Ricky Alvarez
Sex: M
DOB: 05/03
Age: 13 Y
Height: 5' 1"
Weight: 99.19 lbs
NKDA

Location: Pediatric Unit

Patient name: Ricky Alvarez

Medical record #: 1874238

Date of birth: May 3

Age: 13 years

Sex: Male

Admitting provider: Jonathan Paul, MD

Scenario start day: Thursday

Scenario start time: 0730

Chief complaint upon admission: Polyuria, polydipsia, polyphagia, nausea, vomiting, and infected toe wound

Primary diagnosis: Hyperglycemia

Secondary diagnosis: Wound infection, right great toe

Patient Report

SBAR Hand-Off	Current day and time:	Thursday 0730				Admission day and time:	Wednesday 0945						
Situation	Name:	Ricky Alvarez											
	Age:	13 years	Sex:	Male		Ethnicity:	Native American			Religion:	Christian		
	Provider:	Jonathan Paul, MD											
	Admission diagnosis:	Hyperglycemia, wound infection											
Background	Pertinent medical history:	Ricky has a recent history of poorly managed type 1 diabetes mellitus along with anger issues related to his chronic disease. He presented to the emergency department with complaints of polyuria, polydipsia, polyphagia, vomiting, nausea, and an elevated blood glucose level. Over the weekend, Ricky was walking barefoot and caught his right toe on a piece of concrete. Now he has an infected 1.5 cm wound on the distal portion of his right great toe.											
	Pertinent social history:	Has difficulty following the diabetic meal plan. Family members have difficulty changing their eating patterns, and this has negatively affected the patient's ability to adhere to a healthy diet and achieve glycemic control.											
	Allergies:	No known allergies											
	Code status:	Full code											
	Vital signs (most recent):	Time:	0400	T:	99.9 F (37.7 C)	BP:	128/68	P:	80	RR:	17	O_2 Sat:	99%
	Oxygen therapy:	Mode:	Room air		LPM:	Not applicable							
	Pain:	Rating:	2	Most recent pain medication:		Acetaminophen 650 mg PO				Time:	0600		
	Other recent medication:	Scheduled medications only											
	IVs:	Site:	Right hand	Type:	Intermittent lock		Assessment:	Patent	Fluid:	Normal saline flush every 8 hours and PRN			
	Drains and tubes:	Site:	None	Type:	Not applicable		Assessment:	Not applicable					
	Wounds:	Site:	Right foot	Type:	Laceration		Assessment:	Wound edges ragged with redness and edema noted. Small amount of purulent drainage.					
	ADLs:	Diet:	46 to 60 g carbohydrate meal plan with snacks				Activity:	Up ad lib					
	Restrictions:	Isolation:	Standard precautions				Fall risk:	Low					
	Assessments:	Neurologic:	Alert and oriented; age appropriate										
		Cardiac:	Regular heart sounds, pulses normal										
		Respiratory:	Lung sounds clear throughout										
		GI/GU:	Bowel sounds active all quadrants; voiding clear, yellow urine										
		Integumentary:	Skin warm, dry, and intact except for foot wound										
		Ortho/Mobility:	Active range of motion										
		Psychosocial:	Patient is anxious, frustrated with diagnosis										
		Other:											
	Labs and diagnostics:	Labs show elevated WBCs, likely related to his toe infection. A wound culture has been sent, results still pending.											
Assessment	Nurse's assessment:	Ricky and his mother have slept between cares all night. Ricky is irritable. His mother is in the room.											
Recommendation	Plan of care:	Diabetes care and education, wound care management											
	Tests/results pending:	None											
	Orders pending completion:	Morning blood glucose check and insulin dose due											
	Other:												

SimChart® Assignment:Scenario PED 32: Ricky Alv...

