Guidelines for Case Presentations

Must first choose a disease state and a patient with this particular disease state to present on......
* all categories listed below should pertain to the disease state of choice

1. General Information at Time of Admission
   - Patient's initials
   - Age
   - Race
   - Sex
   - Date of admission

2. Subjective & Objective Information
   - Chief complaint
   - Other symptoms

3. History of Present Illness (HPI)
   - Briefly state in chronological order the presentation of symptoms leading to this diagnosis. Also give any pertinent negative symptomatology.

4. Past Medical History (in chronological order)
   - Childhood illnesses
   - Adult illnesses
   - Hospitalizations

5. Patient's Family History
   - Positive for what disease
   - Negative for what disease
   - Does any disease run in patient's family
   - Conditions of spouse
   - Conditions of offspring (or siblings for a child)

6. Patient's Social History
   - Smoking: when started, number of packs per year, when stopped
   - Alcohol: what, how much, when
   - Drug abuse
   - Occupation
   - Marital status
   - Living conditions

7. Drug History
   - Present Rx dose and frequency
   - OTCs
   - Any known allergies and explain reaction
   - Past Rx and OTC drugs

8. Co-morbid Conditions
   - primary vs. secondary
   - controlled?

9. Physical Examination
   - Vital signs, weight
   - Any positive or pertinent negative physical findings on examination should relate to the clinical presentation.
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10. Results of Pertinent Laboratory Tests
   - SMA-6
   - CBC (H & H)
   - Urinalysis
   - Serum drug levels
   - Toxicology screen
   - Drug levels
   - Any other special studies ordered on admission.

11. Patient's Hospital Course
   - Summarize the patient's hospital course, bring out pertinent +/- laboratory tests, diagnostic tests, patient symptomatology, therapy, and parameters used to monitor response to therapy.

   The hospital course should be presented in a systematic chronological sequence so as to effectively convey the impact of the patient’s drug therapy on his/her recovery and/or the development of complications. This can be accomplished by running, daily “diary-like” commentaries, flow diagrams, charts, graphs, tables, etc.

   **Summarized Hospital course**
   - **Medications** - dose, dose changes, dates of changes, missed doses, medications errors, duration of therapies, frequency of administration of prn meds, etc.
   - Lab values with dates and times where appropriate
   - Special procedures and miscellaneous therapeutic modalities
   - Special test results
   - Significant exam results and clinical observations
   - Significant complications
   - Problem list changes during hospital stay
   - Assessment changes during hospital stay
   - Changes in plan during hospital stay

   **Critique of Drug Therapy**
   - Was drug selection appropriate?
   - Was drug dosing appropriate?
   - Was drug therapy appropriately monitored?
   - Did complications develop due to drug therapy?
   - Was drug therapy effective?
   - What additional monitoring was warranted?
   - What therapeutic alternatives were available
   - What would you have done differently if you were in charge of the case?

12. Discharge Data
   - Final diagnosis: If expired, note the pathology findings
   - Discharge medications
   - Plan for follow-up
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Discussion
The flow of discussion at a case presentation is to be directed by the presenter. At the end of the discussion, the following question should have been answered.
- Did the patient receive optimal drug therapy for his disease state and symptomatology?

The presenter must decide on the best drug, dose, dosage form and dosing interval and compare the drug with other agents, to answer this question.

The student should be prepared to answer specific questions about the case. The following may serve as guidelines for information you should know about your case.

Disease State
Be prepared to relate the patient's presentation, treatment, and hospital course to the "classic" presentation, treatment, and prognosis of the disease by considering the following:

- Definition
- Etiology
- Incidence
- Prevalence
- Pathology
- Diagnostic –lab. tests
- Major Symptoms
- Drug therapy -classic & investigational
- Prognosis -treated & untreated

Drug Therapy of Your Patient

Know the pharmacokinetics, pharmacology, DDIs, and toxicology of your patient's drugs.

1. Pharmacokinetics
   - Absorption: •Comparison of sites. •Agents that may effect absorption.
   - Distribution.
   - Protein binding.
   - Biological half-life.
   - Metabolism: •Sites. •Pathway (e.g. glucuronide conjugation). •Activity of metabolites.
   - Excretion.
   - Normal times for onset, maximal activity, and duration.

2. Pharmacology
   - Major actions and mechanisms.
   - Clinical uses: accepted and investigational.
   - Normal dosing ranges for specific clinical uses (e.g. atropine 0.2-0.3mg for drying effect; 0.4-0.6mg for preop twilight sleep effect).

3. Drug Interactions
   - Be aware of all possible interactions with this drug, including mechanisms if known (e.g. protein binding replacement).
   - Make special note of any potential drug interactions during your patient's hospital course.

4. Toxicology
   - Symptoms of overdose.
   - Antidotes, if any.
   - Potential problems in treating overdose.
   - Addiction potential (physical or psychological).
   - Teratogenicity.

5. Counseling for oral medications
   - Possible adverse reactions.
   - Optimal medication regimen.
   - Tips to improve compliance.

Students should also know the: Major disease states relating to the problem; Purpose of the diagnostic tests ordered; Reason for the selected drug therapy
Guidelines for Case Presentations

Proper Referencing Format for Information Sources

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's Web site (http://www.nlm.nih.gov/).

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a personal communication unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an American National Standards Institute (ANSI) standard style adapted by the NLM for its databases. Notes have been added where Vancouver style differs from the style now used by NLM.

**Articles in Journals**

1. **Standard journal article:**
   List the first six authors followed by et al. (Note: NLM now lists up through 25 authors; if there are more than 25 authors, NLM lists the first 24, then the last author, then et al.)
   

   As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted. (Note: For consistency, this option is used throughout the examples in Uniform Requirements. NLM does not use this option.)


   More than six authors:


2. **Organization as author:**

3. **No author given:**
Guidelines for Case Presentations

4. Article not in English:
(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.)


5. Volume with supplement:

6. Issue with supplement:

7. Volume with part:

8. Issue with part:

9. Issue with no volume:

10. No issue or volume:

11. Pagination in Roman numerals:

12. Type of article indicated as needed:


13. Article containing retraction:

14. Article retracted:

15. Article with published erratum:

Books and Other Monographs
(Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.)
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16. Personal author:

17. Editor, compiler as author:

18. Organization as author and publisher:

19. Chapter in a book:
   (Note: Previous Vancouver style had a colon rather than a p before pagination.)

20. Conference proceedings:

21. Conference paper:

22. Scientific or technical report:
   Issued by funding/sponsoring agency:

   Issued by performing agency:

23. Dissertation:

24. Patent:

Other Published Material

25. Newspaper article:

26. Audiovisual material:
27. Legal material:

Public Law:


Unenacted bill:


Code of Federal Regulations:


Hearing:


28. Map:


29. Book of the Bible:


30. Dictionary and similar references:


31. Classical material:


Unpublished Material

32. In press:

(Note: NLM prefers "forthcoming" because not all items will be printed.)


Electronic Material

33. Journal article in electronic format:

http://www.cdc.gov/ncidod/EID/eid.htm

34. Monograph in electronic format:


35. Computer file: