Case 1

A 22 y/o F presents in a park, supine on a beach towel, unconscious with snoring respirations. You also note copious secretions that are resulting in gurgling sounds from her airway. She responds to painful stimuli with incomprehensible sounds and decerebrate posturing. Her friends state that she suddenly started "acting weird" about 3 hours ago, then "laid down to take a nap" and has not risen since. When it was time to leave, her friends could not arouse her. Friends state that pt was very active all day "playing sports and stuff" but did not suffer any trauma and no drugs or alcohol were consumed. At no time did the pt c/o CP, dizz, N/V, weakness, diff brth, abd or back pain.

Physical Exam Findings:

- HEENT
 - o Pupils dilated bilaterally, reactive to light.
 - o Ø JVD, Ø tracheal deviation
 - o Ø trauma noted
- Chest
 - Lung sounds clear/= bilaterally
 - o Ø trauma noted
- Abdomen
 - o Soft, nontender
 - ∅ trauma noted
- Extremities
 - Sensory, motor, and circulation intact all extremities
 - o Ø trauma noted
- Skin
 - o Cool, pale, diaphoretic
 - o Capillary refill 2 seconds

PMH

Friends state she is a diabetic, unsure if TI or TII

Medications

Unk

Vital Signs

- HR = 106/min, reg
- BP = 132/90 mmHg
- RR = 18/min GTV
- $SpO_2 = 92\% RA$

Allergies

Unk

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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