe haloperidol 0.25mg PO for the delirium

5. **Mr. Leon is 79 years old and had a fall this morning after getting out of bed. He complains of dizziness while standing up. His vitals signs are 140/90 lying and 110/70 standing, with a steady HR around 55. Blood work and xrays are unremarkable, his living situation is appropriate; and he passed a walk test. He has stable CAD, HTN, and atrial fibrillation. You decide to evaluate his medication and make some changes:**
   - **ASA 80mg daily**
   - **Amlodipine 10mg daily**
   - **Ramipril 10mg daily**
   - **Metoprolol 50mg daily**
   - **Atorvastatin 40mg daily**
   - **Warfarin 4mg daily**
   - **Vitamin D 1000 UI daily**

   Which approach is the most appropriate for this patient?
   a) D/C amlodipine, and decrease dose of metoprolol and ramipril
   b) Decrease dose of ramipril
   c) Decrease dose of metoprolol, decrease dose of ramipril and order a bone density scan and a vitamin D level to evaluate the appropriate dose of vitamin D and indication of bisphosphonate
   d) Decrease dose of metoprolol, leave a message to his family doctor to ensure a follow-up to re-evaluate current medication
   e) No change for the moment, the patient will see his family doctor tomorrow morning