

# Cardiac Scenario 1

## 55 YOM, “sudden neck pain”

Scenario Set Up	<p><i>Equipment:</i> Nasal Cannula, O2</p> <p><i>PROCTOR:</i> 55 YOM is complaining of sudden neck pain when washing his car. He is a bit irritated with lots of questioning due to the pain.</p>
Dispatch	Dispatched to a residence home to an adult male complaining of neck pain.
Scene Size Up	55 YOM in a tripod position outside his house on the sidewalk.
Pertinent Primary Assessment Findings	<p><i>AVPU</i> - AOx4</p> <p><i>A</i> - patent airway</p> <p><i>B</i> - dyspneic, 22 res with shallow breaths</p> <p><i>C</i> - pale, cool, moist</p>
Pertinent Secondary Assessment Findings	<p><i>O</i>- washing his car</p> <p><i>P</i>- sitting makes it better, doesn't fully go away</p> <p><i>Q</i>- sharpness pain</p> <p><i>R</i>- radiates to lower back</p> <p><i>S</i>- 8/10</p> <p><i>T</i>- 25 min since onset</p> <p>A - penicillin</p> <p>M - metformin, aspirin 81 mg, &amp; nitroglycerin (0.4mg)</p> <p>P - heart attack 3 yrs ago, diabetic TY2</p> <p>L - baby aspirin with oatmeal</p> <p>E - washing his car and figured neck pain was from bad posture, NOW pt complains of lower back pain too</p> <p><i>IPA</i>- finds pedal edema, hears crackles for lung sounds</p> <p><u>**If they lay patient supine (pt complains of feeling suffocated)</u></p>
Vitals	BP: 132/94 , HR: 88 bpm , RR: 22, BGL: 145, SPO2: 93% NC @ 2LPM/ 90% RA
Treatments	High fowler's, admin. O2 via NC @2 LPM

Key Points	Don't use a NRB, NC is preferred. Always check lung sounds, if they do, they will hear crackles→ CHF (+ pedal edema)
Bonus Questions	<ul style="list-style-type: none"><li>- Why would we use a NC instead of NRB?</li><li>- What are common signs of CHF?</li></ul>

# Cardiac Scenario 2

## 32 YOM, "I can't breathe" (SOB)

<p>Scenario Set Up</p>	<p><i>Equipment: NRB, O2</i></p> <p><i>PROCTOR: Pt complains of not being able to breathe as he was able to before. Pt feels his heartbeat is very fast too and is appearing very anxious.</i></p>
<p>Dispatch</p>	<p><i>Dispatched to residence home to an adult male reporting SOB.</i></p>
<p>Scene Size Up</p>	<p><i>No life threats. Pt is sitting in a tripod position, clutching onto his chest while not being able to maintain a conversation without gasping for air in between words.</i></p>
<p>Pertinent Primary Assessment Findings</p>	<p><i>AVPU - A/Ox3</i></p> <ul style="list-style-type: none"> <li>- <i>Aware to name, command, and reason for call, can't name where he is</i></li> </ul> <p><i>A - patent airway</i></p> <p><i>B - dyspnea, 26 labored</i></p> <p><i>C - pale, cool, moist</i></p>
<p>Pertinent Secondary Assessment Findings</p>	<p><i>O- doing chores and cleaning</i></p> <p><i>P- sitting upright makes it better, doesn't fully go away</i></p> <p><i>Q- suffocating feeling</i></p> <p><i>R- chest feels heavy too</i></p> <p><i>S- 9/10</i></p> <p><i>T- 25 min since onset</i></p> <p><i>A - N/A</i></p> <p><i>M - iron tablets</i></p> <p><i>P - anemic, pt reports having been in an accident the day before but not feeling this way. The accident led to blunt force trauma to the chest and abdomen.</i></p> <p><i>L - hasn't eaten</i></p> <p><i>E - pt was cleaning and doing chores when he noticed sudden shortness of breath that slowly escalated and now his chest feels heavy</i></p> <p><i>IPA- muffled heart sounds, JVD present</i></p>
<p>Vitals</p>	<p><i>BP: 88/52, HR: 145 bpm, RR:26, BGL: 96, SPO2: 93% NRB@15LPM, 89% RA,</i></p>

Treatments	<i>NRB @ 15LPM, high fowler's position</i>
Key Points	<i>Ask questions despite the state of the patient being anxious. You want to ask enough while not forcing the patient to withstand so much time for minor details. PRIORITIZE QUESTIONING</i>
Bonus Questions	<i>What is the procedure that is done in the ER setting for a cardiac tamponade? What are common S/S (Beck's Triad)? What is a cardiac tamponade?</i>

## Cardiac Scenario 3

### 55 YOM “chest discomfort after physical exertion”

Scenario Set Up	<p><i>Equipment: Nasal Cannula, O2, BP cuff, Pulse oximeter</i></p> <p><i>PROCTOR: Pt is 55 YOM who developed chest and neck discomfort while mowing his lawn. He is frustrated with questioning and keeps saying he “just overdid it.”</i></p>
Dispatch	<i>Dispatched to a residence for an adult male complaining of chest and neck discomfort.</i>
Scene Size Up	<i>55 YOM sitting on a lawn chair outside his house. Appears uncomfortable and anxious. No obvious trauma. Lawn mower nearby.</i>
Pertinent Primary Assessment Findings	<p><i>AVPU - AxO 4</i></p> <p><i>A - Airway patent</i></p> <p><i>B - Mild dyspnea, RR 20, shallow but regular</i></p> <p><i>C - Pale, cool, slightly diaphoretic; radial pulse present and regular</i></p>
Pertinent Secondary Assessment Findings	<p><i>O - Began while mowing lawn</i></p> <p><i>P - Resting makes it better</i></p> <p><i>Q - Pressure/tightness</i></p> <p><i>R - Radiates to neck and left shoulder</i></p> <p><i>S - 6/10</i></p> <p><i>T - 15 minutes since onset</i></p> <p><i>A - Pencillin</i></p> <p><i>M - Metformin, aspirin 81 mg, nitroglycerin</i></p> <p><i>P - Type 2 diabetes, hypertension</i></p> <p><i>L - Toast and coffee at 900</i></p> <p><i>E - Was mowing lawn when pain started; thought it was muscle strain</i></p> <p><i>Lung sounds clear bilaterally, no pedal edema, no JVD</i></p>
Vitals	<i>BP: 148/90 , HR: 92 bpm, RR: 20 bpm, BGL: 152 mg/dL, SPO2: 94% room air 97% nasal cannula @ 2 LPM</i>
Treatments	<ul style="list-style-type: none"> <li>● <i>Place pt in position of comfort (high fowler’s)</i></li> <li>● <i>Administer O2 via nasal cannula @ 2 LPM</i></li> <li>● <i>Assist the patient with nitroglycerin</i></li> <li>● <i>Monitor vitals (every 5 min)</i></li> </ul>

	<ul style="list-style-type: none"><li>• <i>Transport (Code 3)</i></li></ul>
Key Points	<i>Pain started with physical exertion and improves with rest</i> <i>No crackles, no edema → not CHF</i> <i>Not crushing or worsening → not MI</i>
Bonus Questions	<i>What suggests angina instead of myocardial infarction? <b>Pain improves with rest</b></i> <i>Why is this still considered a cardiac emergency? <b>Angina can progress to MI</b></i> <i>What medication can relieve angina pain? <b>Nitroglycerin</b></i>