

## Y2 – NERVOUS SYSTEM CLINICAL COMMUNICATION

### Patient partner scenario – Collapse

**Patient Partner in relative's role:** you are the wife/husband of an inpatient on the Acute Admissions Ward. Your spouse collapsed and although they are now conscious, they cannot remember what happened and are a bit unsure of the answers to some other questions. You witnessed it and can describe what happened. You are at home and not in the hospital with your spouse. The medical team have asked if they can call you in order to get some more information about what happened to your spouse and to get some more background information about them.

#### Relative's details

Mark or Marie Kumar

DOB is 06.06.1948

Address same as below

#### Patient's details

Hari or Saira Kumar

their DOB is 03.03.1950.

Address -19, Kent Gardens

The Broch (Fraserburgh)

#### What happened today

Your partner collapsed at home a wee while ago (earlier today) and you were really worried so called an ambulance, although they had woken by the time the paramedics came, they still just brought them straight into hospital and you have not seen them since.

#### **If asked a further open question about this then please give the following information. If not, then answer the specific question that is asked.**

You had been sitting with your husband / wife watching TV after quite a busy day. They didn't seem quite themselves, but you did not really think much of it and put it down to tiredness. He / she then got up and went through to the kitchen saying they just wanted a drink of water. You then heard a crash and when you ran through, he / she was lying on the floor and didn't seem able to respond to you.

**If asked specifically whether he /she had any symptoms or how they seemed prior to the collapse:** you are not sure, but he /she did mention that their vision had got a bit blurry. Like you say you had put that down to tiredness as it had been a busy day.

#### **If asked to describe what you saw when you found them, or a similar open question then please give the following:**

You are not sure, but you think he / she was unconscious as they did not respond to you at all, even when you tried to rouse them by shouting and shaking them. He / she was rigid and still and then all a sudden, he/she started to move all their limbs (**if specifically asked** - in a regular jerking manner). This lasted a few minutes and then it seemed to settle but by that point you had phoned the ambulance.

#### **If asked specifically**

- You think he / she may have wet themselves as their trousers were wet. They would be mortified if they knew that.
- You noticed he/she was pale and looking a bit blue around the lips after the jerking had started

## Y2 – NERVOUS SYSTEM CLINICAL COMMUNICATION

- You don't think that they bit their tongue but difficult for you to know as it all happened so fast.
- You think they may have banged their head on the table when they fell as you noticed that there was some blood on the back of their head when the ambulance lady helped them into the chair to take them to hospital.

**If asked how they seemed afterwards, or a similar open question then please give the following information.**

- Although they had stopped jerking, he / she still didn't respond to you for a few minutes though their breathing seemed normal. They then took a while to wake up and seemed drowsy until the ambulance arrived. They were probably drowsy for a good 20mins or so.
- The whole episode was really frightening, and you really didn't know what to do for the best. You don't understand why this has happened as he / she is usually so well.

**If specifically asked:** He/she seemed a bit confused for a good hour (the paramedics were delayed in getting to you) after coming too, which has never happened before. Nothing like this has ever happened before.

### Past Medical History

- High blood pressure diagnosed 10 years ago. No heart problems.
- Mild osteoarthritis right knee diagnosed 4 years ago
- Quite bad hay fever during the summer months but can usually control it with the tablets.
- Asthma throughout most of their adult life but over the last few years this has become less of a problem. They have been reducing their inhalers as the nurse at the practice was quite happy with him / her. You don't think they were ever in hospital regarding their asthma.
- You remember that they had some sort of bowel camera investigation a few years back and some polyps were removed but as far as you know the results from that came back fine.

Otherwise well. This has not happened before. **If asked**, then advise that he had seemed well the day before and had not mentioned any problems with his health.

### Medication

- Ramipril 10mg per day for high blood pressure
- Simvastatin 40mg per day for cholesterol
- Cetirizine 10mg daily for hay fever
- Brown inhaler - Clenil - 1 puff twice daily for asthma.  
You are not sure what strength it is
- Salbutamol - blue inhaler for asthma- but they don't really have to use that now.

### Over the counter:

- Paracetamol 500mg occasionally for knee pain
- Fish oil capsules (for general health)

**Allergies:** Amlodipine (a blood pressure medication). If asked what happened, then say that it gave them swollen ankles which were uncomfortable and annoying so swapped to Ramipril.

### Family History

- Married 35 years
- 2 children – both well

## Y2 – NERVOUS SYSTEM CLINICAL COMMUNICATION

- Patient's father died from a heart attack aged 80
- Patient's mother died in a car crash aged 60
- No other known illnesses in the family

### Background Info

- Occupation - teacher. Retired a year or so ago but does go in for supply cover about once a week, subject of your choosing.
- Non-smoker. No recreational drug use.
- Alcohol: initially say that they just have one or two drinks most days. If asked to clarify by the student advise that they maybe have 2 (large) glasses of wine with their meal and usually 1 or 2 measures of whisky before bed. Again, if pressed agree that this is every day. Been like this since retirement a year or so ago. They never drink more than this thought.
- Accommodation - two storey house. You live out in the countryside as you both prefer the peace and quiet. You need a car to get anywhere but you have not driven for a while as your spouse tends to drive.
- You both sleep upstairs. Bathroom downstairs.
- Keen hill walker but not doing so much because of arthritic knee but they still love to get out and about for walks if able.
- Diet is generally alright, you tend to have Sunday lunch out once a month as a treat, the rest of the time you both spend the weekends batch cooking homemade meals for the week ahead – homemade stews, Bolognese etc. You don't tend to have much in the way of sweets etc.

### Patient's relative's concerns

- Fear of incident happening again, particularly as you live in the countryside. You are not sure how you will cope if they do not make a full recovery as your family do not live close by.
- Concerned about what might have caused this as he / she is usually well.

**If asked if your spouse had any other symptoms, then state that you are not aware of any. Specifically no change in bowel habit, appetite or weight.**

After the full history, the tutor and students may discuss what they think is going on with this case and what management they think may be best in this scenario. After this discussion they may have one student approach you to ask if you have any questions. If they do this part of the scenario, you have 2 questions:

- 1) What kind of things can cause something like this to happen?
- 2) What might the next steps be for your spouse?

Please don't ask them more questions than this as this is the first time they will have practiced answering queries.