UPDATED:
See added safety strategies on page 2

A healthy and active 32-year-old male who had a history of hemophilia and chromophobe renal cell carcinoma with nephrectomy two years prior, presented to an urgent care clinic with complaints of fatigue, nausea, diarrhea, and acute and chronic abdominal and back pain. He had intermittent generalized abdominal and lower back pain for two months prior, which had increased in severity. He also was self-administering a prescribed clotting product (FVIII) to manage low hemoglobin for a spontaneous bleed of unknown origin but was presumed to

of urgency to maintain fow.

from traveling abroad, the patient was evaluated for suspicion of "traveler's diarrhea" and treated accordingly.

One month later, symptoms persisted and were increasing in severity. The patient presented once again to the urgent care center with nausea, acute abdominal and back pain, indigestion,

Several of the previous patients the provider had seen presented with similar, fu-like symptoms, increasing a bias toward that diagnosis.

and the weight loss was explained as associated with work-related stress with counsel to rest over the holidays.

Though the outpatient primary care provider was associated with the larger organization where urology consults and surgery occurred, medical records were not well integrated, making access cumbersome and time-consuming to review.

There was one radiologist on shift with a larger than normal work volume. The workfow for communicating