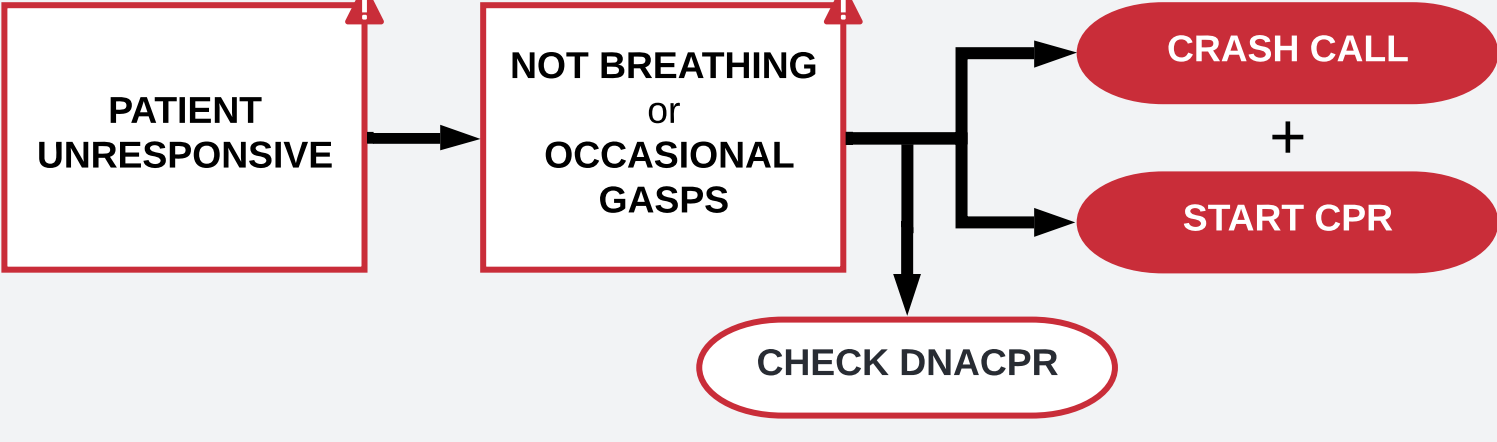


USE THIS FOR PATIENTS WITH DETERIORATING CONDITION
IF PATIENT IS STABLE AND HAS SPECIFIC SYMPTOM / DIAGNOSIS
THEN SEE RELEVANT DOCUMENT



HISTORY

| | |
|-------|--|
| HPC | <ul style="list-style-type: none">• Duration of deterioration• Speed of onset: Sudden / Gradual• Treatment(s) thus far: Effect of these• Reason for admission to hospital• Recent surgery / trauma |
| PMH | <ul style="list-style-type: none">• Respiratory disease• Cardiac disease• Epilepsy• Anaphylaxis• PE / MI / Stroke risk factors |
| DH | <ul style="list-style-type: none">• New medications• Dose changes• Allergies• Check medications given as charted• Opiates |
| OTHER | <ul style="list-style-type: none">• DNACPR status |

EXAMINATION

Initially stop any IV Medications / Transfusion if any concern regarding **ANAPHYLAXIS** or **ACUTE TRANSFUSION REACTION**

