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Diploma in Pharmacy 2nd Year

Pharmacotherapeutics

Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Asthma (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Asthma (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 23 - 27

Theory :

1.Asthma

i) Case I

a. Subjective:

- **Name:** XYZ **Age:** 48 yrs **Sex:** Female
- **Unit:** MED II **DOA:** 15/09/2011
- **Reason for Admission:** Patient complaining of wheezing and dyspnea.
- **Past Medical History:** Patient a history of migraine.
- **Past Medication History:** Patient diagnosed with asthma 12 years previously Medical history was significant for appendectomy and hemorrhoidectomy and was taking thyroid hormone for Hashimoto's thyroiditis and calcium tablets for osteoporosis.
- **Family History:** NA

- **Allergies and Social History:** Nil

b. Objective:

- **Height:** 5'3"
- **Weight:** 72 Kg
- **BP:** 110/70 mmHg
- **PR:** 76 bpm
- **CVS:** Normal ECG
- **RS:** 18/min
- **Temperature:** 36.5°C

c. Assessment:

- **Laboratory Assessment:** Routine blood count was hematocrit, 38.2%; leukocyte, 9300, and erythrocyte sedimentation rate 13, mm/hr Spirometry showed an obstructive pattern (forced expiratory volume in 1 second [FEV₁], 2.20 L [82%]; forced vital capacity [FVC], 3.45 L [110%]; FEV₁/FVC, 60%). reversible airway obstruction. (prebronchodilator FEV₁, 1.70 L [64%]; postbronchodilator FEV₁, 2.01 L [75%]; reversibility. 17%). Her skin prick test was positive for house dust mites. Total IgE level was 115 kU/L
- **Chest Radiography:** Revealed a left-sided hilar opacity.
- **Computerized Tomography (CT) Scan:** 11 showed a 15-mm nodular lesion located in the left lower lobe bronchus
- **Histopathological Evaluation:** It revealed an intrabronchial tumor, made up of neoplastic cells with oval or round, finely granular nuclei and eosinophilic cytoplasm. No mitotic figures or necrosis was detected.

d. Plan:

Anti-IgE (omalizumab) is an approved treatment for patients with severe asthma that acts on decreasing serum IgE levels.

ii) Case II

a) Subjective:

- **Name:** XYZ
- **Age:** 27 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 13/09/2010
- **Reason for Admission:** The main complaints were shortness of breath, predominantly daytime symptoms, the requirement of rescue medication despite the control medication 4-5 times a week.
- **Past Medical History:** History of 1 exacerbation in the past year.
- **Past Medication History:** Two clinical cases with uncontrolled asthma. Both patients received inhaled therapy with fixed combination IGCS/LABA (1000 mg by fluticasone/salmeterol).
- **Family History:** NA
- **Allergies and Social History:** Nil

b) Objective:

- **Height:** 5'5"
- **BP:** 120/70 mmHg
- **Weight:** 68 Kg
- **PR:** 72 bpm
- **RS:** 20/min
- **CVS:** Normal ECG
- **Temperature:** 38.5°C
- **Physical Activity:** daily work routine home

c) Assessment: Laboratory findings of blood glucose level

- **Laboratory Assessment:** Routine blood count was hematocrit, 35.2%; leukocyte, 9500; and erythrocyte sedimentation rate 15, mm/hr. Spirometry showed an obstructive pattern (forced expiratory volume in 1 second [FEV₁], 4.20 L [83%]; forced vital capacity [FVC], 5.45 L [130%]; FEV₁/FVC, 70%). reversible airway obstruction. (prebronchodilator FEV₁, 2.70 L [74%]; postbronchodilator FEV₁, 3.01 L [80%]; reversibility, 2517%). Her skin-prick test was positive for house dust mites. Total IgE level was 125 kU/L.
- **Chest Radiography:** Revealed a right-sided hilar opacity.

d) Plan:

lifestyle and behavior correction. Pharmacotherapy was not changed. Outcome: controlled asthma due to clinical and functional parameters in parallel BMI reduction- BMI 26.6% (BMI initial increase on the first controlled time point could be the result of redistribution of fat and muscle tissue's mass.

Result :

Notes on subjective, objective, assessment and plan for Asthma (real/ hypothetical) disease conditions was prepared and discussed.