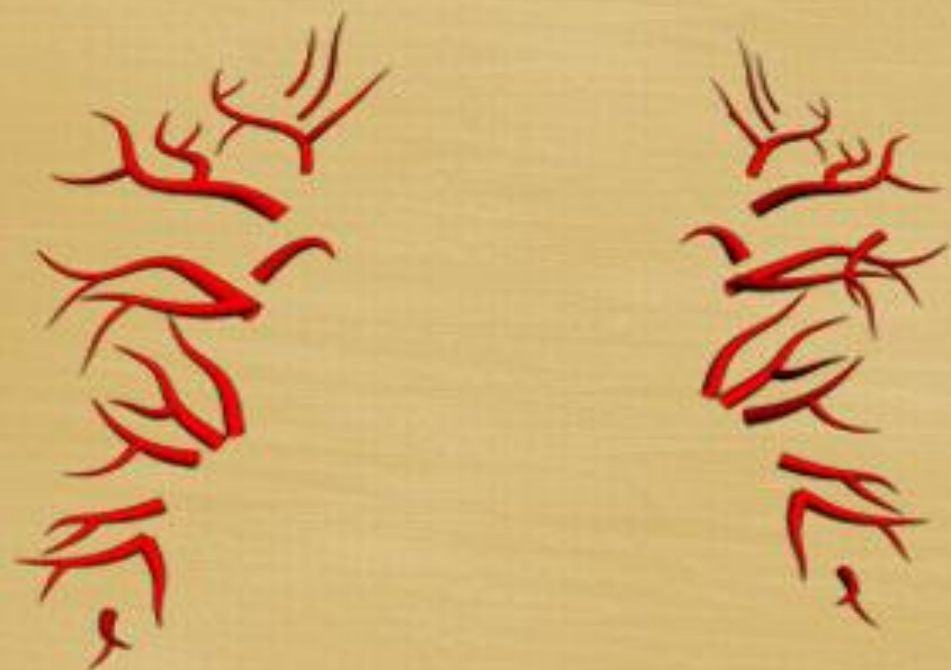


COMLEX Level 2 PE Exam

A 56 year old woman brought in to the emergency room by her son as she suddenly got short of breath this morning.



Patient Data Sheet

- **Patient Name** : Ms. Dorothy Parker
- **Clinical Settings** : Emergency Room
- **CC** : A 56 year old female presents with shortness of breath.

➤ **Vital Signs:**

- **Blood Pressure** : 140/70 mm Hg
- **Respirations** : 18 per minute
- **Temperature** : 99.1 °F
- **Pulse** : 100 bpm, regular
- **Height** : 66 inches
- **Weight** : 201 lbs.
- **BMI** : 32.4 kg/m²

Differential Diagnosis

- COPD-acute exacerbation.
- Acute exacerbation of bronchial Asthma.
- Acute exacerbation of CHF-decompensation.
- Foreign body in the respi. Pathway.
- Panic attack.

Key Information to Remember

- Doorway information.
- Asking for complete medical history and medication list.
- Look for risk factors for COPD.
- Occupational history.
- Psych history to rule out panic attack.
- Differentiate respiratory causes from cardiac causes such as CHF.

Opening Scenario

- An obese AA female.
- Semi-reclined in bed.
- Looks anxious.
- Hyperventilating over nasal canula.
- Surrounded by her family members.

Subjective

- **Hello Mrs. Parker, my name is Dr. O'Connor. I am a physician I work in this hospital and would be taking care of you today. What brings you to the hospital today?**
- *Short winded doc. (Patient cant speak in complete sentences)*
- **I see. Are you better since coming here ?**
- *A little doc.*

Contd...

Subjective (Contd...)

