



## *Thursday Memo – April 14, 2016*

### **Patients Constantly Surprise Us – by Joanne Dannenhoffer**

Urgent Task: Authorization Request: Hydrocodone-Acetaminophen 5-325mg tab 1-2 tab PO Q4-6 hrs PRN pain. Dispense #20.

Chart Banner (in bright red bold letters): multiple ER visits for unproven kidney stones! Caution when prescribing opiates, patient has demonstrated pain seeking behaviors in the past

Task Reply: I saw this patient last week for a possible kidney stone. If this patient continues to have pain he needs to come in for re-evaluation. Should be with his PCP but may double book on my schedule if necessary.

I take a deep breath and begin a Friday afternoon filled with dread - every patient I see drawing me closer to his visit. As my second to last patient leaves, I step into his room knowing that he is all that stands between me and a weekend. I put on my mask of professional sympathy to cover the frustration seething in the pit of my stomach. I examine his UA results ( ++blood, urate crystals) I tap on his back (+R sided CVA tenderness) I inquire about other symptoms (No, no fevers, chills, nausea, or vomiting), and ask him what his urologist said. Naturally flomax, fluids, and time.

But then...

"He said something kind of interesting..." this profoundly obese young man says, hesitantly questioning. "He said he thinks my diet is the reason for my kidney stones. Do you think that's true?"

Suddenly my mask slips, and rising in its place is a flood of empathy to douse the frustration that has filled my day. As we begin to talk, I realize that I'm starting to listen for the first time. He speaks of his daily habits of soda, ice cream and cheese burgers - a diet that has brought him to more than 350 lbs before turning 20. He tells me about his mom needing surgery, for which she is not a candidate due to her weight, and his fear of lifelong pain due to kidney stones if he doesn't change something. We talk about how his eating habits changed after incarceration a few years ago, and of food as an emotional crutch and the struggles of eating a healthy diet when those around you do not. He meets our behavioral health provider, and tells us that this is the first time he's felt like he's had support in healthy eating.

Follow-up Task: Please set patient up with behavioral health later this week, nutrition at next available, and me in two weeks.

Maybe he'll be the bright point in my Friday two weeks from now, you never know...