

## **Example of GPs script:**

### **Patient contribution**

So you're not here to see about your throat or your cough. (Picking up on cue of strained voice)

Well, maybe we can touch on that as well. You're mostly here because of the pain. Tell me a bit more about that.

So you couldn't tolerate them because of the drowsiness. Did it help you with the pain?

How long did you use them for?

Just remind me about your chronic pain... This is your low back pain isn't it?

So we've got to think about your pain but also your sore throat and a cold as well? (Sets agenda) Which started when?

### **ICE**

Tell me a bit more about that. So it's... spreading rapidly.. (later: Do you normally need something for your chest? Because? You're not asthmatic are you? So do you think you might get COPD? So what treatment normally works for you when you're like this?)

Were you worried about anything?

What were you hoping I would do for you?

### **PSO**

And you don't smoke?

So you're a community nurse. So at home you're looking after..

So a bit of childcare on the side then.

Living with husband..

So you don't see so much of him...

Are things okay in Afghanistan?

### **Red flags**

Has your weight changed?

Do you cough up any blood? Is it sore when you breathe?

Any change in the symptoms relating to your back pain? What about your waterworks?

### **Focussed history and examination**

Did you have asthma as a child?

Have we ever tested you for that (COPD)? And that was okay was it?

And antibiotics suit you. You've not had side effects or problems on them? Doxycycline has been okay for you? What colour is your spit?

Wheezy as well?

Stand up and slip your coat off. You cope with all that, do you?

Breathe away. Huff through there if you wouldn't mind. Pretty good, four hundred. I won't get you to do that again because that was a good hard blow.

There are no polyps there just blocked and snotty.

### **Identify problem**

But it doesn't completely rule it (COPD) out, unfortunately.

So this happens when you get a cold but in between times are absolutely fine, so you don't think you have asthma. But you think you might get recurrent chest in the winter with colds. Which could turn into COPD?

Let's treat you as we would do somebody who is prone to getting bronchitis. And COPD possibly in the future.

Doxycycline unfortunately increases your chance of getting a sun sensitive rash. Are you OK about me giving you that one or do you want to swap you to a different one?

Two on the first day after food and then one a day. Don't lie down straight after taking it. And protect yourself against the sun when you're there. And it can cause diarrhoea potentially as well.

So, we'll call it acute bronchitis.

#### Check understanding

Have you got any thoughts?

Anything you want clarifying?

#### Develops management plan / shares management plan

I'll be worthwhile every year or perhaps every two or three years repeating your spirometry to see if things are moving in that direction.

Doxycycline unfortunately increases your chance of getting a sun sensitive rash. Are you OK about me giving you that one or do you want to swap you to a different one?

Two on the first day after food and then one a day. Don't lie down straight after taking it. And protect yourself against the sun when you're there. And it can cause diarrhoea potentially as well.

So, we'll call it acute bronchitis.

Now, options for you regarding your low back pain.

We could go small with the amitriptyline. So half a tablet or quarter of a tablet might give it a worthwhile contribution with your pain. Or we could use something like gabapentin. Again similarly it can cause drowsiness.

Have You got any thoughts?

Start low. If, you're tolerating that okay then we can slowly increase the dose.

I've suggested 1 to 3 tablets on a night. And it can cause the drowsiness and it can cause other side-effects as well. If you're drowsy during the day obviously don't drive.

#### Safety net and follow up

If you're no better in a weeks time. Of course you'll be in Florida. Probably it would be worthwhile thinking about seeing the doctor where ever you are.

Give this a go. Let me know in a months time if this is helpful or not, what are you tolerating or not. Just a telephone consultation for that would be fine.

So: Chest no better in a week: we'll see you again. More breathless: we'll see you urgently. And I don't normally suggest starting two things at the same time. It can be confusing if there were any side-effects.

Good luck and enjoy your trip.