

Presenting Histories

Background

- Patient name
- Age
- Relevant chronic conditions
- Where and when they were seen
- Current state

"Mr Bloggs is a 44 year old male with a background of severe COPD who presented to A&E one hour ago. He is currently hypoxic and pyrexial."

History

- PC

"He presented with a cough."

- HPC

"On further questioning, the cough started three days ago. It is productive of a moderate amount of thick green sputum – he has produced about 10mls today. He has not had haemoptysis."

- Other positive findings from relevant systems review
- Important negative findings from relevant systems review

"He also has been feverish and moderately short of breath but has not had any chest pain or leg swelling."

- PMHx

"Mr Bloggs' past medical history includes severe COPD and hypertension. His COPD was diagnosed two years ago and is currently well controlled with inhalers. He has had one exacerbation so far this year which was treated in the community. His hypertension was diagnosed three years ago and is currently well controlled on medication."

- DHx

"Mr Bloggs' drug history includes ipratropium bromide 40mcg inhaled four times daily and salbutamol 100-200mcg inhaled as required for COPD and ramipril 2.5mg orally once daily for hypertension. He has no drug allergies."

- FHx

"He has no significant family history"

- SHx

"In terms of social history, Mr Bloggs is farmer and currently smokes 20 cigarettes daily and has a total of 40 pack years. He has never drank any alcohol. He lives at home with his wife and is normally fully independent and mobile."

Examination

- Observations

"I examined Mr Bloggs and he was hypoxic, with oxygen saturations of 92% on room air. He had a respiratory rate of 18. He was pyrexial at 37.8 degrees. Heart rate and blood pressure was normal"

- Examination findings (important positives and negatives)
 - General state

"Clinically, Mr Bloggs appeared well. He was alert and orientated."

- General inspection

"On general inspection, there was evidence of accessory muscle use and breathing through pursed lips but he was only mildly breathless. There was 2mls of green sputum in the sputum pot."

- Major findings from relevant system examination
 - Positive and negative peripheral signs
 - Detail of major part of examination

"Examination of the respiratory system revealed a capillary refill of 3 seconds, cool peripheries and conjunctival pallor but no peripheral or central cyanosis. The trachea was not deviated and there was no cervical lymphadenopathy."

"On examination of the chest, there were no scars or chest deformities. Chest expansion was normal. The lungs were resonant to percussion. On auscultation, there were normal vesicular breath sounds with a mild wheeze but no other added sounds. Vocal resonance was normal. The calves were not swollen or tender."

- Findings from other system examinations

"On examination of the cardiovascular system, the apex beat was non-displaced and there were no heaves or thrills over the precordium. Heart sounds one and two were present with no added sounds. There was no evidence of pulmonary or peripheral oedema."

"On examination of the abdomen, it was soft and non-tender with no organomegaly. Bowel sounds were normal."

Summary, impressions and plan

- Summary

"In summary, Mr Bloggs is a 44 year old male with COPD who presented with a three day history of a green productive cough and fever. He is currently stable and had a normal chest examination with normal chest sounds other than a mild wheeze."

- Impressions and differentials

“My impression is that this is an infective exacerbation of COPD. However, a differential is community acquired pneumonia.”

- Investigations and plan

“I would like to take bloods including a full blood count to check for infection, U&Es and LFTs to obtain a baseline and a C-reactive protein to look for signs of inflammation. I would like to obtain an arterial blood gas sample to more accurately assess oxygenation and guide oxygen therapy. I would also like to perform a sputum culture to help guide antimicrobial therapy, and get a chest radiograph to exclude pneumonia.”

“I would like to admit Mr Bloggs and start him on controlled oxygen therapy, doxycycline 100mg orally once daily for seven days (after a 200mg loading dose now) and 40mg prednisolone orally once daily for five days to treat likely infective COPD exacerbation. In view of his wheeze, I would also like to prescribe nebulised salbutamol 5mg as required.”

Tips while presenting

- You can occasionally look at your notes to remind you, but you should not just read off the paper.