

Case Scenarios: COPD

Case #1

Beverly is a 53 year old female recently diagnosed with COPD. She continues to smoke because she finds that she missed socializing with her friends at the office when she tried quitting.

Discussion Points:

- Key issues

- Actions to take for each issue

Case Scenarios: COPD

Case #2

Brian is a 72 year old married ex-smoker who was diagnosed with COPD 25 years ago. He recently was prescribed long-term oxygen therapy, and wants to dance with his wife at their 50th wedding anniversary in six months' time.

Discussion Points:

- Key issues

- Actions to take for each issue

Case Scenarios: COPD

Case #3

Phyllis is a 78 year old widow who smoked up until she moved in to a seniors' complex that does not allow smoking on the property. She was diagnosed with COPD 23 years ago. Her apartment has small bedroom and kitchenette area to fix those meals she does not take in the cafeteria and which are included in her monthly fees. Her oxygen concentrator takes up a sizable amount of space and, when questioned, she indicates that she's very uncomfortable with refilling her monthly supply of cylinders. She also worries on a daily basis about having enough oxygen to go to the cafeteria for meals, and although her current slight body frame indicates otherwise, she feels she gets enough to eat.

Discussion Points:

- Key issues

- Actions to take for each issue

Case Scenarios: COPD

Case #4

Katie is a 67 year old retiree newly diagnosed with COPD. She enjoys golf year-round as she travels south during the winter months. She has noticed a few other people in her seniors' complex that also have COPD and use oxygen. She is very anxious about the possibility that her activities and travel may be curtailed if she were to go on long-term oxygen, especially since she had oxygen in hospital during her last exacerbation.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #5

A 55 year old executive, Joe has been smoking approximately two packs of cigarettes per day since age 17. He has cough, daily phlegm production and exercise limitation. He previously had a problem with alcohol addiction but has abstained for many years. He has also attempted to stop smoking twice during the last year but each time relapsed within two weeks. His physical examination, chest x-ray, routine laboratory tests and spirometry are all normal.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #6

65 year old Mike with advanced emphysema asks you about lung volume reduction surgery (LVRS). With a 120 pack -year smoking history, he quit smoking cigarettes two years ago after multiple attempts. His medications include low-flow oxygen, Ventolin as needed, once daily Spiriva and Advair ii BID, as well as antibiotics and oral corticosteroids during an exacerbation. He gets short of breath when he climbs one flight of stairs but does not require assistance with his activities of daily living.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #7

A 39 year old female, Terry, was diagnosed with α_1 AT deficiency. She is a nonsmoker and her lung function is normal.

Discussion Points:

Key issues

Actions to take for each issue

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Case #8

Don is a 67 year old diagnosed with COPD 6 months ago. He has a 50 pack-year smoking history (is still smoking) and has been hospitalized twice due to chest infections during the last 12 months. His FEV₁ is 26% and his FEV₁/FVC is 38%. He mentions that he is thinking about quitting smoking but finds the thought increases his anxiety level greatly. He has a very supportive wife who drives him to the local pulmonary rehabilitation program. He currently is on Spiriva, Advair and Ventolin.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #9

Agnes is an 85 year old diagnosed with COPD last month. She is an ex-smoker with a 8 pack-year smoking history who quit smoking 8 years ago. She just started Spiriva to simplify her medication regime, and Ventolin. She is widowed with family nearby to assist. Her most recent lung function tests done during a hospitalization for an exacerbation include: FEV₁ 77% pre-bronchodilator and 39% post-bronchodilator; FEV₁/FVC 39% pre-bronchodilator and 34% post-bronchodilator.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #10

Ronnie is a 75 year old female diagnosed with A₁AT deficiency three years ago. She is a current non-smoker with a 25 pack-year smoking history – she quit 39 years ago. She has allergies to cats, dogs and morphine, and has increased dyspnea with extreme weather changes. She has several children from her current marriage, and one from a previous one. She is currently on Spiriva, Advair, Accolate and oral prednisone. Her current FEV₁ is 38% with an FEV₁/FVC of 37%. Although she has had “a number of flare-ups” in the past year, she was not hospitalized.

Discussion Points:

- Key issues

- Actions to take for each issue

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Case #11

Ken is a 76 year old farmer diagnosed with COPD 5-6 years ago. His MRC was two during a recent hospitalization. He had been attending a pulmonary rehabilitation program but stopped because of an exacerbation for which he was hospitalized. He has had pneumonia "2 or 3" times in the past year. He has prostate cancer and is being assessed for bladder cancer. He had a quadruple heart by-pass in the past and has smoked a pipe for "30-40 years". He mentions that he has increased anxiety due to an increasing fear of being short of breath. He is currently on Advair, Atrovent and Ventolin.

Discussion Points:

- Key issues

- Actions to take for each issue

Case Scenarios: COPD

Case #12

Jenna is a 76 year old female whose most recent hospitalization due to an for chest infection resulted in intubation. She was diagnosed with COPD because of an FEV₁ of 35% and FEV₁/FVC of 33%. She is married and enjoys a fairly active social life, although she is reluctant to use her oxygen in front of her friends. Her husband refuses to talk with her about a living will.

Discussion Points:

Key issues

Actions to take for each issue

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Case #13

Nancy is a 53 year old female whose was diagnosed with COPD last year during a hospitalization for depression. Her FEV₁ is currently 33% and FEV₁/FVC is 31%. She is 5'1" tall and weighs 98 pounds. She is a current smoker with a 50 pack-year smoking history and has tried to quit approximately 10 times with no success. She has tried hypnosis, acupuncture and the nicotine patch. Her MRC is 2-3, and she is currently on Spiriva, Advair, Ventolin and long-term oxygen with an oxygen-conserving device. She is currently in a common-law relationship intermingled with fidelity issues.

Discussion Points:

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Short snappers (can be used as role play or discussion):

1. Granddaughter asks you for information re: her grandmother who was recently diagnosed with COPD. The granddaughter has limited information about her grandmother's general health and abilities but is concerned about her grandmother dying.
2. Betty is an ex-smoker recently diagnosed with COPD. She has had the flu and pneumonia shots, and wants to know if there is anything else she can be doing for herself.
3. 76 year old very intelligent female with COPD and a history of arthritis. You are reviewing MDI technique. Her inspiratory effort is minimal, at best.
4. Marie is a 69 year old ex-smoker with a history of workplace chemical exposure for 14 years. Her family (one parent, assorted aunts and uncles) has a number of members who were diagnosed with emphysema.