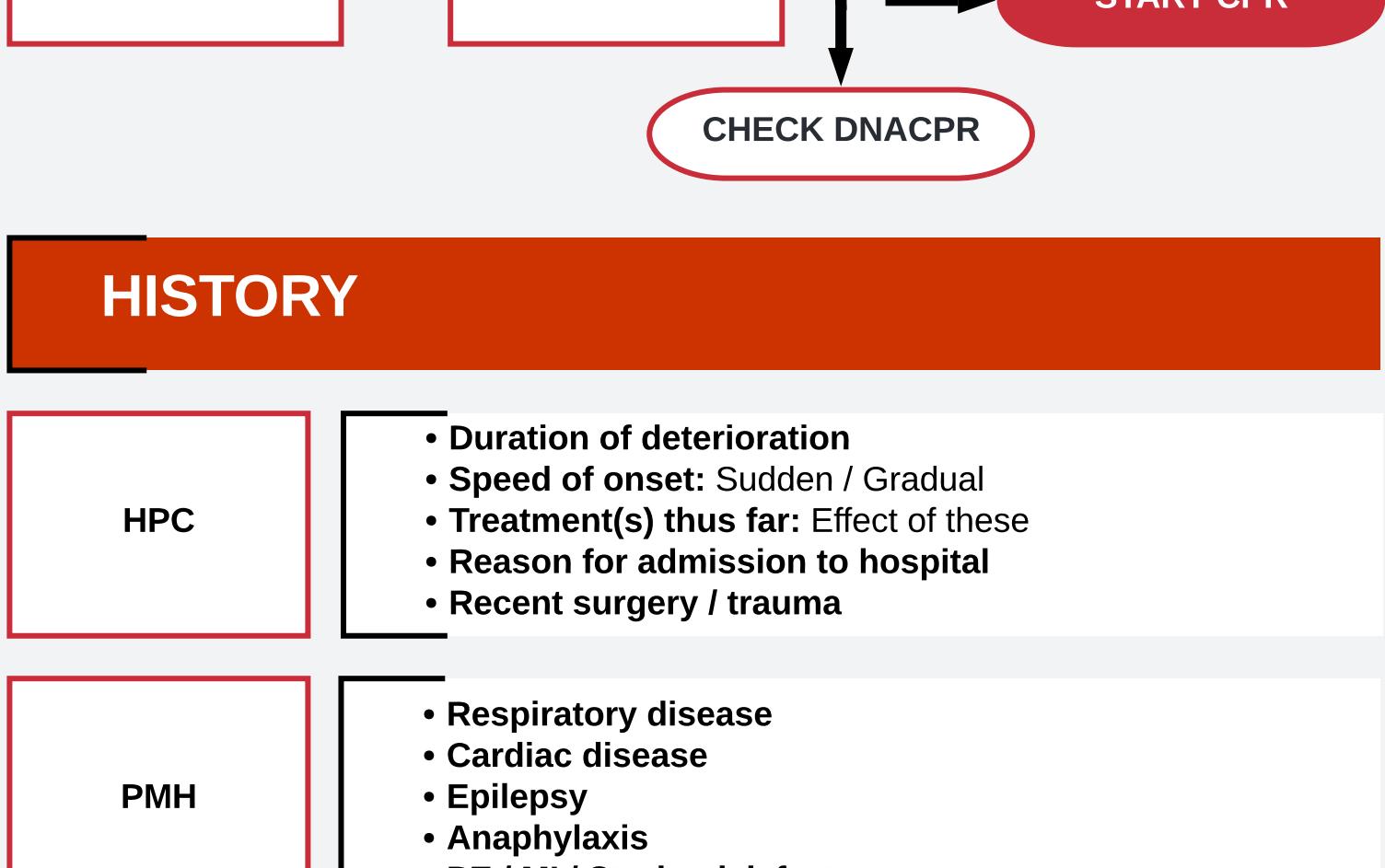


USE THIS FOR PATIENTS WITH DETERIORATING CONDITION

IF PATIENT IS STABLE AND HAS SPECIFIC SYMPTOM / DIAGNOSIS
THEN SEE RELEVANT DOCUMENT



HISTORY

HPC

- Duration of deterioration
- Speed of onset: Sudden / Gradual
- Treatment(s) thus far: Effect of these
- Reason for admission to hospital
- Recent surgery / trauma

PMH

- Respiratory disease
- Cardiac disease
- Epilepsy
- Anaphylaxis
- PE / MI / Stroke risk factors

DH

- New medications
- Dose changes
- Allergies
- Check medications given as charted
- Opiates

EXAMINATION

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

- Ensure airway patent
- Stridor
- Facial / Tongue swelling

Airway Obstruction

Oral Suction +/- Remove dentures

Open airway:

- Head-Tilt-Chin-Lift
- Jaw thrust if cervical spine injury

Airway adjuncts:

- Oropharyngeal
- Nasopharyngeal
- LMA (Laryngeal mask)

CALL SENIOR

Stridor

Airway not secure

- Physical Observation: FiO_2 / RR / SaO_2
- 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

- Consolidation / Effusion
- Collapse
- Pneumothorax

ABG

- pH
- pO_2 / pCO_2 / HCO_3^-
- Lactate

Low SaO_2

CALL SENIOR

Oxygen:

- High Flow Oxygen 15L Non-rebreath mask
- Titrate to maintain $\text{SaO}_2 \geq 94\%$
- If known CO_2 retainer aim $\text{SaO}_2 88-92\%$

Severe Hypoxia:

- On High Flow O₂

Severe Acidosis

Acute Asthma - Severe:

- Silent chest / Exhaustion
- Normal / High pCO_2

Tension Pneumothorax:

- Deviated Trachea
- Unilateral hyper-resonance + decreased breath sounds

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

- Rate
- Rhythm: Arrhythmia
- Ischaemia: ST segment / T wave inversion / New LBBB
- Right heart strain: Right Axis / S1Q3T3

Hypotension

CALL SENIOR

2 Wide bore cannula

Fluid resuscitation:

- 250-500ml Bolus
- Normal saline / Hartmanns
- Repeat until BP systolic > 100mmHg

Urinary catheter

- Urine output monitoring

Bloods same time as cannula:

- FBC / U&E / CRP / LFT
- Clotting / Group and Save
- VBG (if ABG not done)
- Cultures
- +/- Troponin +/- Amylase

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