

For the NR603 VISE call, the student will refer a primary care client to a consultant for ongoing care. The student will choose a client from their clinical logs who needs a referral, and the faculty will role-play as the consulting provider

1. Prior to the call, select a client from your clinical logs who required a referral to a consulting provider. Send your faculty the client's initials and date of the clinical encounter in advance of the call.

2. During the call, present your client to your faculty as if they are the consulting provider. Include the following information:

- **thorough history of present illness (HPI)**
- **physical exam findings**
- **completed diagnostic testing with results**
- **treatment already prescribed and outcome of treatment plan**
- **rationale for referral to specialty**
- **anticipated actions of the consulting provider**

NSQ is an 87 y/o F who came to the office for a HTN/BP follow up. Pt is newly diagnosed HTN about 3 weeks ago. PMH includes: HTN, hypothyroidism and nontoxic single thyroid nodule. Pt initially came into the office complaining of uncontrolled headaches and reported only PMH was hypothyroidism and a thyroid nodule. Upon assessment, pt noted to have BP 210/99; pt denies chest pain, SOB, dizziness, palpitations. Pt was treated with clonidine and was placed on amlodipine, losartan and HCTZ. EKG revealed NSR; ECHO pending to be scheduled from previous consultation. Pt came into office last week and was complaining of HTN, prolonged headache and noted swelling in her BLE. Amlodipine was discontinued at that time and pt was placed on losartan, HCTZ and nifedipine. Pt reports to office today with BP 200/83 and complains of left sided headache. Clonidine 0.1mg and Tylenol was given in the office and a manual BP was done which revealed the BP to be 175/82. BLE swelling resolved. When patient was asked if she had taken her medications this AM, pt reports she never received her nifedipine but did take the losartan/HCTZ. Pt was referred to cardiology for further management and closer monitoring of BP. Prior to ending the consultation, pt BP noted to be 146/79.

Constitutional: Awake, alert and oriented, no acute distress, and not ill- appearing.