

Harriet - Cough

P - Good morning Dr Birrell.

D - Good morning, nice to see you.

P - Dr Birrell, I just started yesterday with a really bad chest and I feel really, like, hot and very lethargic.

D - Okay.

P - But my husband - he's your ten-past-ten patient - he's been really poorly for over a week.

D - Okay.

P - We tried to come in together, but you've got a patient in between.

D - No problem at all, okay. All right. All about your chest then today?

P - Yes, yes.

D - Was there anything else that you were hoping that we would talk about, apart from your chest?

P - No, that's the main thing. I have a problem with waterworks but I'm managing that fine.

D - That's okay for the time being? You catheterise yourself, don't you?

P - Yes, that's right. Maybe twice a day, morning and night.

D - Okay, and no problems other than that at the moment?

P - No, no.

D - Quite happy with that, alright, good. Sounds like you might have picked this up from your husband, is that right?

P - Yes.

D - Is that what you were thinking?

P - Well through the night the bed, the duvet, was soaking wet.

D - Right, so you're sweaty. He's sweaty too?

P - Well it was off him, really.

D - So mostly him?

P - Yeah.

D - Okay. You think it was sweat?

P - Oh, it was definitely sweat. It was soaking when I put the light on.

D - Okay.

P - So, he's your next patient.

D - Well, I'll see him again shortly. That's lovely, okay. From your point of view, your symptoms have started yesterday?

P - Yes.

D - And you've been chesty. Are you prone to this sort of thing?

P - No.

D - Okay, any other symptoms at all, apart from the sweating?

P - Maybe a little bit lethargic, but I am a busy woman, so that maybe accounts for that as well.

D - Sure. You're not asthmatic at all?

P - No.

D - And you're not a smoker?

P - No.

D - Okay. Aside from that, is there anything else that we need to talk about?

P - No, doctor, no.

D - What were your thoughts—you thought that possibly your husband passed this onto you, did you have any thoughts as to what it was?

P - Well he was so bad I was thinking about pneumonia for him.

D - Yeah, okay. And you've never had pneumonia yourself at all?

P - No, no.

D - Worst case scenario for yourself? Any particular thoughts about what you were hoping I would do for you today?

P - Just maybe sound my chest and say, 'that's not too bad, you can manage with paracetamol'.

D - Fair enough, okay, we can do that. And it's you and your husband living together; is there anyone else in the house?

P - No, there's no one else in the house.

D - Do you have any bad habits - you've mentioned that you're not a smoker - are there any bad habits that I need to know about?

P - No, no.

D - You're not a big drinker or anything like that?

P - No alcohol at all.

D - Okay, and your general health has been pretty good apart from the waterworks issue.

P - That's right.

D - Your blood pressure's been under control?

P - Yes.

D - Yeah. And you're happy with the tablets you're taking for that?

P - Yes.

D - We're not due to do your blood pressure today, are we? We've been keeping an eye on that, haven't we?

P - That's right.

D - And we've done a kidney function test, and that was done in May, and that was okay. That's quite steady isn't it, good. Have you - just to check - have you already received a leaflet from us advising that if you're poorly with a fever, diarrhoea or vomiting for 24 hours or longer, you need to skip your Ramipril.

P - Oh, no, I didn't know that.

D - Okay. So, I'm going to give you that as a guidance leaflet today, just to make sure you're aware of that.

P - And about three weeks ago, I had flashing in my eyes and I had to go to the eye infirmary.

D - What did they make of you?

P - They did the tests and they said—I thought it was in both eyes, and that it was going from one to the other, but they said not. They said that in this left eye, there's a piece of gel floating about.

D - Got you.

P - And they said that your brain doesn't like things floating, what it doesn't know about - that's the explanation.

D - Yeah, okay.

P - They said I could be aware of it until my brain thinks 'oh, I know what that is', type of thing. You know, you'll understand that.

D - Yes, absolutely. So, things are okay in that department, and you know what to do if things got much worse. So, if you suddenly find that there's a curtain coming across your vision, you go straight back to the eye infirmary.

P - Yes, they gave me a leaflet with phone numbers and everything, and I've kept that to one side. I thought that would be alright.

