

CASE NO 1

**ANYPLACE MEDICAL CENTRE
NOTTINGHAM**

Dr T O O Busy, GP Principal

Dear Medical Team

Mrs Ada Old
DOB 01/04/1928

Reason for referral: acopia

Thanks for admitting this 86 year old lady who is no longer able to cope at home. She has been off her legs for a few days and is a bit confused ?UTI.

PMH
OA, osteoporosis, hypertension.

No allergies.

Medication
Co-codamol 30/500 2 tabs QDS prn, Adcal D3 1 tab BD, bendroflumethiazide 2.5mg OD.

Yours faithfully

Dr Busy

Telephone interview with Mrs Old's niece (next of kin)

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My Auntie is normally pretty independent and can do everything for herself. She potters about with a walking stick and gets herself up in the mornings, washed and dressed. She cooks a simple meal at lunchtime and likes Marks and Spencer ready meals for dinner. I go shopping for her once a week and she has a private cleaner and a man who does the garden. She likes to go out for lunch once a week at the pub with some friends and is friendly with her neighbours. Anyway, I noticed 4 days ago when I telephoned her that she seemed a bit muddled – she had forgotten I had told her I was not coming that day. I just put it down to old age. When I called in yesterday she was quite confused though, very different to her usual self. She was still in her nightie at eleven in the morning and the milk was still on the doorstep. I have my own key so I found her in the sitting room. She didn't know what day it was or what I was doing there and it was really hard to have a conversation with her. She was sort of prickly and – I don't know – sort of paranoid. I called the GP as I have the number, and I asked for a home visit. She'd been to see him at least a week ago about the pains in her knees but she was fine then. The GP came out to see her that lunchtime and sent her to hospital. He said something about a bladder infection. She has not really been in hospital before, only when she fell and broke her wrist and that was only one night because they needed to sort out some extra help at home. I hope this information helps. What do you think is wrong with her? I hope it's not dementia. Her sister had that and my Auntie always said she's rather die than get

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dementia...

TASKS/QUESTIONS

1. List the things you would do next
2. What is the diagnosis?
3. What is your management plan?
4. Is this a medical problem or a psychiatric problem?
5. Are there any interesting discussion points in this case?

CASE NO 2

**ANYSTREET HEALTH CENTRE
NOTTINGHAM**

Dr N Home, GP Partner

Dear Medical Team

Mr Fred Ancient
DOB 01/04/1928

Reason for referral: not eating and drinking

Thanks for admitting Mr Ancient who is in Happy Nursing Home following a stroke. He is normally alert with a decent appetite. However, in the last week he has become more sleepy with reduced oral intake and I think he is dehydrated.

On examination: distended abdomen ?bladder.

PMH
Stroke 2012 (L MCA infarct)
Hypertension
Benign prostatic hypertrophy
Diet controlled diabetes
OA knees

ALLERGIC TO PENICILLIN (rash)

Medication
Aspirin 75mg OD, ramipril 10mg OD, ibuprofen gel 5% TDS, tamsulosin 400mcg nocte, bendroflumethiazide 2.5mg OD, amitriptyline 25mg nocte.

Yours faithfully

Dr Home

Telephone interview with Happy Nursing Home staff

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Yes, Mr Ancient has been with us for the last 2 years, since his stroke. Normal for him is he needs 2 people to transfer him from bed to chair and he needs assisting with all his activities of daily living, because he is paralysed down his right side and he also has problems speaking, although we can pretty much understand what he wants and he seems to have a good understanding of what we are saying. He likes reading the newspaper every morning once he is up and dressed. At least it looks like he is reading the newspaper! Anyway, he's been a bit constipated for the last few weeks and we asked the GP to prescribe some laxatives, which Mr Ancient had started on. In the last week or so he has been a bit more sleepy than usual but nothing very out of the ordinary. He's lost his appetite which we put down to being constipated. However, this morning it was impossible to get him out of bed and he seemed quite drowsy, so we called the GP, who came out to visit and arranged for

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an ambulance.

TASKS/QUESTIONS

1. List the things you would do next
2. What is the diagnosis?
3. What is your management plan?
4. Are there any interesting discussion points in this case?

Mr Fred Ancient
DOB 01/04/1928

VITAL SIGNS

Responds to voice
BP 130/80
HR 85
Apyrexial
RR 18
SpO2 on air 95%

TEST RESULTS

Hb 140
Wbc 7
Plt 310

Na 155
K 4.1
Urea 14.3
Creatinine 201 (previous creatinine 110)

CRP 230

Bladder scan > 1000ml

TASKS/QUESTIONS

1. Are there any surprises or interesting discussion points here?

CASE NO 3

***EMERGENCY DEPARTMENT
QUEENS MEDICAL CENTRE
NOTTINGHAM***

Mrs V Loud
DOB 01/03/1939

Time: 1000 hrs

PC
Rash

HPC

75 year old lady who came to ED because of an itchy rash. On examination there is a slight rash on her shins that looks like eczema. However the patient is very confused – disorientated in time/place – and was aggressive towards a member of staff. Not possible to fully examine as patient refuses.

PMH?
Allergies?

Plan
Admit medicine because of confusion, for social sort out.

Dr Sloppy, ED SHO.

What happened next ...

Mrs Loud was brought protesting to the Acute Medical Unit. She insisted she wanted to go home and was very indignant about being escorted by 'Police' to the ward. Staff have tried to calm her down without success. The other patients are being disturbed by her constant shouting, 'Take me home – NOW!' She is next on your list of patients to see.

TASKS/QUESTIONS

1. List the things you would do next
2. Are there any interesting discussion points in this case? (including my use of the word 'Sloppy')!

Telephone conversation with Mrs Loud's GP

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[Sigh]. Yes, we know Mrs Loud very well. She has quite bad dementia and she lives with her husband who also has dementia and they are well known to the community mental health services. Her CPN is called ... hang on let me pull it up ... Lee Smith and you can get him on this phone number. We have been doing our best to keep Mr and Mrs Loud at home together and they have been managing quite well. They go out to the local shops in a taxi once a week and carers pop in to check on them for meals and medication. There's a son that lives near by who sees them at weekends as well. She came to see me for a rash on her legs last week and I prescribed some E45 cream. It sounds like she is not too different to normal to

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me.

TASKS/QUESTIONS

1. What would you do next?
2. Ask Nicola to tell you the story about the man who wanted 4 sugars in his tea.