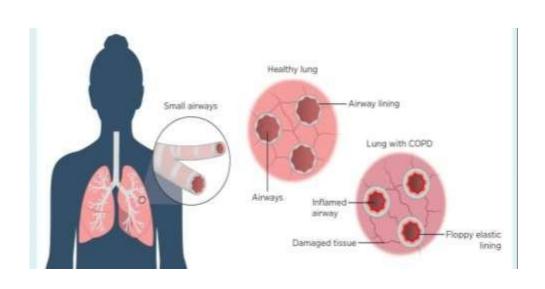
Case presentation on CHRONIC OBSTRUCTIVE PULMONARY DISEASE



PRESENTED BY:

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20T11T0004

DEFINITION:

► COPD is a common preventable and treatable disease is characterized by obstruction of flow of air through the airways and out of the lungs Associated with an abnormal inflammatory response of the lungs to noxious particles or gases which is progressive and irreversible.

EPIDEMOLOGY:

COPD kills more than 3 million people every year making it the 4th largest cause of death in the world

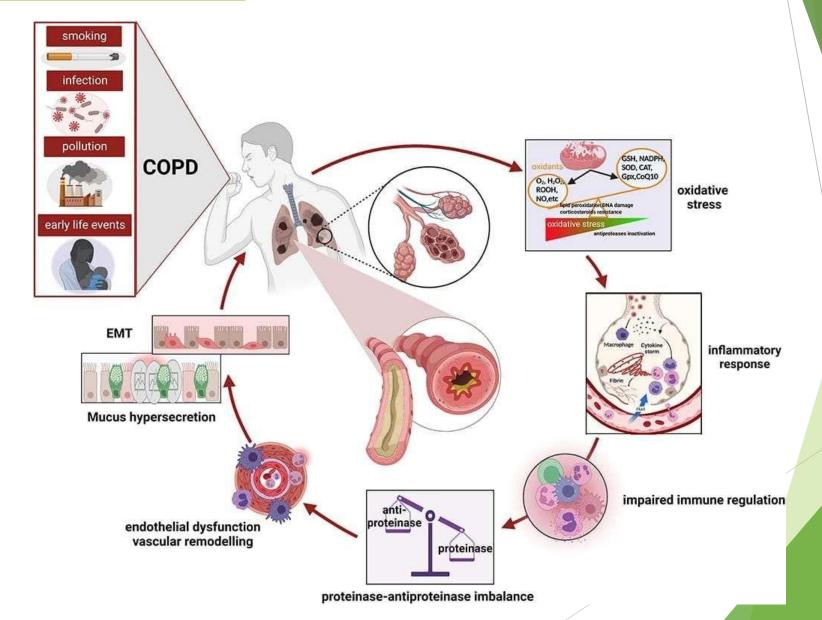
ETIOLOGY:

- **❖** Age
- Smoking
- exposure to air pollution
- ❖ Alpha-1antitrysin deficiency Infections

CLINICAL MANIFESTATION

- breathing difficulty
- chronic cough with sputum
- chest tightness
- wheezing fatigue

pathophysiology



DIAGNOSIS

- Medical history collection
- chest x-ray
- LFT
- ❖ ABG gases
- **❖** CBP

Case presentation

DEMOGRAPHICS DETAILS:

❖ Name: xyz

Age:62 years

Gender: Female

❖ Department : FMW

❖ DOA:1\11\2023

❖ IP NO:31217

Chief complaints on admission:

- c/o SOB ,orthopnea since 3 days
- c/o pedal edema on soft
- No c/o chest pain
- c/o cough productive
- No c/o decreased urine output

Past medical history:

• H/o similar episodes in the past

Physical examination:

❖ A 62 year old female patient was conscious ,oriented .

VITAL SINGS:

PR:133bpm

BP:175/80mm/Hg

SPO2:92% RA

SYSTEMIC EXAMINATION:

CVS:S1S2+

RS: Dysponoea +

wheeze+

PA: Scaphold

Lab investigations:

| PARAMETER S | OBSEVERD VALUES | NORMAL VALUES |
|------------------|----------------------|-------------------------|
| Hb% | 4.4gm/dl | 11-16gm/dl |
| Total count | 11,500 | 4000-11000 |
| Polymorphs | 93% | 45-75% |
| Lymphocyte s | 04% | 20-45% |
| AEC | 550 cells/microlitre | 30-250 cells/microlitre |
| Platelet count | 3.1 lakhs/cumm | 1.5-4.5 lakhs/cumm |
| RBS | 150mg/dl | 70-110mg/dl |
| Serum creatinine | 0.8 | 0.4-1.4mg/cl |
| | | |
| | | |

