

# Simulation Scenario

**Simulation Case Title:** Asthma

**Patient Name:**

**Patient Age:** 5

**Chief Complaint:** Shortness of breath and wheezing

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<p>PT HX- diagnosed asthma since toddler age, is prescribed an albuterol inhaler that is one year expired. For the past week he has had a dry cough at night and under mild physical exertion. Pt was playing in his room when he came out in obvious distress and audible wheezing. Pt came out of his room with audible expiratory wheezing at the end of each breath holding his chest with flushed skin speaking 3-4 word sentences. By the responders initial assessment the pt is speaking 1-2 word sentences with wheezing thought expiration. Pt is non-febrile and coughs have been non-productive.</p>
<p>Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i></p>	<p>Primary objective in this scenario is going to consist of thorough history gathering with rapid essential vital assessment (spo2 and lung sounds) followed by rapid adequate interventions .</p>
<p>Critical Actions <i>List which steps the participants should take to successfully manage the simulated patient. Theses should be listed as concrete actions that are distinct from the overall learning objectives of the case</i></p>	<p>O2- Albuterol Nebulized- Ipratropium Nebulized within the first two breathing treatments. Solu-Medrol IV/IO when improvement hasn't been noted  Consider Epi 1:1000 im or epi 1:1000 Nebulized Mag @ 50mg/kg</p>
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>The Learners will be provided Handtevy on a tablet or card with an assistant / instructor to assist in proper drug dosages and volumes.</p>

## Initial Presentation

<p><b>Initial vital signs</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HR</td> <td style="width: 15%;">B/P</td> <td style="width: 15%;">RR</td> <td style="width: 15%;">O2sat</td> <td style="width: 15%;">Temp</td> </tr> <tr> <td>140</td> <td>110/65</td> <td>40</td> <td>84%</td> <td>99.1</td> </tr> </table>	HR	B/P	RR	O2sat	Temp	140	110/65	40	84%	99.1
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<p>Overall appearance <i>What do learners see when they first enter the room?</i></p>	<p>Pt scanning the people in the room in obvious distress, seated switching between tripod and trying to lean back while looking up.</p>										
<p>HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i></p>	<p>Volunteered- Hx of asthma since a toddler, pt had RSV as an infant. Usually only has exacerbation during allergy season. When requested- Pt has had a dry cough at night and under mild exertion (running inside the house or trying to sing) for approx. one week. The pts inhaler is expired and hasn't been used since last spring. Recently got kitten.</p>										

Past Medical/Surgical History	Medications	Allergies	Family History
No medical hx.	Albuterol	No allergies	None Pertinent.

### Physical Examination

General	Anxious, sitting, switching between tripod and leaning back looking up.
HEENT	Airway is clear, Some clear secretions coming from the nose, Eyes look mildly swollen.
Neck	No Findings present.
Lungs	Wheezes throughout , intercostal retractions
Cardiovascular	Tachycardia
Abdomen	No Findings present
Neurological	Alert and oriented, will decrease to alert to painful stimuli if appropriate interventions not implemented.
Skin	Flushed
GU	No Findings present
Psychiatric	No Findings Present

### Instructor Notes – Changes and Case Branch Points

Intervention / Time point	Change in Case	Additional Information
Assess lungs and spo2 1 min	none	
Nebulizer requested 2 min	Decline in spo2 if not initiated	
Reassess Lungs, spo2, capno. 3min	None	
Neb #2 with A&A 5 min Solu-medrol	Pt not improving,	If appropriate interventions comp the pt will not decline
Consider Mag or epi to improve pt condition, begin exploring other potential environmental causes.	If epi or mag admin pt improvement will be noted.	If epi or mag is not admin then the pt will become less arousable at 10 min.
Time will be called at 15 min max. and additional assessment questions discussed as well as their local protocols in reference to med admin.		
