

**Activity 3.3.1: Medical History – Visit #2**

|  |  |  |
| --- | --- | --- |
| Patient’s Name: | Age: | Date: |
| Melissa Martin | 11 | February 12 |
| Height: | Weight: | Temperature: |
| 52 inches | 70 lbs. | 98.6°F |
| Blood Pressure: | Pulse: | Respiration Rate: |
| 100/75 | 73 bpm | 22 bpm |
| **Case History**On the last visit, it was determined that Melissa had a high probability of asthma. The patient was asked to measure her peak expiratory flow rate (PEFR) using a peak flow meter for one week. A peak flow meter is a simple device used to monitor how open your airways are. A patient blows into the device as hard as he or she can and records the value shown on the indicator. Melissa was tasked to keep a peak flow diary, recording peak flow at the same time each morning and evening. She was instructed to take three readings at each time period and record the best of the three readings. She was also asked to add any notes about particular activities each day, as well as other factors that may have influenced her breathing. **Physical Exam*** Patient’s pulse is normal. Pulse ox = 93%
* No wheezing is appreciated on this appointment.
* Patient’s glands are not swollen.
* Patient’s speech, hearing, and vision appear normal

**Patient Peak Flow Monitoring****SYMPTOMS – Use an X to show when you have symptoms**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day1** | **Day2** | **Day3** | **Day4** | **Day5** | **Day6** | **Day7** |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **Cough** |  |  | **X** |  |  | **X** | **X** |  |  |  |  | **X** | **X** | **X** |
| **Wheeze** |  |  |  |  |  |  |  |  |  |  |  | **X** | **X** |  |
| **Breathing Problems** |  |  |  |  |  | **X** |  |  |  |  |  |  |  |  |

Day 3 – Dance class at night after school/Mild coughing and chest tightness during classDay 6 – Stayed up late studying for a test/woke 2-3 times during the nightDay 7 – Colder than normal outside when waiting for the bus/brief coughing spell with wheezing at school.**PEAK FLOW READINGS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day1** | **Day2** | **Day3** | **Day4** | **Day5** | **Day6** | **Day7** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **250** | **210** | **240** | **255** | **240** | **150** | **185** | **245** | **275** |  **255** |  **230** | **200** | **230** | **200** |

**Peak Flow Ranges****Green Zone (80-100% of Peak Flow Rate)-** 214-267 **Yellow Zone (50-80%)-** 134-213**Red Zone (<50%)-** <212 **Explanation of Results**Green Zone-all is fineYellow Zone- take cautionRed Zone- Medical AlertDuring times of coughing and breathing problems, her peak flow aka ability to breathe out air, is in the red, dangerous zone. This should be taken extreme caution. For example, on day 3, she experienced coughing and breathing problems after exercise. This made her levels dangerously low. Each time that she hit the red zone, she experienced coughing fits and tightness in her chest. Also, on day 6, she got less sleep, making her more sensitive and therefore, triggering her asthma. She reached the red zone at this time. On day 7, she was exposed to the cold temperature, causing her lungs to contract. This is because of the inability to exhale air out of her lungs.**Recommendations**Melissa will complete spirometry testing to test overall lung function. Patient was also given an inhaler of a “rescue medication” to take if wheezing or coughing keeps her from taking normal breaths. Patient will report back on response to this medication at the next visit.  |