Case 2

A 62 y/o M presents conscious and alert though disoriented to place and time c/o abd pain. There is no gurgling, snoring, or stridor and he is breathing at a normal rate but with deep tidal volume. He has a weak and irregular radial pulse. Pt's wife called EMS, states pt has been "sick" for 2-3 days with nausea, she noticed that today he became confused, pt normally CAOx4 and able to have normal conversation. Pt states only that he has abd pn, is weak and dizzy, is thirsty, and extremely hungry. Pt denies CP, diff brth, syncope, vomiting, or back pn.

Physical Exam Findings:

- HEENT
  - PEARL
  - ∅ JVD, ∅ tracheal deviation
  - fruity odor noted on breath
- Chest
  - Lung sounds clear/= bilaterally
  - Surgical scar noted over sternum
- Abdomen
  - SNT, no guarding, no rigidity, no masses
- Extremities
  - Sensory, motor, and circulation intact all extremities
  - Poor skin turgor noted
- Skin
  - Dry, warm, pale skin
  - Capillary refill 3 seconds
  - Mucus membranes dry

Vital Signs

- HR = 82 irregular
- BP = 98/50 mmHg
- RR = 18 regular, GTV
- SpO_2 = 97% RA

PMH

- TIIDM
- HTN
- AMI x 3
- 2 vessel CABG 12 years ago

Medications

- Metoprolol
- Procardia
- Glyburide

Allergies

- NKDA

Questions:

1. What is the patient's GCS?
2. Is this patient most likely suffering from hypoglycemia or hyperglycemia? Use the history and clinical exam findings provided to argue your case.
3. Describe the physiologic mechanisms responsible for the patient's symptoms and clinical exam findings.
4. Is this patient in shock? If so, what category, and what stage?
5. List your management plan for this patient.
6. Identify any medications that may benefit this patient.
7. Describe the mechanism of action of any medications that you would choose to administer, or could administer for this particular emergency if certain contraindications were not present. What specific effects will each medication have on the pathophysiology involved?
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