

# Practice Station

\_\_\_\_\_ Anderson

## Instructions to the Intern:

### Clinical Situation:

\_\_\_\_\_ Anderson an \_\_\_\_\_ year-old male presents to the emergency department mid-day with a chief complaint of cough and runny nose for 2-3 days. Since last night he has become progressively worse and now has had difficulty breathing for several hours.

### Station Procedure:

You have 15 minutes to complete:

- (1) A **focused** history relative to the chief complaint (direct questions to parent only, child not comfortable enough to talk).
- (2) A **focused** cardio-respiratory exam relative to the chief complaint.

**\*\*No assessment necessary at this time. You will do a SOAP note as part of your next station.\*\***

# School Aged Child Hospitalized for Asthma

**Age range:** School age child (~7 to 10)

**Presenting situation:** male/female child with history of asthma who is being admitted to the hospital with an asthma exacerbation. (You call this an “asthma attack”.)

**Reason for visit:** You are the parent/grandparent/legal guardian of child who is being admitted to the hospital for an asthma attack. The resident is coming into the room to obtain child’s medical history.

**Elaboration of complaint:** Derrick first started to have some cough and runny nose 2 or 3 days ago. Yesterday he started to wheeze. He was using his inhaler every 4 to 6 hours yesterday during the day. Last night the wheezing and cough became progressively worse. He needed to use the inhaler every 3 to 4 hours overnight. This morning he has been working hard to breath. The inhaler has not been helping his breathing. You brought him to the hospital emergency room mid-day because you were concerned about his breathing.

**Demeanor:** You are appropriately concerned about Derrick. You answer all of the doctor’s questions as best you can. You are friendly and cooperative. Try not to offer much information on your own. Make the residents ask all the questions needed to get the information. When asked how he looked today or anything about how he was today emphasize how it looked like he was really having hard time breathing and how scared/concerned you were.

**Detail/Flow:** You are concerned, but very cooperative. You are friendly and answer the doctor’s questions appropriately.

**Clinical content:** Derrick first developed cough and runny nose 2-3 days ago. He started to have wheezing yesterday. He was using his inhaler

every 4-6 hours during the day. Last night the cough and wheezing became more severe and he was using his inhaler every 3-4 hours. This morning he looked like he was having trouble breathing. You could see his neck muscles tensing up when he was trying to breath and his skin under his ribs was sucking in when he tried to breath. You could hear him wheezing this morning. He was having difficulty speaking – using phrases not complete sentences. He didn't want to eat breakfast, and he *always* eats breakfast. You couldn't see that the inhaler helped his breathing at all this morning. (Usually if he's wheezing a little it will decrease the wheezing and coughing.) You brought him to the emergency room because you were concerned that he couldn't keep breathing this way. He has not had any fevers, vomiting, or diarrhea. You are not sure about urine output because he goes to the bathroom by himself. He has a history of eczema, but that is pretty well controlled with medicines. No one else at home is sick. He hasn't slept well for the last 3 nights, coughing more the night before last.

**Asthma history:**

He has been in the hospital numerous times for asthma, but most of them were when he was younger. The last time he was in the hospital was last January. He has never had to be in the ICU with his asthma. He has never needed to be intubated (on a breathing machine). His normal asthma triggers are colds, dogs, cats, and smoke. Exercise doesn't seem to bother him unless it's cold outside. He has an inhaler that he is supposed to use every day. He gets 2 puffs twice a day. You know it is an orange inhaler but can't remember the name right now (if the resident asks if it could be Flovent, say "yes, I think that's it"). You are usually very good about making sure he gets this every day. He ran out of this 2 weeks ago, though and you haven't had a chance to get a new prescription. He has an appointment with his doctor next week. Derrick also has an albuterol inhaler that he uses only as needed. He started this inhaler yesterday. He only normally uses this about 1 or 2 times a month. He does not usually have a nighttime cough-only when he's sick. Has been on an inhaler for the last several years.

**Past medical and surgical history:** Derrick has asthma, most of that history described above. He was diagnosed when he was a baby. As far as you know his only hospitalizations have been related to his asthma. He was born on time and there were no complications. He's had no surgeries.

**Family history:** Derrick's mother and maternal aunt have asthma also. Derrick's younger brother sometimes has wheezing with colds, but he has not been given the diagnosis of asthma. Grandmother was diagnosed with

diabetes 3 years ago. Grandfather has high blood pressure but is otherwise healthy. You don't know the family history for Derrick's father.

SP Name: \_\_\_\_\_ Resident Name: \_\_\_\_\_

## Asthma

**History Taking** – Check if the examinee asked the following:

- \_\_\_\_\_ Asked if there are concerns-(Coughing, difficulty breathing)
- \_\_\_\_\_ When did the cough start? – (3-4 days ago)
- \_\_\_\_\_ When did it get worse? (last night had difficulty breathing and inhaler wasn't helping)
- \_\_\_\_\_ Asked about cold symptoms – (Clear runny nose)
- \_\_\_\_\_ Asked if child coughed up any spit – (No)
- \_\_\_\_\_ Asked if anything make cough better or worse – (deep breathing makes you cough more)
- \_\_\_\_\_ Asked about wheezing -- (Yes, you could hear it since last night)
- \_\_\_\_\_ Asked about fever – (No)
- \_\_\_\_\_ Asked about medical history which elicited asthma information or Asked if child has been diagnosed with asthma (Yes, asthma when a baby)
- \_\_\_\_\_ Asked about hospitalizations (Yes, last January for asthma)
- \_\_\_\_\_ Asked about medications (Inhaler in a orange container but ran out 2 weeks ago, Started Albuterol last night)
- \_\_\_\_\_ Asked if child has gotten all immunizations (shots) – (Yes, but, if they ask, no flu shot)
- \_\_\_\_\_ Asked about family history – (Mom and maternal aunt With asthma who takes some medicine-Albuterol, Younger brother occasionally wheezes with colds. No known history for dad. Grandmother diagnosed with diabetes 3 years ago)
- \_\_\_\_\_ Asked about pets at home – (No)
- \_\_\_\_\_ Asked about carpeting at home – (Yes, in my bedroom)
- \_\_\_\_\_ Asked if anybody smokes at home – (No)
- \_\_\_\_\_ Asked about allergies – (No)

