

Role Play for Breakout Groups

You are a third-year resident. You get overwhelmed by multiple issues in a given encounter and especially flustered with any type of “pimping.” The case is as follows.

A five-year old boy with a history of moderate persistent asthma presents with coughing for four days. The coughing has been waking him up at night and mom says that he feels warm to touch and has a runny nose. There is no post-tussive emesis. Mom gave the patient his prescribed albuterol three times yesterday and twice the day before. He was prescribed Flovent in the past but ran out of his medication about one month ago. Initially his cough improved with the albuterol but last night it worsened. When not running around the room, he is eating chips and drinking grape soda.

PMHx: Moderate persistent asthma. About 3 ER visits and 1 hospitalization per year. Last hospitalization and steroid course 3 months ago. History of eczema.

Immunizations: UTD but has not received the flu shot this year.

FHx: Brother who has asthma.

Social Hx: No smokers, pets, or curtains in the home. There are carpets, roaches, and mice in the home.

Exam: VS T 38.1, P 100, RR 30, BP 90/65, oxygen saturation 96% on room air, BMI >95thile. He is alert and cooperative. His eyes are clear, nasal mucosa is boggy with clear discharge, and his pharynx is mildly erythematous. He has multiple small lymph nodes palpable in his neck. He has suprasternal retractions and diffuse expiratory wheezes are heard on auscultation. Heart is regular rhythm and no murmurs are heard. His skin is dry, but not inflamed or thickened.