77 y/o male by EHS SOB, known cardiac disease. 85% on NRB 2 min out. When arrives CTAS 1 to Resus room

| **Scenario Transitions / Patient Parameter** | **Effective Management** | **Consequences of Ineffective Management** | **Notes** |
| --- | --- | --- | --- |
| **Phase 1 Setting: PT BROUGHT INTO TRAUMA BAY BY EHS (Further info given)** | | | |
| **Phase 1**  Sitting up, leaning forward in severe respiratory distress. 2-3 word sentences  Initial Ass’t”  HR 120 - sinus  BP 190/106  RR45  SPO2: 85% on NRB at 15 L  T 36.4  gluc 6.4  Chest - bilateral coarse crackles  GCS 15 | * focused hx * IV, Os, Monitor * Nitro - SL/IV * Start BiPap * labs, ECG | to arrest if no bipap, nitro | Hx: sleeping in a chair for the last 3 nights d/t severe SOB. NO chest pain  PMHx: MI w CABG x3 in 2012  DM2, HTN, Dyslidemia, recently quit smoking  Meds: ASA, coversyl, metoprolol, metformin, statin  Allergies: Cats. |
| **Phase 2** | | | |
| Impending resp failure, RR starts to drop, declining BP, increased HR. looks unwell  HR 132 - sinus  BP 98/62  SpO2 84% on NRB or bipap  GCS 8(E-2,V2, M4)  chest -wet | Talk about RSI - agents (ketamine, etomidate, NO propofol). Paralytic, pressors, “delayed sequence intubation” |  |  |
| **Phase 3** | | | |
| ABG: 7.23/59/69/26/-5/0.86  Intubate  HR 90, sinus  BP 150/87  Oxygenation improving if patient place on higher PEEP and FiO2. | Start to wean nitro  start lasix  foley to monitor fluids, CCU/ ICU  CXR  ABG | GCS down to 6  HR starts to slow down  BP begins to drop  Pre-arrest situation |  |
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