

## **Small Group Scenario: AMS Case 2**

**Dispatch:** Code 3, 433 Van Ness, Apt 814, elderly female, uncs.

**General Impression:** 51 y/o F presents alert to pn only, supine on kitchen floor.

**Primary Assessment:** Pt responds to pn  $\bar{c}$   $\emptyset$  eye opening,  $\emptyset$  verbal response and  $\oplus$  flexion. Gurgling & snoring respirations noted, vomit in airway, breathing slow, irregular, and shallow. Pulse weak and slow. Skin warm, pale, dry.

**HPI:** Husband states pt c/o acute onset of severe headache about 1 hr ago. Pt described pn as “The worst she has ever felt in her life.” Pt then described acute onset of dizz and weakness about 15 minutes ago, then experienced right sided weakness and facial droop, lost consciousness. Husband helped pt to the floor, she did not fall, did not hit head. Pt did not c/o CP, diff brth, abd or back pn, or N/V at any time.

### **PMH**

- HTN
- CVD
- Angina

### **Medications**

- Diltiazem
- Atenolol
- ASA
- NTG

### **Allergies**

- Opiate-based drugs

**Vital Signs:**

- HR = 42/min, strong and reg
- BP = 172/136
- RR = 6/min, irr, shallow
- SpO<sub>2</sub> = 86% on room air, increases to 100% with O<sub>2</sub>
- GCS =    /    /

**Clinical Exam:**

- **HEENT/Neck**
  - Ø eye opening to pn stimuli. L pupil noted 9 mm & nonreactive, R pupil 5 mm reactive to light.
  - Ø JVD, Ø trach dev
  - Mucus membranes moist
- **Chest/Back**
  - LS clear/= ⊥
  - No surgical scars noted
- **Abdomen/Pelvis**
  - Abd SNT
  - Ø incontinent of urine
- **Extremities**
  - Ø trauma noted
  - Ø peripheral edema
  - ⊕ flexation L side ext c̄ pn stimuli, no response R side
  - R side ext flaccid

**Treatment:**

1. From the list to the right, identify the most likely cause of the patient's presentation. Be sure to be able to state why you think other possible diagnosis are less likely to be the cause.

Hypoxia  
CHF  
Alcohol  
Hypoglycemia  
Hyperglycemia  
Drug/Med OD  
Head trauma  
Infection  
Psychosis (Delerium)  
Dementia  
Sepsis  
Stroke  
Renal failure  
Hypothermia  
Hyperthermia  
Seizure/Postictal

2. What is the Pt's GCS?
3. Is this patient stable or unstable? What is your transport priority? Be prepared to defend your decision with information from the case.
4. Is this patient in shock? If so, what category, and what stage?
5. List your management plan for this patient in the "Treatment" area above. Here, explain exactly how each part of your management plan will benefit the patient.