

Polypharmacy Project

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N322 Introduction to Pharmacology

Lakeview College of Nursing

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PLEASE INSERT YOUR CLIENT SCENARIO HERE – THIS WILL BE PAGE TWO OF THE DOCUMENT

Polypharmacy Case 9

Patient: Kathryn is a 58-year-old female that lives alone in a third story apartment. She has no family in the area for support. She recently lost her job.

Social history: Recently has lost her job and insurance. Smokes a pack of cigarettes per day but is trying to quit.

Medical history: Diabetes type 1, Diabetic neuropathy, hypertension, hyperlipidemia, depression, insomnia & gastroesophageal reflux disease

Allergies: Codeine & latex Wt 175 pounds Ht 5 ft. 9 in

Medications:

Novolin R 10 units with each meal (TID) SUBQ

Novolog sliding scale SUBQ PRN

Gabapentin 400 mg TID PO

Aspirin 81 mg by mouth once a day

Benicar HCT 20mg/25mg PO Daily

Lexapro 20 mg by mouth once daily

Ambien CR 12.5 mg as needed at bedtime

Protonix 40 mg Daily PO

Conjugated g-estrogens (premarin) 0.625 mg daily PO

Atorvastatin 20mg PO Daily

Drug #1 Drug Class: Insulin	Drug Name (Generic): Drug Name (Trade): Novolin R
How is the medication taken: (include dose, route, and frequency)	10 units with each meal (TID) SUBQ
Specific Directions not included above:	<ol style="list-style-type: none"> 1. Don't use short-acting insulin if it's cloudy, discolored, or unusually viscous; 2. When giving SubQ injection, give the short-acting insulin 15 to 30 minutes before a meal or bedtime snack. 3. Mix short-acting insulin with other insulin types, if needed <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, pp. 1342-1343)</i></p>
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<ol style="list-style-type: none"> 1. Acetylsalicylic acid + insulin: <u>monitor glucose</u>, especially with high doses of aspirin: combo may increase risk of hypoglycemia (additive effects). 2. Insulin + hydrochlorothiazide: <u>monitor glucose</u>: combo may increase insulin requirement; thiazides may cause hyperglycemia (antagonistic effects). 3. Insulin + olmesartan medoxomil: combo may increase risk of <u>hypoglycemia</u> (additive effects). 4. (Conjugated) estrogens + insulin: <u>monitor glucose</u>: combo may increase insulin requirement; estrogen may cause hyperglycemia (antagonistic effects).

	<i>(Epocrates Online MultiCheck, n.d.)</i>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	Diabetes Mellitus
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. The injection of Novolin R should be followed up by a meal within approximately 30 minutes of administration; 2. Novolin R may also be used in combination with oral antidiabetic agents or longer-acting insulin products; <p style="text-align: right;">(drugs.com, n.d.)</p>
How much would medication cost per month if paying out of pocket?	At WalMart Pharmacy: \$24.88 quantity 10ml - 100 units - vial <p style="text-align: right;">(wellrx.com, n.d.)</p>

Drug #2 Drug Class: Angiotensin II receptor blocker (ARB) / Antihypertensive	Drug Name (Generic): olmesartan medoxomil / hydrochlorothiazide (HCTZ) Drug Name (Trade): Benicar HCT
How is the medication taken: (include dose, route, and frequency)	20 mg/25mg PO daily
Specific Directions not included above:	none
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<ol style="list-style-type: none"> 1) Acetylsalicylic acid + hydrochlorothiazide: <u>monitor renal function</u>; combo may increase risk of renal impairment; may decrease hydrochlorothiazide efficacy (additive effects; antagonistic effects). 2) Acetylsalicylic acid + olmesartan medoxomil: <u>monitor renal function, BP</u>; combo may increase risk of renal impairment; may decrease antihypertensive efficacy (additive effects; inhibition of renal prostaglandins, sodium and fluid retention). 3) Escitalopram oxalate + hydrochlorothiazide: <u>monitor sodium</u>; combo may increase risk of SIADH, hyponatremia (additive effects). 4) Insulin + hydrochlorothiazide: <u>monitor glucose</u>; combo may increase insulin requirement;