| | | |
|-------------|--|--|
| AIRWAY | <ul style="list-style-type: none">• Ensure airway patent• Stridor• Facial / Tongue swelling | |
| | Airway Obstruction Oral Suction +/- Remove dentures Open airway: <ul style="list-style-type: none">• Head-Tilt-Chin-Lift• Jaw thrust if cervical spine injury Airway adjuncts: <ul style="list-style-type: none">• Oropharyngeal• Nasopharyngeal• LMA (Laryngeal mask) | CALL SENIOR Stridor Airway not secure |
| | | |
| BREATHING | <ul style="list-style-type: none">• Physical Observation: FiO₂ / RR / SaO₂• Tracheal position: Central / Deviated• Chest expansion: Equal / Unequal / See-Saw• Percussion: Dull / Hyperresonance• Auscultation: Wheeze / Crackles / Air entry / Silent Chest• Sputum: Clear / Yellow-Green / Frothy / Haemoptysis | |
| | CXR <ul style="list-style-type: none">• Consolidation / Effusion• Collapse• Pneumothorax | |
| | ABG <ul style="list-style-type: none">• pH• pO₂ / pCO₂ / HCO₃• Lactate | |
| | Low SaO₂ Oxygen: <ul style="list-style-type: none">• High Flow Oxygen 15L Non-rebreath mask• Titrate to maintain SaO₂ ≥ 94%• If known CO₂ retainer aim SaO₂ 88-92% | CALL SENIOR Severe Hypoxia: <ul style="list-style-type: none">• On High Flow O₂ Severe Acidosis Acute Asthma - Severe: <ul style="list-style-type: none">• Silent chest / Exhaustion• Normal / High pCO₂ Tension Pneumothorax: <ul style="list-style-type: none">• Deviated Trachea• Unilateral hyper-resonance + decreased breath sounds |
| | Wheeze Salbutamol nebuliser | |
| | | |
| CIRCULATION | <ul style="list-style-type: none">• Physical Observation: HR / BP / Temp• Fluid input-output: Fluid balance• Heart sounds: Murmurs• JVP: Not visible / <2cm / Raised• Calves: SNT / Erythema / Painful• Peripheries: Unilateral swelling / Bilateral swelling / Pitting oedema / Sacral oedema | |
| | ECG: 12-lead or 3-lead cardiac monitoring <ul style="list-style-type: none">• Rate• Rhythm: Arrhythmia• Ischaemia: ST segment / T wave inversion / New LBBB• Right heart strain: Right Axis / S1Q3T3 | |
| | Hypotension 2 Wide bore cannula Fluid resuscitation: <ul style="list-style-type: none">• 250-500ml Bolus• Normal saline / Hartmanns• Repeat until BP systolic > 100mmHg Urinary catheter <ul style="list-style-type: none">• Urine output monitoring | CALL SENIOR Haemodynamically unstable Temp: <ul style="list-style-type: none">• < 35°C ACS: <ul style="list-style-type: none">• Elevated ST on ECG• New LBBB |
| DISABILITY | <ul style="list-style-type: none">• GCS• Pupils: Normal / Constricted / Dilated / Reactive• Cranial nerve exam: Slurred speech / Facial drop / Visual-spatial neglect• Peripheral neurological exam: Limb weakness / Tone change / Up-going Babinski• Capillary blood glucose: Normal / Hypoglycaemic / Hyperglycaemia | |
| | Hypoglycaemia Oral therapy: <ul style="list-style-type: none">• 10-20g GLUCOSE IV Glucose 100ml 20% +/- GLUCAGON 1mg IM | CALL SENIOR GCS < 8 / Unreactive pupils Stroke: <ul style="list-style-type: none">• Facial drop• Slurred speech• Limb weakness DKA: <ul style="list-style-type: none">• BM > 11 + Ketones > 3.0• Ketones > 2.0 concerning |
| | | |
| EXPOSURE | Where appropriate consider the following | |
| | <ul style="list-style-type: none">• Abdo palpation: Pain / Guarding / Peritonitic / Rebound / Masses / Organomegaly / 'Fullness' / Pulsatile• Abdo Hernia: Present / Tender / Erythema• Abdo bowel sounds: Present / Absent / Tinkling• PR: Empty rectum• Head injury• Facial injury• Obvious limb deformity• Joint: Swelling / Erythema / Warm / Painful• Skin: Cellulitis / Open wound / Tenting / Palor (over deformity) | |
| | Urinalysis: <ul style="list-style-type: none">• Blood• Leukocytes• Nitrites | |
| | AXR: <ul style="list-style-type: none">• Faecal loading• Dilated bowel loops• Volvulus• Pneumoperitoneum / Rigler's sign• Pneumobilia | |
| | Skeletal X-ray <ul style="list-style-type: none">• Fracture• Dislocation | |
| | Severe Pain Analgesia | CALL SENIOR Bowel Obstruction Head injury Cervical spine injury Fracture / Dislocation |