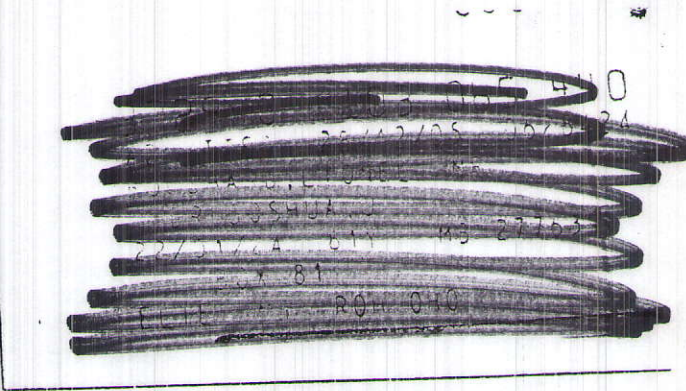




GRACE HOSPITAL



NURSING DISCHARGE SUMMARY

Valuables returned yes no n/a
 Home medications returned yes no n/a
 Walking aides/Wheelchair etc. yes no n/a

Specify _____

Prescriptions given yes no n/a
 Implant card given yes no n/a

Specify _____

Copy of blood product record given yes no n/a

Discharged:

- Ambulatory
- Wheelchair
- Stretcher

To:

- Home with Self/Family Care
- Home with Community Agency Services
- Alternate Care Facility

daughter agreed to stay in pt. until necessary services in place

Specify _____

Accompanied by daughter

Date: Jan 27/06 Discharge Time: 1115 Nurse Signature: H. Schwartz RN

506-4



THE SALVATION ARMY
GRACE GENERAL HOSPITAL
WINNEPEG, MB.

**PART 2:
DISCHARGE MEDICATIONS**

ADMITTED 28/12/05
BOUCHARD, LIONEL MR
DR JOSHUA, J

ELIE MB ROH QHO

Medication (Name/Route)	Purpose	Instruction Sheet (1)	Times to be Taken	Has Rx (✓) or Home Supply
1 Nitro patch 0.4 mg/hr	For the heart		put on first thing in the morning, Remove at bedtime	
2 Altace 10 mg pill	lowers blood pressure		At breakfast	
3 Terazosin	lowers blood pressure, helps urine blockage		At breakfast and bedtime	
4 Hydralazine 25mg	control BP		1st thing in AM + at lunch + at bedtime	
5 Olanzapine 2.5mg	For dementia!		+ breakfast + bedtime	
6 Lasix 40mg	diuretic		+ breakfast	
7				
8				
9				
10				
To be taken as necessary:				
1				
2				
3				
4				
5				

TAKES DAD
DROPS - For
1 ATTENTION
NOT FILL
ACCORDING
TO
NURSE

Completed by: J Mackay Status: MD RN LPN Pharmacy Date & Time: Jan. 27/05 1050

CONSULTANT LETTER

February 21, 2006

24 - ZACHARIAS HOWARD

H. Zacharias, M.D.
Consultant in Geriatric MedicineDr. J. Malmstrom
Cartier Health Centre

Dear Dr. Malmstrom,

Mr. Bouchard is referred for evaluation of his cognitive ability. He was admitted to the Grace Hospital in late December after falling on the ice coming out of church and striking his head on concrete. He lost consciousness from the fall. Xrays done at the Grace did not reveal intracerebral bleeding or skull fracture (contrary to the discharge summary from Dr. Masic). He was diagnosed with concussion and had a course of Dexamethazone to relieve edema. This evidently resulted in psychotic features and confusion which was treated with Olanzapine. A cognitive competency test evidently administered by occupational therapy suggested that he needed supportive housing, and together with the family he was discharged with a plan to move to supportive housing.

I saw Mr. Bouchard in the company of Bruce Jamieson who has seen him previously and done basic cognitive testing which revealed an MMSE of 26/30 and set test of 36/40.

Mr. Bouchard presents as an alert and cooperative man. He understands that he is here to be examined about his memory and judgement. He was reasonably dressed, polite, socially appropriate and forthcoming about his circumstances. He is able to describe in detail his circumstances, his work, where he lived and what led up to his hospitalization. He has insight that he was somewhat confused following the injury and recognizes that he needs to make some changes in his pattern of activities because of his age. He reports that he currently lives in an apartment in St. Eustache which he finds quite acceptable. He has hopes to move to a supportive housing unit in Elie eventually and knows he is #6 on the list. In the interim in spring, he plans to return to his farmhouse to await availability of a suite in Elie.