	<p>thiazides may cause hyperglycemia (antagonistic effects).</p> <p>5) Insulin + olmesartan medoxomil: combo may increase risk of <u>hypoglycemia</u> (additive effects).</p> <p>6) Pantoprazole sodium + hydrochlorothiazide: <u>monitor magnesium</u>: combo may increase risk of hypomagnesemia (additive effects).</p> <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>
<p>Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)</p>	<p>“Smokes a pack of cigarettes per day but is trying to quit.”</p>
<p>Does any of the client’s past medical history contradict the use of this medication?</p>	<p>No</p>
<p>What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</p>	<p>Hypertension</p>
<p>What would you teach the client about taking this medication?</p>	<p>1. Avoid exercise in hot weather and excessive alcohol use to reduce the risk of dehydration and hypotension;</p>

	2. Notify provider is prolonged diarrhea, nausea, or vomiting; (2020 Nurse's drug handbook 2020, p. 904)
How much would medication cost per month if paying out of pocket?	At GoodRx Gold: \$12.05 for 30 tablets (goodrx.com, n.d.)

Drug #3	Drug Name (Generic): (Conjugated) estrogens
Drug Class: Estrogen / Hormone	Drug Name (Trade): Premarin
How is the medication taken: (include dose, route, and frequency)	0.625 mg daily PO
Specific Directions not included above:	Cycle of 3 weeks on; 1 weeks off (2020 Nurse's drug handbook 2020, p. 445)
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<i>Insulin, oral antidiabetic drugs:</i> Decreased therapeutic effects of these drugs; <i>smoking:</i> Increased risk of pulmonary embolism, stroke, thrombophlebitis, and transient ischemic attack. (Epocrates Online MultiCheck)
Lifestyle interactions:	

(Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the clients past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	Female hypogonadism/menopause
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Notify provider if breakthrough bleeding. 2. Know long-term use may increase risk of breast or endometrial cancer, dementia, gallbladder disease, heart disease, and stroke. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 445)</i></p>
How much would medication cost per month if paying out of pocket?	<p>Drugs.com: (Drugs.com)</p> <p>At Walgreens: \$48.51 for 30 tablets</p> <p style="text-align: right;"><i>(wellRx)</i></p>

Drug #4	Drug Name (Generic):
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Drug Class: Insulin	Drug Name (Trade): Novolog
How is the medication taken: (include dose, route, and frequency)	Sliding scale SubQ PRN
Specific Directions not included above:	<ol style="list-style-type: none"> 1. Administer combination insulin by the SubQ route only, 30 minutes before a meal. 2. Roll the vial gently between your palms to mix; don't shake it. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, pp. 1342-1343)</i></p>
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<ol style="list-style-type: none"> 1. Acetylsalicylic acid + insulin: <u>monitor glucose</u>, especially with high doses of aspirin: combo may increase risk of hypoglycemia (additive effects) 2. Insulin + hydrochlorothiazide: <u>monitor glucose</u>: combo may increase insulin requirement; thiazides may cause hyperglycemia (antagonistic effects). 3. Insulin + olmesartan medoxomil: combo may increase risk of <u>hypoglycemia</u> (additive effects). 4. (Conjugated) estrogens + insulin: <u>monitor glucose</u>: combo may increase insulin requirement; estrogen may cause hyperglycemia (antagonistic effects). <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	"Smokes a pack of cigarettes per day but is trying to quit."

Does any of the client's past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	Diabetes Mellitus
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Roll the vial gently between your palms to mix; don't shake it. Also gently turn the prefilled syringe up and down several times before using to achieve a uniform mixture. 2. Don't use intermediate-acting insulin if it contains precipitate that is clumped or granular or that clings to the sides of the vial. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 1343)</i></p>
How much would medication cost per month if paying out of pocket?	At Walgreens: \$47.84 quantity 10ml - 100 ml - vial (goodrx.com)

