

Instructions to the Candidate

- **Review** the patient information and presenting symptoms provided in the summary below.
 - **Conduct** an assessment of the patient's symptoms.
 - **Address** the patient's concerns.
 - **Formulate** an appropriate management plan.
 - **You have 15 minutes** for this clinical encounter.
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Patient Record Summary

- **Name:** Linda Walker
 - **Age:** 58 years
 - **Gender:** Female
 - **Indigenous Status:** Not Aboriginal or Torres Strait Islander
 - **Allergies and Adverse Reactions:** Nil known
 - **Medications:** Nil regular medications
 - **Past Medical History:**
 - Mild asthma, usually well-controlled with an inhaler as needed.
 - Occasional acid reflux.
 - **Social History:**
 - Works part-time as a teacher, lives alone.
 - Does not smoke or drink.
 - Recent stress due to family issues, including her mother's health problems.
 - **Family History:**
 - Mother: COPD.
 - Father: Deceased from heart disease.
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Scenario

Linda Walker, a 58-year-old teacher, presents with **shortness of breath** that began three days ago and has gradually worsened. She describes a feeling of tightness in her chest and occasional wheezing but denies pain, fever, or cough. Linda tried using her asthma inhaler, but it hasn't provided much relief.

You assess that her symptoms may be indicative of a **more serious respiratory or cardiac condition** and recommend that she attend the Emergency Department for further evaluation. However, Linda is reluctant to go, citing her **frustration with long ED wait times** and a belief that her symptoms "probably aren't that serious." She also expresses worry about "being a bother" to ED staff. Linda is otherwise cooperative but remains hesitant about going to the hospital.

Clinical Examination Findings

- **General Appearance:** Slightly breathless, anxious but alert and cooperative.
- **Vital Signs:**
 - BP: 145/85 mmHg
 - HR: 98 bpm, slightly tachycardic but regular
 - Temp: 36.7°C
 - RR: 20/min
 - SpO2: 92% on room air
- **Respiratory Examination:** Mild bilateral wheezing, reduced air entry at lung bases.
- **Cardiovascular Examination:** Heart sounds normal, no murmurs or gallops.
- **Neurological Examination:** No focal deficits.