

# The Conversations

Brought to you by Eva

## Scenario #1

- 67 year old female patient presents to you for the FIRST visit and she is on 10 mg oxycodone, taking 6 per day. She is also on 10 mg ambien every night and takes 1 mg clonazepam twice a day. She comes to you concerned about fatigue and memory problems. She is coming to you from a very respected physician who recently retired. The oxycodone was prescribed to her for a knee replacement she had 6 years ago. She lives alone but her daughter lives nearby. She drives herself to her appointments and is independent. She was in the ED last year due to a fall.

## Scenario #2

- 38 year old female patient with fibromyalgia. Taking Tramadol 100 mg, 4 times a day. She comes to you for a flare up in her pain and she cannot sleep. You find out that her 16 year old daughter is pregnant.

## Scenario #3

- 55 year old male patient. Works in construction. Taking Oxycontin 60 mg tid and oxycodone 10 mg tid. He operates heavy equipment. Says that he “ruined my back” by working construction. His pain is axial and has been present since he was in his 20s. Imaging revealing for mild disk degeneration in the lumbar spine. Went to physical therapy for 1 visit and says that it “didn’t work” and doesn’t have time to go to appointments. BMI is 37. Smokes 1.5 PPD. He is mad that you called him in for a pill count. He is short on the oxycontin by 12 pills and short on the oxycodone by 20 pills. He says that he needed more because of his pain “you don’t prescribe me enough.”

## Scenario #4

- 89 year old male patient with severe knee OA. Taking hydrocodone/APAP 5/325 x 2 a day (56 pills last him 2 months). Says that he doesn't take it every day, but takes it when he is going out of the house and needs to be on his feet. His son drives him to appointments and takes him to the grocery store once a week. He says that his legs feel weak and wonders if he should be exercising.