Patient Handoff Document

Patient: Alexa Johnson

84 year old white female with osteoporosis, lumbar compression fractures, chronic pain
Giant Cell Arteritis (GCA)/Polymayalgia rheumatica (PMR) treated with steroids since 2001
Depression since death of spouse 2001
Colo-vesicular fistula since 10/02
DM, HTN
CHF, COPD
PAF, hypothyroidism
Below is a list of her medications from July 2003. Of note, the calciuric effect of furosemide may affect whole-body calcium balance, and thyroid hormone treatment can increase bone loss even in the absence of subclinical hyperthyroidism.

- Metoprolol SR 25 mg qd
- Furosemide 80 mg qd
- KCl 80 mEq qd
- Prednisone 10 mg qd
- Alendronate 70 mg qweek
- Calcitonin NS 200 IU qd
- Ca/D 500/200 TID
- Morphine SR 30 mg BID
- Morphine IR 5 mg q4h prn

- NPH insulin18
- Mirtazapine 15 mg qhs
- Warfarin 2mg qhs
- Senna 2 tabs qhs
- Colace 100 mg BID
- L-thyroxine 50 mcg qd
- Ranitidine 150 mg qd
- Albuterol nebs
- Ipratropium MDIqAM/12 qPM

July-September 2003

Patient was hospitalized for hypotension due to medications from 7/12-21
In rehabilitation from 7/21-8/15
A house call on 8/20 found her clinical CHF exacerbated and labs showed ARF with K=6.7
She was hospitalized for CHF from 8/21-27

Again, in rehabilitation from 8/27-9/24
Over these few months, the patient suffered repeated hospitalization and functional decline with a corresponding decrease in her overall sense of satisfaction with her life.

September-November 2003

Patient had intermittent increases in low back pain, managed with short-acting morphine
Occasional CHF exacerbations were managed at home with diuretics
Patient experienced symptomatic uterine prolapse
UroGYN recommended against surgery, patient unable to manage pessary at home alone
Spontaneous resolution
Prednisone taper was attempted from 10 mg to 7.5 mg
Recurrence of GCA symptoms (headache/diplopia)
She was able to stay out of the hospital for a few months, but continued to have poor functional status and the above medical issues compromising her quality of life.

November 2003
In November, the patient had minor trauma caused by sitting down abruptly on the commode. This resulted in excruciating low back pain the following day. She was hospitalized for pain control, and no new fractures were found. She was discharged to rehab on 11/24.

The week of Thanksgiving marked the beginning of an important change in her living situation. Initially, her goals of care centered on returning home to live independently.

November 2003 – January 2004
Unfortunately, her functional status steadily worsened along with her pain, and she was considered for minimally invasive spinal surgery (vertebroplasty). She experienced delirium and respiratory depression on morphine. A fentanyl PCA/patch was tried with some relief. She was taken to the interventional radiology suite for vertebroplasty but after extensive discussion with the radiologist, it was decided that the risk of sedation outweighed the potential benefit of the procedure and she received an epidural steroid injection instead. While her pain improved, no functional benefits were noted.

January 2004-December 2004
She was unable to realize her goal of returning home and after several weeks of unsuccessful attempts at physical rehabilitation, she was discharged to the nursing home, where she had continued medical issues (vaginal bleeding, CHF exacerbations) but was able to avoid hospitalization for almost a year.

December 2004

On 12/10/04, she reported pain in her vulvar/labial region. Blood work was done: WBC 26K, INR 10.8. Her code status was revised and she was sent to the emergency department and on to the CICU. She was hypotensive (77/36; HR 73) and her condition declined despite antibiotics and pressors. Upon the patient and family's request, the pressors were withdrawn on 12/13. She died hours later.