PRESCRIBING SKILLS PRACTICE CASES

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Preamble.

To become competent prescribers, learners need to practice realistic cases, many of which will seem complex, then read around those cases to understand the clinical pharmacology, toxicology and evidence for use.

The 'rules of engagement' here are:

- a) You may use any resource available to you in clinic or on the wards. Use of UptoDate, Lexicomp, ODB e-formulary, CADTH, etc is encouraged.
- b) You are always prescribing the most cost-effective, formulary-covered drug in the family or therapeutic group.

CASE #1.

Phase 1. Admission

A 75 year old man with history of hypertension, diabetes, smoking, osteoporosis, and Crohn's disease is referred to you in Emergency Department because of crushing chest pain, dyspnea and sweating. A stat troponin (high sensitivity troponin I) comes back at 513 ng/L and the electrocardiogram shows ST depression in inferior leads. He reports stopping all of his regular pills several months ago. Vitals are normal other than heart rate is 106 bpm, regular. Glucose is 10 mmol/L, creatinine is 99 micromol/L, Hb 12 g/dl

1. Write a prescription on the sheet below for the medications that you would prescribe urgently for his acute coronary syndrome.

Phase 2. Post-procedure

Same patient next day is back on the ward after PCI stenting of his right coronary artery. A nurse calls you because his blood pressure has been over 180/90 for several readings. The patient is asymptomatic but cannot remember his previous blood pressure medication which he reports worked well.

2. Write a prescription on the same prescription sheet that would be appropriate for this patient's blood pressure.

Phase 3. In Hospital

Same patient on the third day of admission reminds you that he has Crohn's disease and is due for his injection which he receives every 4 weeks at an injection clinic near St Joseph's Hospital. He reports that his injection is 'Remicade' and the dose is decided each time by his weight, which is 90 kg today.

3. Write a prescription for his next injection for Crohn's disease.

Phase 4. Discharge Planning

Same patient is ready for discharge on Day 5. You are preparing his discharge prescription and considering both his post-MI medications and the osteoporosis. His LDL cholesterol has returned at 3.89 mmol/L.

- 4. What lipid lowering medication will be the most cost-effective for his cardiac risk stratum?
- 5. He currently only takes vitamin D over-the-counter for osteoporosis but has previously fractured his wrist after a fall. Prescribe the most cost-effective medication for his osteoporosis.

PRESCRIPTION SHEET

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