MEDICATION CHART

| DRUG | DOSE | ROUTE | FREQUENCY | DAY WISE |
|------------------------------|----------------------|-------|---|----------|
| O2 inhalation | 2-4 lit/min | | | 1-3 |
| INJ CEFTRIAXONE | 1gm | IV | BD | 1-3 |
| INJ PANTOP | 40mg | IV | OD | 1-3 |
| NEB-ASTHALIN BUDECO RT | | | 4 th hourly 12 th hourly | 1-3 |
| INJ HYDROCORT | 100mg | IV | TID | 1-3 |
| INJ LASIX | 40mg | IV | BD | 1-3 |
| SYP AMBROXYL | 5ml | p/o | TID | 1-3 |
| Tab PCT | 650mg | P/o | TID | 1-3 |
| INJ IRON SUCROSE | 1 Amp in 100ml NS | IV | OD | 2-3 |
| Tab AZITHROMYCIN | 500mg | p/o | OD | 2-3 |
| | | | | |

Progress chart:

| DAY -1 | Patient admitted with complaints of SOB, Orthopnea ,pedal edema and productive cough |
|--------|---|
| DAY -2 | Similar complaints and fresh compliant of myalgia. BP:110/60 PR:103bpm SPO2:95% |
| DAY-3 | No fresh complaints. BP:118/60 PR:116bpm SPO2:95% |

Confirmatory diagnosis:

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

SOAP NOTES

SUBJECTIVE EVIDENCES:

A 62 Years old female patient was admitted in female medical ward with chief complaints of SOB, orthopnea since 3 days ,pedal edema and productive cough.

OBJECTIVE EVIDENCES:

As the patient was conscious and coherent lab investigations were performed which shows decreased levels of haemoglobin and increased levels of total count and polymorphs.

ASSESSMENT

Based on subjective and objective evidences the patient was dignosed as found to be

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

PLAN:

| DRUG | DOSE | ROUTE | FREQUENCY | INDICATIONS | |
|--------------------------|-------------------|-------|---|---|--|
| O2 inhalation | 2-4 lit/min | | | | |
| INJ CEFTRIAXONE | 1gm | IV | BD | Treat bacterial infection | |
| INJ PANTOP | 40mg | IV | OD | Decrease acid secretion | |
| NEB-ASTHALIN BUDECORT | | | 4 th hourly 12 th hourly | | |
| INJ HYDROCORT | 100mg | IV | TID | Reduce swelling; mucus production | |
| INJ LASIX | 40mg | IV | BD | Treat fluid retention | |
| SYP AMBROXYL | 5ml | p/o | TID | Prevent acute exacerbation of COPD | |
| Tab PCT | 500mg | P/o | TID | | |
| INJ IRON SUCROSE | 1 Amp in 100ml NS | IV | OD | Troat iron deficiency anomia | |
| Tab AZITHROMYCIN | 500mg | p/o | OD | Treat iron deficiency anemia Treat certain bacterial infection | |
| | | | | | |

PATIENT COUNSELLING

REGARDING DISEASE:

COPD is a lung disease that obstruct airflow and disturbs the normal breathing .this is normally due to smoking and other injections. common symptoms include chronic cough ,sputum production and SOB.

Regarding medications

- ➤ Inj.ceftriaxone: used to treat infections caused by bacteria.
- ➤ Inj Pantop: used to decrease acid secretion.
- ➤ Neb Asthalin :fast acting brochodilator
 - Budecort: used to relive symptoms of COPD.
- ➤ Inj Hydrocort : used to treat certain medical conditions such as inflammation , severe allergic reactions.
- ➤ Inj Lasix: used to treat fluid retention .
- > syp Ambroxol: indicated for secreolytic therapy in bronchopulmonary disease with abnormal mucus secretion.
- ➤ Inj iron sucrose : used to treat iron deficiency anemia.
- > Tab azithromycin: used to treat certain bacteria and reduces inflammation in the lung

Regarding Life modifications

- Do not exposure to allergens .
- When working in a hazardous environment, wear a respirator mask,
- use air filters at work place .
- Drink plenty of fluids .
- Avoid oily , junk and spicy foods.
- ❖ Avoid cool water and cool drinks.
- Avoid OTC medications.
- Do not exposure to chemicals and air pollution .
- Avoid exposure to cold climate.
- * Eat fresh fruits, vegetables, meat, sea food etc.

THANK YOU