

Anthea - Asthma (22.12.17)

D - Morning Anthea.

P - Hello. How are you?

D - Very well, thank you.

P - Oh, good, I'm glad somebody is. I've been fighting off a bug for about a fortnight; the last three days it's settled on my chest.

D - Oh, dear, okay.

P - So, I'm getting yellow phlegm and green phlegm and obviously my breathing's a bit... caput.

D - Yeah, okay.

P - But, apart from that, I'm fine.

D - Okay, oh, dear. That sounds tough.

P - Oh, well.

D - Okay, all about your chest today?

P - Yes.

D - Yeah, okay. So, it's been going on for three weeks?

P - Yeah, but it's only this last three or four days that it's just getting worse and worse.

D - Okay - as a background, you're asthmatic, aren't you?

P - Yes.

D - Okay, what do you think's going on?

P - I suspect that it's been a virus that's now turned into an infection.

D - Okay, you prone to this sort of thing?

P - Well, I've had it in the past, but I'm normally quite fit.

D - Yeah, okay.

P - Well, barring the kidney, obviously.

D - Yeah. You say obviously, so you obviously had the kidney taken out, didn't you?

P - Yeah.

D - And that was done in March this year because of a stone in the kidney, wasn't it?

P - That's right.

D - And, kidney wise, things are okay, are they?

P - I think so, yes.

D - So, your general health's been okay, and we've been keeping an eye on your kidney function, haven't we?

P - Yes.

D - That seems to be all right. So, it's really all about the chest today, isn't it?

P - Just my breathing's right off with this.

D - Yeah. Right off? What's your worst fear, if you have one?

P - Well, it's Christmas in a few days, so that there'll be no doctor and my chest will be worse than it is now.

D - Okay. Just to check, have you ever been particularly bad with your asthma and needed admission to hospital?

P - I've never needed to go into hospital about it, no.

D - No, okay, and what treatments have you had in the past, when your chest has been bad?

P - Antibiotics and steroids a couple of times.

D - Okay, and what were you thinking I might do for you today?

P - See if it is actually an infection and treat it appropriately.

D - Sure, okay, alright. Can I check - you're not a smoker?

P - No, I'm not.

D - And who's at home with you?

P - My husband and two adult children.

D - What do they want me to do for you for Christmas?

P - Well they would like their dinner, I'm sure.

D - Sure, so to get you fixed up then.

P - Yeah.

D - And you were thinking, either steroids or antibiotics or possibly even both.

P - Or maybe not necessary.

D - Or see how we go; make a plan of action so that you can decide what you need to do.

P - Well, yes.

D - Good. Work-wise, are you working, apart from looking after a family?

P - I work from home for my husband, so I'm all right there.

D - Good, and what does work involve?

P - Data input.

D - And you're still feeling up to doing that at the moment?

P - I haven't felt up to doing anything, yesterday I hardly got out of bed.

D - Can I check there's nothing more serious going on, if that's okay?

P - By all means.

D - Does it hurt when you breathe?

P - I can feel tightness.

D - Okay, so it just feels a bit tighter than usual?

P - Yes.

D - Does it hurt on one side or the other, or just generally a bit tight?

P - Just generally.

D - Okay, but you feel out of breath with it?

P - Yes.

D - Okay, so a bit wheezy?

P - Yeah.

D - Yeah, okay. Coughing anything up?

P - Yes, I've got yellow and green phlegm, but it's not coming up very much, it's just bits.

D - Okay. Blood?

P - No blood.

D - Okay, and how's your weight been?

P - My weight? It's put on about a stone since I had my kidney out.

D - Okay. What do you put that down to?

P - Probably comfort eating.

D - Is that something that you want to have any help with or...

P - Well...

D - It's not particularly what you were here about, but I guess we can touch upon that if we get the chance.

P - Well, I think partly it's my age, partly it's that I'm not as active as I used to be, and I have been on a diet for quite a bit of the year, but I lose a bit, but I give up and I put it back on.

D - Yeah. Any particular thoughts about—you mentioned it was linked to having the kidney operation, is that because you've been less active?

P - I think that's because I was pretty much incapacitated for a couple of months.

D - Yeah, okay.

P - I couldn't sort of eat... I could only eat things that I fancied, as opposed to things that were good for me.

D - Sure, shall we come back to that at the end of the consultation if we get the chance? It sounds like your chest is the priority at the moment, doesn't it? Okay, would you mind slipping your jacket off for me? Been sweaty?

P - Oh, absolutely.

D - Hot?

P - Yes. Or freezing.

D - Not been abroad anywhere?

P - I haven't been anywhere exciting at all.

D - No pain in your face at all?

P - No, not really.

D - Your hearing's okay?

P - Yeah.

D - Open your mouth. Breathe in. If you stand up for me, and turn around. So, your temperature is normal, that's good. Breathe away through your mouth. That's lovely. Would you mind doing a peak flow reading, if you stay standing. You've used one of these before, so if you take a deep breath in and blow out, hard and fast.

P - [coughing] Oh, dear.

D - Have another go, deep breath in. Lips right around the edge of the plastic. 210, see if you can beat that, I'm sure you can. Hard and fast, go.

P - [coughing]

D - Give it one last go. Make sure your lips are sealed around the plastic tube and hard and fast. You're quite tight aren't you - we got 230 as the best of your three readings there, that's lovely.

P - It's not really, is it.

D - If you pop your finger in there, that's lovely. Now, do you have a self-management plan for your asthma already?

P - Yes.

D - You do, okay, and on that self-management plan it will often suggest that when you're much tighter than usual, we think about using a course of steroids.

P - Ah, right.

