# **Pediatric Case Study Student Version**

**Directions:** Read the case study below. You and your clinical team will apply the Care Management Process as you evaluate, assess and help create a plan of care with the patient if they were in your practice. Also keep in mind any outside resources or clinical-community linkages that may exist. When finished each group will report out.

The triage nurse received a call in the PCP office from the grandmother of a well-known Caucasian 11yr. old boy, Mark, asking for a refill on his Albuterol inhaler. The next day the triage nurse received a second call from Mark's grandmother asking for a same day appointment for Mark's difficulty breathing. A same day appointment was arranged after an initial triage assessment by the PCP in the office was conducted to ensure Mark was not in respiratory distress requiring immediate intervention. The PCP contacts the care manger to refer Mark and his grandmother.

### Referral:

What question would you ask the triage nurse about the referral?

What other possible places could the referral come from?

## Screening:

What screening information would you obtain before the visit?

Where might you obtain that information?



### Office Visit

During the office visit you are introduced to Mark and his grandmother by the PCP. During the initial visit with mark and his grandmother you explain the purpose of CM services. This discussion also included gaining an understanding of the patient/family concerns, Mark and his grandmother agree to CM services.

### Engagement & Enrollment:

Looking at the comprehensive assessment, what assessment areas do you focus on?

How would you present the idea of care management to Mark's grandmother?

What screening tools might you use?

What SDOH are present?

During a 40-minute visit, Mark's grandmother asks quietly, "How cold is too cold for a house to be kept at?" The case manager asks Mark's grandmother if this is a concern. She states Mark's mom keeps her house at 59 degrees and feels this is too cold and may be triggering Mark's Asthma. Further, grandmother states mother's house is full of animal pelts; "She uses them like furniture throws."

Peak flows in the office were low for Mark's height of 62" (Optimal around 400). Peak flows upon arrival were 180, 210, and 200. Mark has been using his inhaler per his Asthma Action Plan (which has not been updated for over a year). Mark is not obtaining relief. He is pale, states he has no energy, and his appetite is decreased. Mark admits he has not been using his spacer, "Not sure where it is."

Grandmother states she took Mark to the Urgent Care last night as he was having too much difficulty breathing. He was experiencing a cough and the Albuterol "wasn't working. "Mark's oxygenation was "low." According to the urgent care report, Mark was transferred via EMS to the ED where he was given "oxygen and breathing treatments" and prescribed Serevent Diskus, one inhalation q 12 hours and oral steroids X 5 days. Grandmother has not filled the scripts yet.



Management:
What are the problems noted from the assessment?
What might be a short-term goal for Mark? Long-term goal?
What team members might assist in meeting Mark's needs? How would this be communicated to the team?
Management Follow up:
What would you and your team follow up with Mark's grandmother?
How would you and your team follow-up with Mary after helping to establish her plan?
How often would you follow-up with Mark's Grandmother/parents?
Closure:
When might it be appropriate to close the case?
Notes:
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