

Guidelines for 5 Minute Interview Presentations

****Please include slide numbers**Maximum of 6 slides****

****Do not use less than size 20 font on any slide****

PREPARATION NOTES – This should be the order and general content of your slides.

- Slide 1: Case number and information copied from one of the below cases – Include your name, date and interview time – this does not need to be re-iterated verbally, just summarize at the beginning of your presentation
- Slide 2: Appropriate background information
- Slide 3: **Literature and/or guideline recommended treatment**, including alternatives to first line therapy and when to use alternatives
- Slide 4: Patient specific application of the available literature and/or guideline
- Slide 5: Your final recommendation
- Slide 6: References

Twenty four hours before your interview, email final presentation slides in PDF form to
pharmacy@valleychildrens.org

****Be prepared for 5 minutes of questions following your presentation. You may be asked questions regarding therapy considerations not presented in your slides.**

Pharmacy Resident Candidate Presentation Case 1

HPI	Premature 2-week-old boy born at 28 weeks GA with a Patent Ductus Arteriosus (PDA) requiring DOPamine for hemodynamic support.
Pertinent Labs	Normal physical exam, NKDA, current weight is 1.04 kg ECHO on 10 th day of life: large PDA measuring 2.6 mm in diameter with left to right shunt. Mean arterial pressure: 31 Scr = 1.7 mg/dL. Urine output = 2.4 mL/kg/hr. AST/ALT/AlkPhos = 43/12/332
Assignment	Describe PDA – what is it? In utero? After birth, including physiologic repercussions? Compare and contrast treatment with ibuprofen versus acetaminophen using literature and guidelines. Justify your final recommendation (drug(s), dose(s), route(s), and duration(s)) for PDA closure. Consider adverse reactions, goals and monitoring parameters, plus any pertinent patient specific factors.

Presenter Name:

Date:

AM/PM:

Pharmacy Resident Candidate Presentation Case 2

HPI	Acute Lymphoblastic Leukemia patient who is 12 years old and transferred to Valley Children's PICU from an outside hospital for Tumor Lysis Syndrome (TLS). The uric acid was 8 mg/dL at the outside hospital.
Pertinent Labs	Wt: 47 kg, NKDA K=6.5 mEq/L, SCr/BUN=2.2/20 mg/dL, PO ₄ 6.7 mg/dL WBC =115,000 per microL Repeat uric acid in the PICU was 11 mg/dL
Assignment	Define and describe TLS (laboratory vs. clinical), including risk stratification groups and treatment based on group. Discuss metabolism and compare treatment options (allopurinol vs. rasburicase). Justify your final recommendation of drug(s), dose (single vs. multiple dose), route(s), duration(s), goals and monitoring parameters.

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Pharmacy Resident Candidate Presentation Case 3

HPI	Cystic Fibrosis patient presented in the Pulmonology Clinic for a routine check up. She is 13 years old and on appropriate doses of pancrelipase, albuterol inhaler, hypertonic saline 7% inhaled, dornase alpha inhaled, tobramycin inhaled, MVW D3000 complete formulation vitamins, three times weekly azithromycin PO, and voriconazole (for a fungal CF exacerbation).
Pertinent Labs	Wt: 40 kg, NKDA CF Mutations: F508del homozygous AST/ALT: 25/22 Voriconazole trough: 2.3 mg/L
Assignment	This patient can receive CFTR Modulator Therapy (Kalydeco [®] , Orkambi [®] , Symdeko [®] , Trikafta [®]). Assess primary literature and guidelines, mechanism of action, qualifications, and management of drug interactions. Justify your final recommendation of which CFTR modulator this patient should start. Include dose, route, duration, goals, monitoring parameters and any adjustments needed.