Drug #5	Drug Name (Generic): escitalopram oxalate
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Drug Class: Selective serotonin reuptake inhibitor (SSRI) / Antidepressant	Drug Name (Trade): Lexapro
How is the medication taken: (include dose, route, and frequency)	20 mg daily PO
Specific Directions not included above:	None
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<ol style="list-style-type: none"> 1. Zolpidem + escitalopram oxalate: consider decreasing dose of one or both drugs; combo may increase risk of <u>CNS depression, psychomotor impairment</u> (additive effects). 2. Acetylsalicylic acid + escitalopram: <u>monitor bleeding signs and symptoms</u> combo may increase risk of GI or other bleeding, including life-threatening (additive effects, antiplatelet effects augmented by inhibition of platelet serotonin uptake). 3. Escitalopram oxalate + hydrochlorothiazide: <u>monitor sodium</u>: combo may increase risk of SIADH, hyponatremia (additive effects). 4. Escitalopram + gabapentin: <u>monitor respiratory rate</u>: combo may increase risk of CNS and respiratory depression, psychomotor impairment; any alter seizure control (additive effects; antagonistic effects, escitalopram any decrease seizure threshold). <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>

Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	Depression
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Improvement may not be noticed for 1 to 4 weeks after therapy begins. 2. Get an eye exam as med may lead to an episode of acute-angle glaucoma. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 431)</i></p>
How much would medication cost per month if paying out of pocket?	At GoodRx Gold: \$3.93 for 30 tablets. <p style="text-align: right;"><i>(goodrx.com)</i></p>

Drug #6	Drug Name (Generic): atorvastatin calcium
Drug Class: HMG-CoA Reductase Inhibitors /	Drug Name (Trade): Lipitor

Antihyperlipidemic	
How is the medication taken: (include dose, route, and frequency)	20 mg daily PO
Specific Directions not included above:	<ol style="list-style-type: none"> 1. Do not drink grapefruit juice. 2. Have liver profile drawn before taking med and periodically after taking med. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, pp. 106-107.)</i></p>
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<i>(Epocrates Online MultiCheck)</i>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the	Elevated cholesterol

medication in general)	
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Notify provider immediately if unexplained muscle pain, tenderness, or weakness, especially if accompanied by fatigue or fever develops (myopathy) 2. Monitor blood glucose levels closely. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 108.)</i></p>
How much would medication cost per month if paying out of pocket?	<p>At GoodRx Gold: \$4.13 for 30 tablets</p> <p style="text-align: right;"><i>(goodrx.com)</i></p>

Drug #7	Drug Name (Generic): gabapentin
Drug Class: 1-amino-methyl cyclohexaneacetic acid / Anticonvulsant	Drug Name (Trade): Neurontin
How is the medication taken: (include dose, route, and frequency)	400 mg TID PO
Specific Directions not included above:	<ol style="list-style-type: none"> 1. Take med initially at bedtime to minimize adverse reactions, especially ataxia, dizziness, fatigue, and somnolence. 2. Gabapentin capsules may be opened and mixed with applesauce, fruit juice, pudding, or water before administration.

	<i>(2020 Nurse's drug handbook 2020, pp. 544-545.)</i>
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	<ol style="list-style-type: none"> 1. Zolpidem + gabapentin: <u>monitor respiratory rate</u>: consider decreasing dose of one or both drugs; combo may risk of CNS and respiratory depression, psychomotor impairment (additive effects). 2. Escitalopram + gabapentin: <u>monitor respiratory rate</u>: combo may increase risk of CNS and respiratory depression, psychomotor impairment; any alter seizure control (additive effects; antagonistic effects, escitalopram any decrease seizure threshold). <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	<p>Epileptic. Restless leg syndrome.</p> <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 543.)</i></p>

What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. If difficult in swallowing med, do not stop taking the drug abruptly; med can cause possible ataxia, dizziness, drowsiness, and nystagmus; advise her to avoid hazardous activities until drug's CNS effects are known. 2. Instruct how to prevent complications from adverse oral reaction (such as gingivitis) by encouraging patient to use good oral hygiene and to seek routine dental care. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 545.)</i></p>
How much would medication cost per month if paying out of pocket?	<p>At GoodRx Gold: \$3.93 for 30 tablets.</p> <p style="text-align: right;"><i>(goodrx.com)</i></p>

