

Medical Emergencies

Chapter 10 part 1

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Medical Emergencies

- Medical complaints result from a wide variety of conditions.
- Treating patients with medical conditions can be very challenging.

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General Approach to a Medical Pt

- Survey the scene
- Perform initial assessment.
 - Determine responsiveness.
 - Introduce yourself.
 - Check ABCs.
 - Acknowledge chief complaint.
- Perform physical exam as needed.
- Call 911, if necessary
- Treat according to findings

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Altered Mental Status

- Sudden or gradual decrease in patient's level of responsiveness.
- Change may range from a decrease in level of understanding to unresponsiveness.

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Causes of Altered Mental Status

- Head injury
- Seizures
- Shock
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- Poisoning
- Drug overdose
- Low blood sugar
- Insulin reaction
- Psychiatric conditions

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Care for Altered Mental Status

- Survey the scene
- Maintain ABCs and normal body temperature.
- Keep patient from additional harm.
- If unresponsive and not suffered trauma, place in recovery position.
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Seizures

- Sudden episodes of uncontrolled electrical impulses in the brain
- Shaking movements that may involve whole body
- Serious but rarely life threatening
- 2 types
 - Grand mal –
 - Petit mal –

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Sx of Seizures

- Aura – unusual sensation or feeling
- Strange smells, tastes, or sounds
- Breathing irregularities
- Drool
- Urinate or defecate

- Febrile seizures –

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Causes of Seizures

- Epilepsy
- Hypoglycemia
- Trauma
- Alcohol or drug withdraw

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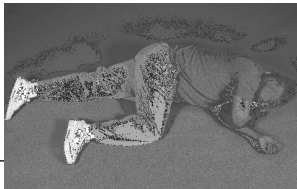
Care for Seizures

- Do not attempt to restrain patient.
- Clear area to protect patient from injury.
- Do not place anything in patient's mouth.

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Care for Seizures

- If patient is not breathing after seizure, begin rescue breathing.
- Place patient in recovery position if breathing to maintain a clear airway.



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When to Call EMS

- Victim does not have a seizure history
- Seizure lasts for more than 5 minutes
- There is a second seizure, slow recovery, or difficulty breathing afterward
- Pregnancy
- Signs of injury or illness
- Fail to regain consciousness

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Diabetes

- Caused by the body's inability to process and use sugar
- If the body does not produce enough of the hormone insulin, cells "starve."
- Look for medical alert tags
- Type I: juvenile-onset

- Type II: adult-onset
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Diabetes

- **Insulin shock** – too much insulin
 - Pale, moist, cool skin
 - Rapid pulse
 - Dizziness or headache
 - Confusion
- **Diabetic coma** – too much sugar:
 - History of diabetes
 - Warm, dry skin
 - Rapid, weak pulse
 - Deep, rapid breathing

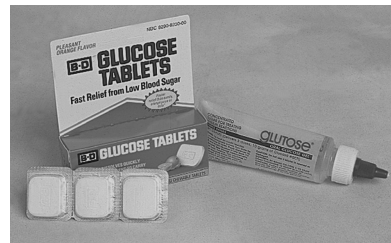
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Care for Diabetic Emergencies

- Ask:
 - Are you a diabetic?
 - Did you take your insulin today?
 - Have you eaten today?
- If you suspect insulin shock, give patient sugar by mouth if fully conscious.
- If unconscious, monitor airway and breathing.

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Care for Diabetic Emergencies



Instant glucose provides a high concentration of sugar.

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Stroke

- A leading cause of brain injury and disability in adults
- 70% of the time blood clot cause the stroke
 - They deprive a portion of the brain from an adequate supply of oxygen.
- High blood pressure increases the risk of stroke.
 - Third leading cause of death in US
 - 500,000 stroke victims a year
 - Only 5% receive clot busting drug

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Risk Factors for a stroke

- Age
- Taking birth control pills
- Overweight
- High blood pressure
- Diabetes
- Heart disease
- Cocaine use
- Substance abuse

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Sx of Stroke – depend on which area of the brain is affected

- Headache
- Dizziness
- Confusion
- Drooling
- Numbness/paralysis on one side of body
- Inability to speak
- Difficulty seeing
- Unequal pupil size
- Conscious or Unconscious
- Convulsions

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Stroke Scale

- The Cincinnati Prehospital Stroke Scale
- A tool to determine if a patient is showing signs or symptoms of stroke:
 - Facial droop
 - Arm drift
 - Abnormal speech



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Care for Stroke

- Maintain an open airway.
- Administer oxygen, if available.
- Keep the pt from harming themselves (i.e. seizures)
- Provide psychological support.
- Place an unconscious person in recovery position.
- Be prepared to provide rescue breathing.

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Heart Conditions

- The heart must receive a constant supply of oxygen.
- Receives oxygen through a complex system of coronary arteries
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Angina Pectoris

- Heart does not receive enough oxygen.
- Crushing pain occurs—brought on by exertion, emotion, or eating.
- Pain may radiate to neck, jaws, and both arms.
- Patient may have shortness of breath or sweating.

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Angina Pectoris

- Ask if patient has prescribed nitroglycerin.
 - Help patient take one pill.
 - If no relief after 5 minutes, help patient take another.
 - If still no relief, assume a heart attack and transport immediately.
- Always follow local protocols.

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Angina Pectoris



Nitroglycerin pills and spray used for relief of chest pain.

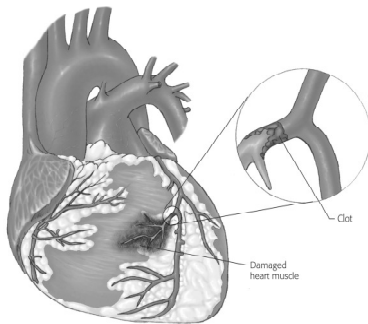
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Heart Attack

- Caused by complete blockage of a coronary artery
- Patient suffers immediate, severe pain.
- Pain persists—unlike angina, which goes away in 5–10 minutes.
- If blocked area is critical or large, heart may stop completely.

(1 of 2)

Heart Attack



Blocked cardiac artery results in heart attack.

(2 of 2)

Care for Heart Attack

- Most do not experience immediate cardiac arrest
- Summon additional help.
- Reassure the pt/touch the pt.
- Place pt in comfortable position and minimize movement.
 - Do not allow pt to move on their own

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Congestive Heart Failure (CHF)

- Failure of the heart to pump adequately
- Results in congestion (overload) in the blood vessels

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Signs and Symptoms of CHF

- Shortness of breath
- Rapid, shallow breathing
- Moist/gurgling respirations
- Profuse sweating
- Enlarged neck veins
- Swollen ankles

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Care for CHF

- Place patient in sitting position.
- Administer oxygen, if available and you are trained to use it.
- Summon additional help.

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Dyspnea

- Shortness of breath or difficulty breathing
- Usually associated with serious heart or lung disease
 - Angina pectoris or heart attack
 - COPD, emphysema, bronchitis
 - Asthma
 - Pneumonia

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Care for Dyspnea

- Check airway for obstruction and rate and depth of breathing.
- Place patient in comfortable position and reassure.
- Administer oxygen if available and you are trained to use it.
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