D - So, what I suggest that we do today, if you want, is give you a short course of steroids to help settle things down. So, your oxygen numbers are good, so 98%. Pulse is a bit fast, but your rate of breathing is okay. So, you've breathed 14 times in one minute there, that's lovely. Your pulse is a little bit faster - 110. You've got some options at the moment, in terms of what's going to be most helpful to you. You were thinking either antibiotics or steroids, and here are the pros and cons of each approach, all right?

P - Yeah.

D - So, steroids will often bring that wheezing down, which you were thinking was probably triggered by a cold - if your wheezing isn't improving over two or three days, then probably a course of steroids will help that wheeze settle down, and you may choose to use that today. The steroids can irritate your stomach, so they should be taken after food; they can give you a bit of a buzz, a bit more energy.

P - Oh, I could do with that.

D - Okay. So, take them after food, but if they cause irritation to your stomach then stop using them.

P - Right.

D - So, I'm going to give you a three-day course, and that can be extended to a six-day course if you needed it. Does that sound reasonable?

P - Yes.

D - If things are not picking up, or you've got a persistent fever, then it may be worthwhile considering antibiotics. Your chest sounds okay, your pulse is racing a little bit, and you're a bit sweaty today, but your temperature's okay.

P - Good.

D - Your lungs do sound okay.

P - Good.

D - So, it probably is a cold, rather than anything else, that's triggered your asthma to be worse than usual. Have you got plenty of your inhalers?

P - Yes.

D - And you're quite happy about how to use those when your chest is bad?

P - Yes.

D - Okay. The nurse has taught you how to use - you've got a spacer with your inhalers?

P - I've got one, yes.

D - Okay, do you use it?

P - I use it when I'm not very good.

D - Okay. Just as a recommendation, the inhalers that you use won't go into the small airways in your lungs, unless you're using the spacer - even if your inhaler technique is really good. When was the last time you saw my asthma nurse?

P - Oh, earlier on this year.

D - Did she teach you how to use the spacer?

P - I've got a spacer and I have used it, yes. But out of sheer laziness and quickness, if I'm all right, I don't use it.

D - Okay.

P - But I will use it if I'm not very good.

D - The preventer won't get into the small airways of your lungs, and therefore won't protect you from asthma being a problem to you unless you use it on a regular basis.

P - Alright, I'll use it.

D - Would you be happy to come back and see my asthma nurse?

P - Yes.

D - Would that be okay? Okay. You've got plenty of your normal inhalers?

P - I have, yes, I have. I can just use the spacer, full stop.

D - Great. You're up to date with having a self-management plan with your asthma as well?

P - Well I think so.

D - So, I'm going to give you two courses of steroids. One is to use now, if you choose to do so - take them after food, probably the best time to take them is in the morning, after breakfast because they do give you a bit of a boost to your energy levels. If you've got persistent fever, then let's give you some antibiotics, okay?

P - Right.

D - But I think at the moment, you probably won't need them, your temperature's okay. Any questions?

P - Ah, no. So, the yellow phlegm's not significant?

D - Well, the yellow phlegm is usually linked to any sort of chest infection, could be viral, could be a bacterial infection, so it's not really a guide as to whether this is needing antibiotics or not needing antibiotics.

P - All right.

D - If you start coughing up bloody phlegm or brown phlegm, then often I'm more likely to do so, or if you've got a persistent fever, then I'll often suggest that we use antibiotics. If you really wanted to, with it being Christmas now, I can give you some standby antibiotics and you could always use those if you've got persistent symptoms or your fever is not settling - what do you think?

P - I think that might be a good idea, in view of the time of year.

D - Sure, let's do that.

P - I can't take penicillin.

D - Okay. Have you been okay with taking doxycycline in the past?

P - That's one of the ones I can take, yeah.

D - Now, in relationship to the fact that you're taking a tablet called lisinopril, when you've got a persistent fever, it's important that you're aware—so, either a persistent fever, vomiting or diarrhoea, under those circumstances, you need to skip taking your lisinopril for 24 hours while you're poorly.

P - Right.

D - So, if you had a fever at the moment - obviously you don't, but if you did - you'd have to skip taking it for 24 hours, does that make sense?

P - Right.

D - I'll give you a written booklet about that, just to guide you as to what you're doing with that. So, the intention is that the doxycycline and the antibiotics are a standby treatment that aren't to be used unless you've got a persistent fever or if your symptoms are getting worse, okay?

P - Yes.

D - The steroids, it seems reasonable, because your peak flow is quite low at the moment, to take a three-day course and go back to using your spacer every time that you use your inhaler - otherwise it's just not going to where it's needed.

P - Okay.

D - And it's probably sensible in due course, to go back and see the asthma nurse and make sure that you're okay about everything.

P - Okay.

D - Okay, any questions for the moment?

P - No, I think that's quite enough.

D - Okay. Right, so what are you going to say to your husband when you get back home, about what we've planned to do today?

P - I'm going to say I'm going to take this three-day course of steroids and I'm going to be fine.

D - Great, okay, and if you're not fine?

P - Well I'll have to come back.

D - Okay, which we're very happy to do, very happy to see you urgently if you're breathing is becoming more distressing, but I would expect within two or three days that your breathing would be a lot more comfortable, you'd be a lot less breathless, and your wheezing should be less of a problem. Okay?

P - Right.

D - But, if you do find over the Christmas break that you've got a persistent fever, and you decide you want to use the antibiotics, that's also fine.

P - All right, okay.

D - And always take those after food. Doxycycline can irritate the stomach and the gullet, so it should be taken after food and you shouldn't lie down straight after taking it.

P - Right.

D - Okay, any clarifications needed?

P - No, that's fine, thanks.

D - All right, good luck.

P - Great.