**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:**

*Each table here today has lost some resource. This team maybe has the greatest limitation. You have no social worker, no mental health team, and no one to help get people signed up for Medicaid. You do have a federally supported low cost pharmacy and clinical pharmacist.*

**Points of Discussion:**

* What social / societal / non-medical factors limit the patient’s care?
* What medical factors limit the patient’s care?
* What is the greatest limiting factor for the patient’s care?
* What contributions are made by different team members?
* Did team members identify limited factors that were “outside” of their area of expertise?