

## Case Study One

Dispatch: You are responding to a 16 y/o male with difficulty breathing.

On Arrival: You find 16 y/o Bob sitting on a chair in the kitchen. He is leaning forward and bracing his arms on the table. He appears pale and you note he is using accessory muscles in his neck. His is awake but sleepy, and his mother is present.

### Initial Assessment Findings

Mental Status—Awake, obeys commands

Airway—Open and clear

Breathing—RR 16, and extremely labored, unable to talk; lung sounds very faint and only heard in apices

Circulation—Skin pale, cool, and diaphoretic; his lips are dusky

Radial pulse rapid at 136 and irregular

BP 164/92

Chief Complaint—Difficulty breathing

### Focused History

Events—Bob woke up with wheezing but took his inhaler and went to school.

When he got home he was worse and now has no relief from inhaler.

Previous Illness—Asthma since early childhood

Current Health Status—Good

Allergies—Pollen, dust and cats

Medication—Beconase nasal inhaler, Albuterol inhaler

Last oral intake—normal lunch

### Focused Physical Exam

Vital signs—Pulse 136, Blood pressure 168/92, Respiratory rate 16

Other Pertinent Findings—Cyanotic nail beds, pulse oximetry 82.

Diagnostic Tests – None performed

## Case Study One Questions

1. What is significant about Bob's history?
2. What body systems are affected?
3. What is the significance of Bob's fatigue?
4. What is the significance of Bob's lung sounds?
5. Is Bob's ability to talk related to his lung sounds? Why or why not?
6. How severe is Bob's situation, and how do you determine this?
7. Why is Bob pale, cool and diaphoretic?
8. There are at least two reasons for Bob's tachycardia. What are they?
9. What is Bob in immediate danger of?
10. What is the immediate priority for Bob?
11. What treatment is appropriate for Bob?