

## **RPPEO Scenario**

**Title:** 61 y/o Female SOB

**Treatment plan will include:**

1. A primary survey
2. Weight estimation
3. Oxygen administration
4. Vital signs:
  - HR
  - BP
  - RR
  - SpO<sub>2</sub>
  - Skin
  - Pupils
  - Temperature
  - ETCO<sub>2</sub>
5. Transport decision
6. History
7. Secondary survey
8. Cardiac monitor application (3-Lead & 12-lead)
9. IV initiation (if applicable)
10. Communication with patient regarding situation
11. Managing treatment of symptoms

## RPPEO Scenario

Call Information	You are dispatched priority RED for 61 year old female complaining of shortness of breath.			
Patient Presentation	You arrive at a residence to find a female pt laying on the couch pale, eyes closed, she looks unwell - diaphoretic and has a productive sounding cough. The patient's partner states that the pt has not been feeling well for the past few days. This AM, about 1 hr after she woke up, she said she felt more SOB than usual and had a pressure in her chest.			
Distractors	None			
Health History	<b>Name:</b> Sarah Michaels  <b>Age:</b> 61 y/o female  <b>Allergies:</b> Shellfish  <b>Medication:</b> Metoprolol, ASA 81mg, salbutamol, symbicort  <b>Past Health History:</b> Hypertension  <b>Last Meal:</b> BBQ hotdogs 4 hours ago		<b>Onset:</b> Sudden  <b>Prov/Pall:</b> None  <b>Quality:</b> Pressure  <b>Radiation:</b> None  <b>Severity:</b> 8/10  <b>Time:</b> Days (episodes lasting 5-10 min)	
Incident History	<b>Events Leading:</b> The patient stated that she has been complaining of intermittent moments of SOB for the past few days, but they have been more frequent today. She had some palpitations and a pressure that lasted for 5 – 10 minutes which is why she decided to call the ambulance.			
Vital Signs	<b>Set #1 (Initial)</b>	<b>Set #2 (O<sub>2</sub> at 12lpm)</b>	<b>Set #3 (ASA, fluids)</b>	<b>Set #4</b>
LOA/LOR	Normal (eyes closed in discomfort)	Normal (eyes closed in discomfort)	Normal (eyes closed in discomfort)	Normal (eyes closed in discomfort)
Skin	Cool, pale, dry	Cool, pale, dry	Cool, pale, dry	Cool, pale, dry
GCS	GCS15 (E4 V5 M6)	GCS15 (E4 V5 M6)	GCS15 (E4 V5 M6)	GCS15 (E4 V5 M6)
HR	HR 250 Strong, Irregular (read ECG, don't mention)	HR 250 Strong, Irregular (read ECG, don't mention)	HR 250 Strong, Irregular (read ECG, don't mention)	HR 250 Strong, Irregular (read ECG, don't mention)
RR	RR 24 Shallow, Regular	RR 18 Shallow, Regular	RR 18 Shallow, Regular	RR 18 Shallow, Regular
BP	BP 88/52	BP 90/48	BP 102/70	BP 104/66
SpO <sub>2</sub>	SpO <sub>2</sub> 85%	SpO <sub>2</sub> 96%	SpO <sub>2</sub> 100%	SpO <sub>2</sub> 100%
ECG	ECG AFib	ECG AFib	ECG AFib	ECG AFib

BGL  Temp  Pupils  Airway  Other	6.2			
	36.8°C			
	3, Equal, Reactive			
	Clear bilaterally	Clear bilaterally	Clear bilaterally	Clear bilaterally
Physical Exam	<b>Initial/Rapid:</b>  Alert & oriented, strong brachial/radial, strong carotid pulse. Bilateral air entry, crackles lower right lobe Skin is pale, cool, dry.		<b>Secondary:</b> (DCLAPSTIC / DRT) Head (EENT) – Nothing to note Chest (Lungs) – Good air entry, crackles lower right lobe, productive cough Abdomen (4Q) – Nothing to note Back/Pelvis – No Significant Findings (NSF) Extremities – Neuromotor intact	
	<b>Paramedic to Consider:</b> <ul style="list-style-type: none"><li>• Primary Survey, 3-Lead ECG, BP, SpO<sub>2</sub>, 12-Lead ECG</li><li>• IV initiation</li><li>• O<sub>2</sub></li><li>• Fluids</li><li>• ASA</li><li>• Documentation</li></ul>			

