Investigation 3.8A: Fever & Cough	Dr
Worksheet: Fever & Cough	PDate:
Fever & Cou	gh
Patient Name:	Age: Gender:
Wt:/min	Pulse:/min
Blood Pressure:/mmHg T	emperature:F.
CC:	······
HxCC: (List important information from the patien	t in your history of the chief complaint)
1	
2	
3	
4	
5	
6	
7	
8	
ROS: (List all positive findings from Review of Sys	stems)-
1	,
2	
3.	
4	
5	
Positive Examination Findings:	
1	
2	
3	
4.	

Investigation 3.8A: Fe	ver & Cough	Dr:
Workup, Page 2		
DDX: (List your three m	ost likely diagnoses from	the Diagnosis Grid)
1		
2		
	rs from your DDX list you s patient's history and phy	ruled out immediately because their sical exam findings:
1		
2		
3		
Write <u>NA</u> for any test lis condition:	•	tigate this patient's medical problem. opropriate to your evaluation of this
• Coi	mplete Blood Count (CBC)
• MR	I of the Chest	
• Ultr	asound Study of chest	
• Cul	ture and Sensitivity of Sp	utum
• PP	D test for TB	
Lab Test Results:		
Lab Test	 Normal 	Results
Chest X-Ray	Lungs clearImmedicate results	 Positive for cavities in left lung
• PPD	Results in 3 daysNo reaction	Positive reactionRedness at test site
Culture & Sensitivity of	 Light diverse bacterial growth 	 Acid-Fast Bacilli smear and culture positive for (TB)

culture positive for (TB) Mycobacterium tuberculosis

Sensitivity of Sputum

Investigation 3.8A: Fever & Cough	Dr:
Workup Page 3	PDate:
Lab Test Summary: Record positive lab test findings from	om your lab tests:
1	
 2	
How do we know the lung cavities seen on the chest x-	ray are in the left lung?
Why was it important to take a Chest x-ray instead of w sputum culture?	raiting for the PPD test or the
Diagnosis. (Hint: It is listed on the DDX list)	
Treatment Recommendations (Select type of treatment	(s) you would recommend)
1	
2	

	3.8A: Fever & Cough Dr:		
Vorkup Page	4		
	propriate box to indicate how <u>Tuberculosis</u> spreat than one method of spreading may exist):	ids from one	person
	TB Method of spreading	Vec	no
	Breathing TB droplets in the air	yes	no
	Skin to skin contact with another		
	person		
	Touching contaminated door handle		
	Sharing a glass		
	Contact with contaminated blood		
	Kissing a TB infected person		
	Contact with bedding or toilet seat		
	Cannot be spread to others		
Reflections:			
1. \	What was your patient's chief complaint?		
2. \	Nould you consider Manjula's complaint to be: (circle) Acute Subacute or (Chronic	
2. M Wh <u>y</u>	(circle) Acute Subacute or (Chronic	
	(circle) Acute Subacute or (Chronic	
	(circle) Acute Subacute or (Chronic	

vestigation 3.8A: Fever & Cough	Dr:
orkup Page 5	P Date:
3. How would you classify Manjula	a's condition (circle your answer)?
Possible Emergency	or Probably Non-Emergency
4. Why is Manjula's condition an e	emergency or non-emergency?
a	
5. Which DDx possibilities did you rul	
O	
6. Is Tuberculosis caused by an in	njury or illness? (Circle your answer)
	,,
7. Is Tuberculosis preventable? Ho	ow or why not?
8. Why is it important to diagnose	and treat patients suspected of having
8. Why is it important to diagnose Tuberculosis?	and treat patients suspected of having