

CBT 450 Endocrine Emergencies 2012

Dispatch: 79 Y/O male complaining of DLOC at gas station

Potential injury or illness (en route):

ACS, CVA, OD, diabetic, trauma, haz mat

5 Key Teaching points:

1. Recognize Type 1 and Type 2 diabetes
2. Document (and include time) initial BGL, post treatment BGL
3. Understand who get oral glucose
4. BGL of 60mg/dl-may be left at the scene (with ongoing supervision)
5. Must leave aftercare instructions

Subjective: Arrived to find patient confused, wondering around the gas pumps. Wife is concerned about dementia, patient takes own medication.

Objective:

Onset: 45 minutes (gradual)

Provocation: NA

Quality: NA

Radiation: NA

Severity: NA

Time since onset: 60 minutes

Signs and symptoms: confused, easily distracted

Allergies: NKA

Medications: Metformin, ASA, Donepezil

Previous medical history: Diabetic, dementia

Last food intake: 4 hours ago

Events leading up to the illness: increase in confusion 1 hour

Vitals:	<u>1st set</u>	<u>2nd set</u>
Blood Pressure	182/78	182/74
Pulse	94	86
Respirations	18	16
Skin	warm/moist	warm/dry
Pupils	Mid/=	
Temperature		
Lung Sounds	=/clear	
Capillary refill	+3	+3
Level of Consciousness	14 /15(GCS)	14/15(GCS)
Neurological Response		
O2 Saturation	96%	
Blood Glucose	(LOW)	84

****Sick or Not Sick- *NOT SICK***

Assessment: Confusion, hypoglycemia

Call for a Medic from on-scene (yes or no), why? **NO**

Plan:

- Hx, Exam, Vitals, blood sugar check, oral glucose, recheck blood sugar, have patient eat,

- Transport (yes or no); mode: ***YES - Transport BLS or POV***

Evaluator's notes: Diabetic patients on oral medications who are hypoglycemic must be seen at a medical facility.

CBT 450 Endocrine Emergencies 2012

Dispatch: 73 Y/O female unconscious/unresponsive

Potential injury or illness (en route):

ACS, CVA, OD, diabetic, trauma, cardiac arrest, seizure

5 Key Teaching points:

1. Recognize Type 1 and Type 2 diabetes
2. Document (and include time) initial BGL, post treatment BGL
3. Understand who get oral glucose
4. BGL of 60mg/dl-may be left at the scene (with ongoing supervision)
5. Must leave aftercare instructions

Subjective: Arrived to find unconscious/unresponsive in bed with snoring respirations. Sheets are wet from sweat, last seen normal 6 hours ago.

Objective:

Onset: 12 minutes

Provocation: NA

Quality: NA

Radiation: NA

Severity: NA

Time since onset: 30 minutes

Signs and symptoms: DLOC, diaphoretic

Allergies: PCN

Medications: Lantus, Humulin, ASA, Cymbalta

Previous medical history: Diabetic, neuropathy

Last food intake: dinner last night (9 hours ago)

Events leading up to the illness: increase stress at work

Vitals:	<u>1st set</u>	<u>2nd set</u>
Blood Pressure	128/64	134/72
Pulse	108	94
Respirations	12/snoring	18
Skin	cool/pale/diaphoretic	cool/pink/moist
Pupils	Mid/reactive	
Temperature	98.2	
Lung Sounds	rhonchi throughout	=/clear
Capillary refill	+4	+3
Level of Consciousness	3/15(GCS)	15/15(GCS)
Neurological Response	=/ no deficits	
O2 Saturation	96%	
Blood Glucose	(LOW)	168

****Sick or Not Sick- SICK**

Assessment: DLOC, hypoglycemia

Call for a Medic from on-scene (yes or no), why? **YES, patients DLOC, unable to swallow oral glucose**

Plan: - Hx, Exam, Vitals, blood sugar check, Medic intervention, recheck blood sugar, have patient eat, leave patient at scene with a responsible adult with aftercare instructions

CBT 450 Endocrine Emergencies 2012

Dispatch: 46 Y/O female generalized weakness

Potential injury or illness (en route):

ACS, CVA, OD, flu, pregnancy, gallbladder, metabolic

5 Key Teaching points:

1. Recognize Type 1 and Type 2 diabetes
2. Document (and include time) initial BGL, post treatment BGL
3. Understand who get oral glucose
4. BGL of 60mg/dl-may be left at the scene (with ongoing supervision)
5. Must leave aftercare instructions

Subjective: Arrived to find patient sitting on couch slow to respond. Roommate states patient has been getting worse over the last couple of days. Seems to have an endless thirst and appetite

Objective:

Onset: 3 days

Provocation: NA

Quality: NA

Radiation: NA

Severity: NA

Time since onset: 10 minutes

Signs and symptoms: DLOC, warm, rapid breathing

Allergies: NKA

Medications: None

Previous medical history: knee surgery 4 years ago

Last food intake: lunch 5 hours ago

Events leading up to the illness: feeling ill over the last week

Vitals:	<u>1st set</u>	<u>2nd set</u>
Blood Pressure	104/68	104/68
Pulse	128	124
Respirations	24/deep	24
Skin	cool/pale/dry	cool/pink/dry
Pupils	Mid/reactive	
Temperature	98.7	
Lung Sounds	=/clear	
Capillary refill	+4	+4
Level of Consciousness	12/15(GCS)	12/15(GCS)
Neurological Response	=/ no deficits	
O2 Saturation	96%	
Blood Glucose	(HIGH)	(HIGH)

****Sick or Not Sick- *SICK***

Assessment: DLOC, hyperglycemia

Call for a Medic from on-scene (yes or no), why? ***YES, patients DLOC, hyperglycemic***

Plan:

- Hx, Exam, Vitals, blood sugar check, Medic intervention

Transport yes or no; mode: Yes, Medic