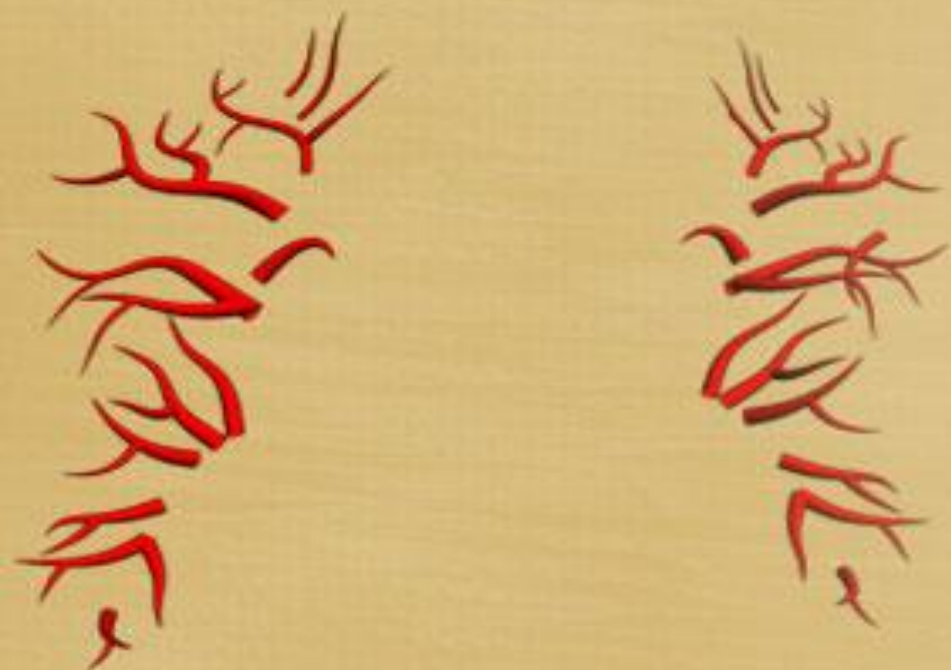
- **Ok. I would ask you some questions, then examine you. I know you are short of breath, I will make this as quick and easy for you as possible. Is that ok ?**
- *(Nods her head) Good.*
- **So, Mrs. Parker, how did this start ?**
- *I was making breakfast this morning, couldn't breathe. I tried my nebs, they didn't do much. My son called 911.*

Subjective (Contd...)

- **Did you get any nebs since coming to the hospital?**
- *Yes.*
- **And that helped ?**
- *(Nods her head to say yes)* **Okay that's good.**
- **Do you have cough, Mrs. Parker?**
- *Occasionally.*

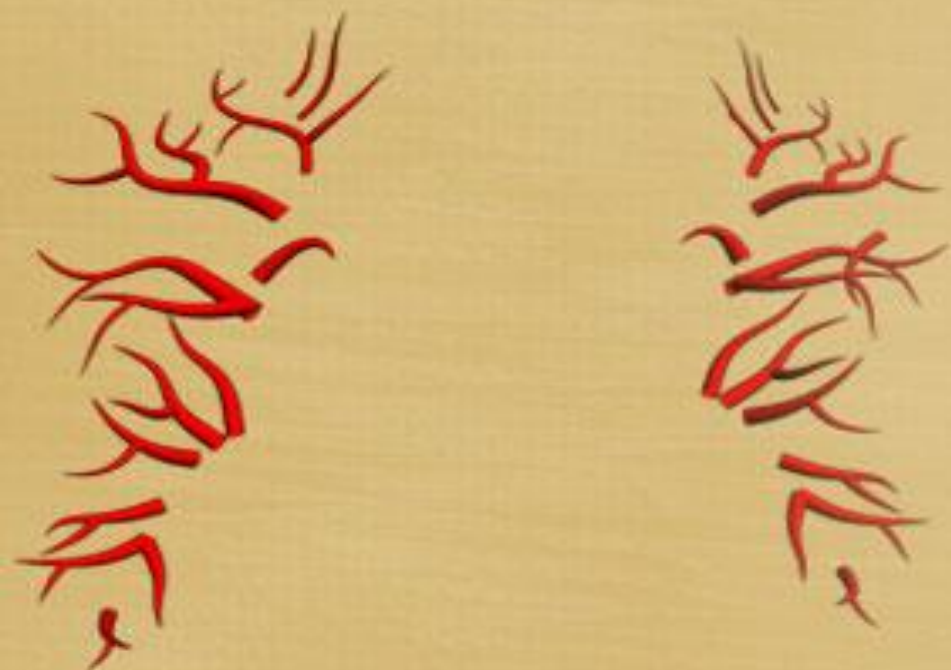
Subjective (Contd...)

