



PERSONA #2.1

M.S. Cortinez

Collecting and reviewing information for a patient taking an opioid medication



DATE OF BIRTH: August 14, 1961

RACE: Hispanic

GENDER: Female

OCCUPATION: COFFEE SHOP OWNER

ADDRESS: 2911 Fentora Drive Hurt, VA 24563

PROBLEM LIST: Type 2 DM, hypertension, hyperlipidemia, history of chronic spinal disease/spinal stenosis, s/p lumbar disk surgery

HISTORY OF PRESENT ILLNESS

MSC was first diagnosed with spinal stenosis 5 years ago. Her pain continued to progress and she was referred by her primary care provider, Dr. Schacht, to an orthopedist. Following lumbar disk surgery 4.5 years ago and pain treatment failures with nonsteroidal anti-inflammatories, she was eventually started and titrated on Oxycontin.

Dr. Schacht continues to treat MSC's diabetes, hypertension, hyperlipidemia, and asthma.

PAST MEDICAL HISTORY

Type 2 DM x 3 years

Hypertension x 5 years

Hyperlipidemia x 3 years

Asthma x 20 years

Spinal Stenosis x 5 years

ACTIVE MEDICATIONS

Oxycontin 20 mg TID, Simvastatin 10 mg QHS, Losartan 50 mg QD, Glipizide 5 mg QD, Metformin 1000 mg BID, Montelukast 10 mg QD, Triamterene/HCTZ 37.5/25 QD, Duloxetine 30mg BID, Advair 500/50-1 inhalation BID, ProAir HFA-2 inhalations Q6H PRN

FILL HISTORY

MSC is not consistent with her refills. Her refill history indicates that she misses 1 to 2 doses per week of her medications. She says that she gets busy, especially in the morning, when she has to open up the coffee shop early. It is during this "rush time" that she forgets her medications except for her Oxycontin which she refills regularly with no doses missed.

ALLERGIES

NKA

SOCIAL HISTORY

MSC owns her own coffee shop. She smokes 1 to 2 PPD of cigarettes. She has a glass of wine each night with her dinner. She does not exercise. She does not check her blood sugars.

VITAL SIGNS AND LABS

■ Vital signs:

Pharmacy-Reported BP (3/1/20): 148/85 mmHg

■ Complete metabolic panel and fasting lipid panel:

Completed (results not sent to pharmacy)

MEDICATION RELATED PROBLEM(S)

MME: 90 MME/DAY

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)

Pain medication review

GOALS

Continue monitoring MSC next month for opioid usage

MONITORING PLAN AND FOLLOW-UP

Will follow-up with MSC next month to discuss naloxone

Sample Care Plan Case

Encounter Reason: High Risk Drug Monitoring (SNOMED CT: 268525008)

Patient Demographics:

Patient First Name: M.S.

Patient Last Name: Cortinez

Patient DOB: 8/14/61

Address: 911 Fentora Drive

City: Hurt

State: VA

Zip: 24563

Phone: 434-111-1111

Allergies: No Known Drug Allergies

Active Medication List:

Medication Name	Directions	Prescriber
Oxycontin 20 mg	1 tablet three times daily	Dr. Ouch
Simvastatin 10 mg QHS	1 tablet every night	Dr. Schacht
Losartan 50 mg QD	1 tablet daily	Dr. Schacht
Glipizide 5 mg QD	1 tablet twice daily	Dr. Schacht
Metformin 1000 mg	1 tablet twice daily	Dr. Schacht
Montelukast 10 mg	1 tablet daily	Dr. Schacht
Triamterene/HCTZ 37.5/25 mg	1 tablet daily	Dr. Schacht
Duloxetine 30mg	1 capsule twice daily	Dr. Schacht
Advair 500/50 mcg	1 inhalation twice daily	Dr. Schacht
ProAir HFA 90 mcg	2 inhalations every 6 hours as needed	Dr. Schacht

Medication-Related Problems (MRPs) and Interventions:

- **MRP (4/15/20): Medication dose too high (SNOMED CT: 448089004)**
 - **MRP Note:** Oxycontin 20 mg three times daily has been MSC's dose for awhile. Daily MME of 90 suggests patient is at a high dose of opioids which puts MSC at risk.
- **Intervention (4/15/20): Pain medication review (SNOMED CT: 1811000124107)**
 - **Intervention Note:** MME = 90 MME/day. MSC is not opioid-naïve. Oxycontin is indicated for chronic spinal disease/spinal stenosis. Brandi, Pharmacist checked PDMP during verification on 4/15/2020.

Goals (Free-Text):

1. **Goal Note:** Continue monitoring MSC next month for opioid usage.