

## IHP 505 Presentation Scenario

Lilly Walden describes herself as an active, athletic, and healthy woman. In her mid-forties, she continues to run two to three miles five days per week. Lilly is married with three children and is employed by the local school district as a speech therapist. Lilly's husband, Tom, is a pilot who works for an international airline.

Lilly describes herself as health-conscious. Her diet is balanced. She is a nonsmoker and drinks wine only on rare social occasions. Lilly has a history of asthma, triggered by environmental changes, and it typically requires antibiotic therapy for bronchial infections two to three times per year. This morning, Lilly is awakened by mild intermittent right lower quadrant pain and a slight fever. Lilly applies a heating pad to the area and prepares a cup of tea that she hopes will help relieve what she believes are "gas pains." During the next hour, the pain and fever appear to be lessening, and Lilly proceeds with preparing herself and her children for school.

Around 10:30, Lilly notices that the pain in her right lower quadrant has returned. She is sweating and concerned that she may have a worsening fever. She contacts her supervisor and informs her that she is going to be out sick for the rest of the day. She telephones the office manager for her primary care physician, Dr. Maureen Woods, and requests an office visit.

Dr. Woods's office manager is trained in the use of a practice-specific triage protocol, the details of which are outlined in a standardized computer algorithm. Patients with routine or non-urgent concerns are slotted into open appointment blocks, whereas more urgent issues (including Lilly's call) trigger a telephone handoff to the nurse practitioner who is assigned to triage for that day. The nurse practitioner conducts a telephone interview and instructs Lilly to come directly to the physician's office to be seen before the practice closes for lunch.

When Lilly arrives in the office, the medical receptionist expresses concern regarding Lilly's appearance, escorts her directly into an examination room, and notifies the registered nurse that Lilly is in Exam Room 3. Vital signs are checked using office protocols; extra parameters (also protocol-based and predetermined) are included in the nursing assessment due to Lilly's poor appearance. Her temperature is 102°F, and her heart rate is rapid. Lilly is noticeably sweating and has her hands placed over her right lower quadrant. The nurse asks the medical assistant to interrupt Dr. Woods, who is in the next examining room seeing another patient, so that she can evaluate Lilly due to her level of distress.

Dr. Woods excuses herself from her current patient and arrives at Lilly's room to complete a focused examination. Dr. Woods informs Lilly that, based on her symptoms, she will need to be transported to the emergency room for evaluation of her pain and asks if her husband is in town or away on assignment. Lilly tells Dr. Woods that her husband's return flight landed about an hour ago and he should be reachable by cell phone. Dr. Woods obtains Lilly's consent for transport, instructs the nurse to stay with Lilly, asks the medical assistant to telephone for an ambulance, and then excuses herself to notify the emergency room of Lilly's condition and her pending arrival. Other patients are informed by the office manager (also per a rehearsed protocol) that Dr. Woods is managing an emergent situation, but they will be seen as soon as possible. These patients are given the option of rescheduling (if they are unable to wait) or being seen by the nurse practitioner assigned to triage, who will take patients in the order of their prescheduled appointment.

In the emergency room, further handoffs and protocol-based interventions are enacted. Oxygen is applied. Lilly is informed that she is not to take in any food or fluids by mouth, and an IV is started in her left arm so that she can receive fluids, pain medication, and anti-nausea medication. The surgical resident assigned to the emergency department introduces himself to Lilly and her husband, who arrives understandably concerned about Lilly's condition. The doctor completes the exam, consults with the attending surgeon, and communicates with the members of the healthcare team. The doctor informs Lilly and her husband that Lilly has appendicitis and recommends surgery immediately in order to prevent the complications of a ruptured appendix. Lilly signs the consent form, and the members of the emergency room proceed through the established preoperative protocols that are standard for patients with Lilly's diagnosis. Lilly is obviously concerned, but Tom reassures her that he will make arrangements for the children to receive care. Tom contacts his sister and makes arrangements for her to be at his house when the children arrive home and contacts Lilly's supervisor to update her on Lilly's status.

Lilly's surgery is completed without issues. After a brief stay in the post-anesthesia care unit, she is transferred to the medical surgical floor, where she is admitted for an overnight stay. The following morning, Lilly's nurse observes that Lilly is coughing but having difficulty producing sputum. The nurse also hears crackles in Lilly's left lower lung. The nurse contacts the resident on call, and a chest x-ray is completed, which shows that Lilly has a left lower lobe pneumonia. She is started on a course of antibiotics and medications to improve her breathing, and per hospital protocol, a referral is made to the pulmonary specialist who concurs with the pneumonia diagnosis. The presence of the pneumonia results in Lilly's hospital stay to be extended for two additional days.

A template-specific discharge summary is sent to Dr. Woods so she will have full knowledge of Lilly's hospital stay and of specialists' postoperative recommendations when she meets Lilly in a follow-up visit in the coming week. Lilly and Tom are given three appointment cards: one for an appointment with the surgeon, one with the pulmonary specialist, and one with Dr. Woods before Lilly is discharged from the hospital. Additionally, several days prior to discharge, Lilly and Tom are invited to attend interdisciplinary rounds. During that meeting, a recommendation is made for Lilly to receive nursing services at home to monitor the pneumonia that Lilly developed postoperatively. In the six weeks that follow, Lilly's condition slowly improves, and although she is quite fatigued, she is sure that she is making steady progress and improvements. Dr. Woods validates Lilly's progress and reassures her that she will make a full recovery.