

Patient Name: Jack Lazar

Diagnosis: exacerbation COPD

Character Brief

Patient story

Jack Lazar is a 65 year old male admitted to the ward five days ago with an exacerbation of Chronic Obstructive Pulmonary Disease (COPD). COPD, which is often known as emphysema, is a chronic lung condition, usually caused by smoking. The condition is always present and affects breathing, exercise capacity and causes increased susceptibility to lung infections. People with this condition find they have periods where it becomes much worse, when this happens they are said to be having an exacerbation. COPD exacerbations are often caused by lung infection. Jack was admitted to hospital as he had low oxygen levels and difficulty breathing.

Background information about the patient

Jack lives at home with his wife Norma. Norma and Jack have a good relationship and Norma is able to care for Jack if needed (she is in good health). Norma drives a car and visits Jack in hospital every day.

Jack retired from work as a truck driver 2 years ago following his diagnosis of COPD. He also ceased smoking 30 cigarettes a day at this time. Norma and Jack have 3 adult children and 2 grandchildren (*please improvise details regarding your family*).

Jack was born in a refugee camp in Eastern Europe, but lived most of his life in Australia. His parents were Jewish Hungarian immigrants who came to Australia after the war. Jack's parents have passed away. He is their only surviving child.

Jack lives in a terrace house in the inner city. The house is quite old and has not been renovated. There are no stairs in the house.

You may improvise details re hobbies, pets, favourite sports teams etc.. These are not integral to the scenario but will help build your character and give you something to get better for.

Physical characteristics

Jack's biggest problem resulting from his COPD is breathlessness. While he is comfortable at rest, doing any activity causes the breathlessness to come on. The more he moves, the more breathless he becomes. At present he can only walk about 30 metres before the breathlessness stops him going any further. If he stops and has a rest (or catches his breath), he can walk a bit further. He has seen a physiotherapist in hospital, who gave him a walking frame to use. The walking frame has 4 wheels like a trolley, and also has a seat. Pushing the walker feels more comfortable and helps him walk further. It

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allows him to lean onto something when walking – this always seems to relieve his breathlessness. Jack still has the strength to move freely, it is just his breathlessness that makes it hard.

Prior to his admission Jack could walk around 100 metres before having to rest due to his breathlessness. He reports noticing that his breathlessness has become progressively worse over the last few months and that he often feels afraid to walk "further than the letterbox" in case he can't get back to the house.

Jack has a hunched posture. When he becomes breathless he leans forward even more. He also likes to lean or hold onto things with his hands e.g. leaning forward on a bench, gripping forward on the letterbox.

While in hospital, Jack has been receiving oxygen through a tube in his nose. Jack finds that the oxygen helps make him less breathless and allow him to walk further. Prior to his admission he did not require oxygen.

For more information about COPD and images of what people with COPD look like/ behave like, please review the following YouTube clip:

http://www.youtube.com/watch?v=KkQ2ii_UUF0

Jack was admitted with a chesty, phlegmy sounding cough. He coughed up quite a lot of phlegm several times a day. Jack often produces phlegm when well, particularly in the mornings. However since become unwell he has produced a lot more and the colour has moved from its usual white or yellow to green.

Jack's chest, shoulders and neck are sore from all the coughing and struggling to breathe. Otherwise he does not have any significant pain.

Jack has found that his mouth is really dry and that foods lack taste. He has struggled with these problems for the last 12 months. However, he has found it to become worse since starting on oxygen. He mentioned this to one of the nurses who referred him to a speech pathologist.

Jack will be wearing a hospital gown and will be sitting in a chair beside his bed. Please bring along underwear to wear under the gown and a dressing gown and pair of slippers. Jack prefers to sit up rather than lie down as lying makes him more breathless.

Patient's affects/ behaviours

Jack is a likeable man. He does not complain much and is willing to do the best he can to get himself better.

Due to his breathlessness, he cannot talk in long sentences. He says a few words at a time, before having to stop and take a breath.

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Patient's current concerns

Jack's breathlessness is a cause of concern. It is getting worse over time and he is afraid that he may not have longer to live. As COPD is an incurable, progressive condition he knows he will not get better and it will most likely lead to an early death. He has struggled with the concept of death and dying and wants to be there to see his grandchildren grow up. He also feels very guilty about causing this disease through his smoking. All his concerns make it difficult for him to sleep at night and lead to anxiety. This in turn, further exacerbates his breathlessness.

Jack is not a fan of hospitals. Prior to his COPD he had good health and hadn't been in hospital. Because of COPD he has now been in hospital twice, has seen lots of specialists including a respiratory doctor and has had lots of tests (usually ones that involve you blowing into machines).

Jack is looking forward to getting better and going home. He feels like he could almost manage going home today; however he doesn't think that he could manage without the oxygen. He does not have oxygen at home. He would also like to have a walking frame like the one the physio gave him to take home.

Jack has found the hospital noisy, especially at night. Last night, a new patient was admitted to the room last night (Edith in Bed 5). She spent most of the night calling out for her daughter Annabelle. Another patient, Ana (Bed 1) keeps trying to steal his food and talks quite a lot. Brent in Bed 3 is a smoker and constantly looks for cigarettes. Jack keeps trying to warn him about the dangers of smoking but Brent is not interested.

Patient's history of the problem

Jack was admitted to hospital as he was breathless (and breathing quite quickly), had low oxygen levels and was coughing up lots of green phlegm. He also had a fever of around 38°C. When taken to emergency he was given oxygen and started on a range of medications. He has progressively improved over the last 5 days. Jack no longer has a fever.

The medications Jack was given include steroid tablets (prednisolone), antibiotics (tablets, although he may have received some via an intravenous line) and medications that are given through an oxygen mask (ventolin and atrovent). At home, Jack normally takes ventolin via a blue puffer and atrovent via a white and green puffer to manage his condition.

As well as seeing the lung doctors and lots of nurses, Jack has seen a physiotherapist and speech pathologist. The physiotherapist has been helping him to walk and manage his breathing. The physio mentioned that there is a rehabilitation program that Jack can attend once he gets home. Jack thinks that this would be a good idea and would like to know more about it. Jack's nurse referred him to a speech pathologist after he complained that his mouth always felt dry. The speech pathologist was really helpful and suggested that Jack use something called oral balance gel. Jack is keen to try this at home, but has forgotten the details about it. He would like to see the speech pathologist again to ask her where he should buy it and how he should use it.

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Jack has had several chest x-rays since being in hospital. He has also had his oxygen levels recorded often, via a probe placed on his finger. He expects he will need to have more tests of his lungs and breathing done over the next few months.

Patient's past medical history

Other than Jack's COPD, he has had reasonable health. His blood pressure and cholesterol levels are on the higher end of normal, but he does not take any medications for this.

Jack used to be a smoker, but stopped after being diagnosed with COPD 2 years ago. He smoked up to 30 a day, especially when driving trucks. Smoking used to help keep him awake when on the roads for long periods.

Jack has a normal intake of red wine and beer. He will have wine with meals occasionally and have beer in the summer. He has found that as he gets older, he drinks less.

This is Jack's second hospital admission due to COPD. Jack has been compliant with intervention and eager to continue with assistance with managing his condition.

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