CONSULTANT LETTER

(cons)

February 21, 2006

Mr. Bouchard reports that he is separated from his wife as of some 20 years ago. He remained living on a rural property with a small acreage. He eventually sold the acreage to his son with an agreement that he could remain living in the house as long as he was capable of doing so. He enjoys working with his son, has done some combining for his son's business a year ago and feels he could still do that. He also reports that he sells fish which he purchases from suppliers on Lake Winnipeg and then drives to customers, but he feels he may have to give this up due to his age and the long distances involved. He has been cooperative about not driving since his accident but has hopes of being able to drive locally in the future.

Mr. Bouchard is very forthcoming about his financial circumstances. He volunteered what his assets were, what his income and obligations are, where he does his banking. He has a will and he has given Power of Attorney to a daughter. He took pains to explain that he wants to treat all his children fairly and equitably, but he doesn't have large savings to distribute.

He gives a detailed account of his family's circumstances. He knows all his children, their whereabouts and their jobs. He feels he has a good relationship with all of them, but he worries about motives behind the actions of his daughter from B.C.

Throughout the interview Mr. Bouchard shows a realistic and reasoned approach to his circumstances and to planning for his future. His thought content and process is linear and appropriate. He is attentive and socially appropriate. There is no evidence of a mood disorder.

In summary Mr. Bouchard understands the circumstances relevant to his situation and appreciates the consequences of various decisions he needs to make. He has a reasoned approach to decisionmaking and is eager to cooperate with family and professionals in this regard. He is concerned about being pressured by his daughter to make decisions that he does not agree with. I asked him if he felt he could stand up to this pressure and he indicated it was time that he became more firm. I asked him what he would do if she became more forceful, and he said he would have to call police and ask her not to come visit him any longer.

Mr. Bouchard has evidence of mild cognitive impairment but he is not dementing at this point. (Stage 3/6 on the Global Deterioration Scale.) I consider Lionel capable of participating fully in decisionmaking regarding his living arrangements and am confident that he meets criteria for capacity to handle finances and instruct an attorney. Medical information should be provided to family only with Mr. Bouchard's consent. From a cognitive point of view, I have no reservations about his capacity to drive, however driving competency may need to be tested further. I see no indication for his needing to be on major tranquilizers. At this stage of cognitive function there is inadequate evidence to suggest the use of Cholinesterase inhibitors. Recent studies on mild cognitive impairment have not shown benefit for

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Generic name(s):
Olanzapine
 Brand name(s):
 Zyprexa, Zyprexa Zydis

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What is the most important information I should know about olanzapine?

Olanzapine is not for use in psychotic conditions that are related to dementia. **Olanzapine has caused fatal heart attack and stroke in older adults with dementia-related conditions.**

Olanzapine may cause you to have high blood sugar (hyperglycemia). Talk to your doctor if you have any signs of hyperglycemia such as increased thirst or urination, excessive hunger, or weakness. If you are diabetic, check your blood sugar levels on a regular basis while you are taking olanzapine.

Do not stop taking olanzapine without first talking to your doctor. It may be at least **4 weeks before you begin to feel better**, and you may need to take the medication for longer than 4 weeks. Follow your doctor's instructions. It is important to take olanzapine regularly to get the most benefit. Do not take olanzapine for longer than 8 weeks unless your doctor has told you to. Olanzapine can cause side effects that **may impair your thinking or reactions**. Be careful if you drive or do anything that requires you to be awake and alert.

Dizziness may be more likely to occur when you rise from a sitting or lying position. Rise slowly to prevent dizziness and a possible fall.

Avoid drinking alcohol, which can increase some of the side effects of olanzapine.

Avoid using other medicines that make you sleepy (such as cold medicine, pain medication, muscle relaxers, and medicine for seizures, depression or anxiety). They can add to sleepiness caused by olanzapine.

Avoid becoming overheated or dehydrated. Drink plenty of fluids, especially in hot weather and during exercise. It is easier to become dangerously overheated and dehydrated while you are taking olanzapine.

What is olanzapine?

Olanzapine is an antipsychotic medication. It works by changing the actions of chemicals in the brain.

Olanzapine is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression).

Olanzapine may also be used for purposes other than those listed in this medication guide.

What should I discuss with my healthcare provider before taking olanzapine?

Olanzapine is not for use in psychotic conditions that are related to dementia. Olanzapine has caused fatal heart attack and stroke in older adults with dementia-related conditions.

Before taking olanzapine, tell your doctor if you have:

- liver disease.
- kidney disease.
- heart disease, including irregular heart rhythm problems.

Diagnosed with

Talk with your doctor.

Explore your options.

Start with these questions



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- Olanzapine

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