Alvarez, Ricky MRN: 9803483 Room: 311 Health Care Provider: J Paul, MD

Sex: M DOB: 05/03 Age: 13 Y Code Status: 01 Isolation: 00 Food Allergies: 00 Diet: 01 Hospital Floor: Pediatric

Height: 5' 1" Weight: 99.19 lbs Alerts: 00 Drug Allergies: 00 Env. Allergies: 00 BMI: 18.7

Provider Orders

Day/Time	Provider Orders	Signature	Verified By/Initials
Wed 18:00	General orders 1. Schedule consult with dietitian to reinforce dietary choices and exercise physiologist to evaluate activity.	J Paul, MD	EA
Wed 11:45	Endocrinology orders 1. *Consult with diabetes educator for diet and age-appropriate* information related to diagnosis. 2. Blood glucose check via fingerstick every two hours x 8. 3. If stable after 16 hours, check blood glucose at meals and before bedtime and every 4 hours at night. 4. 45 to 60 g carbohydrate meal plan with snacks. 5. Insulin lispro subcutaneously with meals and at bedtime. If glucose less than 60 mg/dL: Call practitioner and hold any scheduled insulin. If glucose 151 to 200 mg/dL: 1 unit. If glucose 201 to 250 mg/dL: 2 units. If glucose 251 to 300 mg/dL: 3 units. If glucose 301 to 350 mg/dL: 4 units. If glucose 351 to 400 mg/dL: 5 units. If glucose greater than 400 mg/dL: 6 units and call practitioner. 6. Insulin glargine 30 units subcutaneous at bedtime.	R LeCrumb, MD	EA
Wed 10:30	Admission orders 1. Admit to the pediatric unit. 2. Code status: Full code. 3. Vital signs every 4 hours. 4. Chem 7 daily. 5. Intake and output. 6. Pediatric endocrinologist consult; to see patient as soon as possible. 7. Saline lock IV. Flush every 8 hours and PRN with 3 mL of normal saline. 8. *Activity up ad lib.* 9. CeFAZolin 1 g IV every 8 hours, first dose now. 10. Ondansetron 4 mg IV PRN for nausea or vomiting. 11. Acetaminophen 650 mg PO every 6 hours PRN for temperature greater than or equal to 100.5 F (38.1 C) or for discomfort. Not to exceed 5 doses in 24 hours. 12. Wet-to-dry dressing change to right great toe every 6 hours.	J Paul, MD	EA

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Start / Stop / Current Status	Medication	Dose / Route / Frequency	Next Sched / Ack/View Ord / Adjustment	History / Monograph / Co-Sign	Associated Data / Assessment / Ref Err
XX/XX/XXXX Active	Cefazolin 1 gram in 50 mL IVPB	**1 gram 50 mL** IVPB Q8 HRS	NOW ACK		
XX/XX/XXXX Active	Insulin Lispro Humalog Subcutaneous Sliding Units – see orders	**Sliding Units** Subcutaneous 4 times/day	NOW ACK		
XX/XX/XXXX Active	Insulin Glargine Lantus 30 units	30 units Subcutaneous Bedtime	2100 ACK	Wed 2115	
XX/XX/XXXX Active	Acetaminophen Tylenol 650 mg tablet	**650 mg** Oral Q6 HRS PRN temp >100.5 F (38.1C) or for discomfort	PRN ACK	Thurs 0600	
XX/XX/XXXX Active	Ondansetron Zofran 2mg/ ml 4 mg IV Push	**4 mg** IV Push PRN for nausea	PRN ACK	Wed 0900	
XX/XX/XXXX Active	Sodium Chloride Injection Saline Flush 10 mL flush	**3 mL** Saline Lock IV Q8 HR/PRN	0800 ACK	Wed 2330	

