

## Acute Training Solutions

### Medication Administration - Older person admitted to hospital case study

#### Florence

Florence is an 84-year-old lady with hypertension and rheumatoid arthritis. She lives at home on her own and has weekly visits from her daughter who lives 35 miles away. She also receives daily support from a care worker to help with activities of daily living.

**She is currently prescribed:**

- bendroflumethiazide 2.5 mg daily
- lisinopril 10 mg daily
- simvastatin 40 mg at night
- methotrexate 20 mg once weekly on a Wednesday
- folic acid 5 mg daily except on Wednesday
- paracetamol 1 g four times daily when needed.

On Friday evening, an on-call GP visits Florence because she has been feeling unwell with symptoms of urinary frequency, dysuria and urge incontinence for a few days. The GP diagnoses a urinary tract infection (UTI) and prescribes trimethoprim 200 mg twice daily for 3 days. On Sunday, the care worker is very concerned that Florence has deteriorated and is nauseous and confused. She calls an ambulance and Florence is admitted to hospital.

A hospital doctor changes the trimethoprim to co-amoxiclav because her UTI symptoms have not improved. After a few days Florence is feeling much better, her UTI symptoms resolve and she is discharged from hospital. The practice pharmacist checks the discharge summary and identifies a drug interaction with the trimethoprim and methotrexate.

**1) Has a medicines-related patient safety incident occurred?**

**2) What went well in this scenario? How could Florence's care have been improved?**

**3) In addition to the pharmacist review of the discharge summary, how else can medicines-related patient safety incidents be identified?**

**4) How can reporting and learning from medicines-related patient safety incidents be improved? What are your experiences locally?**

**5) What additional support is Florence likely to need with her medicines following her discharge from hospital?**