Drug #8	Drug Name (Generic): zolpidem tartrate
Drug Class: Imidazopyridine / Hypnotic	Drug Name (Trade): Ambien CR
How is the medication taken: (include dose, route, and frequency)	12.5 mg HS PRN
Specific Directions not included above:	<ol style="list-style-type: none"> 1. Give med before bedtime. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 1335.)</i></p>
Does this medication interact with any other medication(s) on this list? (see rubric for further	<ol style="list-style-type: none"> 1. zolpidem + gabapentin: <u>monitor respiratory rate</u>, consider decreasing dose of one or both drugs; combo may risk of CNS and respiratory depression, psychomotor

instruction)	<p>impairment (additive effects).</p> <p>2. zolpidem + escitalopram: consider decreasing dose of one or both drugs; combo may increase risk of <u>CNS depression, psychomotor impairment</u> (additive effects).</p> <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	Sleeping aid
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Take med before going to bed on an empty stomach. 2. Take med whole and not to break, chew, or crush it. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 1336.)</i></p>
How much would medication cost per month if	At GoodRx Gold: \$18.95 for 30 tablets.

paying out of pocket?	(goodrx.com)
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Drug #9 Drug Class: Proton pump inhibitor / Antiulcer	Drug Name (Generic): pantoprazole sodium Drug Name (Trade): Protonix
How is the medication taken: (include dose, route, and frequency)	40 mg daily PO
Specific Directions not included above:	1. Do not break, crush, or chew med.
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	1. Pantoprazole sodium + hydrochlorothiazide: <u>monitor magnesium</u> : combo may increase risk of hypomagnesemia (additive effects). <i>(Epocrates Online MultiCheck)</i>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	“Smokes a pack of cigarettes per day but is trying to quit.”
Does any of the client’s past medical history contradict the use of this medication?	No
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical	GERD

history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Expect relief of symptoms within 2 weeks of starting therapy. 2. Notify all providers of med use; do not take OTC med, including herbal supplements, without discussing with provider <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 952)</i></p>
How much would medication cost per month if paying out of pocket?	<p>At GoodRx Gold: \$4.10 for 30 tablets.</p> <p style="text-align: right;"><i>(goodrx.com)</i></p>

Drug #10 Drug Class: Salicylate / non-steroidal anti-inflammatory drugs	Drug Name (Generic): acetylsalicylic acid, ASA Drug Name (Trade): Aspirin
How is the medication taken: (include dose, route, and frequency)	81 mg daily PO
Specific Directions not included above:	None
Does this medication interact with any other medication(s) on this list? (see rubric for further	<ol style="list-style-type: none"> 1. Acetylsalicylic acid + HCTZ: <u>monitor renal function</u>; combo may increase risk of renal impairment; may decrease HCTZ efficacy (additive effects; antagonistic effects).

instruction)	<p>2. Acetylsalicylic acid + olmesartan medoxomil: <u>monitor renal function, BP</u>; combo may increase risk of renal impairment; may decrease antihypertensive efficacy (additive effects; inhibition of renal prostaglandins, sodium and fluid retention).</p> <p>3. Acetylsalicylic acid + escitalopram: <u>monitor bleeding signs and symptoms</u> combo may increase risk of GI or other bleeding, including life-threatening (additive effects, antiplatelet effects augmented by inhibition of platelet serotonin uptake).</p> <p>4. Acetylsalicylic acid + insulin: <u>monitor glucose</u>, especially with high doses of aspirin: combo may increase risk of hypoglycemia (additive effects).</p> <p style="text-align: right;"><i>(Epocrates Online MultiCheck)</i></p>
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	<p>“Smokes a pack of cigarettes per day but is trying to quit.”</p>
Does any of the client’s past medical history contradict the use of this medication?	<p>No</p>
What is the indication for use of this medication based on the client’s past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the	<p>Cardio- and cerebral-protection</p> <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 97.)</i></p>

medication in general)	
What would you teach the client about taking this medication?	<ol style="list-style-type: none"> 1. Notify provider if any symptoms of oral or rectal bleeding or ringing of ears. 2. Take with food or after meals because it may cause GI upset if taken on an empty stomach. <p style="text-align: right;"><i>(2020 Nurse's drug handbook 2020, p. 98.)</i></p>
How much would medication cost per month if paying out of pocket?	<p>At GoodRx Gold: \$0.36 for 30 tablets.</p> <p style="text-align: right;"><i>(goodrx.com)</i></p>

Is there anything about this medication regimen scenario that might indicate a potential difficulty in maintaining compliance with the orders as listed?

