Respiratory Emergency Scenarios - Monday

Scenario 1: 71 YOM w/ SOB

Scenario Set Up	*Equipment: NRB, O2, cannula* *PROCTOR: you are a 71 YOM w/ dementia and severe SOB so your son who doesn't care for you (proctor 2) answers questions. Answer "huh" if EMT's ask anything from you.*
Dispatch	*Respond C3 to a 71 YOM w/ SOB*
Scene Size Up	*Fowler on chair, audible wheezing, home cannula @ 2LPM, audible wheezing.*
Pertinent Primary Assessment Findings	*AVPU - AOx4 (PPTE)* *A - patent, but the pt is still able to speak at most 2 syllables, audible wheezing* *B - Very labored but spontaneous, tachypneic but regular rhythm, wheezing across all lobes* *C - pale and dry, warm, <2s refill*
Pertinent Secondary Assessment Findings	S*: severe SOB, audible wheezing, speaks in 2 continuous syllables at max, yellow sputum near the mouth, dyspnea on exertion* A - *NKA* M - *Albuterol MDI 12 puffs a day (minimal relief with max dose administered today), at home O2 nasal cannula at 2LPM* P - *Pt can't remember anything medical related, his son only knows he has Alzheimer's and believes he "might have bronchitis since he's 50"* *L - Dinner 2h ago* *E - worsening shortness of breath since yesterday; barely able to talk since dinner* *OPQRST: no pain* ***P**: Neighbor construction 2 days ago, **A**: no pain at all, **S**: yellow near mouth, **T**: 2 syllables max, **E**: dyspnea on exertion*

Vitals	Initial: BP: 127/91, HR: 121, SpO2: 87% T: 97.1 F, BGL: 91 Second set en route: If <14LPM administered: HR: 102, SpO2: 91%, RR: 18 & stable If >14LPM administered: HR: 102, SpO2: 95%, RR: 10 **-> if 15LPM continued, SpO2: 99%, RR: 6, pt AOx1, person only, if still continued -> Resp. arrest, pt dies**
Treatments	*NRM O2 10-15LPM initially, taper to maintain 88-92% SpO2, (semi-) fowler or position of comfort, transport to nearest ED C3*
Key Points	*ALS should be mobilized asap (nebulizer), hyperoxygenation is harmful*
Bonus Questions	*Why does hyperoxygenation cause resp. depression in COPD? (A: loss of hypoxic drive)*

Scenario 2: 27 YOF w/ severe SOB, chest pain

Scenario Set Up	*Equipment: NRM, O2* *PROCTOR: you are a 27 YOF who's pregnant and lying semi-fowlers on a bed. You have 8/10 in chest pain, SOB, and is very distressed. You cough blood intermittently during assessment*
Dispatch	*Respond C3 to 27 YOF w/ SOB and chest pain*
Scene Size Up	*Semi-fowler on bed. Tissues with blood next to pt.*
Pertinent Primary Assessment Findings	*AVPU - AOx4 (PPTE)* *A - Patent & speaking* *B - Very labored but spontaneous, tachypneic, diminished RUL* *C - cyanotic, diaphoretic, <2s*

Pertinent Secondary Assessment Findings	S*: severe SOB, hemoptysis, 8/10 right chest pain, severe SOB* A - *Aspirin* M - *Lovenox syringe (missed several doses recently because injection sucks), vitamin supplements OTC for pregnancy* P - *Pregnancy (24 weeks), family history of clotting disorder* *L - Dinner 11h ago* *E - acute 8/10 R chest pain following 2 days of right leg swelling and 4/10 pain that stopped shortly before chest pain, pain woke pt up from sleep, pt. has been very tired and walked little since 20th week* ***O**: while asleep morning, **P**: nothing improves **Q**: sharp, **R**:localized R chest, **S**: 8/10 **T**: very acute* ***P**: See E, **A**: See above, **S**: none, **T**: counted to 6s, **E**: severe dyspnea on exertion, SOB every step*
Vitals	Initial: BP: 151/124, HR: 118, SpO2: 89% RR: 26 T: 97.5 F, BGL: 99 Second set en route: If NTG & O2 administered: BP: 104/82 (NTG contraindicated now), HR: 124 SpO2: 95% & stable **If NTG not administered:** BP: 172/146, HR: 81, chest pain 10/10, feels like the world is over -> **If continued = pt cardiac arrest and died**
Treatments	*NRM O2 10-15LPM titrate to 94-99%, (semi-fowler)/ pos of comfort with **left uterine displacement**, transport to nearest ED*
Key Points	*ALS should be mobilized asap (potential AMI/ heart failure), don't help administer blood thinner (out of scope)*
Bonus Questions	*Why is ALS mobilization important (A: potential AMI/ intubation needed)*

Scenario 3: 19 YOM w/ SOB, fever

Scenario Set Up	*Equipment: NRM, O2* *PROCTOR: you are a 19 YOM irritated sophomore @ Cal who just missed every single midterm because of fever x 4 days and SOB. You say "I don't know" and "it's over" intermittently because of altered mental status*
Dispatch	*Respond C2 to 19 YOM w/ SOB & fever, possibly aggressive*
Scene Size Up	*Semi-fowler on sofa, wet, already warm towel on forehead, audible rhonchi*
Pertinent Primary Assessment Findings	*AVPU - AOx3 (PPT, say "shut up I don't know" when asked for E)* *A - Patent & speaking* *B - Dyspneic, tachypneic, audible rhonchi* *C - cyanotic, very diaphoretic, hot to touch, 3s refill*
Pertinent Secondary Assessment Findings	S*: severe SOB, sinus congestion, high-grade fever x 4 days, brown, thick sputum near mouth, dyspnea on exertion, rhonchi across all lobes* A - *Penicillin* *M - Tylenol OTC, Mucinex OTC, Tamiflu OTC, Zyrtec OTC, Benadryl OTC, DayQuil/NyQuil OTC, Adderall, home-made ginger tea, herbal tea from his mom, beer, weed, 4 cups of black coffee daily* P - *high-grade fever x 4 days* *L - breakfast 1h ago* *E - worsening SOB + persistent high-grade fever x 4 days, mucus made pt dyspneic since morning* ***P**: persistent SOB/ dyspnea, **A**: none, **S**: brown, thick, **T**: counted to 10+. **E**: SOB every step*
Vitals	Initial: BP: 84/61, HR: 83, SpO2: 86% RR: 21 T: 104.3 F, BGL: 101 Second set en route: If O2 given and septic shock treated: Spo2: 93%, vitals stabilized

	If shock untreated: BP: 64/42, HR: 70, RR: 11 -> **If continued = pt cardiac arrest and died**
Treatments	*NRM O2 10-15LPM titrate to 94-99%, supine/ legs elevated position, thermal management, call ALS, transport to nearest ED*
Key Points	*Shock recognition, proper BSI, early ALS mobilization*
Bonus Questions	*If your company has adequately supplied your ambulance with all required types of BSI, what type of BSI should you wear during patient care if time allows (HEPA/ N95)*