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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | Patient inhaler; capnography of 52 mm Hg and shark fin appearance; I.V. arm; manikin for ventilation |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Patient setting on a chair in the kitchen, leaning forward with his arms braced on the table
* The patient has an MDI device on his/her person
* Patients mother is present and is hysterical; she requires affective intervention and constant attention; she make frequent inquiries to the crew on her child’s status and questions every intervention
* CPAP is unavailable
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| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle – you are the primary caregiver and have one Basic partner |
| Other personnel needed (define personnel and identify who can serve in each role) | Mother on scene  |
| **MOULAGE INFORMATION**  |
| Integumentary | Cool, pale, and clammy |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age  | --- 12 years of age |
| Weight | --- 80 pounds |

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| **DISPATCH INFORMATION** (Specific script for each scenario; Must be read over radio, telephone or in such a way that the candidate cannot look at the Examiner as he/she reads the dispatch information) |
| Dispatch time | 16:00 |
| Location | Single family home |
| Nature of the call | Trouble breathing |
| Weather | Warm spring day – a lot of pollen in the air |
| Personnel on the scene | Paramedic/EMT |

**READ TO TEAM LEADER**: “Medic 1 respond to 123 Any Street for 12 year old with trouble breathing, time out 16:00 hrs.”

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | A knife is sitting on the table within reach of the mother and child |
| Patient location  | Kitchen chair and table |
| Visual appearance | Breathing extremely labored, unable to talk |
| Age, sex, weight | 12 year old male/female, 80 lbs. |
| Immediate surroundings (bystanders, significant others present) | Mother able to give patient history |
| Mechanism of injury/Nature of illness | Trouble breathing |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient in severe respiratory distress with hands on table, leaning forward |
| Baseline mental status  | Patient becoming sleepy |
| Airway | Open and maintained by patient |
| Ventilation | Rapid and shallow; wheezes audible without a stethoscope |
| Circulation | Pulse rapid, regular; skin is pale, cool, and clammy |
| **HISTORY** (if applicable) |
| Chief complaint | Trouble breathing |
| History of present illness | Woke up with some mild wheezing, went to school and used his inhaler twice. When he got home, he experienced increased trouble breathing. He is not getting any relief from his inhaler |
| Patient responses, associated symptoms, pertinent negatives | Patient is unable to speak due to severe dyspnea; patient reports chest tightness, but denies chest pain, dizziness, nausea or vomiting; progressively becomes drowsy and fatigued |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Asthma since early childhood |
| Medications and allergies | Patient has an albuterol inhaler, and on oral corticosteroidsAllergies to pollen, dust, and animals  |
| Current health status/Immunizations (Consider past travel) | Good health status |
| Social/Family concerns | Family members smoke excessively |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 150/86P: 140R: 30Temperature: skin coolSpO2: 82%Capnography: 52 mm HgGCS: Total 15(E:4; V:5; M:6) |
| HEENT | nasal flaring; head nodding develops as scenario evolves |
| Respiratory/Chest | Wheezing – becoming harder to hear; accessory muscles are active |
| Cardiovascular | tachycardia; delayed capillary refill;  |
| Gastrointestinal/Abdomen | accessory muscles active |
| Genitourinary | ---  |
| Musculoskeletal/Extremities | ---  |
| Neurologic | Patient becoming sleepy |
| Integumentary | Cool, pale, and clammy |
| Hematologic | ---  |
| Immunologic | massive immune response to antigens |
| Endocrine | ---  |
| Psychiatric | ---  |
| Additional diagnostic tests as necessary | SpO2:82% on room airEtCO2:52 mm HgECG: Sinus tachycardia  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * O2 therapy via NRM
* Nebulizer treatment with beta agonist and anticholinergic (2.5 mg albuterol and 0.5 mg of ipratropium)
* Epinephrine 1:1,000 IM (0.01 mg/kg up to a max. of 0.5 mg)
* Magnesium sulfate I.V. 25 – 50 mg/kg
* Intravenous infusion bolus 20cc/kg
* BVM if ventilations and LOC decrease significantly
 |
|  Additional Resources  | --- |
|  Patient response to interventions | Decreases rate of deterioration  |
| **EVENT** |
| Patient is in status asthmaticus – after the administration of the first medication, the mother wants to light a cigarette in the child’s presence and the interaction with the crew creates a stressful environment and induces a greater reaction in the patient’s condition resulting in increased labored breathing, increased drowsiness, and eventual unconsciousness |
| **REASSESSMENT** |
| Appropriate management  | BP: 94/palpationP: 160R: 40 shallowSpO2: 84%EtCO2: 60 mm HgLung sounds: wheezing continues |
| Inappropriate management  | BP: 70/palpationP: 50R: 12SpO2: 68%EtCO2: 20 mm HgLung sounds: absent |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |

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| **PATHOPHYSIOLOGY:**  This juvenile patient is suffering from status asthmaticus with severe and progressive bronchial constriction, mucosal edema, and copious mucous production; resulting in decompensation with or without appropriate treatment.  |
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