

RPPEO Scenario

Title: 77 y/o Male with Fluttering chest

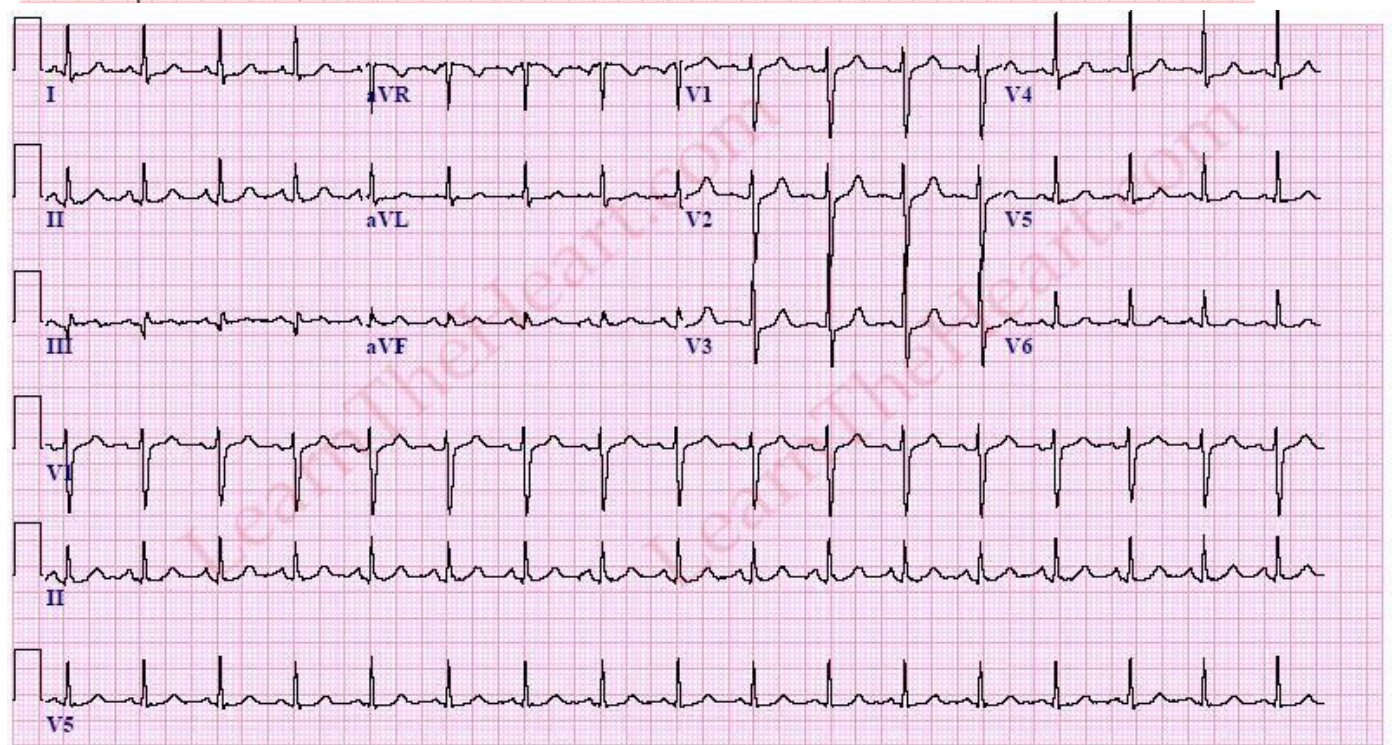
The learner will evaluate and implement a treatment plan for a patient complaining of palpitations.

