Respiratory Quick-Cases

Case 1

A 62 y/o M presents CAO in moderate respiratory distress stating "I can't catch my breath". He is on home O_2 2 L/min via NC. You note that he is breathing deep about 20/min with pursed lips and that he has a prolonged expiratory phase. He coughs occasionally without any sputum production. His skin is cool, pale, and dry. Auscultation of lung sounds reveal inspiratory and expiratory wheezes with noticeably decreased air movement in all fields. You note that he is very thin, has prominent accessory muscles in his neck, and that his chest has an increased anterior-posterior diameter and is hyperresonate to percussion. The patient states that he has smoked 2 packs of cigarettes per day for 42 years. VS: HR = 112/min, RR = 20/min, BP = 162/102 mmHg, SpO_2 = 88% on 2 lpm.

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
3. Write out your treatment plan, and discuss how it will help the patient.

COPD
Asthma
Pneumonia
Pulmonary Embolism
Pulmonary Edema
Pneumothorax
Hyperventilation Syndrome
Epiglottitis

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Case 2

A 58 y/o obese F presents sitting in a chair in mild respiratory distress c/o diff brth. She describes a 6-week Hx of productive cough and respiratory distress, and also says "this is the same cold I've been getting every winter for 10 years now". You note many tissues on the floor around you with dark yellow, blood-tinged sputum. Auscultation of lung fields reveals course ronchi and diffuse wheezing to the upper and middle lobes ⊥. The patient describes a 40 pack-year smoking history. VS: HR = 82/min s/r, RR = 21/min GTV, BP = 122/80 mmHg, SpO_2 = 93% RA.

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
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Case 3

A 34 y/o F presents CAO and anxious in obvious respiratory distress sitting on a couch stating "I can't catch my breath". The patient describes an acute onset of diff brth while watching TV, states that she is also experiencing some R sided CP located about the 6th intercostal space on the midaxillary line. Your exam reveals her lung sounds to be clear/= ⊥, her skin in cool, pale, and slightly diaphoretic, she is peripherally cyanotic, and has JVD. She also has a cast on her R lower leg for a tib/fib Fx suffered 3 weeks prior. She states that she has no PMH, is taking Ortho-Novum, and smokes about 2 packs per week. VS: HR = 108/min reg & weak, RR = 24/min and deep, BP = 92/48 mmHg, SpO_2 = 86% on RA.

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
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Case 4

A 32 y/o M presents CA though disoriented in respiratory distress slumping on a bench in a shopping mall. Bystanders called 911 when they noted that the patient was having difficulty breathing and "didn't seem to know what was going on". Your exam reveals skin that is cool, diaphoretic, and peripherally cyanotic and lung sounds that are decreased in all fields with diffuse inspiratory wheezing. He has intercostal and supersternal retractions and his head is bobbing. VS: HR = 114/min s/r, RR = 12/min & shallow, BP = 132/82 mmHg, SpO_2 = 72% RA.

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
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Case 5

A 62 y/o F presents CA though disoriented in bed at a nursing home c/o diff brth. The nursing home staff reports that the patient has experienced increasing diff brth x 3 days and that the physician, who is not on site, requested that she be transported to the ED. The staff reports that the pt "has not been feeling well" for about 3 days, has had a loss of appetite, is normally CA&O x 3, and has a rectal temp of 101.2°F. Your exam reveals heavy ronchi and crackles to the L lower lobe, and skin that is warm, dry, and pale with peripheral cyanosis. PMH of atrial fibrillation and dementia. VS: HR = 104/min weak and irregular, RR = 20/min and deep, BP = 102/62 mmHg, SpO_2 = 82% RA

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
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Case 6

A 17 y/o M high school wrestler presents CAO in NAD supine on the ground stating "there's nothing wrong with me now, but I had a panic attack". The patient states that he has a hx of anxiety and panic attacks, feels that he suffered one today prior to a "big match" while warming up. He describes an acute onset of chest tightness, dizz, and diff brth that subsided after lying down and "breathing deep" for about 5 minutes. He has no other medical Hx, no meds, and NKDA. Skin is p/w/d. VS: HR = 92/min s/r, RR = 16/min GTV, BP = 132/90 mmHg, SpO_2 = 98% RA.

1. What is the patient's airway, breathing, and circulation status? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
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