

PATIENT SCENARIO FOR RESPIRATORY ACM SESSION  
COPD EMERGENCY ADMISSION

**PA/AHP RESPIRATORY INFORMATION GATHERING GROUP INTERVIEWS** You will join a group of about 5-6 students and a tutor. The students will take it in turns to ask you about your respiratory history. Different students may take different sections of this history. **This is the first time that the students will practise asking about symptoms related to the respiratory system.** After each student you will be asked by the tutor to give the student feedback about his/her interview skills – please make sure that you give balanced feedback by offering the impact of something you liked followed by a description of what you liked and then do the same for something that the student can work on from your perspective as the patient. eg “I felt reassured about what was going to happen because you introduced yourself and explained what you wanted to do”; “I felt as if you were not interested in me when you looked at your watch”. You will repeat this process with the other students - if you have any concerns about a student please note the student’s name and speak to a tutor at the end of the tutorial, out of earshot of any students.

Setting: Respiratory Medicine Ward: in-patient

Name: Miriam/ Isaac Goldmann

DOB: 11.11.\_ 60 years old

ID BRACELET REQUIRED

Resident of Durham

**Presenting complaint**

You were admitted 4 days ago because of severe breathing difficulties and a cough.

**History of presenting complaint**

**If the student asks a further open question then please give the following**

**information:** 4 days ago your daughter collected you in Durham and drove you to Aberdeen for a holiday. However, on arrival at your daughter’s house, you felt so ill that you were unable to get out of the car because of extreme breathlessness and your chest felt really tight. Your blue inhaler did not help. You had also started wheezing (describe this as a whistling noise if the student asks). Your daughter drove you straight to A&E, from where you were admitted to the respiratory ward.

**If asked about duration or onset of symptoms:** Your cough had started getting worse the day before and you had also started coughing up green phlegm. Difficult to say how much, maybe half a cupful in a day.

**If specifically asked:** You have not had any chest pain. You have never coughed up any blood. You have not had any fevers. No change in sense of taste or smell. You were covid tested on admission and got told your result for that was negative 2 days ago.

**If asked if you have any problems with your chest normally:** Two years ago your GP gave you some breathing tests, and you were diagnosed with COPD and given an inhaler to use regularly but you have got a lot worse probably because you still smoke.

**If asked about how you are normally:** Since your diagnosis 2 years ago, you have experienced a gradual worsening of your breathing. You can’t do so much because you get breathless. You get breathless in the cold and when it is windy or humid. You take longer to get upstairs and you keep stopping walking on the flat after about 25m because you have to try to get your breath back. You cough every day and bring up phlegm – it’s usually white or grey. A lot of simple things like hoovering are an effort now and you get tired very easily, but you pace yourself and that helps a lot.

**If asked** - describe the COPD as a combination of emphysema and bronchitis caused by smoking.

### **Your concerns and expectations**

If you are asked about your expectations –

- You really don't know what you are expecting but hope the doctor will give you the all clear so you can go to your daughters

Where appropriate please mention that you are worried but do not elaborate further unless asked. If asked to elaborate OR if you are asked if you have any concerns/worries - mention 1 of the concerns/worries below. If a student asks if you have any other worries/concerns mention the other worry/concern

- You are worried about not making it to the bathroom in time (upstairs) – You are becoming slower
- You are very worried about your health and think that it's time that you asked for help to stop smoking.

### **Past medical history**

1 year ago you had a chest infection and breathing difficulties. You were admitted to hospital in Durham where you were diagnosed with a chest infection on top of your COPD. That was the first time you had been in hospital with your COPD. The symptoms were really frightening and you thought your time was up.

After discharge, you were sent to this rehabilitation class for people with lung problems. This was really good. You met lots of people with the same problems and still meet two of the other people every week. They made you do all sorts of exercise at the class and taught you how to eat better. Until these recent symptoms, which are exactly the same as the ones you had a year ago when you were admitted to hospital in Durham, you have been reasonably well.

You have some osteoarthritis (wear and tear) in both knees which gives you pain if you do too much but these days you are more limited by your shortness of breath.

### **Drugs/medicines**

You are on the following -

- Salbutamol (reliever) inhaler (blue). Use it when needed - usually a couple times a day but more if you are unwell.
- Spiriva (egg shaped grey inhaler) - take once daily • multivitamin tablets which you buy yourself.
- Paracetamol and sometimes Ibuprofen if your knees are sore

### **Allergies**

If asked you have no known allergies

### **Family history**

- mother was diabetic and died of heart failure.
- father was a heavy smoker and died from lung cancer

Your spouse left you 20 years ago and you have no contact with him/her.

You have one brother who lives in Ireland but you have very little contact with him.

You think his health is fine.

You have two children – son (33 years old; in Royal Navy), and a daughter (30 years) who lives in Aberdeen. Both well.

### **Social history**

You live alone in Durham, in a rented 2 bedroom semi-detached house. The bedroom and bathroom are upstairs but you can make it up stairs if you take your time and stop every few steps. You sleep propped up to help with your breathing. An Occupational therapist (OT) has been in and put some rails in the bathroom and bedroom which are a help. You would like a shower instead of a bath as getting in and out of the bath is becoming difficult due to your breathlessness.

You are still able to drive, which you describe as “a godsend”. You have a blue disabled badge for the car and use the mobility scooters in your shopping centre and Asda so shopping is manageable.

You have smoked cigarettes since your teens – at one point, up to 40/day, but you have reduced this to about 10/day. You are not able to give up completely, but you know that it makes your chest worse.

You drink alcohol occasionally (*a small sherry/dram-only on special occasions*). You have never taken any recreational drugs.

You have been unable to work as a school janitor/dinner lady for 2 years, but you would have liked to carry on. You miss the social contact.