MEDICAL EMERGENCIES AT A GLANCE

Emergency

Overview

Signs & Symptoms

Treatment

Syncope

Transient loss of consciousness and postural tone most often caused by loss of cerebral oxygenation and perfusion

Pre-syncopal:

- **Pupil dilation**
- Diaphoresis
- Weakness
- Dizziness
- Nausea
- Yawning
- Visual changes
- Increased BP and pulse
- Shortness of breath
- Heart palpitations

- Loss of consciousness
- · Weak, slow pulse

- Remove objects from oral cavity
- Supine position with feet slightly elevated
- Open airway
- Assess circulation
- Loosen tight clothing
- Administer O2 4-6 liters/ min. if needed or pulse oximeter < 95
- If unconsciousness persists contact EMS and use ammonia towelette if sure there is no neck injury and no allergy

Hyperventilation

Increased respirations that are faster and/or deeper than the metabolic needs of the body while eliminating more CO2 than is produced

- Prolonged, rapid and deep respirations
- 22 40 breaths/min
- Heart palpitations
- Impaired problem solving, motor coordination, balance and perceptual
- Lightheadedness
- Impaired vision
- Muscle twitching or carpopedal spasms
- Diaphoresis
- Circumoral parasthesia

- Position patient upright
- Loosen tight clothing
- Work with patient to control breathing

Generalized **Tonic-Clonic Seizures**

Generalized electrical abnormality throughout the brain with a loss of consciousness

4 Phases:

- 1. Prodromal aura (sensation that precedes seizure)
- 2. Pre-Ictal loss of consciousness
- 3. Ictal muscle contraction & relaxation
- 4. Post-ictal cessation of seizure
- Supine position
- Maintain open airway
- Prevent injury to patient
- Gently restrain patient
- Monitor vital signs
- Administer O2 if pulse oximeter <95
- Monitor patient closely for respiratory arrest

Cerebrovascular **Accident**

Abnormal condition of the brain characterized by occlusion or hemorrhage of a blood vessel resulting in a lack of oxygen to brain tissues

- Severe headache
- Increased BP
- Inability to stand or walk
- Unequal pupils
- Vision changes
- Difficulty swallowing
- Nausea and vomiting
- Facial paralysis
- Parasthesia on one side of body
- Speech impairment
- Altered level of consciousness
- · Position patient semi-upright
- Contact EMS
- Administer O2 if needed
- Monitor vital signs
- Use glucometer to rule out hypoglycemia

Angina Pectoris

Transient and reversible chest pain due to inadequate blood supply to heart muscle

- · Chest discomfort: pressure, burning, heaviness, squeezing, choking radiates from shoulder down arm to neck, lower jaw, tongue
- Diaphoresis
- Nausea
- Pallor
- Lasts 1-15 minutes

- Terminate procedure
- Upright or semi-supine position
- CABs
- Administer O2 4-6L/min if dyspnea or pulse oximeter <95
- Monitor vital signs
- Administer nitroglycerin if patient not hypotensive
- Can administer 3 doses in 15 minute period
- · If episode ceases can resume treatment if patient feels well enough
- If pain more severe than normal or if pain does not cease contact EMS and treat as MI

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Myocardial Infarction

Necrosis of the myocardium due to total or partial occlusion of a coronary artery

- Chest pain or discomfort lasting 20 minutes or longer: pressure, tightness, heaviness, burning, squeezing or crushing - may radiate down arms, shoulders, neck, jaw or back
- Weakness
- Dyspnea
- Diaphoresis
- Irregular pulse
- Nausea
- Vomiting
- Sense of impending doom
- Women may have atypical discomfort, upper abdominal pain, shortness of breath, fatigue

- Terminate treatment
- If hx of angina treat for angina

If no hx of angina:

- Position comfortably
- CABs
- Contact EMS
- Administer O2 4-6L/min only if dyspnea or pulse oximeter <95
- Monitor vital signs
- Administer nitroglycerin from kit if patient not hypotensive
- If pain not relieved administer up to 2 more doses of nitroglycerin and administer 325 mg chewable low dose aspirin
- Monitor vital signs
- Prepare for CPR if necessary
- Prepare AED for use

Asthma Attack

Chronic respiratory disorder with narrowing of the bronchial airways

- Dyspnea
- Wheezing
- Coughing
- Chest tightness
- Pallor

- Position patient upright with arms forward
- Have patient self-administer own bronchodilator
- If patient does not have bronchodilator administer 2 puffs of albuterol Administer O2 4-6 liters/min.
- Monitor vital signs
- If symptoms not relieved administer additional dose of albuterol using spacing

Mild Allergic Reaction

Hypersensitive reaction to an allergen

IgE response followed by the release of histamine and other chemical mediators

- · Localized redness, pruritus, edema, urticaria
- Conjunctivitis
- Pale or flushed skin
- **Rhinitis**

Administer oral antihistamine tablets as directed

Moderate Allergic Reaction

Hypersensitive reaction to an allergen

IgE response followed by the release of histamine and other chemical mediators

- Systemic redness, pruritus, edema, urticaria
- **Rhinitis**
- Abdominal pain
- Cramping
- Diarrhea
- Bronchospasm/moderate dyspnea
- Administer Diphenhydramine 50 mg IM
- Administer oral antihistamine tablets as directed
- Administer O2 as needed
- Monitor vital signs

Anaphylaxis

Type I allergic reaction with an immediate hypersensitivity

Most severe allergic response

- Systemic redness, pruritus, edema, urticaria
- **Rhinitis**
- Angioedema of the lips, eyes and larynx
- Bronchospasm with severe dyspnea and wheezing
- Hypotension
- Tachycardia/arrhythmias
- Decreased consciousness

- Contact EMS
- Position the patient supinely with legs slightly elevated
- Administer adult/pediatric epipen Administer O2 4-6L/min.
- Administer diphenhydramine 50 mg IM
- Monitor vital signs
- If symptoms persist administer adult/pediatric dose of epinephrine from ampule in kit

Hypoglycemia

Severe hypoglycemia with a blood glucose level lower than 40 -50 mg/dL

- Confusion
- Seizures
- Dizziness
- Weakness Headache
- Hunger
- Cold, clammy skin
- Diaphoresis
- Irritability or aggressive behavior

Use glucometer

Conscious patient:

- 15 grams of glucose gel or other form of glucose
- Maintain airway
- Monitor vital signs

Unconscious patient:

- - Glucagon 1 mg SC of IM 20 ml of 50% IV dextrose
 - Monitor vital signs