- **How did this cough start?**
 - *I think winter doc. I get this cough every year in winter.*
- **Is it wet or dry cough?**
 - *Its mostly dry. Sometimes I cough stuff up.*
- **How long has this cough been there for?**
 - *About a week now doc.*



Subjective (Contd...)

- **What is the color of the stuff you cough up?**
- *Its greenish gooey stuff, sticky stuff. It smells bad.*
- **Do you have a fever?**
- *No.*
- **I see. does your chest hurt too?**
- *A little, when I take deep breaths.*
- **Where does it hurt the most?**
- *On the sides, doc.*



Subjective (Contd...)

- **What makes your breathing worse ?**
- *I can't breath lying down doc, I have to sit up.*
- **What makes it better?**
- *Sitting up and nebs.*
- **Is anyone at home or work sick?**
- *No.*
- **I see. Does anyone at home or work smoke?**
- *My son does, sometimes. Mostly in the patio, but I am sensitive to it.*

Subjective (Contd...)

- **I see. Has he been smoking this past week, before your symptoms started?**
- *Not really.*
- **Now let me ask you a few questions about your medical problems, the meds you are on. Okay?**
- *(Nods her head) Great.*

PAM HUGS FOSS

- **What medical problems do you have, Mrs. Parker?**
- *I have COPD, high blood pressure and diabetes, I also snore at night the doc says I don't breath well.*
- **Have you come in to the hospital with the same complain before?**
- *Yes, twice last year. I was there for 3 days each time.*
- **I see. Have you been hospitalized apart from that?**
- *For my hysterectomy 2 yrs ago. And for my deliveries many years ago.*

Contd...
13

PAM HUGS FOSS (Contd...)

- **Any surgeries apart from your hysterectomy?**
- *No.*
- **What meds are you on, Mrs. Parker?**
- *I have 2 kinds of nebs, I take water pill and Norvasc. I have 2 meds for diabetes and I take a baby aspirin daily. I have a couple of other meds, I don't know names, my son knows it.*
- **Okay, I will get the list from your son when I am done seeing you.**

PAM HUGS FOSS (Contd...)

- **Are you allergic to any medication or other substance?**
- *To smoke and to dust. Makes my breathing worse.*
- **What kind of work do you do?**
- *I am retired now, I worked at USPS before.*
- **Okay. I would ask you a few questions about your habits now.**
- *Sure.*

PAM HUGS FOSS (Contd...)

- **Do you smoke?**
- *Not now doc. I smoked 2 packs a day for about 40 years. Then 5 years ago they said I had COPD, the bad kind. They did all kinds of test and I used nicotine patch a couple of months and quit gradually. I am on the lung transplant list.*
- **I see. That must be a pretty bad COPD.**
- *Yes doc, the lung doc said its the end stage.*
- **I am sorry to hear that Mrs. Parker. Do you drink any alcohol?**
- *No.*

PAM HUGS FOSS (Contd...)

- **Do you use any recreational drugs?**
- *No.*
- **Is there a history of any medical problems in your family?**
- *Both my parents were diabetics, they both had heart problems. My father died of a heart attack.*
- **I am sorry. Any history of Lung problems or COPD in the family?**
- *No.*

PAM HUGS FOSS (Contd...)

- **Are you currently sexually active?**
- *No.*
- **How are your bowel movements?**
- *Ok.*
- **How about bladder?**
- *Ok.*
- **Can you sleep well?**
- *No, my chest feels heavy when I lie down. I sleep in the chair. I use the mask at night, but for a week I haven't been sleeping much.*

Objective

- **Okay Mrs. Parker, thanks for your cooperation. I will now examine you. Before that let me wash my hands.**
- Wash your hands.
- Drape the patient.
- Do a good general and HEENT exam.
- Examine RS first. Listen for air entry, tubular breathing, rales, crackles.
- Examine CVS next.
- Quickly auscultate and palpate the abdomen.
- Examine extremities for edema and peripheral pulses, cyanosis, clubbing.
- Explains, offers and performs OMM if indicated.

