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 sentencesInitial Ass’t”HR 120 - sinusBP 190/106RR45SPO2: 85% on NRB at 15 LT 36.4gluc 6.4Chest - bilateral coarse cracklesGCS 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 2012DM2, HTN, Dyslidemia, recently quit smokingMeds: ASA, coversyl, metoprolol, metformin, statinAllergies: Cats. |
| **Phase 2**  |
| Impending resp failure, RR starts to drop, declining BP, increased HR. looks unwellHR 132 - sinusBP 98/62SpO2 84% on NRB or bipapGCS 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/-5/0.86Intubate HR 90, sinusBP 150/87Oxygenation improving if patient place on higher PEEP and FiO2.  | Start to wean nitrostart lasixfoley to monitor fluids, CCU/ ICUCXRABG | GCS down to 6HR starts to slow downBP begins to dropPre-arrest situation  |  |
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