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Respiratory Results | Completed

Advanced Health Assessment - STU - August 2023, nur504ap4

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Experience Overview

Patient: Tina Jones



Digital Clinical Experience Score

92.3%

This score measures your performance on the Student Performance Index in relation to other students in comparable academic programs. Your instructor has chosen to scale your Student Performance Index score so that the average score on the index is a 80.0%. This score may not be your final grade if your instructor chooses to include additional components, such as documentation or time spent.

Student Performance Index

28 out of 31



Proficiency Level: **Proficient**

Beginning

Developing

Proficient

Students rated as "proficient" demonstrate an expertise in advanced practice competencies and reasoning skills. In comparable programs, the top students perform at the level of a proficient practitioner.

Subjective Data Collection

21 out of 21

Objective Data Collection

6 out of 6

Education and Empathy

1 out of 4

Time

81 minutes total spent in assignment

Interaction with patient

81 minutes

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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Transcript

Started: Sep 13, 2023 | Total Time: 81 min

All Lines (102) Interview Questions (50) Statements (2) Exam Actions (50)

-  Hi my name is Yndia and I will be interviewing you today and later do a physical exam 09/13/23 11:0
-  Hey.
-  Please tell me your name 09/13/23 11:0
-  Tina Jones.
-  Your date of birth 09/13/23 11:0
-  February 17th.
-  How old are you 09/13/23 11:0
-  I'm 28.
-  What brought you into the clinic today? 09/13/23 11:1
-  I came in because I've been having breathing problems, and my inhaler just isn't working the way it normally does.
-  I'm so sorry to hear that 09/13/23 11:1
-  I appreciate you saying that.



What medical problems do you have?



Well. . . I've had asthma since I was really little, though for a while there it wasn't really much of a problem. And I have sugar diabetes, too.



What do you use for the asthma?



It's just a regular Proventil inhaler.



How often do you use it?



Usually I just need it two or three times a week, so I guess. . . eight or twelve times a month? But I've used it about that much just in the past two days.



Have you been having breathing problems?



Yeah, I've been having a lot of breathing problems. That's why I came in to see you.



How long have you been having breathing problems?



My breathing's been acting up off and on for the past two days.



How long does one episode last?



I haven't had a full attack in years, but usually once I use my inhaler it only takes a minute or two for my breathing to go back to normal. . . that's not what's been happening recently, though.



Is your asthma keeping you up at night?



My asthma doesn't usually wake me up, but it has the past couple nights.



Have you been coughing?



I've been coughing a lot, yeah.



When you cough do you have any mucus?



No, nothing's coming up.



Is there anything you can't do because of your asthma?



There usually isn't anything I can't do because of my asthma. . . I guess I try to avoid things that make my breathing worse, but that's about it. The past couple days, though, it's been hard to do anything.



Do you wheeze during an asthma exacerbation? (Clarified to How often do you have asthma exacerbations?.)



Maybe as much as every four hours? It's a lot. (Clarified to how often I have asthma exacerbations.)



When did your symptoms start?



I don't know if I'd call it an asthma attack, but my asthma started acting up two days ago at my cousin's house. She has cats, and I'm allergic, so I'm used to it being a problem there, but usually the inhaler fixes it. . . it doesn't feel totally under control, though.



What are your characteristics of your symptoms?



Well, I'm having breathing problems. I keep feeling tight in my chest and I've had some wheezing.



Have you been hospitalized because of your asthma?



I went a bunch of times when I was little, for asthma attacks.



What are the things have you use besides medication to manage your asthma?



All I really do is keep my inhaler with me and use it if I need it.



Does anything in the environment trigger your asthma?



Well. . . sometimes when there's dust at work it can make my asthma act up, but that doesn't happen very often.



Does your asthma prevent you from exercising or doing some activities?



Well, I don't exercise, really. I mean, I'm active -- I'm on my feet all day -- but I don't go running or stuff like that. I bet I'd get winded pretty fast, and I'd probably need my inhaler.



Do you smoke or use any other drugs?



No way, I have no interest in that. That stuff can mess you up.



Any use of tobacco?



No. I think it's gross.



Do you experience any chest pains?



No, my chest feels tight when I have breathing problems, but it doesn't hurt.



