

Dyspnoea Clinical Reasoning Scenario

HOPC

Geoff Jones is a 58 yo man who has presented at the ED SOB. He has been feeling unwell for 4 days and has taken the past 2 days off work with generalised aches and pains. He has had night sweats and fevers and uncontrollable shaking. He has a productive cough. He has some pain on inspiration, particularly on the lower left side. He hasn't really been eating or drinking much for 3 days and has had some nausea and abdo pain

What comes to mind?

ddx: pneumonia (CAP, HAP, VAP, HCAP), PE, pleurisy, bronchitis, cardiac chest pain, asthma, aspiration, APO, COPD, anaemia

Use of framework for checking off ddx - VINDICATE - go through it

- * Now for history taking using open-ended questions +/- initial stabilisation
HR 100, B/P 110/R, RR 28, Sat 89% RA
- * P & D and decide on ddx
- * Now for physical exam - chest, ankles, hands, calves, eyes.

Chest: look, feel, auscultate, percuss

Bronchial breath sounds

LLL crackles

Dull to percussion

Heart ok

Ankles ok

hands - no clubbing

calves ok

eyes - no anaemia

- * P & D and discuss findings

Any more questions? Perhaps some closed ended now we are heading in a certain direction. Lets start to rule in/rule out

Working diagnosis: LLL pneumonia (CAP must be considered when 2 of the following are present:
fevers

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rigors
chest discomfort
SOB
Cough
Change in sputum colour

Risk factors:
asthma, chronic bronchitis
Continual contact with children
smoking
Inhalational therapy
alcoholism
immunosuppression
institutionalisation

Aims of assessment:

Severity - there are scoring systems
Appropriate antibiotics
Disposition - needs admitting = rigors, hypoxia

What investigations?

CXR
Bloods - FBE, UEs (for renal function for ABs)
Sputum
Blood cultures
ECG
VQ Scan.

Lets divide up the jobs:

IV and fluids - 2 to cannulate, 2 to prime and decide on fluid and rate
Bloods
Write up slips
Find out which antis and give

Clinical notes:

Most commonly Strep - if there is a flu epidemic can also be staph
Offending pathogen not identified in 30-50% of cases.
Want ABs in within 6 hours
Vitals stable for 24 hours then home

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Console:

Geoff Jones is a 58 yo man who has presented at the ED SOB. He has been feeling unwell for 5 days and has taken the past 2 days off work with generalised aches and pains. He has had night sweats and fevers and uncontrollable shaking. He has a productive cough. He has some pain on inspiration, particularly on the lower left side. He hasn't really been eating or drinking much for 3 days and has had some abdo pain (vague and non-specific) and nausea but no vomiting.

Nil allergies

Meds- coversyl plus, lipitor, aspirin

PH - nil relevant, L knee arthroscopy

Lifestyle - works as a carpenter, generally fit and well, smokes 10/day, drinks 5 stubbies per night, has had flu shot

Event - feeling worse, Long weekend - couldn't see GP, rigors, Short of breath

HR 100, BP 105/R, RR 28, T 38, Sat on RA 89%, Crackles on left, cough intermittently

Once oxygen is on @ > 8L - Sat 93%

Once IV fluids are in - HR 90, BP 1110/R

No recent travel

Calves not sore

No heart problems

No ankle swelling

Generally fit and well

No asthma or aspiration

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