



# Longleaf Wilderness Medicine

## Medical Scenario

### **Background**

Title: Asthma Attack

Patient/Rescuer Ratio: 1:1 or 1:2

Audience: WFA, WFR

Focus: Identification and rapid treatment of asthma attack

### **Objective**

Primary

1. Demonstrate identification of respiratory distress based on empirical (observational) findings and SAMPLE History
2. Demonstrate treatment of respiratory distress

Secondary:

1. Perform complete patient assessment
2. Use reassurance and coaching to assist a patient in respiratory distress

### **Critical Action Steps**

- Manages scene safety
  - Takes appropriate BSI
  - Assessment of ABCs
  - Assist patient in use of their prescribed Albuterol MDI rescue inhaler
  - Documentation of medication administration
  - Creation of evacuation decision and management plan
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### **Set Up**

#### **Tools:**

- Inhaler simulator (e.g., dry erase marker)
- (optional) Gloves or glove simulators
- (optional) SOAP notes

#### **Responder Brief**

Narrative: Responders were hiking and come across a patient who looks like they need some help.

Define patient:responder ratio - this is not a mass casualty scenario.

(optional): At the end of the scenario responders should have two sets of vital signs documented.

#### **Patient Brief**

Narrative:

Patient was hiking and began experiencing shortness of breath.

Patient presentation:

- Tripod position (hunched with hands on thighs)
- Breathing as through a straw - fast and shallow
- Can only speak in 2-3 word clusters, affecting their ability to share SAMPLE history information
- Does not want to sit or lie down
- Patient has rescue inhaler (can be a dry erase marker or the like) in their pocket



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If inhaler (Albuterol) is discovered and used the patient's breathing returns to normal. The root cause of the asthma exacerbation is that the patient forgot to take their daily (non-rescue) medication.

Let patients know that if they breath as defined in patient presentation that they may start to feel dizzy, lightheaded, tingling in their fingers/toes, and like they are going to pass out. Recommend that they take a regular breath occasionally.

Patient Information		
Vitals	History	Exam
<ul style="list-style-type: none"> <li>• RR - add 10 to assessed value, shallow</li> <li>• HR - add 40 to assessed value</li> <li>• Skin: Flushed, warm</li> </ul>	<ul style="list-style-type: none"> <li>• S- Shortness of breath, feelings of tightness in chest, "air hunger"</li> <li>• A- Seasonal allergies</li> <li>• M- Forgot to take daily asthma medication; use albuterol rescue inhaler as needed</li> <li>• P- History of asthma, normally well controlled with medications</li> <li>• L- Normal</li> <li>• E- Hiking</li> </ul>	<ul style="list-style-type: none"> <li>• Accessory muscle use during asthma attack</li> <li>• Otherwise unremarkable</li> </ul>

*Facilitator Considerations:*

- Monitor progress of groups in addressing a "stop and fix" (critical life system) problem.
- If necessary, responders may be prompted within their response. Examples:
  - What do you think about your patient's breathing right now?
  - Would you be able to breathe like your patient is and feel okay with it?
  - What are some things that may cause someone to have trouble breathing? How can you find out about these issues? How can you fix these issues?

***Debrief***

1. What did the responders think of their ability to respond?
2. What did the patients think about the care that was provided?
3. Thinking about the response, where was the most time spent? Where should it have been spent?
4. Any specific learnings or "ah ha" moments?
5. Any facilitator observations or take aways?
6. How does this scenario relate within the program?