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Intake and Output

Day	Intake (mL)	Output (mL)
Wednesday	1370	1850
Thursday	1150	950

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Progress Notes

Progress Notes	Signature	Action

Day/Time	Progress Notes	Signature	Action
Wed 18:00	Patient resting in bed with his mother at the bedside. Patient continues to demonstrate anger when discussing his diabetes. At one point, he said, "I don't want to hear about how to manage my sugars, exercise, or what I can't eat anymore! Why can't I be normal?" Patient did seem interested in the idea of attending a summer camp for kids with diabetes. Temperature slightly increased; other vital signs and blood glucose levels are stable. Will order dietitian consult and exercise physiology for tomorrow.	J Paul, MD	
Wed 11:45	See consultation note. Plan: Frequent blood glucose monitoring for next 16 hours, then at meals and before bed and every 4 hours at night. Insulin at bedtime and sliding-scale insulin for PRN coverage. Age-appropriate diabetic diet with snacks. Diabetes educator to see patient and mother to discuss disease, diet, and management options.	R LeCrumb, MD	
Wed 10:30	Patient transferred to the floor to stablize his blood glucose levels and treat his infected foot wound. Foot wound on right great toe. Wound diameter 1.5 cm with ragged edges. Redness and purulent drainage noted. No odor. Patient states that he was barefoot over the weekend and was walking out to "mess around with the guys playing basketball in the driveway." He caught his toe on a section of concrete brick and abraded the end of his toe. His mother states that she didn't realize he had hurt himself until he started complaining of pain on Monday morning, when he needed to put his shoes on for school. They cleaned and treated the wound with peroxide solution, but "it just wouldn't improve" (per mother). She put some antibiotic ointment on it during the day on Tuesday, but there wasn't any improvement. Temperature 100.1 F (37.8 C); other vital signs stable. Lungs clear. Heart rate regular. Blood glucose level per emergency department doctor's notes decreasing in response to the insulin given in the emergency department. Patient is agitated about having diabetes and being different from his friends. Plan: Pediatric endocrinologist to see patient as soon as possible to evaluate diabetic management. IV antibiotics for wound infection. Dressings to toe wound.	J Paul, MD	

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General Consultation Form

Consultation Type:	Endocrinology
Day:	Wednesday
Time:	11:45
Reason for Consultation:	Hyperglycemia with right great toe wound infection
Referral Source:	Jonathan Paul, MD
History of Present Illness:	Poorly controlled type 1 diabetes for the past 2 months; right great toe injury and subsequent wound infection.
Findings:	HbA1c is 8.5. Patient's mother and extended family have demonstrated inadequate support in relation to management of therapeutic diabetes regimen. Review of blood glucose meter reveals that Ricky has been falsifying his blood glucose results, either reporting lower results to his mother or making up results. Ricky has been skipping insulin injections and blood glucose testing when he is not directly supervised.
Impression:	Patient and family need a multifaceted health care team to provide diabetes education, develop coping skills, and foster healthy family relationships that will provide for parental involvement in the management of diabetes. Ricky would benefit from meeting peers with type 1 diabetes.
Plan:	Consult with the diabetes educator today to develop a holistic approach to preventing both short- and long-term complications of poor management of type 1 diabetes. Encourage attendance at a diabetes camp to meet peers with diabetes. Monitor blood glucose closely over the next 24 hours. All injections to be closely supervised by hospital staff, parents, or another adult over next week until the patient's blood glucose levels are under control, after which responsibility can be gradually turned over (with follow-up) to the patient. Would recommend that dietitian and exercise physiologist see the patient to reinforce good dietary habits and appropriate physical activity for age.
Name:	Ronald LeCrumb, MD
Signature:	R LeCrumb, MD

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General Consultation Form

Consultation Type:	Diabetes Educator
Day:	Wednesday
Time:	14:40
Reason for Consultation:	Hyperglycemia related to poor management and wound infection. Concerns of nonrealistic expectations of family regarding disease progression.
Referral Source:	Ronald LeCrumb, MD
History of Present Illness:	Diagnosed with type 1 diabetes 2 months ago. Wound to right great toe sustained over the weekend. Patient and his mother attempted to treat wound at home; unsuccessful. Wound infected. Blood blucose level increased.
Findings:	Patient and his mother both demonstrate a lack of understanding, and currently a a lack of desire to understand, regarding the management of the patient's health plan related to his diagnosis of type 1 diabetes. Both the patient and mother seem to be in denial about the severity of the disease. The mother stated, "I just tell Ricky I know there will be a cure for diabetes very soon, so it's okay for him to have cookies and ice cream every once in a while." When asked how he planned to manage his diabetes, the patient stated, "My cousin Erik has lived forever with diabetes, and he eats what he wants and gives himself a shot of insulin when his breath smells fruity."
Impression:	Family and patient are both exhibiting denial in regard to the severity of the disease. Much work needs to be done to help this family and patient understand the importance of daily health management related to preventing both short- and long-term complications of type 1 diabetes.
Plan:	Meet with the patient and family during hospitalization and then arrange for biweekly and then weekly educational sessions as needed. Arrange for the patient to meet and spend time with peers who have type 1 diabetes in support group activity or camp setting. Make arrangements for family members to also be involved in a support group for parents and siblings of children with type 1 diabetes.
Name:	Micah Isaacs, RD, LD, CDE
Signature:	M Isaacs, RD, LD, CDE