**Module 3 Stewardship: Case Study #2A**

**Who:**

* A 34-year-old woman with an MRI proven macro adenoma 4.3 cm in size with invasion into the cavernous sinus comes to clinic.
* She is known to have panhypopituitarism with central diabetes insipidus.
* She was discharged 10 days ago but ran out of intranasal DDAVP, levothyroxine, and hydrocortisone 3 days ago.
* She reports 3 days of vomiting and profound polyuria and polydipsia.
* She has no money and no insurance.

**Where:**

* Yesterday she was in the emergency department with a moderately elevated serum sodium.
* Serum glucose was normal.
* Serum osmolality was moderately elevated.
* Very low urine osmolality was noted.
* She has a normal blood pressure and pulse without orthostatic changes.
* She was discharged from the ED and told to follow in the clinic the next day to get her medication.
* She is in the clinic today.

**Lab Findings:**

|  |  |
| --- | --- |
| **Serum sodium moderately elevated** | Indicating dehydration |
| **Glucose normal** |  |
| **Serum osmolality moderately elevated** | Indicating dehydration |
| **Urine osmolality very dilute** | Indicating inappropriate excretion of free water |

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**Case Review:**

*Now the scenario has changed slightly. There is no low-cost pharmacy available at the clinic. In fact, there are no pharmacy services connected with your clinic. Fortunately, you have a pharmacy student rotating with you for a couple of months.*

**Points of Discussion:**

* What information can the pharmacy student bring to the physician/provider and the patient?
* How can this information help to move the case forward?
* Because there are fewer pharmacy services physically available in the clinic, does this really change your plan?
* Because there is no low-cost pharmacy, are other services utilized more?
* Because there is no low-cost pharmacy, is the patient more likely to be admitted?