Medical Scenarios

Respiratory

Asthma

Scenario: You are called to a local house for a woman with trouble breathing. You arrive to find a 67-year-old woman sitting upright in a chair. She states she cannot catch her breath. Your patient is using an inhaler.

Prearrival Questions

- **1.** What type of scene are you going into (safe or unsafe, access problems, etc.)?
- **2.** Is this problem acute or chronic?

Scene safe	Yes
Body substance isolation	Gloves, eyewear
Nature of illness	Respiratory
Number of patients	One
Additional help	Dispatch advanced life support (ALS)
C-spine stabilization	No

Assessment Questions

- **3.** When do you need to interrupt the initial assessment?
- **4.** What is the overall look of the patient when you arrive?

General impression	67-year-old woman in a chair
Level of consciousness	Responsive
Chief complaint	Cannot breathe
Airway	Open; noisy breathing heard
Breathing	30 breaths/min Symmetrical rise and fall of the chest
Circulation	Carotid and radial pulses
Skin color, temperature, and condition	Pale, cool, and clammy

Management Questions

- **5.** Is the current management helping the patient?
- **6.** Is there anything else you can do to help the patient feel better?

Control of major bleeding	None
Transport decision	Load and go
Initial interventions	O ₂ via nonrebreathing mask at 15 L/min (if allowed by protocol)
Baseline vitals	Blood pressure-168/78 mm Hg Pulse-108 beats/min Respirations-30 breaths/min SaO ₂ -88%

SAMPLE history	S-Lungs: Inspiratory and expiratory wheezes in the uppers; diminished in the bases A-Penicillin M-Vasotec, Proventil inhaler P-High blood pressure, asthma L-Breakfast E-Sitting in a chair
Treatments	Initial O₂ at 15 L/min, loosen restrictive clothing, call for ALS, and work toward immediate transport.
Response to treatments	Patient does not change. Lungs: Sparse wheezing with improved sounds in the bases.
Trending/ongoing assessment	Repeat vital signs: Blood pressure 170/88 mm Hg, pulse 90 beats/min, respirations 22 breaths/min. ALS arrives and assumes charge of your patient. You assist en route to the hospital.

Conclusion: Your patient is treated at the emergency department for an acute asthma attack. She is given medications that helped resolve her breathing difficulties and is released.

Respiratory

Foreign Body Airway Obstruction

Scenario: You are called to a local grill for a woman who is possibly choking. You arrive to find a 44-year-old woman lying on the floor. Bystanders are attempting to remove the object.

Prearrival Questions

- **1.** What type of scene are you going into (safe or unsafe, access problems, etc.)?
- **2.** What is the cause of the obstruction (food, object, etc.)?

Scene safe	Yes
Body substance isolation	Gloves, eyewear
Nature of illness	Respiratory
Number of patients	One
Additional help	ALS needed
C-spine stabilization	No

Assessment Questions

- **3.** What is the overall look of the patient when you arrive?
- **4.** What type of assistance might you need to call if you cannot dislodge the item?

General impression	44-year-old woman on the floor
Level of consciousness	Unresponsive
Chief complaint	Not breathing
Airway	Obstructed by food
Breathing	Apneic
Circulation	Carotid pulse
Skin color, temperature, and condition	Pale and cyanotic

Management Questions

- **5.** Is the current management helping the patient?
- **6.** Is there anything else you can do to help the patient?

Control of major bleeding	None
Transport decision	Load and go
Initial interventions	Begin CPR, insert oropharyngeal or nasopharyngeal airway, and use bag-mask device to ventilate.
Baseline vitals	Blood pressure-100/60 mm Hg Pulse-88 beats/min Respirations-0 breaths/min
SAMPLE history	S-Pale and cyanotic A-Penicillin M-Pravachol P-Hypercholesterolemia L-Eating dinner E-Sitting in a chair
Treatments	Continue compressions until the object is dislodged.

Response to treatments	The object is dislodged and the patient begins to cough and vomit.
Trending/ongoing assessment	Place the patient in the recovery position and suction the airway if needed. Cover the patient with a blanket to maintain body temperature and continually monitor the airway, breathing, and vital signs en route to the hospital. Provide oxygen if needed.

Conclusion: Your patient is examined at the emergency department to ensure the object was completely removed. She had aspirated part of the food on which she was choking and is admitted to the hospital for intravenous antibiotics.

Respiratory

Respiratory Arrest

Scenario: You are called to a local residence for a woman in respiratory distress. You arrive to find a 24-year-old woman lying in bed. Family states she has had a high fever and trouble breathing for a couple of days. She appears to be gasping for air.

Prearrival Questions

- **1.** What type of scene are you going into (safe or unsafe, access problems, etc.)?
- 2. Is the distress chronic or acute?

Scene safe	Yes
Body substance isolation	Gloves, eyewear
Nature of illness	Respiratory
Number of patients	One
Additional help	ALS needed
C-spine stabilization	No

Assessment Questions

- **3.** When do you need to interrupt the initial assessment?
- **4.** What is the overall look of the patient when you arrive?

General impression	24-year-old woman in bed
Level of consciousness	Unresponsive
Chief complaint	Difficulty breathing
Airway	Open
Breathing	Agonal
Circulation	Carotid pulse
Skin color, temperature, and condition	Pale and cyanotic

Management Questions

- **5.** Is the current management helping the patient?
- **6.** Is there anything else you can do to help the patient?

Control of major bleeding	None
Transport decision	High priority
Initial interventions	Ventilate with a bag-mask device attached to oxygen or a pocket mask with oxygen inlet. Provide one breath every 6 to 8 seconds. Insert either an oropharyngeal or nasopharyngeal airway.
Baseline vitals	Blood pressure–100/60 mm Hg Pulse–104 beats/min Respirations–0 breaths/min

SAMPLE history	S-Pale and cyanotic
	A-Augmentin M-None P-None L-2 days ago E-lying in bed
Treatments	Continue to ventilate the patient with positive pressure ventilation. Closely monitor the pulse and be ready to start chest compressions.
Response to treatments	The patient does not lose her pulse, and you meet the paramedics en route to the hospital. They are able to place an endotracheal tube, and you continue bagging throughout the duration of the transport.
Trending/ongoing assessment	The patient remains in an unconscious state. There is no change in her condition upon arrival at the hospital.

Conclusion: Your patient is treated at the emergency department for swelling in the brain. She is given medications that help resolve her condition and is released after a 6-day hospital stay.