

Patient Handoffs: A Case

- Read through this case
- At the end, you will be asked to generate the initial problem list.
- We'll use this patient to try out some patient handoff methods.

Patient Handoffs: A Case

- A 46-year old woman is admitted
- CC: fever, sore throat and tiredness for 4 days.
- Brought in by husband for lightheadedness, lethargy, slight confusion, and rapid breathing.
- No cough, diarrhea, chest pain, chills, night sweats, or other complaints.
- Mild difficulty swallowing because of throat pain.
- Has not eaten for 2 days, staying in bed.

Patient Handoffs: A Case

- SLE for 20+ years with antiphospholipid syndrome. Recently, SLE has been adequately controlled, and she was asymptomatic with anti-dsDNA antibody negative and C3 and C4 levels normal 1 month ago. Followed by a rheumatologist.
- Immune thrombocytopenic purpura (ITP), at age 18. s/p splenectomy for refractory thrombocytopenia.
- Hypothyroidism, autoimmune

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- Methylprednisolone 16 mg/day, azathioprine 50 mg/day, ASA 50 mg/day, levothyroxine 150 µg/day.
- Vaccinated against influenza and Streptococcus pneumoniae a month before. Her husband reports that she had hives when she was given amoxacillin five years ago.
- Lives with husband and works as accountant. No children. No tobacco or alcohol. Husband is surrogate decision-maker in Durable Power of Attorney for Health Care; no other advanced directives.

Patient Handoffs: A Case

- Mildly confused but can answer some questions.
- Thin, middle-aged woman in respiratory distress.
- BP 85/50, HR 125/min, respiratory rate 32-36/min, T 35.6°C, SpO2 93% on 4 L O2 by nasal cannula.

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- Pharyngeal erythema, rales and crackles at lung bases, use of accessory muscles, dullness to percussion at R base of the lungs
- No wheezing, diffuse crackles, or pleural friction rubs.
- Warm distal extremities and normal peripheral pulses.
- Heart, abdomen, skin, and neurological examination normal (except lethargic).

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- Urinalysis: 1+ protein, negative nitrites and blood; 25 RBC, 10 WBC, no bacteria.
- WBC 14,300, P72, bands 14; Hgb 9.8; platelets 102.
- Na 132, K 3.7, Cl 100, HCO₃ 14, BUN 84, Cr 2.1, Mg 2.9, Ca 9.5, Phos 4.1. Lactate 4.1. AST 166, ALT 111, T bili 2.2.
- CXR: mild blunting of costophrenic angles; normal heart size, no pulmonary edema, and no infiltrates.

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Make up a problem list for this patient's acute presentation

Then, we will use the case to try out some patient handoff methods.