Closure: Assessment and Plan discussion

- **Okay Mrs. Parker. thank you. Now let me go over what I think about this.**
- **Given your medical history and the way you presented, the top possibility is a COPD exacerbation, that is you are having an acute attack of worsening of COPD. That is what happened the last two times you were here. I suppose, I would like to admit you and send some blood tests.**
- **We would also get an X-ray of your chest. Then you would have something that is called an ABG.**

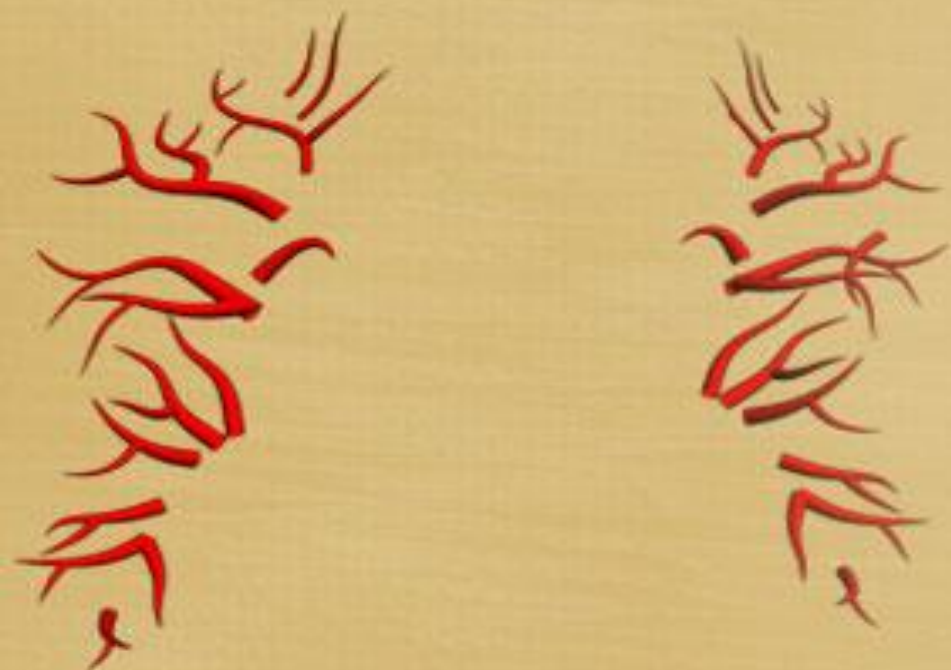
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Closure: Assessment and Plan discussion (Contd...)

- **We would stick a needle in an artery in your wrist and collect some blood. This is to see how well your lungs are doing and if your blood is getting enough oxygen. It is a little painful procedure, but we have trained staff here, they will make it as easy for you as possible.**
- *I know doc, they did it last time too.*
- **Okay good you already know about it**
- *Yes, and they took the X-ray in the ER.*

Closure: Assessment and Plan discussion (Contd...)

- **Okay that's great. I will go and look at it then. We might need to order a CT of your chest to look at your lungs. If you have previous CT's or X-rays we will compare them to the new ones.**
- *Okay.*



Closure: Assessment and Plan discussion (Contd...)

- **Once we have all the results back, I will come and talk to you again. Then we will go over the plan together.**
- **In the mean time, we will give you a mask to breath on, so you feel more comfortable. I will also write for neb treatments. Some of them are standing orders, but if you feel short of breath in between those nebs, you have to ask the nurse for more. Is that ok?**
- Yes doc, I understand.

Closure: Assessment and Plan discussion (Contd...)

- **Great. Do you have any questions or concerns at this point?**
- *What about my night mask, doc?*
- **I will look through your records or call your doc and ask them the exact settings. We will take care of it.**
- *Thanks doc. I am all set.*
- **Okay then Mrs. Parker, you take care. We will meet again once I have all the labs back.**
- Say thanks, shake hands and exit.

SOAP Note

Subjective:

- A 56 year old obese AA female is brought in with SOB since morning. Pt was making breakfast when she got short of breath. Her usual nebs did not help and she was brought in by her son. She reports of a productive cough X 1 wk. She complains of similar episodes every winter.
- She also reports vague chest pain and tiredness. Her SOB is worse on lying down and gets better on sitting up and with nebs.
- She denies any fever, sick contacts, recent smoking or 2nd hand exposure to smoke.

Contd...

SOAP Note (Contd...)

