# Deaths due to respiratory disease

Case 1

A 75-year-old male had a 10-year history of chronic bronchitis associated with smoking two packs of cigarettes a day for more than 40 years. When seen by his physician approximately 2 years prior to his terminal episode, he had moderately reduced FEV1 and FVC with no response to bronchodilators.

During his last year, he required corticosteroids to prevent wheezing and coughing at night; however, he was unable to reduce his smoking to less than one pack of cigarettes per day.

 When seen 3 months prior to his terminal episode, he had significantly reduced FEV1 and FVC with no response to bronchodilators. He awoke one evening complaining to his wife about coughing and worsening shortness of breath. He was taken to the emergency room where he was found to have an acute exacerbation of obstructive airway disease. He was admitted to the hospital. At the patient’s request, no mechanical ventilation was employed, and he died 12 hours later in respiratory arrest.

Case 2

A 72 year old retired construction worker was admitted through the emergency room with the medical diagnosis - acute exacerbation of chronic bronchitis for 3 days. He had chronic chronchitis for last 3 years. Since admission his respiratory distress has increased, his oxygenation status worsened, and his work of breathing is rapidly leading to fatigue.His Heart rate was 132/minute and irregular, Respiratory Rate was 24/minute labored and shallow; Blood pressure was 104/62; Oral temperature was 99.5 ^ F

The blood gas analysis showed that his oxygen saturation Sat 78%; The full Blood count showed a total White cell count of 12,000.

His shortness of breath worsened to the point of him not being able to talk and he was started on O2 via face mask. He was treated with bronchodilators and antibiotics. However, despite treatment his condition worsened and he died from respiratory failure witing 24 hours of admission.