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# Victor Flores

## FAMILY MEDICINE CLINIC

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You have joined a pre-clinic huddle with your preceptor, Dr. Lambert, and interprofessional team members, to plan the clinic’s approach to the patients scheduled for the afternoon. Your hospital RN Care Manager, Abbie Edwards, interrupts with new, incoming patient information:


“I just got a call from Wesford General ED. Victor Flores, a 50-year-old male, is being evaluated for shortness of breath. Apparently, he’s noticed some worsening shortness of breath over the past couple months when walking in the neighborhood, but it got a lot worse this morning, so his wife called 911. I looked in his chart, and we haven’t seen him for anything in the past 7 years. His problem list includes a history of a sprained ankle, pertussis as an adult, and tobacco use (25 pack years at the last visit).”

Dr. Lambert sends you (the student) to the ED to join Dr. Krieger with Victor Flores.

You review Victor’s chart:



**STANDARDIZED  
PRECEPTOR  
ORIENTATION**

Tap here or use your  
Camera app  to scan  
this QR code.



## **MEDICATIONS**

- OTC hydrocortisone for eczema.

## **ALLERGIES**

- NKDA.

## **PAST MEDICAL HISTORY**

- Adult medical illnesses:
  - Sprained ankle: At age 45.
  - “Question of hypertension”: BP = 160/96 per urgent care visit note— recommendation was to follow up with PCP but there is no evidence of follow-up in our EHR.
  - Pertussis: At age 43.
- Childhood illnesses:
  - Eczema.
  - Asthma.
- (Victor Flores was last seen at the Family Medicine clinic 7 years ago for an acute upper respiratory infection that was diagnosed as pertussis. The notes indicate that Victor Flores was counselled regarding follow up for preventive care).

## **PREVENTIVE MEDICINE**

- None.



## **HABITS**

- Cigarette smoker (25-pack-year history). Drinks 5–6 alcoholic drinks on weekends. Does not use any drugs.

## **FAMILY HISTORY**

- Parents are both deceased. Father died at age 58, mother died at age 77. Victor is not aware of their medical histories.
- Siblings are all healthy.
- Two children are healthy.

## **SOCIAL HISTORY**

- Victor Flores is a cis-gender male. He was born and raised in Guatemala. He immigrated to the United States as an adult, with his wife, because of traumatic circumstances in Guatemala (he does not elaborate more).
- He owns his own trucking company.
- He has a high school education.
- He owns his own home.
- He is married and heterosexual.
- He is uninsured. He is also undocumented.

End of chart for Victor Flores



# EMERGENCY DEPARTMENT

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[This is where you are, with the students and with Mr. Flores (as he prefers to be called). The students will take the history and perform a physical examination.]

## PHYSICAL EXAMINATION

Here are a few pertinent findings. For the lungs and cardiovascular findings, the SP should hand a card to the students.

### Vitals

- Height: 5'6" (1.68 m), Weight: 190 lbs. (86.2 kg)
- T: 36.9C
- BP: 170/101
- HR: 101
- RR: 26
- O<sub>2</sub> sat: 95% on RA

**Skin** Dark discoloration on the back of the neck (consistent with acanthosis nigricans).

**Lungs** Basilar crackles bilaterally. Otherwise, clear to auscultation.



**Cardiovascular** Slightly rapid rate, regular rhythm, normal S1 and S2, +S4, no rubs or murmurs. No displacement of PMI.

**Abdomen** + Orthopnea. (SP has been instructed to become uncomfortable – worsening dyspnea – if asked to lie down)

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We recognize that you may feel uncomfortable with Mr. Flores’s presentation . . . feeling the urge to call for a STAT ECG. In the next CBL session, we will ask the students: ***When did you start to worry about Mr. Flores?***

In this educational setting, it can be challenging to indicate there is a sense of urgency in caring for Mr. Flores. In the ED, this scenario (which we have spread over several days) would have unfolded very rapidly. If the students express a desire to order a STAT ECG, CXR, or any labs (e.g., troponin), please encourage them about the appropriateness of their clinical acumen, and then ask them to gather as much information as they can in preparation for the continuation of this case during their next CBL session.