Guide for Simulation on drug management - Summary

Drug Management related to Chronic Obstructive Pulmonary Disease:

Hospital admission

Story

Mrs. Booth was diagnosed 6-8 years ago with Chronic Obstructive Pulmonary Disease (COPD). She describes this as having ‘a permanently bad chest’. She suffers from a few bad infections during winter months which require treatment from her GP. During these times she is given a range of inhalers to help her with her breathing. She attends for a flu jab annually and a pneumonia immunisation 5 years ago. She is a divorced, aged 65 years and lives alone, her family now married and living away. She used to be a plastics factory worker. She has been a smoker for 30 years and previously smoked 30 per day until 3 years ago as she has ‘cut down’. Drinks moderately reported to be 5 units per week.

Drugs

- Salbutamol inhaler (MDI)
- Salbutamol easi-breathe inhaler 100mcg
- Qvar MDI inhaler 100mcg (out of date)
- Ipratropium inhaler 20mcg
- Symbicort turbohaler 100/6
- Tiotropium inhaler 18mcg (Box only-forgot inhaler at home)
- Prednisolone 5mg tablets (out of date)
- An aerochamber device

Situation:

5 DAYS AGO
She goes to her GP complaining of breathlessness. She feels this is getting worse despite using her inhalers. She is finding it difficult to get up and down the stairs. She has a productive cough producing thick green sputum and is feeling constantly tired.

THIS MORNING
She calls the paramedics at 3 a.m. unable to sleep as she is fighting for breath. On arrival in the ED the paramedics present the following last set of observation completed in the ambulance
B/P = 170/95
Mildly cyanosed (blue around her lips)
Minor swelling of ankles
Mouth is sore
24 breaths per minute
Given: Salbutamol and ipratropium via a nebuliser device.

It is now 5.15 a.m. and you received this lady into a bay. During the handover the paramedic say on the journey they discovered the above history. She has a raised temperature and she is breathless.
The nurse with you takes her observations. A suspected chest infection is being considered for treatment with co-amoxiclav.

Observations:
B/P = 175/95
Pulse = 115
Breaths = 22 per minute
Temperature = 38°C

Mrs Booth has brought a small suitcase she keeps packed just in case she needs admission at any stage as this has happened to her in the past. This contains personal care items, a repeat prescription record and her medicines.

**Students**
You are the student team called together to make a decision and visit her at home. You are

a) Paramedic (Paramedic student)
b) The nurse (nursing student)
c) Junior doctor (medical student)
d) Admissions Unit Pharmacist (pharmacy student)

**Your Task**
To receive the patient
Guide for Simulation on drug management – Actor & Facilitator sheet

Actor Brief

A fairly obese actor/actress (our case is a female)
Very out of breath and cannot string a sentence together on admission
A hoarse voice
Must be coughing when he/she is spoken to
Fairly 'sore mouth'
‘Smoker’s’ fingernails
Does not use aerochamber
May be put on a nebuliser

Materials

Medication containers
Salbutamol inhaler (MDI) (Optional: labelled two puffs prn)
Salbutamol easi-breathe inhaler 100mcg (Optional Labelled 2 puffs prn)
Qvar MDI inhaler 100mcg (with an out of date expiry and labelled two puffs twice a day)
Ipratropium inhaler 20mcg (optional: labelled two puffs four times a day)
Symbicort turbohaler 100/6 (labelled one puff twice a day)
Tiotropium inhaler 18mcg (Box only-forgot inhaler at home)
Prednisolone 5mg tablets (out of date: can present a box with label ‘Take as directed’)
An aerochamber device

A 'repeat' prescription slip with the above items on it

Bay requirements
A toiletry bag with /handbag with cigarettes, the repeat prescription, a tube of mouth ulcer gel (Bonjela or equivalent)
A nebuliser
A cup of hot tea on the patient bedside cabinet
Local or National COPD guidelines or equivalent

Mrs Booth has brought a small suitcase she keeps packed just in case she needs admission at any stage as this has happened to her in the past. This contains personal care items, a repeat prescription record and her medicines.

Task

Students participating
a) Ascertain a drug history from this patient. What information should you record?
Complete the drug chart.
b) What further information would you like clarified about the patient’s medication? Who would you ask?
c) Discuss an appropriate action plan with a communication pathway.

Students observing
i) Give them the same situation to read and to discuss for 5 minutes what they would do
ii) Observe other students and look for positive and concerning professional interactions

iii) Comment on their ability to engage the patient

Feedback

**KEY POINTS to observe by tutors**

- Ascertain inhalers and inhaler technique
- If antibiotics are being considered, ascertain any allergies. Patient is allergic to penicillin (they are considering co-amoxiclav).
- Smoking status
- Need to ascertain if she has a repeat medication record or note from GP. If cannot get hold of GP, can ring community pharmacist, with the patient’s permission.
  - A GP repeat prescription record indicates that she has the following medication:
    - Salbutamol easi-breathe inhaler 100mcg: this is what she may be on. Can be superseded by use of a dry powder inhaler (e.g. terbutaline-Bricanyl(R))
    - Symbicort turbohaler 400/12: The inhaler she has brought in is the wrong strength
    - Tiotropium inhaler 18mcg: patient is also using ipratropium inhaler. Need to check this
- Plan
- Chest x rays and other path tests. Does she need further lung tests e.g. spirometry?
  - Refer to NICE guidelines and COPD pathway - multi-disciplinary team input
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Facilitators Signature: