## Congestive heart failure

Scenario Set Up	You are a 76 y/o woman who was taking an afternoon nap when suddenly, your chest began to hurt.
Dispatch	76 y/o woman, 911 called by caregiver
Scene Size Up (only if asked)	Scene safe, no environmental hazards, 1 patient, nature of illness, should request additional resources (ex: ALS), no need for extrication, additional BSI, or SMR
Pertinent Primary Assessment Findings	Sitting semi-fowlers on bed. AOx4 but difficulty responding. Caregiver is able to answer questions. Blood stains around mouth. Labored and shallow respirations. Lung sounds are crackles. Cool and cyanotic skin conditions, seems to have swelling in the neck area. Transport code 3.
Pertinent Secondary Assessment Findings	S (Signs/Symptoms): Chest pain, difficulty breathing, blood around mouth, blood in sputum.  A (Allergies): Penicillin, Aspirin.  M (Medications): Nitroglycerin, Sildenafil, Metformin. None of these were taken (nothing was taken except Sildenafil, but don't mention if it wasn't asked)  P (Past Medical History): Hypertension, previous MI 6 weeks ago.  L (Last oral intake): Dinner around 5 hours before.  E (Events leading up): Was trying to sleep but felt really restless and unable to, felt chest pain and nausea so called caregiver. Felt like they were drowning  O (Onset): Sudden onset while trying to sleep  P (Provocation/Palliation): Not relieved by rest.  Q (Quality): squeezing, discomfort  R (Region/Radiation): Substernal, up to neck  S (Severity): 9/10.  T (Time): Began ~30 minutes before EMS arrival.
Vitals	BP: 140/82 HR- 125 bpm RR-24min, very laboured -O2- 90% Pain: 9/10 Skin conditions - cool, peripheral cyanosis Pupils: PERRL
Treatments	Consider Nitro (if not contraindicated) but realistically indicates rapid

	transport. Supply with oxygen, increase as needed.
Key Points	Make sure to note that sildenafil shouldn't be taken within the last 48 hours to use nitro.