- Her medical history includes terminal COPD diagnosed 5 yrs ago, for which she is on a lung transplant list. She also has HTN, DM-2 and OSA.
- Her meds include nebulizers, ASA 81 mg daily, A diuretic, Norvasc, 2 oral hypoglycemics. She is not aware of all her meds and their doses. she was hospitalized twice last year for COPD exacerbation. Her surgical history includes a hysterectomy 2 years ago.
- She is allergic to smoke and dust.

SOAP Note (Contd...)

- She has an 80 pack -year history of smoking but quit after being diagnosed with terminal COPD. Her son still smokes, sometimes at home and she reports being sensitive to it.
- She does not drink Etoh, or use illicit drugs. She is not currently sexually active.
- She reports using the "mask" probably a CPAP mask at night for her OSA.
- Occupational : Worked at USPS, now retired.

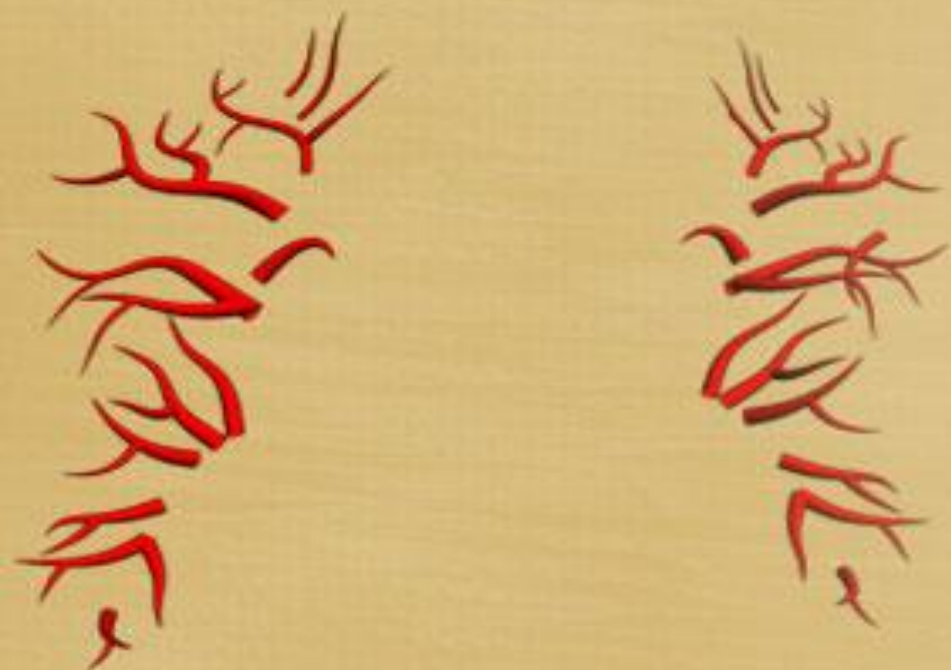
Objective

- A middle-aged obese AA female, sitting propped up with pillows, hyperventilating on Nasal canula, unable to speak in complete sentences. Pursing of lips is noted as she breathes.
- **Gen exam:** Clubbing is noted. No cyanosis, Lower extremities 1+ pitting edema bilaterally. good peripheral pulses in both upper and lower extremities.
- **RS:** Reduced air entry bilaterally, poor air movement. Mild bibasilar crackles heard. Noisy upper airway, probably from secretions.

Contd...

Objective (Contd...)

- **CVS:** S1,S2, Tachy, Regular rhythm, no Murmurs, rubs or gallops.
- **Abdomen:** Soft, non tender, non distended, no organomegaly.



Assessment and Plan

➤ **Assessment:**

1. Acute Exacerbation of COPD.
2. Atypical pneumonia.
3. Bronchiolitis.
4. Obstructive Sleep Apnea.

➤ **Plan:**

1. Albuterol 2.5 mg by nebulizer every 2-4 hours and PRN, Atrovent(Ipratropium) 500 mcg by nebulizer every 4 hours and PRN, Prednisone 40 mg daily, Oxygen via NC.
2. CBC with differential, CMP, ABG, Chest X-ray-PA and Lateral.
3. CT chest non contrast.
4. Admit to hospital.
5. CPAP at night.

Happy Reading