Treatment plan will include:

1. A primary survey
2. Weight estimation
3. Oxygen administration
4. Vital signs:
 - HR
 - BP
 - RR
 - SpO₂
 - Skin
 - Pupils
 - Temperature
 - ETCO₂
5. Transport decision
6. History
7. Secondary survey
8. Cardiac monitor application (3-Lead, 12-lead, pads)
9. IV initiation (if applicable)
10. Patch to BHP for orders to carry out Cardioversion
11. Communication with patient/family regarding the process of cardioversion
12. Consideration of preparation for pain management if patient begins complaining about discomfort/pain

Call Information <i>(For the student)</i>	The medic will be dispatched, priority 4, to a local barber shop for a 77-year-old male who complains of a fluttering feeling in his chest and he feels as though he can’t catch his breath.			
Patient Presentation <i>(For the student)</i>	You arrive on scene and find an elderly man sitting in the waiting area, visibly pale, diaphoretic, and distressed. He is being comforted by his barber holding a cool cloth on his neck. He is alert and oriented.			
Distractors	None.			
Health History	Name: Richard Van Houssel D.O.B.: 1948-01-06 Allergies: Sulfa Medication: Metoprolol, Warfarin and Crestor Past Health History: Atrial Fibrillation, Episodes of “Racing heart” Last Meal: Breakfast Weight: 85kg		Onset: out of nowhere Prov/Pall: Exertion/Nothing Quality: Fluttering Radiation: Chest area Severity: 7/10 Time: 30 minutes	
Incident History	Events Leading: The patient states that he was waiting to get his hair cut when he felt suddenly weak and dizzy with fluttering in his chest. He is too weak to stand without help.			
Vital Signs	Set #1	Set #2 <i>(1minute into scenario)</i>	Set #3 <i>(delay to treatment)</i>	Set #4
	<i>(Initial)</i>			<i>(post cardioversion)</i>
(Person Place Time Events)	4/4	Altered, head bobbing	Altered, head bobbing	4/4
LOA				
Skin	Pale, Cool, Wet	Pale, Cool, Wet	Pale, Cool, Wet	Pale, Cool, Wet
GCS	GCS 15 (E4V5M6)	GCS 8 (E2V2M4)	GCS 3 (E1V1M1)	GCS 15
HR	HR 130	HR 130	HR 130	HR 110 strong + regular
RR	RR 32, crackles	RR 40	RR 40	RR 30 regular clear
BP	BP 90/55	BP 78/48	BP CNO	BP 115/64
SPO2	SpO2 96% (RA)	SpO2 98% (on O2) SpO2 88% (RA)	SpO2 98% (on O2) SpO2 88% (RA)	SpO2 100% (via NRB)
12-Lead/ECG	V-Tach (Lead II, wide complex)	V-Tach	V-Tach	Sinus Tach on lead II w/ occasional PAC

	BGL	6.6mmol			
	Temp	35.9C			
	Pupils	Pupils 4 PEARL			
	Airway	clear			
Physical Exam	Initial/Rapid: The patient is initially going to be awake, anxious, with some mild respiratory distress, palpable carotid pulse. Radial pulses are thready and rapid. Noted crackles on auscultation. Visualization of the chest reveals symmetrical chest rise and fall. Mild accessory muscle use. The airway is patent and breathing is fast at 32 breaths per minute. The patient has no complaints of pain, but feels a fluttering in his chest and SOB.		Secondary: (DCLAPSTIC / DRT) The patient has no obvious bleeds, all extremities are intact. There are no neurovascular deficits, with no apparent weakness in any of their limbs.		
Treatment	<i>ACP Consider:</i> <ul style="list-style-type: none">• Prepare for Analgesia• Patch for Cardioversion• Pads on early➤ Fentanyl for Analgesia (25-75mcg, max single dose 75 mcg, interval 5mins, max total dose 150mcg)				
	<i>Consider:</i> <ul style="list-style-type: none">• O2, Cardiac Monitor, Pads, ETCO2, SPO2• IV initiation enroute• Patch early• Documentation				



25mm/s 10mm/mV 100Hz 005C 12SL 254 CID: 1

EID:615 EDT: 09:17 04-MAR-2003 ORDER: