

STRUCTURE OF A CONSULTATION

Initial assessment

Presenting complaint

History of presenting complaint

Physical assessment

Past Medical History

Medications

Allergies

Social History

Management

Safety Netting

Documentation



THE CONSULTATION

Your consultation room

Gain a rapport with your patient – introductions, empathy

Gain consent

Ensure privacy

Prepare yourself

Active listening



INITIAL ASSESSMENT

- Any life threatening problems?
- ABCDE Approach



PRESENTING COMPLAINT

- Allow the patient to talk to you in their **own words**.
- Actively listen
- Most patients will tell you in 1-2 minutes

“I’ve got a really sore throat”



HISTORY OF PRESENTING COMPLAINT

- Lets get the detail
- Closed vs Open questions
- Don't assume
- OLDCART



O L D C A R T

Onset

- When did it start?
- Was it sudden / gradual
- Is it getting better or staying the same?

Location

- Where in the body does it occur?
- Does it radiate or extend to other areas?

Duration

- How often does it occur?
- How long does it last?

Characteristics

- Describe the symptom
- What does it feel like?
- How severe is it 0-10?

Associated Factors

- Do you have any other symptoms that may be linked?

Relieving / Aggravating Factors

- What if anything makes it better or worse?

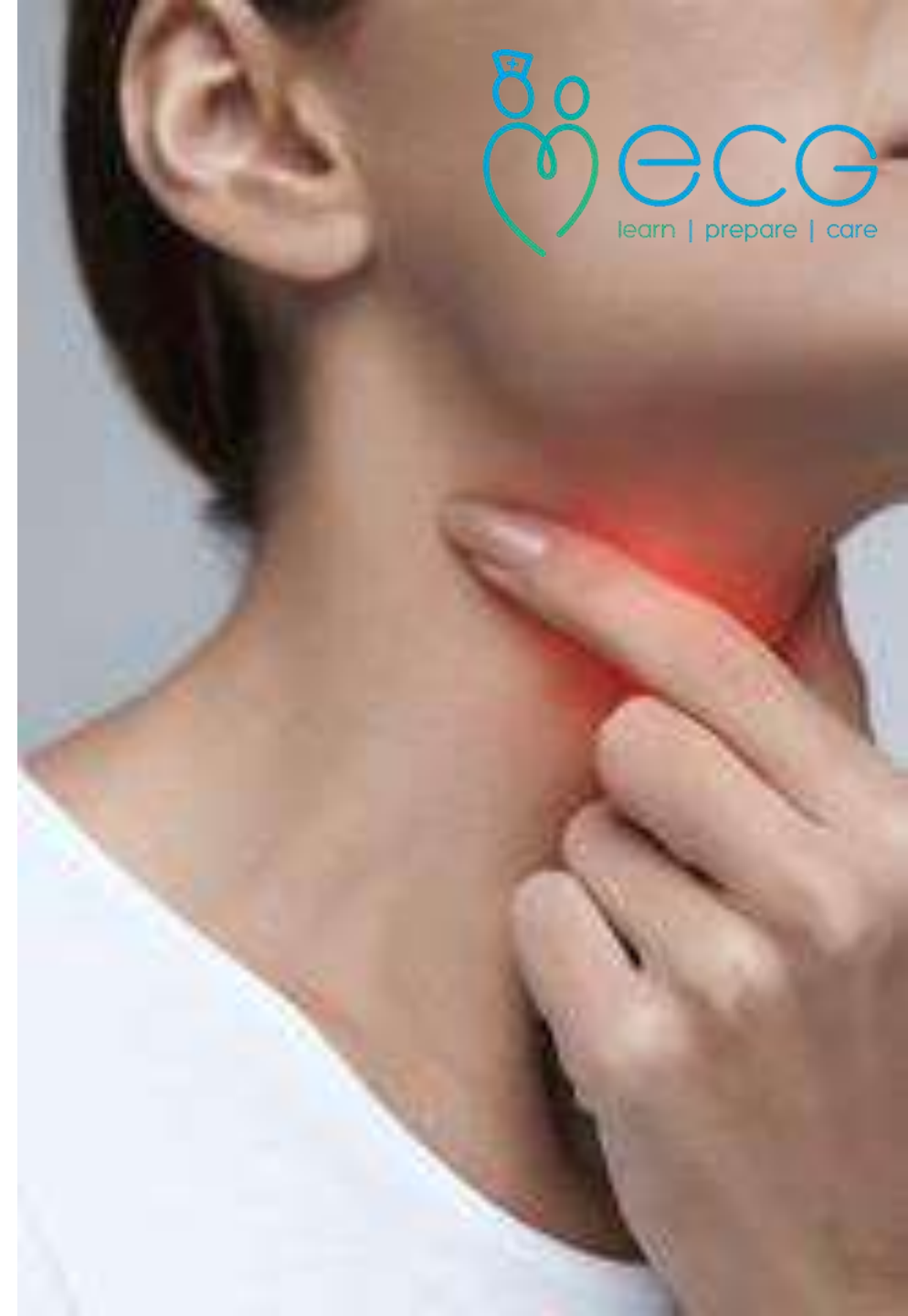
Treatment

- What treatment have you tried so far?

What does the patient think this is?

MORE HISTORY

- Previous medical history
- Medications & allergies
- Social / family history



SEPSIS



SEPSIS

SEPSIS IN ADULTS IS A SERIOUS CONDITION

that can initially look like flu, gastroenteritis or a chest infection. Sepsis affects more than 250,000 people every year in the UK.

The UK Sepsis Trust registered charity number (England & Wales) 1158843

Seek medical help urgently if you develop any or one of the following:

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assing no urine (in a day)
- S**evere breathlessness
- I**t feels like you're going to die
- S**kin mottled or discoloured

JUST ASK
“COULD IT BE SEPSIS?”
IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.

HANDOVER



S

Situation

I am a community pharmacist and am calling about Mr Jones, a 52 year old gentleman, as I am concerned that he may have a chest infection.

B

Background

Mr Jones came to see me today with a 5 day history of a productive cough and tight chest and a little out of breath. He is normally fit and well.

A

Assessment

His obs are:

RR 24

HR 91

BP 128/84

Temp 38.6

Sats 96%

I think he may have a chest infection

R

Recommendation

I would like you to review him please for possible antibiotics.

SAFETY NETTING

Safety-netting advice may include:

- Information on the natural history of the illness
- Advice on worrying symptoms to look out for
- Specific information on how and when to seek help.

