Table 1

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| Date | Client Age | | Presenting Problem | Clinical Experience | Follow Up Plan | Level of Student Participation |
|  | **65years** | | **Septicemia** | **65y/o male patient with a diagnosis of Septicemia came in for medication. 1 to 2 g IV or IM Ceftriaxone once a day.** | **2 weeks** |  |
|  | **71 years** | | **Difficulty in breathing** | **71y/o female, a known asthmatic who had run out of her inhaler. Nebulization was done using Combivent, Ventolin inhaler given.** | **4weeks** |  |
|  | **80 years** | | **Back pain** | **80y/o male with chronic back pain with a history of sacral fracture 4 months ago. Diclofenac 50mg three times a day prescribed for one week. The patient advised to limit strenuous activities and have proper rest.** | **1 week** |  |
|  | **61 years** | | **Follow up** | **A recently diagnosed patient with hypertension for a follow-up visit. BPs 130/86mmHg. Advised to continue with the antihypertensive, i.e., Nifedipine 20mg twice daily and losartan 50mg every 12hours. For review after a month** | **1 month** |  |
|  | **67years** | | Joint Infection | **67y/o Bone and joint infections due to S pneumoniae, S aureus, E coli, Proteus mirabilis, Enterobacter or K pneumoniae species. 1 to 2 g IV or IM Ceftriaxone once a day** | **2 weeks** |  |
|  | | **68years** | **Wound** | **Patient with a diabetic foot for wound dressing. Wound cleaned, and dressing changed.** | **2 days** |  |

Table 2

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|  | 69years | Dog bite | 69y/o with a sustained injury on the left ankle after a dog bite. Tetanus vaccine 0.5mls administered, anti-rabies first dose given. Wound cleaned and dressed | 7days |  |
|  | 81years | Gonococcal Infection | 81y/o with Gonococcal meningitis: 1 to 2 g IV Ceftriaxone every 12 to 24 hours for 10 to 14 days | 14days |  |
|  | **60-year-old** | **acute intestinal amebiasis** | **750 mg Metronidazole 250mg taken three times orally daily for 5 to 10 days.** | **2 weeks** |  |
|  | **70 years** | **Difficulty passing stool** | **The patient with a distended abdomen reports difficulty in passing stool for 3days. Lactulose 10mls thrice daily prescribed, advised on eating food rich in fiber.** | **4days** |  |
|  | 61 years | Difficulty controlling urine | 61y/o with urinary incontinence referred to a urologist. |  |  |

Table 3

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|  | **65years** | **Sneezing, feeling tired** | **65y/o with a common cold. Cetirizine 10mg once daily given for 5days. Advised to take a lot of fluids and rest as well.** | - |  |
|  | 60years | Epigastric pain | 60y/o with a history of peptic ulcer disease, test positive for H.pylori. clarithromycin 500 mg- Amoxicillin 1000 mg-lansoprazole 30 mg 2 hourly prescribed for 2 weeks | 2 weeks |  |
|  | 70 years | Swollen ankle | X-ray indicates a dislocated ankle joint. Pain medications given; referred to an orthopedic surgeon with the x-ray report. | - |  |
|  | 63years | Sore throat, painful swallowing | 63y/o male with inflamed tonsils, a diagnosis of tonsillitis made. Amoxil 500mg and paracetamol 1g 8hourly prescribed | 1 week |  |
|  | **64 years** | **Medication refill** | **Type 2 diabetes patient for medication refill. Metformin 500mg 8 hourly prescribed.** | **1 month** |  |

Table 4

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|  | 68years | Wound | Patient with a diabetic foot for wound dressing. Wound cleaned, and dressing changed. | | 2 days |  |
|  | 65years | Narcolepsy | 65y/o male with Narcolepsy. The normal dose is 5 to 60 mg Dextroamphetamine daily in divided doses, depending on the response of the individual patient. | | 4 weeks |  |
|  | 71 years | Easy fatigability | Patient with HB levels 9g/dl presented with mild pallor and easy fatigability. Ranferon 10mls thrice daily prescribed | | 2 weeks |  |
|  | 67years | Ear pain | Patient with left ear pain for 3days now. Paracetamol 1g 8hourly administered. Referred to ENT specialist. | |  |  |
|  | 85 years | Difficulty falling asleep | 61y/o with complaints of difficulty sleeping, Amitriptyline 10mg to be taken at night prescribed | | 2 weeks |  |
|  | 70 years | Knee pain | 70y/o with complain of knee pain after sliding and falling on a wet floor. X-ray, normal. Diclofenac gel given to apply twice daily. | | 2 weeks |  |
|  | 69 years | General body itchiness | Patient with complaints of itchiness all over the body. Benadryl 50mg once daily | | 1 week |  |
| **Table 5** |  |  |  |  | |  |
|  | 69 | Right shoulder joint pain | 81 y/o female came to clinic for joint right shoulder joint pain. Infiltration to right shoulder with lidocaine 1ml and Kenalog 1 ml | 2 weeks | |  |
|  | 78 | Cough/ URI | 78 y/o female c/o persistent coughing Po abts Levaquin(levofloxacin) 500 mg one tab po every 48 hrs x 7 doses, respiratory treatments with duoneb, robitussin prn, cxr if no improvement. | 1 week | |  |
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|  | **60** | **Copd/Gerd** | **60 y/o female come to visit x follow up on COPD for new onset of chest pain, No SOB, palpitations, or diaphoresis. No Hx of high cholesterol or htn. Advised to refrain from eating 2-3 hrs prior to sleeping**  **In order to prevent episodes of heartburn.**  **Follow up in 3-4 weeks to reassess chest pain**  **With copd continue tx of combivent inhaler 2 puffs 4 times a day, albuterol inhaler as needed.** | **3-4 weeks** | |  |
|  | 72 | Medication refill (Metformin) | 72-year-old female with a current diabetes diagnosis was requesting re-fills for metformin.  Re-fills and A1C conducted (normal findings)  Education: continued dietary modification and uptake of physical activity. | 6-weeks- monitoring blood sugar levels, drug side effects (adverse), continued patient education on self-management of diabetes and offering interventional measures such as change of treatment regimen when complications arise. | |  |
|  | **68** | 6-weeks- monitoring blood sugar levels, drug side effects (adverse), continued patient education on self-management of diabetes and offering interventional measures such as change of treatment regimen when complications arise. | 68-year-old male presents with sore throat and painful swallowing  Assessment: Vital Signs (fever), physical-swollen neck lymph nodes and tonsils.  Rapid strep test (+)  Medication: Amoxicillin 500mg three times per day for one week | 1 week- to monitor clearance or persistence of symptoms after seven days of antibiotic treatment | |  |
|  | **79** | Shortness of breath, feeling of a “squeezed chest” and swollen ankles | 79-year-old male is brought to clinic by daughter with complaints of SOB, chest-tightness and swollen ankles.  Vital signs: increased HR and decreased RR  Orders: ECG & chest x-ray  Referred to cardiologist  Diagnosis: Heart failure | 5 weeks- Follow for five weeks to monitor treatment option by cardiologist | |  |
|  | **67** | Blurred vision and extreme thirst over the last one month | 67-year-old female in the clinic with complaints of blurred vision and extreme thirst over one month. Ordered labs (A1C test) results-7.1% confirming diabetes as the primary diagnosis.  Medication: Metformin  Discharge instruction: Education on the need for dietary modification (reducing intake of high-sugar foods and increasing intake of fruits and vegetables as well as whole grains) and physical activity. | 4 weeks-Weekly follow-up for four weeks to assess levels of blood sugar, medication adherence and adherence to discharge instructions (dietary modification and physical activity) | |  |
|  | **72** | Eye sensitivity to light and persistent headache for three days | 72-year-old male with complaints of increased light sensitivity (photophobia) and persistent headache for three days. Assessment (Vital Signs-normal). Diagnosis-migraine headache  Medication: Sumatriptan  Discharge advice: Emphasis on getting enough sleep and rest | 1 week (telephone call) after every 3 days to monitor whether the symptoms persist or clear. | |  |
|  | **69** | Memory loss and confusion | A 69-year-old male is brought by his son after getting concerned by father’s memory loss and confusion.  Medication: Namenda 5mg twice per day  Advice: Assistance in taking medications and environmental modifications for safety from possible fall-risk | 6 weeks- Follow-up after every week for 6 weeks to monitor symptoms, medication adherence and need for other interventional measures | |  |

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| Insomnia and feeling sad for 2 months  77 Y/O | 77-year-old female is brought to clinic by neighbor after noticing behavioral change and observable signs of desperation and emotional stress. The patient also complains of insomnia and these symptoms have been persistent for 2 months after the demise of her husband.  DSM-5 (consistent with major depressive disorder)  Medication: Prozac 20 mg PO qDay  Advice: Social company, physical activity and sufficient sleep/rest. | 4 weeks- Biweekly follow-up to monitor effectiveness of therapy. |

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