## Task 1 – Medication List - Review, Record, & Modify (JULIE)

Julie, a 62-year old female, has come to your clinic today for a follow-up on her hypertension*,* which you diagnosed six months ago. During that visit, Julie also mentioned taking *20 mg Lipitor.* In that Julie is a relatively new patient to your practice, you are concerned that her medication list is not up-to-date. Your first task is to review the medications that Julie is currently taking to ensure that it is complete and correct.

After locating the medication list and reviewing it, you ask Julie to verify if she is still taking *20 mg* *Lipitor.* However, this time Julie has the bottle with her and she notices that it states *40 mg*. Your second task is to correct this in her record.

After making the Lipitor correction, you ask Julie if she is taking any other medications. She reports that she is taking *Centrum Silver for Women, ibuprofen* for regular aches and pain, and *Claritin* for allergies. Your third task is to enter these drugs in her medication list.

1. Navigate to Julie’s full medication list and verbally state the name and strength of the first medication on Julie’s medication list.
2. Navigate to a place where you can update drug information and change the *Atorvastatin* dosage from *20 mg* to *40 mg,* using as much information as necessary from Table 1, and then verbally state when you believe you have successfully completed this step.
3. Navigate to a place where you can add a medication to her medication list and add *Centrum Silver for Women, ibuprofen,* and *Claritin* using as much information as necessary from Table 2. Verbally state when you believe you have successfully completed this task.

|  |  |
| --- | --- |
| **Table 1. Drug Information** | |
| Drug Name | Lipitor |
| Generic Name | Atorvastatin |
| Strength | 40 mg |
| Dose | Once daily at night |
| Duration | 30 days |
| Form | Tablets |
| Route | Oral |
| Dispense Amount | 30 |
| Brand Necessary | No |
| Refills | 2 refills |
| Reason | Hypercholesterolemia |

|  |  |
| --- | --- |
| **Table 2. Drug Information** | |
| Drug Name | Centrum Silver for Women |
| Generic Name | Multivitamin |
| Dose | Once daily |
| Duration | Perpetual |
| Form | Tablets |
| Route | Oral |
| Brand Necessary | No |
| Reason | Protective; Vitamin D |
| Generic Name | Ibuprofen |
| Strength | 200 mg |
| Dose | 2 tablets PRN |
| Duration | --- |
| Form | Tablets |
| Route | Oral |
| Brand Necessary | No |
| Reason | Joint pain |
| Drug Name | Claritin |
| Generic Name | Loratadine |
| Strength | 10 mg |
| Dose | One tablet daily |
| Duration | --- |
| Form | Tablets |
| Route | Oral |
| Brand Necessary | No |
| Reason | Seasonal Allergies |