

COPD case discussion

You are working at your hospital's polyclinic. A 56 year old man presents to you complaining of a mild, occasionally productive cough for the past 8 months. The patient used to drive long distance trucks and picked up smoking at the age of 22, and has since smoked about 10-15 cigarettes a day on average. He has had no fevers or loss of weight. He has recently been experiencing shortness of breath when walking uphill. Past medical history includes hypertension for which he has been effectively controlled on amlodipine and enalapril for the last few years.

1. Which of the following investigations are most appropriate at this visit?

- A. CXR
- B. CT chest
- C. FBC, CRP
- D. Spirometry
- E. A and D

2. You make the diagnosis of COPD. What is your main priority as you develop a management plan?

- A. Initiate patient on betamethasone MDIs
- B. Begin counselling about the importance of tobacco cessation
- C. Short course of prednisone
- D. Augmentin 1g po BD x 5/7

3. The patient returns for his 3-month follow up. He is clinically unchanged but wants you to discontinue his enalapril because he has read online that it causes coughing. What do you tell him?

4. It's the end of the month and you are on call in the ED. The same patient now comes in complaining that for the last two days he's been short of breath and coughing up green sputum. He is afebrile with soft globally diffuse crackles. SpO₂ 92%. The X-Ray dept is currently down and there is a minimum 8h delay in getting results back from the lab. What would you do next?

- A. Book the patient for an outpatient spirometry assessment
- B. Initiate patient on amoxicillin and DC home, to return to clinic in the week
- C. Give FMO₂ and wait for your FBC, UE and CRP
- D. Immediately nebulise with salbutamol