

A2 Acute respiratory presentations

Assessment of these competencies via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log.

In addition, key DOPs could be carried out as part of this module, including PP2 Obtaining and interpreting an ABG, PP5 Basic airway assessment and management and PP8 Initial decompression of a large / tension pneumothorax.

Potential presentations in which these competencies could be assessed include the following:

- Sudden onset chest pain and SOB (suspicion of pulmonary embolism)
- Acute exacerbation in patient with known COPD or bronchiectasis
- Patient with new onset fever, productive cough +/- haemoptysis (suspicion of pneumonia)
- Any acute SOB with new oxygen requirement
- Acute wheeze with respiratory compromise (e.g. severe asthma)
- Acute stridor with respiratory compromise (e.g. severe croup)
- Other causes of acute respiratory compromise such as sickle cell crisis

Core competencies to achieve (for all patients) are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Defines common causes of Breathlessness (including non-cardiorespiratory) and their patho-physiology [to ensure causes of acidosis are not overlooked; e.g. DKA]
	Is able to describe the physiology of oxygen delivery, oxygen cascade and effects on work of breathing; definitions/causes of respiratory failure (type 1/type 2)
	Is able to define common causes and pathophysiology of cough, cyanosis [consider endemic pathogens/ environmental/ occupational causes]; haemoptysis, wheeze, pleuritic chest pain, orthopnoea, dyspnoea, pleural effusion
	Is able to differentiate upper and lower respiratory features of obstructive or restrictive conditions, inspiratory or expiratory phase e.g. stridor vs. wheeze, croup (laryngotracheobronchitis) vs. epiglottitis or foreign body obstruction
	Outlines relevant indications for, and limitations of, investigations including CXR; transthoracic ultrasound, Computed Tomography Pulmonary Angiography; spirometry; ECG; cardiac biomarkers; d-

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	dimer; microscopy; Ventilation/Perfusion (V/Q) Scan; ABG [note: PP2 for interpretation of ABG]
	Recalls/understands principles of ventilatory support strategies including prescribing and administration of oxygen therapy, types of delivery and appropriate monitoring of effectiveness of ventilatory support
	Outlines the indications/contraindications for, and limits of, non-invasive and invasive ventilatory support
Skills- History	Takes a history that captures symptoms, timeline and relevant past medical, pharmaceutical, environmental or behavioural issues and risk factors that may support development of a differential diagnosis
	Elicits issues within the history that would identify high risk patients e.g. those likely to deteriorate, require admission, require ventilatory support or escalation to higher level care
	Is able to elucidate normal degree of activity/ functioning prior to current presentation and establish any predetermined limits of escalation, such as an 'advance directive' (or similar)
Skills – Examination	Uses a systematic (ABCDE) approach with an appropriately detailed cardiovascular and respiratory examination identifying important features to support a differential diagnosis
	Is able to differentiate between stridor and wheeze
	Recognises where respiratory effort is disproportionate due to hyperventilation from anxiety rather than a metabolic or cardiorespiratory disorder
Skills- investigation and treatment	Orders, interprets, prioritises relevant initial investigations including: routine blood tests, D-dimer and cardiac enzymes, ABG [note: PP2], CXR, ECG, peak flow, spirometry, CTPA, laboratory analysis pleural drain/tap sample
	Interprets ABG results in context of clinical condition [note: PP2]
	Initiates initial treatment specific to suspected cause (e.g. safe oxygen prescribing, early antibiotics, bronchodilator therapy)
	Interprets CXR to recognise/differentiate features including pleural effusion, pneumothorax, pneumonia, cardiac size, pulmonary mass/hilar enlargement; recognise the need for further investigations or intervention as necessary (e.g. pleural effusion drain/'tap').
	Makes a rapid and appropriate assessment and provides simple airway manoeuvres, airway adjuncts, selection of oxygen delivery device
Skills- Clinical decision making, judgement	Makes an appropriate assessment of ongoing oxygen delivery and support, monitoring and decision when to escalate with initial ventilation [BVM] or ventilatory support if required for more severe or

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[in addition to CC1]	deteriorating respiratory compromise and/or to a higher level/arena of care
Behaviour- Communication & professionalism [in addition to CC7/CC8]	Recognises the distress caused by breathlessness during discussions with patient and carers
	Ensures appropriate documentation and sharing of information regarding an infectious disease/communicable disease (such as notifiable disease reporting process) according to local/national policy
Paediatric	Is able to identify and treat common respiratory conditions of childhood e.g. pertussis, croup, induced bronchospasm (viral URTI-related); recognising features of respiratory compromise e.g. intercostal/sub-costal recession, accessory muscle use, work and effectiveness of breathing
	Appreciates parental concerns and previous history or preceding pattern of illness in context of the acute presentation; offering appropriate counselling and advice e.g. inhaler medication administration using a spacer device
	Is aware of the importance of establishing a vaccination history as part of consultation
	Is aware of the risks that some childhood illnesses may present to the immunocompromised or other family members e.g. pregnant females.

Additional optional competencies- EPA 1 to 2

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	Participation/observation of initiation of non-invasive or invasive ventilation strategies, including emergency RSI/endotracheal intubation.
	Participation/observation of pleural effusion 'tap' and/or chest drain insertion; pleural aspiration/insertion of chest drain for spontaneous pneumothorax
	Discuss the impact of long-term respiratory illness and potential limits of escalation according to patients specified wishes or best interests' documentation of appropriate limits of escalation and end of life/palliative care.
	Exhibit non-judgemental attitudes and take opportunity to provide health education including inhaler technique, smoking cessation, lifestyle changes, environmental aspects (solid fuel fires) and

	information about continuity of care for chronic respiratory conditions.
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