

### **CASE SCENARIO: #1**

C.D. is a 5 y/o female prescribed aspirin 60 mg/kg/day for juvenile rheumatoid arthritis. Clinical aspects of her disease include polyarthritis, lymphadenopathy, a positive rheumatoid factor, an elevated sedimentation rate, intermittent fever spikes of 101° F, and a pink, blanching truncal rash characterized by small macules. She recently was exposed to chickenpox which she has never been exposed to previously. What are your concerns? What are alternatives to salicylates should the patient not tolerate aspirin therapy?

## **CASE SCENARIO: #2**

B.N. is a 55 y/o female with breast cancer and metastasis to the bones. She is currently experiencing moderate to severe pain which she manages with three to four Percocet (oxycodone 5mg/acetaminophen 325mg) tablets every four hours as needed. She typically takes 18 tablets daily and notes some initial benefit after a dose, but rates her pain as 8 out of 10 by the fourth hour. What are your concerns with this regimen, and what alternatives would you suggest for managing this patient's pain.