D - Okay, so if you slip your coat off and we're just going to examine your chest for you today.

P - Okay.

D - You're all geared up for Christmas and you're all ready, are you? Got family coming to you?

P - Yes, my family live away so they're coming from Leicestershire.

D - Okay, turn around. You've lost your voice a little bit there, haven't you, a little bit croaky?

P - Just a little bit.

D - It's unlikely to be anything sinister or worrying because you're not a smoker, but if that voice isn't getting any better after this, then we ought to think about that as well. Breathe away through your mouth. Lovely - turn around. That's great, okay. Can I get you to give me a good, hard blow through this, which is to check how tight your airways are - so a good, hard blow. Make sure you take a deep breath in first and then put your lips around the outside of this plastic tube and then blow as hard and fast as you can. Try and blow that off the end of the scale.

P - [blowing]

D - Rubbish. So, I want you to blow harder and faster, so your lips are right round there, and you're going to go like this... hard and fast. Can you do that?

P - Right.

D - Get your fingers out of the way, make sure that they're not in the way of the pointer. Deep breath... go.

P - [blowing]

D - Excellent, that was much better. Almost 350, that's lovely, great. That's great. So, you're not breathing faster than usual; your lungs sound fine. I'm just going to check your temperature and your pulse as well, if I may. I'll also have a look at your nose and your throat at the same time, all right? So, your temperature's normal.

P - I feel hot, but that's probably...

D - Yeah, open your mouth. Breathe in. Close your mouth. Great, so your pulse is 90 and regular, and your oxygen numbers are good at 98. Take yourself a seat.

P - Thanks.

D - Well this is spreading in your house like wildfire, isn't it?

P - Yes.

D - You don't have any underlying problems with your chest.

P - No.

D - And your airways are fine, you're not particularly tight in your chest.

P - No.

D - And your lung tissue yourself is fine, so there's no suggestion that you've got pneumonia or anything like that.

P - Oh, no.

D - But I suspect that the underlying problem is a viral infection that's making you feel dreadful.

P - Yes.

D - Now your question was 'do we need anything for it'? Well, probably not at this stage for you.

P - No, I'm happy with the paracetamol.

D - But if you do find that it's painful to breathe or that you're breathing much faster...

P - My chest just got a little bit tender.

D - Yeah, or if you're coughing up blood or brown spit, then we could always see you again. So, let's see you urgently if you're finding that you're particularly breathless with this, or it hurts in the side of your chest when you're breathing. But if you're finding that—this cough may linger for a week or two, it's quite normal for these cold-like things to linger around for about a week, two weeks, possibly three weeks. If, after about two weeks, you're not improving, we probably ought to see you, no matter what. If you've got a persistent fever, we're going to have to see you again urgently.

P - I feel as if I'm hot, but I'm not hot.

D - You'll probably find that that's coming and going.

P - Yes.

D - Are you using anything to help you control the fever?

P - Well, I took two paracetamols last night, I don't know...

D - Well that's sensible, and it's pretty safe as well, so you can take two of those four times a day to help control the fever.

P - Right.

D - If you've got persistent fever, you need to be skipping your lisinopril.

P - Lisinopril...

D - Which is your blood pressure tablet.

P - All right.

D - Are you managing most of your tablets on a regular basis?

P - Oh, yes. I've never gotten the names off you before, but...

D - Oh, my apologies, it's not lisinopril, it's Ramipril.

P - Ramipril, that's right.

D - So that's why it's confusing.

P - And then the 'lanoprol' was taken off me a good while ago.

D - Great. So, skip the Ramipril when you've got a fever, so that's the one thing that you need to watch out for. So, Ramipril, if you've got a fever, skip it for 24 hours until the fever settles. Does that make sense?

P - Yes, yes, absolutely.

D - And I'm happy to see you again if that cough isn't improving after three weeks or if you're particularly out of breath.

P - If my chest feels tight.

D - Yeah.

P - Thank you very much, doctor.

D - And we'll see you again shortly. Do you need anything else clarifying?

P - No, no, that's it. That's fine.

D - Great.