

## **Example of GPs script:**

### **Patient contribution**

Hi Janet, what would you like to talk about today?

Yeah, okay, so the cough and the sore throat for five weeks; was there any other issues that you were hoping we could discuss today?

Okay, we had some results back from some swabs, did you want to talk about that at all today?

Okay, so that's the priority really, your chest, isn't it?

### **ICE**

You mentioned that your daughter had suspected whooping cough, do you think that was the same thing for you?

Sure, sure okay – any other thoughts?

You weren't worried it was anything sinister or nasty or anything like that?

So, from your point of view, was there anything that you were particularly hoping I would do for you?

Is there anything that makes you think that this could be whooping cough?

And, did that kind of ring true for your symptoms?

### **PSO**

How's this affecting your life at the moment?

Things at home okay?

Just remind me who's at home with you.

Yeah, okay, and work wise are you able to carry on.

What does that involve at the moment – what's your job title?

Okay, so it's affecting your ability to do the job in what way - because you're so tired, with the cough?

### **Red flags**

You're not a smoker; your weight's been okay? You're not coughing up any blood or anything like that?

### **Focussed history**

So wheezing all the time, what do you mean by that?

You're okay in yourself, are you?

Are you prone to this sort of thing?

Is it affecting your night's sleep at the moment, maybe?

Okay, nothing to do with the cough, though?

So maybe we could come back to that sleep issue another time, would that be alright?

Mood's okay?

So, thinking about the cough in itself, are you fetching anything up with it?

You've had no fever, no temperature?

### **Focussed examination**

So, why don't I check your chest out today, maybe do a breathing test if that seems appropriate?

So I'll have a look at your throat first of all if that's okay. Open your mouth, breathe in. Going to peek up your nose, you're not really affected with nasal symptoms, and your ears are fine too. Can you stand up for me and turn around – slip your coat off and we'll just have a listen to the back of your chest. I'm also just going to check your temperature with a thermometer in your ear if that's okay. Breathe away.

Your lungs sound wonderful.

Let's just pop this in your ear, that little bleep is just it telling me your temperature. Okay, that's lovely, your temperature's fine. And there's no lymph nodes anywhere that you've found?

And your throat looks healthy and normal, that's great. Just one last thing while we're examining you – if you stay standing, I'd like you to take a really big, deep breath in through your mouth, put your lips around this white plastic thing and then blow as hard and fast as you can. So, you need to try to blow that red pointer off the end of the scale.

Right, go. Good effort, try again and try to double your effort – ready, steady, go. Great, okay – normal-ish numbers, we're getting around 340 there. That's not particularly tight, there's nothing particularly there that would suggest to me that you've got anything like asthma.

#### **Identify problem**

And your airways seem to not be too tight, but you have got this irritating tickly cough that's been going on for five weeks. Because you're in a low-risk group for anything nasty or worrying going on, and because you've got this family history of what we think could be whooping cough, I think it's most likely to be either whooping cough or something very similar.

#### **Check understanding**

Okay, under those circumstances, I'd normally let public health know about it – would that be okay if I did that?

Have you got any questions relating to anything else?

#### **Develops management plan / shares management plan**

So, I'll do that for you, but there is no treatment for it at the moment. The good news for you is that because you've had it for five weeks, after about six weeks it will usually start to get better.

#### **Safety net and follow up**

Now, I do need to know if things change, so if you're breathless with it, then come back in. If you're coughing up blood, then come back in, and if you're unwell with a fever then come back in; but otherwise I think that this will just drift on a little bit and then get better. The chances are that this will get better within three months. If it's getting worse after two or three months and you start to worry that maybe you're losing weight or something like that, then we'll do a chest x-ray, but I think at the moment it's unlikely to be anything worrying or sinister. Is that okay?