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

**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. The nearest tertiary medical center is 100 miles away. Your federally supported clinic has a low-cost pharmacy with a staff clinical pharmacist. However, endocrinology, neurology, neurosurgery are all 100 miles away. You have telemedicine.*

**Points of Discussion:**

* What factors limit the patient’s care? (List at least 5 if you can.)
* What is the greatest limiting factor for the patient’s care?
* What contributions are made by different team members?
* The clinic provides care at a location 100 miles away from the tertiary medical center. List five reasons that this clinic is an effective use of resources?