

GEDC Bootcamp Case Discussion

Mrs. Cado

GOALS

1. To increase familiarity with the GED Guidelines;
2. To elicit different perspectives on the same clinical problem;
3. To identify some opportunities for Quality Improvement.

WORKSHEET

1. How would this patient be managed in your ED?
2. What specific problems would you identify with managing her in your ED?
3. What components of the GED Guidelines (Staffing, Education, Transitions of Care, Policies and Procedures, Physical Environment, Quality Improvement) might make his care better?

YOUR ASSIGNMENT

Your group's spokesperson will describe:

One barrier to quality care for such a patient *and*

One opportunity for improvement that you could implement

CASE:

Mrs. Cado is a 78-year-old woman who lives independently in a two-storey house. Her daughter and son drop in to see her most weekends. She normally uses a cane because of knee and hip arthritis.

Past Medical History: Coronary artery disease with a CABG in 1999; she says she only gets chest pain sometimes now; followed by a cardiologist at the other hospital in town; Osteoarthritis; Hypertension; Increased lipids; Type 2 Diabetes

Medications: in her bag she has: Metoprolol 25 mg bd; Nitro spray; Ramipril 5 mg od; Candesartan 32 mg. od; acetaminophen 1000 mg tid; Atorvastatin 10 mg od; Aspirin 150mg od.; Gliclazide, 160 mg daily; Metformin 500mg bd. (If you call the pharmacy, you learn that the candesartan has not been prescribed for the past two months and that she filled a prescription for donepezil 10 mg last month by a doctor who is neither her family doctor nor her cardiologist.)

History of Present Illness: She arrives by ambulance on Thursday at 2 pm because she had a fall (off a step ladder while replacing a light bulb). She managed to get up and call EMS herself though it's not clear how much time elapsed before the call.

Examination: She is in a lot of pain, mostly from her right wrist. Her BP is 122/78; HR 84; Sat 100% She is triaged to the ambulatory area because she is complaining only of wrist pain. The Emerg doc sees her: bloodwork and chemistries are within defined limits; CT of her head shows no bleed; ECG shows nil acute; Right wrist X-ray shows a minimally displaced distal radius fracture which requires no reduction, only a volar splint. Follow up appointment is booked for the Orthopedic Clinic. She seems ready for discharge at this point.