

Example of GPs script:

Patient contribution

Okay, oh, dear. That sounds tough.

Okay, all about your chest today?

So, it's really all about the chest today, isn't it?

ICE

Okay, what do you think's going on?

So, it's really all about the chest today, isn't it?

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

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

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

Sure, so to get you fixed up then?

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

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

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

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

PSO

Can I check – you're not a smoker?

And who's at home with you?

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

Good, and what does work involve?

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

Red flags

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

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

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

Blood?

Okay, and how's your weight been?

Not been abroad anywhere?

Focussed history

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

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

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

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

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

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

Does it hurt when you breathe?

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

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

Okay, but you feel out of breath with it?

Okay, so a bit wheezy?

Yeah, okay. Coughing anything up?

What do you put that down to?

Been sweaty? Hot?

No pain in your face at all?

Your hearing's okay?

Focussed examination

Okay, would you mind slipping your jacket off for me?

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.

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.

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.

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

Identify problem and explain diagnosis

Your chest sounds okay, your pulse is racing a little bit, and you're a bit sweaty today, but your temperature's okay.

Your lungs do sound okay.

So, it probably is a cold, rather than anything else, that's triggered your asthma to be worse than usual.

Check understanding

Now, do you have a self-management plan for your asthma already?

Any questions?

Okay, any questions for the moment?

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

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

Okay, any clarifications needed?

Develops management plan / shares management plan

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.

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?

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.

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

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

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?

Did she teach you how to use the spacer?

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.

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

You've got plenty of your normal inhalers?

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

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?

But I think at the moment, you probably won't need them, your temperature's okay.

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.

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.

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.

Safety net and follow up

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

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?

If things are not picking up, or you've got a persistent fever, then it may be worthwhile considering antibiotics.

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?

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Sure, let's do that.

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

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.

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?

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?

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?

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.

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.