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AM/PM:

Pharmacy Resident Candidate Presentation Case 4

HPI	Ten month old female admitted to the acute care floor due to fevers $>38.4^{\circ}\text{C}$ for 7 days, bilateral conjunctivitis, cervical lymphadenopathy, maculopapular rash, crack lips, and a “strawberry” tongue. She was appropriately treated with one dose of IVIG and high dose aspirin for Kawasaki’s Disease. Her fever persists 36 hours after IVIG treatment.
Pertinent Labs	Wt: 8 kg, NKDA T 39°C Echo: 4 mm coronary artery dilation
Assignment	Describe Kawasaki's Disease, and risks. Assess potential treatment plans for this patient’s Refractory Kawasaki Disease (IVIG retreatment, corticosteroids, and infliximab) using primary literature/guidelines. Justify your final recommendation of which drug, dose, route, duration, goals and monitoring parameters.

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Pharmacy Resident Candidate Presentation Case 5

HPI	One day old term neonate (37 weeks GA) born to a mother with a reactive maternal treponemal test (RPR 1:32). Maternal treatment is undocumented, and the baby boy is evaluated for Congenital Syphilis .
Pertinent Labs	Weight: 2.4 kg. Patient has jaundice. NKDA. Infant RPR 1:64. VDRL non-reactive
Assignment	Discuss syphilis onset (early vs. late), symptoms and complications. Using AAP Red Book [®] , include information regarding diagnosis confirmation and prevention of infection. Using literature and guidelines, assess the need for treatment of the infant. If treatment warranted, justify with your final recommendation of drug(s), dose(s), route(s), duration(s), goals and monitoring parameters.

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Pharmacy Resident Candidate Presentation Case 6

HPI	Five year old female, weighing 15 kg, presents with fever, weight loss, fatigue, and progressive neck and back pain. Nine months prior, she was treated with fluconazole for Coccidioidal pneumonia, but was lost to follow up. She is now being admitted for concerns of disseminated Coccidioidomycosis and potential meningitis.
Pertinent Labs	NKDA, BUN/SCr 22/0.25 mg/dL, Sodium 137 mmol/L, Potassium 4.3 mmol/L, AST/ALT 21/15, Serum Coccidioidal complement fixation titers 1:32
Assignment	Discuss the “What”, “Where” and “How” of cocci. Using primary literature, case reports, and guidelines, assess therapy options (azole vs. amphotericin B) and then develop a potential treatment plan for therapy and maintenance along with monitoring parameters. Treatment plan to include drug(s), dose(s), route(s), duration(s), and goals.

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Pharmacy Resident Candidate Presentation Case 7

HPI	Preterm infant born at 28.4 weeks GA is now 11 weeks old. At birth, he received a dose of surfactant and was placed on a ventilator with 100% FiO ₂ . He was then transitioned to HFNC at 40-60% FiO ₂ for several weeks. He has been stable on room air for the last 3 weeks, and is set to be discharged home with hydrochlorothiazide and spironolactone.
Pertinent Labs	Wt.: 1.05 kg at birth, 3.1 kg now at discharge Current SpO ₂ 95% X-ray with diffuse changes to lung consistent with BPD
Assignment	Describe RSV, RSV season, qualifications for RSV immunoprophylaxis, and the prevention of RSV. Assess the appropriateness of RSV immunoprophylaxis in this patient using the ACIP and AAP recommendations. Review and assess the recommendations made by the CDC given the limited supply of the new immunoprophylaxis medication. If warranted, develop a treatment plan, including drug(s), dose(s), route(s), duration(s), goals and monitoring parameters. Include patient and pharmacy challenges in addition to considerations for discontinuation of prophylaxis.

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Pharmacy Resident Candidate Presentation Case 8

HPI	Nine year old male who presents to the emergency department in Status Epilepticus . He has an IV (placed by EMS) and was already given two appropriate doses of lorazepam. The medical attending is asking for your recommendation on the next treatment option.
Pertinent Labs	Wt.: 25 kg, NKDA No labs available Patient on lacosamide at appropriate dose for his known seizure disorder
Assignment	Define and describe pediatric status epilepticus, including pathophysiology and clinical presentation. Discuss and compare antiepileptic treatment options (fosphenytoin vs. levetiracetam vs. valproic acid) using literature (ESETT trial)/guidelines. Justify your final recommendation of drug, dose, route, duration, goals and monitoring parameters. Be prepared to discuss MOA of medication.

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