Oxford Academic Health Science Network

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Polypharmacy Community of Practice

September 2023

Case Study for Break out session

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Roger Jones

80y Male

Background:

Bronchiectasis
Hypertension
Paroxysmal Atrial Fibrillation
Tricuspid + Mitral Valve replacement
Pleural Plaque Disease – Asbestosis

Social History

Care Home Resident. Independent short distances.

Drug History:

NKDA

Edoxaban	Tamsulosin	Bisoprolol
Folic Acid	Montelukast	Omeprazole
Zopiclone	Cyclizine	Aripiprazole
Sodium Valproate	Spironolactone	Mirtazapine

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Case Study cont…

BIBA and Pre-Alerted:-

4x witnessed coffee ground vomits. Syncopal. Hypotensive (80/40) Tachycardic (~110bpm)

ED working diagnosis:

Upper GI Bleed- Glasgow- Blatchford= 4 with ?Aspirational Pneumonitis

Plan:

Bilateral access, IV fluid resuscitation, Antibiotics, bloods, CXR, oxygen, hold edoxaban, admit medics.

Obs at this stage: Hypoxic on room air (90%) T: 37.7 °C HR: 93(Monitored) BP: 105/58 SpO2: 95% with 5L/min

Results:

pH normal, Lactate 3.4, Na 130, Urea 8.3 CRP 35, Hb110, WCC 13.9

CXR: no consolidation, slightly rotated film with poor inspiratory effort

ECG- Sinus Tachycardia

Case Study cont…

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Further History:

4 x episodes of black vomiting since yesterday, no abdominal pain, no melaena.

Felt unwell in the day yesterday. Reduced appetite. No cough, no chest pain, no dysuria, no rash, no myalgia

On examination:

Observations: Hypotensive on arrival, not tachycardic, O2 requirement
cool peripherally, dry mucous membranes
HS - I + II + soft systolic murmur over mitral region
Chest - crackles left base, no wheeze,
Abdomen soft, non-tender, no suprapubic tenderness
Calves soft, non-tender, no peripheral oedema, no cellulitis

Working Diagnosis;

CAP and possible UGI bleed given coffee ground vomiting but no drop in Hb or rise in Urea.

Add on iron profile.

Hold bisoprolol and spironolactone given hypotension

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Case Study cont…

Further vomit- coffee ground

15/6 OGD oedematous, blood seen no clear bleed point- oesophagitis and gastritis
CTCAP- CAP confirmed, faecal loading and urinary retention with BPH (started finasteride + referred outpatient Urology)
D/W Surgeons re findings- as stable repeat scope

21/6 OGD- oesophagitis and gastritis.

23/6 No blood products needed but did have iron infusion

28/6 MFFD
Other medications changed:
Cyclizine/ Zopiclone/ Spironolactone- stopped
Edoxaban- suspended review in primary care
Montelukast started on AMU (error as looking at old script from previous surgery)

The story continues:

17/8 Seen by Rapid Response Fever, cough productive of phlegm- started on Amoxicillin. For daily review. Script not started.

18/8 Ambulance called due to concerns re respiratory rate

3/52 hx of productive cough worsening in the last 24 hours. More lethargic and less energy yesterday sats in community 90% (baseline 95%). Recent reduction in furosemide by 20mg in the last few weeks due to hypotensive episodes but ongoing bilateral leg oedema.

Medications:

Mirtazapine 45mg ON	Montelukast 10mg ON	Furosemide 20mg OD
Sodium valproate 500mg BD	Finasteride 5mg Od	Carbocisteine 750mg tds
Omeprazole 20mg	Zopiclone 7.5mg	Propranolol 10mg od
Aripprazole 30mg OD	Tamsulosin 400mcg	Mirabegron 50mg OD

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On examination

95% on Nasal Cannula 2L/min, BP- 136/76, PR- 76

Moist tongue, Cool peripheries, Pulse- regular and good volume

Chest - Reduced air entry on right mid and lower zone - some crackles at left bases

Abdomen - soft and non tender

Legs - bilateral pitting pedal odema to mid shin

Results:

CXR- Right sided consolidation

ECG- left axis deviation and RBBB

VBG Na 127 PH- 7.4 Pco2-6.59 Cl-90 Hco3- 28.1 lactate 0.9

Working diagnosis-

CAP, Congestive Cardiac Failure, Euvolemic Hyponatremia and Frailty

What next?

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Break out room discussion:

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- Throughout all of this case study what do you think could have been different?
- What do you see your role as being in this?
- How do you feel given you are caring for him over a long period of time?

- 10 mins
- Nominate one person to take notes. They will feedback your top issues by adding to the chat when back in the main session

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