

Case Study: DOE

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Clinical Dashboard - Pertinent History and Physical

Paragraph Summary of Case:

- Paragraph Summary: John Doe is a 55-year-old male who presents with 3 days of shortness of breath. He reports that the shortness of breath has been progressively worsening and is accompanied by a dry cough and mild fever. He has a history of smoking and has been feeling fatigued over the past week.

Patient Approach:

- Education Level: College graduate
- Emotional Response: Anxious and concerned about his symptoms
- Communication Style: Talkative, provides a lot of details

History of Present Illness (HPI):

- Onset: 3 days ago
- Location: Shortness of breath
- Duration: 3 days
- Character: Progressively worsening
- Aggravating/Alleviating Factors: Worse with activity, no alleviating factors
- Radiation: None

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- Timing: Constant
- Severity: Moderate
- Additional Details: Dry cough and mild fever

Past Medical History (PMHx):

- Active Problems: COPD, hypertension
- Inactive Problems: None
- Hospitalizations: None
- Surgical History: None
- Immunizations: Up to date

Social History (SHx):

- Tobacco: Current smoker, 1 pack per day for 30 years
- Alcohol: Occasional social drinker
- Substances: None
- Diet: Balanced diet
- Exercise: Sedentary
- Sexual Activity: Monogamous relationship
- Home Life/Safety: Lives with spouse, no safety concerns
- Mood: Anxious
- Contextual Details: Recently retired, spends a lot of time at home

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Family History (FHx):

- Parents: Father died of lung cancer at age 70, mother alive and well
- Siblings: Sister has COPD

Medications and Allergies:

- Medications: Lisinopril, albuterol inhaler
- Allergies: No known allergies

Review of Systems (ROS):

- Pertinent Findings: Shortness of breath, dry cough, mild fever

Physical Examination:

- Findings: Tachypneic, decreased breath sounds in the right lower lung field, crackles in the right lower lung field

Diagnostic Reasoning:

- Essential HPI Details User Should Elicit: Onset, duration, and progression of symptoms, any recent exposures or travel history
- Differential Diagnoses: Pneumonia, COPD exacerbation, pulmonary embolism
- Rationale: The presenting symptoms of shortness of breath, cough, and fever, along with the patient's history of COPD, suggest a possible infectious process such as pneumonia. However,

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other diagnoses like COPD exacerbation or pulmonary embolism should also be considered.

Teaching Points:

- Key Learning Objectives:

Perform a focused history and physical exam to identify the underlying cause of the patient's symptoms.

Formulate a differential diagnosis based on the clinical presentation and patient history.

Discuss the importance of considering atypical pneumonia as a potential diagnosis, especially in patients with chronic lung disease.

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- Educational Content:

Psittacosis, also known as parrot fever, is a rare zoonotic infection caused by the bacterium *Chlamydia psittaci*. It is usually contracted through exposure to infected birds, such as parrots, cockatiels, or pigeons.

The clinical presentation of psittacosis can be similar to other types of pneumonia, with symptoms like fever, cough, and shortness of breath. However, it may also present with more atypical symptoms like headache, myalgia, and gastrointestinal issues.

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Patients with underlying lung diseases like COPD are at higher risk for developing severe complications from psittacosis, and a high index of suspicion is warranted in these cases.

Prompt recognition and appropriate antibiotic treatment are essential for managing psittacosis, as the disease can progress rapidly and lead to life-threatening complications if left untreated.

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PATIENT DOOR CHART and Learner Instructions

- Patient Name: John Doe
- Age: 55
- Legal Sex: Male
- Chief Complaint: Shortness of breath
- Clinical Setting: Outpatient clinic

Vital Signs:

- Blood Pressure Reading: 135/85 mmHg
- Pulse Rate: 110 bpm
- Respiratory Rate: 22 breaths/min
- Temperature(Celsius): 38.2°C
- SpO2: 92% on room air