**Physical Examination** – Check if the physician performed the following when examining you:

- \_\_\_\_\_ Washed his/her hands before exam
- \_\_\_\_\_ Cleaned stethoscope with alcohol wipe before exam
- \_\_\_\_\_ Pulled gown down to observe and listen to chest
- \_\_\_\_\_ Measured respiratory rate (how fast child was breathing) by listening to chest in one location for at least 30 seconds while looking at a clock or watch
- \_\_\_\_\_ Checked pulse in arms or wrists

- \_\_\_\_\_ Checked pulse in groin or feet
- \_\_\_\_\_ Looked at either fingernails or Toenails (for clubbing or cyanosis)
- \_\_\_\_\_ Pinched fingernail/toenail to see how well blood flows (may ask what they are doing if they pinch your fingernail/toenail)
- \_\_\_\_\_ Assessed PMI (point of maximal impulse- where you can feel the pulse over the heart) by putting hand over heart/feel heart beat on chest wall along sternum (breastbone)

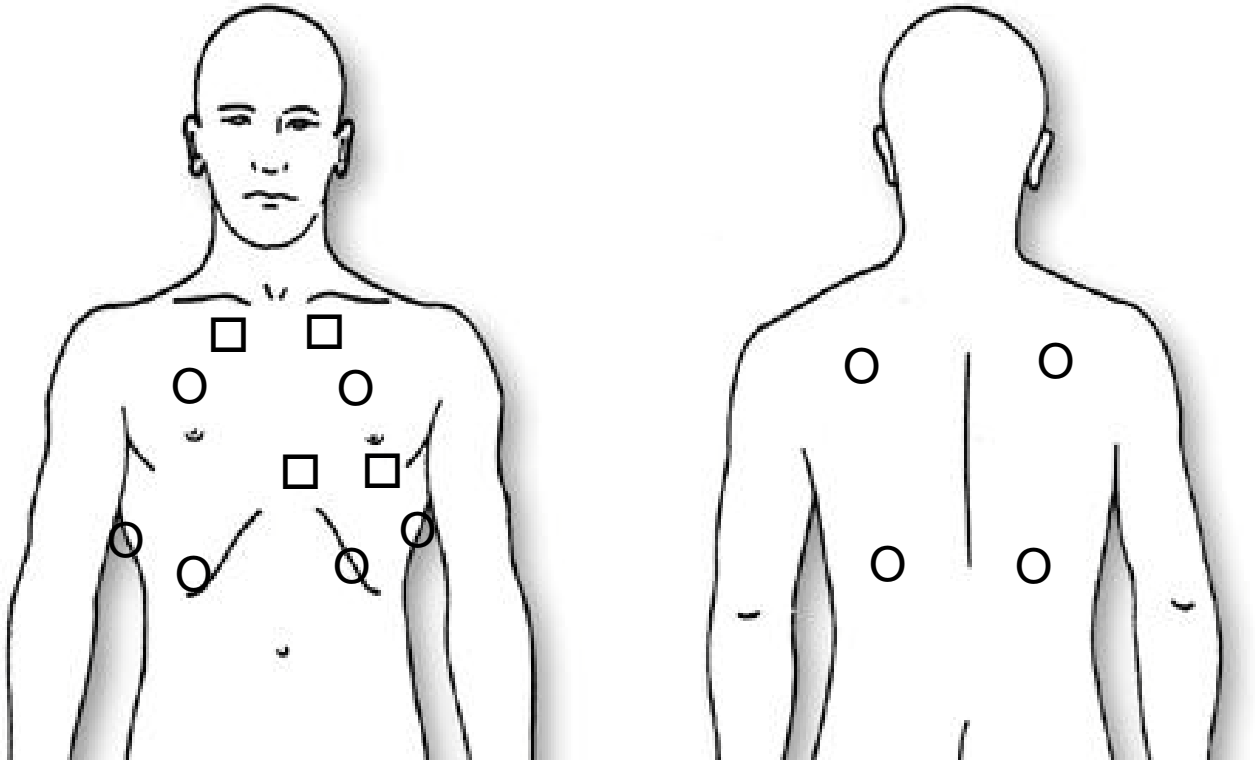
**Lung Exam**

- \_\_\_\_\_ Listened to back at the right bottom
- \_\_\_\_\_ Listened to back at the left bottom
- \_\_\_\_\_ Listened to back at the top right
- \_\_\_\_\_ Listened to back at the top left
- \_\_\_\_\_ Listened to the front of chest at the bottom right
- \_\_\_\_\_ Listened to the front of chest at the bottom left
- \_\_\_\_\_ Listened to the front of chest at the top right
- \_\_\_\_\_ Listened to the front of chest at the top left
- \_\_\_\_\_ Listened to chest under right arm pit
- \_\_\_\_\_ Listened to chest under left arm pit

**Heart Exam**

- \_\_\_\_\_ Listened to heart at upper right breastbone
- \_\_\_\_\_ Listened to heart at upper left breastbone
- \_\_\_\_\_ Listened to heart above nipple
- \_\_\_\_\_ Listened to heart at lower left breastbone

## Diagram for use in observing the Heart and Lung Exams



Key:

□ = Heart Exam Locations

○ = Lung Exam Locations