Any family history of asthma?



It's just me and my baby sister that have asthma, but she really doesn't have problems with it.



Any allergies



Yeah, I'm allergic to cats.



Laying on your back make your breathing worse (Clarified to Are you able to lie flat on your back?.)



Just recently lying on my back has definitely made my breathing worse. (Clarified to if I am able to lie flat.)



Do you take any other medication



No, all I really use is my inhaler.



What started your recent asthma attack (Clarified to What triggered the most recent asthma attack?.)



I don't know if I'd call it an asthma attack, but my asthma started acting up two days ago at my cousin's house. She has cats, and I'm allergic, so I'm used to it being a problem there, but usually the inhaler fixes it. . . it doesn't feel totally under control, though. (Clarified to what caused my recent asthma attack.)



Does being around dust trigger your asthma attack



Yeah, being around a lot of dust, especially hanging out in a really dusty house, can make my asthma act up.



Have you been hospitalized due to your asthma



I went a bunch of times when I was little, for asthma attacks.



How bad was your asthma attack



My asthma used to be really scary. I haven't had a full attack in years, and if you had asked me before this I would have said my asthma wasn't that bad anymore, but the last couple days I've had a lot of trouble breathing.



When did your symptoms start?



I don't know if I'd call it an asthma attack, but my asthma started acting up two days ago at my cousin's house. She has cats, and I'm allergic, so I'm used to it being a problem there, but usually the inhaler fixes it. . . it doesn't feel totally under control, though.



I'm sorry to hear that



Thanks for saying that.



How frequent is your shortness of breath episodes



Sometimes it can take a few minutes for me to realize I need my inhaler, then once I use it the wheezing usually gets better. . . I'd say it takes about a minute to work at most after that. So five minutes total, at the longest?



Any possibility of contributing factor that could have triggered this asthma due to past medical history



I don't know what you mean by "contributing factors." [AUDIO COMING SOON]



Contributing factors are anything that have previously happened or is there something new that you did or is it something that you (No matching questions found.)



Have this ever happened to you before



I went to the hospital a bunch of times when I was growing up, for asthma attacks. And I went for a foot injury a few months ago, but my foot is fine now.



Any history of eczema



No, I don't have that kind of skin problem.



Any heartburn gerd or indigestion



No.



Any history of COPD or emphysema



No.



Any history of eczema



No, I don't have that kind of skin problem.



Do you smoke cigarettes



No. I think it's gross.



Have you ever smoked marijuana



Well, I used to smoke pot. . . but I don't do that anymore.



When was the last time you smoked marijuana



I haven't smoked pot since I was twenty or twenty-one.



Do you keep a record of your asthma attacks and episode of shortness of breath (No matching questions found.)



Do you record your asthma episodes (Clarified to Do you use a chart to monitor your asthma?.)



Not really. . . (Clarified to if I use a chart to monitor my asthma.)



Do you use a peak flow meter



I've heard of that, but no, I don't do it.



Do you use a nebulizer at home



No, but I have before.



When was the last time you used your nebulizer



They put me on a nebulizer at the hospital a couple times when I went in for asthma.



Inspected anterior chest wall



Inspected left side chest wall



Inspected posterior chest wall



Inspected right side chest wall



Inspected anterior chest wall



Palpated chest expansion: Both sides rise symmetrically



Palpated fremitus in anterior upper chest wall: Equal bilaterally, expected vibration



Ninety-nine.



Palpated fremitus in anterior lower chest wall: Equal bilaterally, expected vibration



Ninety-nine.



Percussed anterior right upper lobe



Percussed anterior right middle lobe



Percussed anterior right lower lobe



Percussed anterior left upper lobe



Percussed anterior left mid-chest (upper lobe)



Percussed anterior left lower lobe



Percussed posterior left upper lobe



Percussed posterior left mid-back (lower lobe)



Percussed posterior left lower lobe



Percussed posterior left lower lobe on side



Percussed posterior left lower lobe near spine



Percussed posterior right upper lobe



Percussed posterior right mid-back (lower lobe)



Percussed posterior right lower lobe



Percussed posterior right lower lobe on side



Percussed posterior right lower lobe near spine



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior right middle lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior left mid-chest (upper lobe)



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in anterior right lower lobe



Auscultated voice sounds in anterior right upper lobe



Ninety-nine.



Auscultated voice sounds in anterior right middle lobe



Ninety-nine.



Auscultated voice sounds in anterior left upper lobe



Ninety-nine.



Auscultated voice sounds in anterior left mid-chest (upper lobe)



Auscultated voice sounds in anterior left lower lobe



Auscultated voice sounds in anterior right lower lobe



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe on side



Ninety-nine.



Auscultated voice sounds in posterior left upper lobe



Auscultated voice sounds in posterior right upper lobe



Auscultated voice sounds in posterior left mid-back (lower lobe)



Ninety-nine.



Auscultated voice sounds in posterior right mid-back (lower lobe)



Auscultated voice sounds in posterior left lower lobe



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe



Auscultated voice sounds in posterior right lower lobe on side



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe near spine



Auscultated voice sounds in posterior left lower lobe near spine



Ninety-nine.



Check pulse oximetry using right hand



Checked pulse oximetry using left hand



Tina can you blow into the spirometer



Checked spirometer



Checked patient's inhaler

Comments

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Subjective Data Collection: 21 of 21 (100.0%)

Hover To Reveal...

Hover over the **Patient Data** items below to reveal important information, including **Pro Tips** and **Example Questions**.

○ Indicates an item that you found.

○ Indicates an item that is available to be found.

Category

Scored Items

Patient Data

Not Scored

Experts selected these topics as essential components of a strong, thorough interview with this patient.

A combination of open and closed questions will yield better patient data. The following details are facts of the patient's case.

Chief Complaint

Established chief complaint

○ Reports increased breathing problem and shortness of breath
○ Reports decreased effectiveness of inhaler

History of Presenting Illness

Asked about onset of symptoms

○ Reports symptoms began two days

Asked about frequency and duration of SOB episodes

○ Reports exacerbations lasting several minutes
○ Reports exacerbated breathing about every 4 hours since original episode
○ Reports waking up twice a night with asthma the past 2 nights

Asked about severity of symptoms

- Describes asthma severity as "not full attack," but worse than usual
- Reports asthma has been interfering with activities of daily life

Asked about character of symptoms

- Reports recent wheezing
- Reports chest tightness
- Denies chest pain

Asked about cough

- Reports cough
- Cough has persisted since 2 days ago
- Describes cough as "dry"
- Describes cough as "small"
- Reports cough slightly relieved
- Has not treated cough with remedies

Asked about aggravating factors

- Reports symptoms worse at night
- Reports symptoms increase with activity
- Reports symptoms aggravated by colds

Medical History

Confirmed use of medications

- Confirms medications (no nebulizer)

Followed up about inhaler use

- Uses an inhaler to treat asthma
- Inhaler is Proventil
- Reports most recent inhaler use 2 days ago
- Reports using inhaler every 4 hours during exacerbation
- Prescribed usage is 2 puffs
- Reports needing more than 2 puffs for symptoms

Confirmed allergies

- Confirms allergies (no new allergies)

Followed up on exposure to allergy and asthma triggers

- Reports cat allergy triggered symptoms
- Reports dust as a known trigger
- Reports activity such as walking as a trigger
- Denies seasonal pattern
- Denies changes in weather as a trigger
- Reports minimal exposure to allergens

Asked detailed questions about asthma history

- No current asthma doctor
- Diagnosed with asthma in childhood
- Age of diagnosis was 2 1/2 years

Asked about hospitalizations for asthma

- Reports prior hospitalizations for asthma
- Reports last hospitalization was 2 years ago
- Estimates 5 total hospitalizations

◦ Reports she has never been intubated

Followed up about non-medication forms of asthma management

◦ Denies record keeping of ast shortness of breath episodes
◦ Denies using peak flow mete
◦ Denies nebulizer use

Social Determinants of Health

Asked about environmental control

◦ Reports living situation is tidy
◦ Reports hypoallergenic bedd
◦ Reports avoiding animals and
◦ Reports avoiding exposure to

Social History

Asked about exercise and activity level

◦ Reports general low activity l
◦ Reports diminished activity d

Asked about possible contributing factors in health history

◦ Denies history of eczema
◦ Denies history of sinus probl
◦ Denies history of GERD, hear
◦ Denies history of COPD or er

Asked about smoking, inhalants, or tobacco

◦ Denies history of tobacco us
◦ Reports past history of mariju
◦ Last use of marijuana was ag
◦ Denies inhaling substances

Review of Systems

Asked about general symptoms

◦ Denies recent respiratory or c
◦ Denies fever
◦ Denies nausea or vomiting
◦ Denies chills
◦ Reports low energy level
◦ Denies night sweats

Asked review of systems for respiratory

◦ Denies phlegm or sputum
◦ Denies sore throat, swelling,
◦ Denies nasal drainage

Family History

Asked about relevant family history

◦ Reports no recent illnesses w
home
◦ Reports younger sister as on
◦ Reports younger sister as on
allergies
◦ Reports no family history of e

- Reports no family history of chronic nasal or sinus problems
- Reports no family history of COPD or emphysema

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Objective Data Collection: 6 of 6 (100%)

- Correct Incorrect
 Partially correct Missed

Inspected chest 1 of 1

Symmetry (1/2 point)

- Symmetric
 Asymmetric

Appearance (1/2 point)

- No visible abnormal findings
 Rash or lesion
 AP diameter abnormal
 Intercostal retraction while breathing
 Excessive use of accessory muscles while breathing
 Pectus excavatum
 Evidence of trauma (scar, laceration, or bruising)

Palpated chest expansion 1 of 1

Symmetry (1/1 point)

- Equal bilaterally
 Unequal bilaterally

Palpated tactile fremitus 1 of 1

Symmetry (1/2 point)

- Equal bilaterally
 Unequal bilaterally

Vibration (1/2 point)

- Expected fremitus
 Decreased fremitus
 Absent fremitus

Percussed chest wall 1 of 1

Observations (1/2 point)

- All areas resonant

Location (1/2 point)

- No areas of dullness

Some areas of dullness

- Dullness, anterior right upper lobe
- Dullness, anterior right middle lobe
- Dullness, anterior right lower lobe
- Dullness, anterior left upper lobe
- Dullness, anterior left lower lobe
- Dullness, posterior right upper lobe
- Dullness, posterior right lower lobe
- Dullness, posterior left upper lobe
- Dullness, posterior left lower lobe

Auscultated breath sounds

Breath Sounds (1/3 point)

- Present in all areas
- Diminished in some areas
- Absent in some areas

Location (1/3 point)

- All areas clear
- Adventitious sounds in anterior right upper lobe
- Adventitious sounds in anterior right middle lobe
- Adventitious sounds in anterior right lower lobe
- Adventitious sounds in anterior left upper lobe
- Adventitious sounds in anterior left lower lobe
- Adventitious sounds in posterior right upper lobe
- Adventitious sounds in posterior right lower lobe
- Adventitious sounds in posterior left upper lobe
- Adventitious sounds in posterior left lower lobe

Adventitious Sounds (1/3 point)

- No adventitious sounds
- Wheezing
- Fine crackles
- Stridor
- Rhonchi
- Rales

Auscultated for bronchophony

Bronchophony (1/1 point)

- Positive
- Negative

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Documentation / Electronic Health Record

[Document: Provider Notes](#)

Document: Provider Notes

Student Documentation

Model Documentation

Subjective

HPI: Ms. Jones is a pleasant 28-year-old African American woman who presented to the clinic with complaints of shortness of breath and wheezing a near asthma attack that she had two days ago. She reported that she was at her cousin's house and was exposed to a cat which triggered her asthma symptoms. At the time of the incident she notes that her wheezes were a 6/10 severity and her shortness of breath was a 8/10 severity and lasted five minutes. She did not experience any chest pain or allergic symptoms. At that time she used her albuterol inhaler and her symptoms decrease although they did not completely resolve. Since that and said she notes that she has had 10 episode of wheezing and has shortness of breath approximately every 4 hours. Her last episode of shortness of breath was this morning before coming to the clinic. She knows that her current sentence seems to be worsened by lying flat and are accompanied by a non-productive cough she awakens with nighttime shortness of breath twice per night. She complains that her current symptoms are beginning to interfere with her daily activities and she is concerned that her albuterol inhaler seems to be less effective than previous. Currently she states that her breathing is normal. Diagnosed with asthma at age 2.5 years. She has no recent use of spirometry, does not use a peak flow, record a attacks and does not have a home nebulizer or vaporizer. She has been hospitalized five times for asthma, last at age 16. Has never been intubated for asthma. He does not have a current pulmonologist or allergist. Social history: she is not aware of any environmental exposure or irritant at her job or home. Changes her sheet weekly nice dust and mildew at her home. Is there a hypoallergenic pillowcase cover and her mattress is one year old. What is current use of tobacco, alcohol and illicit drugs. She did smoke marijuana for 5 or 6, years her last use was at age 21. She does not exercise. Review of systems: General: denies changes in weight, fatigue, weakness, fever, chills, and night sweats. Nose/sinuses: denies rhinorrhea with this episode. Denies stuffiness, sneezing, itching previous allergy, epistaxis or sinus pressure. Gastrointestinal: no changes in appetite, no nausea, no vomiting, symptoms of GERD or abdominal. Respiratory: complain of shortness of breath and coughing as above. Denies sputum, hemoptysis, pneumonia, bronchitis emphysema, tuberculosis. She has a history of asthma last hospitalized was age 16 last hest x-ray was 16.

HPI: Ms. Jones is a pleasant 28-year-old African American woman who presented to the clinic with complaints of shortness of breath and wheezing following a near asthma attack that she had two days ago. She reports that she was at her cousin's house and was exposed to cats which triggered her asthma symptoms. At the time of the incident she notes that her wheezes were a 6/10 severity and her shortness of breath was a 7-8/10 severity and lasted five minutes. She did not experience any chest pain or allergic symptoms. At that time she used her albuterol inhaler and her symptoms decreased although they did not completely resolve. Since that incident she notes that she has had 10 episodes of wheezing and has shortness of breath approximately every four hours. Her last episode of shortness of breath was this morning before coming to clinic. She notes that her current symptoms seem to be worsened by lying flat and movement and are accompanied by a non-productive cough. She awakens with night-time shortness of breath twice per night. She complains that her current symptoms are beginning to interfere with her daily activities and she is concerned that her albuterol inhaler seems to be less effective than previous. Currently she states that her breathing is normal. Diagnosed with asthma at age 2.5 years. She has no recent use of spirometry, does not use a peak flow, does not record attacks, and does not have a home nebulizer or vaporizer. She has been hospitalized five times for asthma, last at age 16. She has never been intubated for her asthma. She does not have a current pulmonologist or allergist.

Social History: She is not aware of any environmental exposures or irritants at her job or home. She changes her sheets weekly and denies dust/mildew at her home. She uses a hypoallergenic pillow cover and her mattress is one year old. She denies current use of tobacco, alcohol, and illicit drugs. She did smoke marijuana for 5 or 6 years, her last use was at age 21 years. She does not exercise.

Review of Systems: General: Denies changes in weight, fatigue, weakness, fever, chills, and night sweats.
• Nose/Sinuses: Denies rhinorrhea with this episode. Denies stuffiness, sneezing, itching, previous allergy, epistaxis, or sinus pressure.
• Gastrointestinal: No changes in appetite, no nausea, no vomiting, no symptoms of GERD or abdominal pain
• Respiratory: Complains of shortness of breath and cough as above. Denies sputum, hemoptysis, pneumonia, bronchitis, emphysema, tuberculosis. She has a history of asthma, last hospitalization was age 16, last chest XR was age 16.

Objective

General: MS. Jo is symmetry with the respiration nes is a pleasant, obese 28 year old African-American woman in no acute distress. She is alert orientated and sitting upright on exam table. She maintains eye contact throughout interview and examination. Respiratory: chest expansions is symmetrical with respirations. Normal fermitus, symmetric bilaterally. Chest rresonant to precussion; no dullnes. Bilateral exploratory wheezing and posterior lower lobe bilateral muffed with notable exploratory wheezing and posterior lower lobes. No crackles.

General: Ms. Jones is a pleasant, obese 28-year-old African American woman in no acute distress. She is alert and oriented and sitting upright on exam table. She maintains eye contact throughout interview and examination.

• Respiratory: Chest expansion is symmetrical with respirations. Normal fremitus, symmetric bilaterally. Chest resonant to percussion; no dullness. Bilateral expiratory wheezes in posterior lower lobes. Bilateral muffed words with notable expiratory wheezes in posterior lower lobes. No crackles. In office spirometry: FVC 1.78 FEV1/FVC ratio 87.02% SpO2: 97%.

Student Documentation

Model Documentation

Assessment

Asthma exacerbation

Asthma exacerbation

Plan

Encourage Ms. Jones to continue to monitor symptoms and log her episode of asthma symptoms and wheezing with Associated factor and bring log to next visit. Obtain office oxygen saturation. Order PFTs to be completed after exacerbation to have Baseline available for future comparison. Encouraged to wash bedding and consider dust mite cover to decrease allergic nighttime symptoms. NMT in office x 1. Educate to increase intake of water and other fluids. Educate Ms Jones on when to seek emergent care including episode of chest pain or shortness of breath unrelief by rest, worsening asthma symptoms or wheezing or the sense that rescue inhaler is not helping. Revisit clinic in 2-4 weeks for follow-up and evaluation.

Encourage Ms. Jones to continue to monitor episodes of asthma symptoms and wheezing bring log to next visit.

- Obtain office oxygen saturation.
- Order PFTs to be completed after exacerbation for future comparison.
- Encourage to wash bedding and consider cover to decrease allergic nighttime symptoms.
- NMT in office x 1.
- Educate to increase intake of water and other fluids.
- Educate Ms. Jones on when to seek emergent care including episode of chest pain or shortness of breath unrelieved symptoms or wheezing, or the sense that rescue inhaler is not helping.
- Revisit clinic in 2-4 weeks for follow up and evaluation.

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

Respiratory Results | Completed

Advanced Health Assessment - STU - August 2023, nur504ap4

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Your Results

Lab Pass (/assignment_attempts/15130314/lab_

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[Education & Empathy](#)

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Education & Empathy : 1 of 4 (25.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but w/o statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

1 Symptoms

Followed

Description: Tina describes the symptoms that have been bothering her.



How bad was your asthma attack

11:30



My asthma used to be really scary. I haven't had a full attack in years, and if you had asked me before this I would have said my asthma wasn't that bad anymore, but the last couple days I've had a lot of trouble breathing.



When did your symptoms start?

11:30



I don't know if I'd call it an asthma attack, but my asthma started acting up two days ago at my cousin's house. She has cats, and I'm allergic, so I'm used to it being a problem there, but usually the inhaler fixes it. . . it doesn't feel totally under control, though.



I'm sorry to hear that

E
11:30



Thanks for saying that.

Model Statement: "Breathing problems can be scary and uncomfortable. I'm sorry you've been experiencing these symptoms. Let me learn a little more about your breathing problems, and we will be able to find ways to improve your breathing."

2 Asthma Triggers

Not Followed

Description: Tina describes her perceived asthma triggers.



Does being around dust trigger your asthma attack



Yeah, being around a lot of dust, especially hanging out in a really dusty house, can make my asthma act up.



Have you been hospitalized due to your asthma



I went a bunch of times when I was little, for asthma attacks.



How bad was your asthma attack

Model Statement: "It's important that I learn about what things may be triggering your asthma, so that we can figure out what you can avoid to improve your breathing."

3 Medications

Description: Tina describes her inhaler use and medication regimen.



Do you take any other medication



No, all I really use is my inhaler.



What started your recent asthma attack (Clarified to: What triggered the most recent asthma attack?)

Model Statement: "Thank you for letting me know that you're using your inhaler pretty often. It's important for me to know how you're using all of your medications."

4 Inhalants

Description: Tina describes her lack of exposure to cigarette smoke, secondhand smoke, and other inhalants.



Do you smoke cigarettes



No. I think it's gross.



Have you ever smoked marijuana



Well, I used to smoke pot. . . but I don't do that anymore.



When was the last time you smoked marijuana



I haven't smoked pot since I was twenty or twenty-one.



Do you keep a record of your asthma attacks and episode of shortness of breath



Do you record your asthma episodes (Clarified to: Do you use a chart to monitor your asthma?)



Not really. . . (Clarified to: if I use a chart to monitor my asthma)

