

Name: _____ Oasis: _____

Questions

CEPCP

Professional Development: Shortness of breath

1)

You are attending to a sixty year old male who is acutely short of breath. When you arrive he is sitting in his recliner situated in the living room. There is an overflowing ashtray competing for space with the many different inhalers scattered on the folding table next to him. Under the table there is a small garbage can stuffed with kleenex contaminated with yellow sputum. Based on this initial appearance what is the MOST likely cause of his shortness of breath?

2)

You determine that your patient has a lengthy history of breathing problems but the last couple of days have been worse than normal with a lot more coughing and sputum production. The patient has also noticed that his sputum changed colour to yellow. During your physical assessment you notice that the patient's ankles are swollen. What would be causing this swelling of the patient's ankles? How is it related to the patient's chronic breathing problems?

3)

Viral pneumonia usually presents with a sudden onset of a productive cough?

True

False

4)

What causes aspiration pneumonitis?

5)

A blood clot that dislodges from an infarcted left ventricular wall is likely to cause a pulmonary embolism?

True

False

6)

A twenty year old called 911 after suffering an asthma attack. By the time you arrive the patient has self-administered some of his own ventolin and tells you that his symptoms have 'pretty much gone away'. He does not want to come to the hospital and apologizes for calling in the first place. Outline what you would explain to the patient to ensure that his refusal is informed;

7)

List three non-traumatic causes of jugular venous distention;

8)

A forced, prolonged expiratory phase is indicative of what type of airway obstruction, upper or lower?

9)

You are attending to a patient suffering an asthma attack. The patient is in a lot of distress and is working hard to breathe. There are wheezes throughout the chest and the patient is sitting in the tripod position. Your partner says 'The respiratory rate is thirty six per minute, should we start ventilating with a BVM?' What are the risks involved in ventilating this patient?

10)

Later in the call the patient starts to lose consciousness as his symptoms continue to worsen. You decide that you have no option but to assist the patient's ventilations. What rate will you ventilate the patient at?

_____ / min

11)

Briefly describe what 'cor-pulmonale' is;

12)

Define orthopnea;

13)

Indicate, by using the correct letter, which item is MOST associated with which condition (each condition may be used more than once);

P - Pulmonary edema **E** - Pulmonary embolism **C** - COPD exacerbation

A - Asthma **N** - Pneumonia

Example : P	Course bilateral crackles
	Polyphonic, expiratory wheezing
	Localized crackles
	Sharp, pleuritic chest pain with pleural friction rub
	Paroxysmal Nocturnal Dyspnea
	Increased sputum production
	Ischemic chest pain
	Pink, frothy sputum
	History of high BP, Angina

14)

List two ways that nitroglycerine may help a patient who is suffering from acute pulmonary edema;

15)

Which is the most effective way of delivering salbutamol to a patient?

16)

Briefly explain how cardiogenic pulmonary edema can lead to wheezes;

17)

Productive cough on most days for at least ____ consecutive months in ____ consecutive years is indicative of chronic bronchitis.

18)

A 46 year old female is complaining of a sudden onset of shortness of breath and sharp chest pain. She has no medical history. What is the most likely cause of her shortness of breath;

19)

Difficulty with inspiration accompanied by stridor is most indicative of what type of airway obstruction, upper or lower?

20)

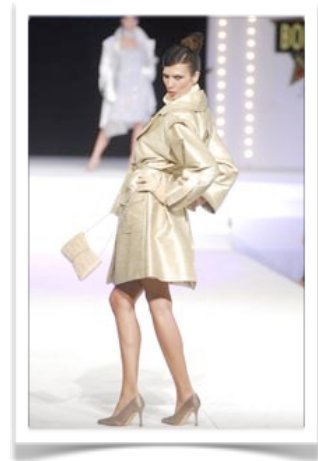
An elderly male patient with a history of multiple CVAs is bedridden in a long term care facility. This afternoon the staff noticed that he was having difficulty breathing. When you auscultate his chest you notice coarse crackles bilaterally. The patient is not alert and is unable to speak well enough to understand him. There is no other medical history. What condition do you suspect is causing the patient's shortness of breath?

21)

What are possible complications of treating an asthmatic patient with salbutamol without supplying supplemental oxygen?

22)

On November 29th 2009 the 38 year old Argentinian beauty queen Solange Magnano was rushed to the hospital following botched cosmetic surgery on her buttocks. During the surgery the implants leaked fluid that got lodged in her lungs, blocking flow. She subsequently died. What did she die from?



23)

You are treating a patient suffering from acute pulmonary edema. The patient starts to pull off his oxygen mask gasping 'I can't breathe, take this thing off me'. The correct action is to;

- a) remove the oxygen mask as oxygen cannot be given without consent
- b) tie the patient's wrists and ankles to the stretcher
- c) reassure the patient, re-position the mask onto the patient's face
- d) replace the oxygen mask with a nasal cannula

24)

A patient is overweight and cyanosed, he states he has a history of COPD but is unsure of which kind. It is most likely that the patient has;

- a) emphysema
- b) chronic bronchitis
- c) asthma
- d) cystic fibrosis

25)

Pneumonia is the _____ leading cause of death among the elderly;

- a) second
- b) third
- c) fourth
- d) fifth