



October EMS Drill

Respiratory Distress PARCA (Post Arrival Respiratory Cardiac Arrest)

Materials:

- Vitals equipment - BP cuff, stethoscope, pen light, glucometer
- Meds
 - BLS : Albuterol
 - ALS : Albuterol IV Nitro
- Nebulizer
- Oxygen
- BVM
- Non rebreather
- IV Pump
- CPAP

DISPATCH

Location: You are riding A7XX, dispatched to a two-bedroom apartment on the 8th floor. The apartment is at the end of the hall.

Weather: Warm summer evening, 1930 hrs, 70 degrees



The patient is sitting on the chair in severe distress. You could hear labored breathing and wheezing as you enter the apartment. The patient is a 68-year-old male.

SCENE SIZE UP

1. Scene safety	Scene is safe.
2. BSI	Gloves/surgical mask
3. # of PTs	1 Patient
4. MOI/NOI	Nature of illness
5. Additional resources?	ALS is dispatched

6. C-spine consideration	No need for C-spine indicated
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Question: *What items will you take with you from the ambulance as you go to meet the patient?*

As you approach the patient, this is how he appears sitting:



PRIMARY ASSESSMENT

1. General Impression: As you approach the patient, you see that he appears conscious, alert, and breathing with increased difficulty.

2. Level of consciousness	Alert, but anxious
3. Airway	Open, although wheezing can be audibly

	heard without a stethoscope
4. Breathing	Labored, shallow, bilateral chest movement. Able to speak in 2-3 word sentences, you see nasal flaring and intercostal retractions and he begins to tripod.
5. Circulation	Strong, rapid radial pulse, skin is warm and diaphoretic
6. P.O.T. (Priority, O2, Transport)	P1, <u>O2 is needed</u> , consider transport to the closest ED

Note actual vitals acquired during scenario:

1. BP	
2. HR	
3. RR	
4. Lung sounds	
5. SpO2	
6. Pupils	

SECONDARY ASSESSMENT

1. Signs/Symptoms	Resp. distress without exertion
2. Allergies	Shellfish, seasonal allergies
3. Medications	Albuterol inhaler Allegra, Zyrtec, Flonase, Nitro, HCTZ
4. Past/Pertinent medical hx	Multiple previous MIs, HTN, CHF
5. Last oral intake	Small dinner, soup and crackers
6. Events leading to 911 call	Gradually worsening respiratory distress

7. Onset	Gradual
8. Provocation	Exertion
9. Quality	Short of breath
10. Radiation	None
11. Severity	Currently 10/10
12. Time	Got noticeably worse 10 mins. ago
13. What have you done?	Nothing, called 911

DCAP-BTLS for focused physical exam (positive findings): Pitting edema is found in both ankles.

Baseline V/S:

1. BP	188/94
2. HR	152
3. RR	26
4. Lung sounds	Wheezing in apices, rales
5. SpO2	86%
6. Pupils	PEARL
7. Blood glucose	134mg/dl

TREATMENT

1. Recognize a critically unstable patient, treat on scene! Critically Unstable Protocol
 - a. [Critically Unstable Protocol](#)
 - b. [Crashing Respiratory Patient](#) - This patient will most likely code if you try to move him prior to treatment

2. Oxygen via NRB or BVM if needed

3. Nebulized Albuterol
 - a. [Nebulizer Set Up Video](#)
 - b. [Albuterol Protocol BLS](#)
 - c. [Albuterol Protocol ALS](#)

4. CPAP – [CPAP Video](#)

5. IV Nitro (ALS Only)
 - a. [Nitro Protocol ALS](#)
 - b. [IV Nitro protocol](#)
 - c. [Nitro Pump Video](#)