

Case 20

You are the Foundation Year 2 doctor working in the emergency department at General Hospital.

Your bleep number is 2468. Your consultant is Dr Tokell.

Patient details

Patient name: Tae Swift

Date of birth: 13/12/1989

Patient number: X345678912

Address: 89 Northumberland Road, Newcastle-Upon-Tyne, NE1 4HA

History

Mrs Swift presented to the emergency department with a 2-day history of worsening shortness of breath. She said it came on suddenly and is getting worse, it is now present even at rest. She has no cough, no haemoptysis, and reports no other symptoms.

Mrs Swift has no prior medical history, and her only medication is the COCP which she has taken for the past 9 years. She is not pregnant and her last menstrual period was 2 weeks ago.

Examination

Oxygen saturations: 95% (15L non-rebreathe)

Respiratory rate: 28bpm

Heart rate: 112bpm

Blood pressure: 128/72mmHg

Temperature: 36.8 C

On auscultation of her chest there are no crackles or added sounds.

Heart sounds normal.

Abdomen soft and non-tender.

She is able to mobilise herself from her bed to a chair.

Investigations

ECG – sinus rhythm, NAD

FBC - NAD

U&E – NAD, creatinine 47

LFT - NAD

CRP <5

D-dimer >100

Task

Please request the most appropriate imaging modality to determine the cause of Mrs Swift's symptoms. Include any relevant PMH, medication and investigation results in the request.

REQUEST FOR RADIOLOGICAL OPINION			
Surname:		Ward/Clinic/Practice:	
First Names:			
Address:		Consultant/GP:	
DOB:		WALK <input type="checkbox"/>	
Patient No:		CHAIR <input type="checkbox"/>	
		TROLLEY <input type="checkbox"/>	
		BED <input type="checkbox"/>	
		OXYGEN <input type="checkbox"/>	
		DRIP <input type="checkbox"/>	
		PORTABLE EXAM <input type="checkbox"/>	
Patient's telephone number:		Previous X-rays	Is the patient pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>
			LMP Date:
<i>Relevant clinical information:</i>		Is the patient diabetic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		CT/Angio/IVU exams please state Creatinine level:	
		Are specific infection control precautions required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, state reason:	
		Office use only	
Suggested investigation:			
Requesting MO:			Contact/Bleep: