

CAP6 Breathlessness

The trainee will be able to assess a patient presenting with breathlessness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	Assessment Methods	GMP Domains
Recall the common and/or important cardio-respiratory conditions that present with breathlessness	E, C, Mi, ACAT	1
Differentiate orthopnoea and paroxysmal nocturnal dyspnoea	E, C, Mi, ACAT	1
Identify non-cardio-respiratory factors that can contribute to or present with breathlessness e.g. acidosis	E, C, Mi, ACAT	1
Define basic patho-physiology of breathlessness	E, C, Mi, ACAT	1
List the causes of wheeze and stridor	E, C, Mi, ACAT	1
Demonstrate knowledge of the indications, contraindications and adverse effects of the drugs used to treat the causes of breathlessness	E, C	1
Outline indications for CT chest, CT pulmonary angiography, spirometry	E, C, Mi, ACAT	1
Skills		
Interpret history and clinical signs to list appropriate differential diagnoses: including but not limited to pneumonia, COPD, PE, pulmonary oedema, pneumothorax, asthma. Know the relevant BTS guidelines for these conditions	Mi, C, L	1
Differentiate between stridor and wheeze	Mi, C	1
Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest x-rays, ECG, peak flow, spirometry	Mi, C	1
Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia	Mi, C	1
Perform pleural aspiration and chest drain insertion	D, L	1
Recognise disproportionate dyspnoea and	Mi, C	1

hyperventilation		
Practice appropriate management of wheeze and stridor	Mi, C	1
Evaluate and advise on good inhaler technique	Mi, C, D	1
Recognise indications & contraindications for non-invasive ventilation (NIV), and the indications and contraindications for intubation and invasive ventilatory support	Mi, C	1
Behaviour		
Exhibit timely assessment and treatment in the acute phase	ACAT, C	1
Recognise the distress caused by breathlessness and discuss with patient and carers	ACAT, C	2, 3
Recognise the impact of long term illness	ACAT, C	2
Consult senior when respiratory distress is evident	ACAT, C	2, 3
Involve Critical Care team promptly when indicated and recognise the need for care in an appropriate environment	ACAT, C	2
Exhibit non-judgemental attitudes to patients with a smoking history	ACAT, C, M	3, 4