

Case 3

You are an F1 working in orthogeriatrics (Ward 32) at General Hospital. Your consultant is Dr Patel.

Patient details

Name: Marion Dempsey

DOB: 04/06/1943

Patient number: X1011978

History

You see Marion, a 79-year-old lady on the post operative orthopaedic ward round.

Marion was admitted to hospital with a fractured left neck of femur 2 days ago following an unwitnessed fall at her care home. She underwent a left hemiarthroplasty procedure yesterday.

Her past medical history includes chronic kidney disease stage 3, secondary to type 2 diabetes.

Having reviewed her Kardex, you see she has been receiving regular paracetamol for pain relief. You note that she has been receiving regular doses of PRN morphine post operatively.

Your consultant Dr Patel informs you that this is a significant error – morphine should be avoided in patients with poor renal function, as the active metabolites can build up and cause toxicity.

Task 1

On the new Kardex provided, please prescribe a more appropriate choice of PRN analgesia.

You do not need to prescribe any of Marion's other medications.

Standard Medicine Chart

Hospital

Chart No.

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE In situations where a dose of medicine is not administered and the matter cannot be resolved immediately the nurse must:- a) Record on the Medicine Chart the appropriate code number for the reason why the dose was not administered and initial this code. b) TAKE APPROPRIATE ACTION to resolve the matter PROMPTLY so that patient treatment is not compromised. For further details refer to the 'Purple Booklet'.				Name of Patient AFFIX																																	
				Patient Number ADDRESSOGRAPH																																	
				DOB LABEL																																	
				Ward HERE																																	
				Date of Admission																																	
				Consultant																																	
				Weight Surface Area																																	
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DRUG SENSITIVITIES

ONCE ONLY

Date	Time	Pharmacy	Drug (Approved Name)	Dose	Route	Doctor's Signature PRINT NAME	Time Given	Given by	Checked by

OTHER CHARTS IN USE

Date	Type of Chart	Details	Signature PRINT NAME

REGULAR T

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HERAPY

* Please mark STOP DATE for short course treatment, e.g. Antibiotics *

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Date	ADMINISTRATION COMMENTS	Initials

[illegible]

Date	ADMINISTRATION COMMENTS	Initials

[illegible]

Date	ADMINISTRATION COMMENTS	Initial

[illegible]

Date	ADMINISTRATION COMMENTS	Initial

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