I feel that Kathryn has many difficulties in maintaining compliance with her medication regimen: She lost her job, which means she has no insurance to get her meds; she has no family in the area; she lives alone; she has meds for depression. To me, these negative factors will be her demise.

Is there anything about this medication regimen scenario that might assist the client in maintaining the medication regimen as ordered?

Nothing in the scenario can assist the client in maintaining her medication regimen as ordered.

What suggestions might you make to the prescriber and/or client (or questions you might ask the prescriber) to help this client scenario? (think about decreasing the potential for interaction(s) through medication reduction, other potential medications, diet changes, lifestyle changes, etc)

As far as lifestyle changes, hopefully Kathryn can find a good paying job with benefits (insurance specifically). This would help her in maintaining her medication regimen. She would be able to maintain a good food diet, exercise appropriately, and take her meds. A job would also provide social interaction, attend social activities, and have plutonic relationships. A job would decrease her depression state not only by social interactions but by attending the job's mental health sessions. Lastly, by joining a stop smoking session, that would help her health.

What would the patients monthly out of pocket expense for all 10 medications? (Total Cost for all 10 meds)? \$168.68

Brand	Company	Quantity	Price	Strength
1. Novolin R	wellrx.com	Ten 10 units vial	\$24.88	100 units

2.	Benicar HCT	goodrx.com	30 tabs	\$12.05	20 mg / 12.5 mg
3.	Conjugated g-estrogens (Premarin)	wellrx.com	30 tabs	\$48.51	0.625 mg
4.	Novolog	goodrx.com	Ten 10 units vial	\$47.84	100 units
5.	Lexapro	goodrx.com	30 tabs	\$3.93	20 mg
6.	Atorvastatin	goodrx.com	30 tabs	\$4.13	20 mg
7.	Gabapentin	goodrx.com	30 tabs	\$3.93	400 mg
8.	Ambien	goodrx.com	30 tabs	\$18.95	12.5 mg
9.	Protonix	goodrx.com	30 tabs	\$4.10	40 mg

10.	Aspirin	goodrx.com	30 tabs	0.36	81 mg
	TOTAL			\$168.68	

Reflective Statement of Experience:

Not to get onto a political soapbox and express my belief but I believe everyone should have medical insurance for a couple of reasons: 1) The client has medical coverage to get meds and maintain health. 2) The establishment receives some sort of funds to stay in business. The Affordable Care Act has its flaws and is not perfect but if it wasn't available, picture this scenario: Client comes to the hospital who doesn't have insurance. And because of COBRA laws, the hospital cannot turn that person away! Therefore, the client gets billed but doesn't have money to pay the bill. Just as bad, the hospital has to "eat" the bill. Next month, because the client cannot get meds to maintain health, guess where (s)he returned? Correct: The (same or another) hospital. The cycle repeats. The client can't pay for the bill and the hospital eats another extended-time bill. If this scenario continues, the hospital will go bankrupt and the client will just go to another hospital to begin another cycle. However, if the client has medical insurance, the client doesn't go to the hospital for primary care. The hospital gets paid standard monies. Again, not a perfect situation but better than the other argument.

As far as the assignment, this is a typical situation. It can be any adult, young or old, any marital status, with or without children, to lose their job and life goes downhill. Kathryn did not have family nearby and is teetering on the mental fence of worsening

depression and medical illness, especially if she loses her apartment. The medical community tries to help people like Kathryn but sadly, there are less and less resources and monies to assist her and so many others. Over my working years in Chicago, hospitals have closed: Englewood, Michael Reese, Osteopathic, Henrotin, Blue Island/Metro, Provident, just to name a few because of the “bottom line.” And the population of poverty and unfortunate continues to grow. This was a good example to see how nursing students can see that people need many revenues to survive. Multiply this person by thousands and we in the medical field can see the difficulties; but we continue trying to help because that’s what we do. We look for discounts from pharmaceutical companies. We look for people to give the poor and unfortunate food and clothing. We look for people to demonstrate through the legislature to improve the medical scene so we can care for the sick and injured.

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