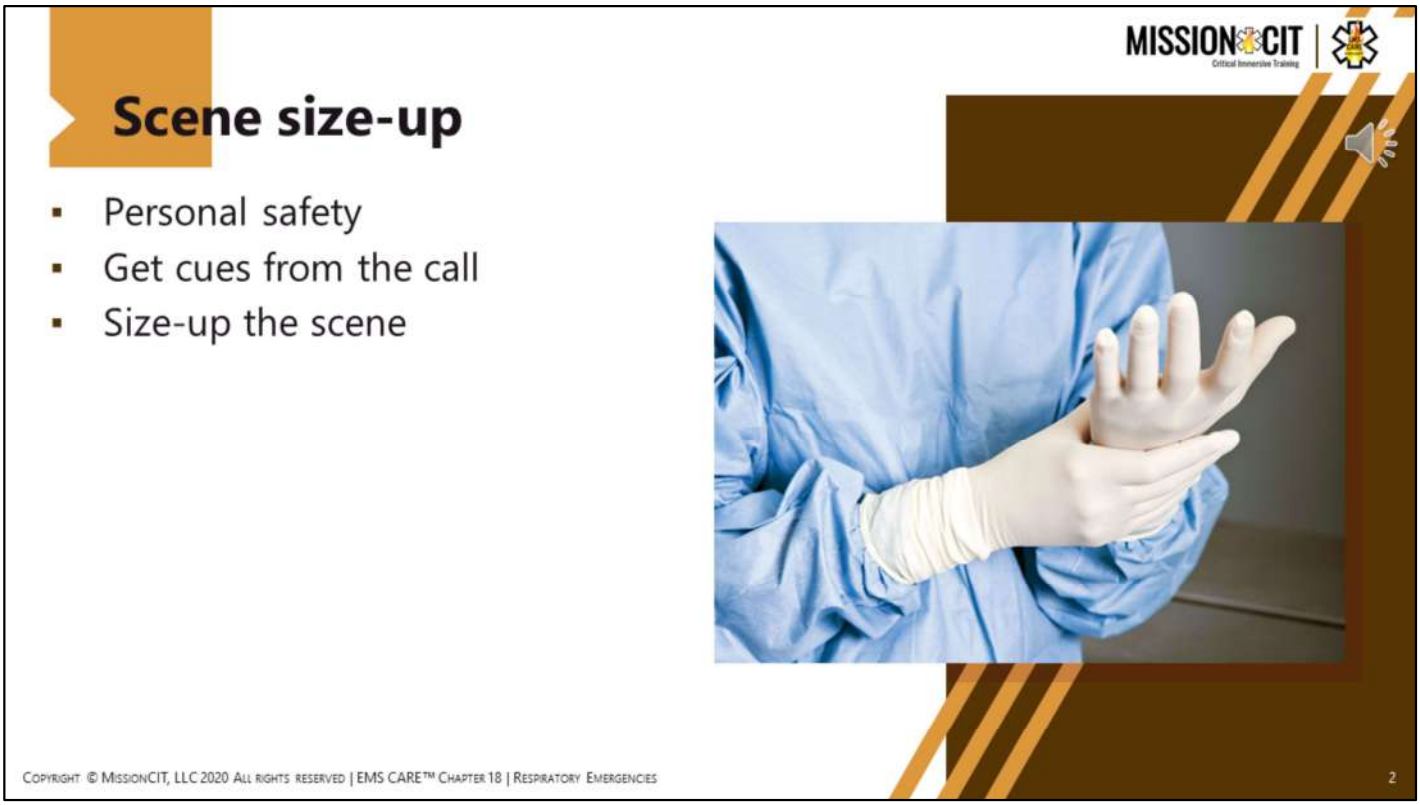


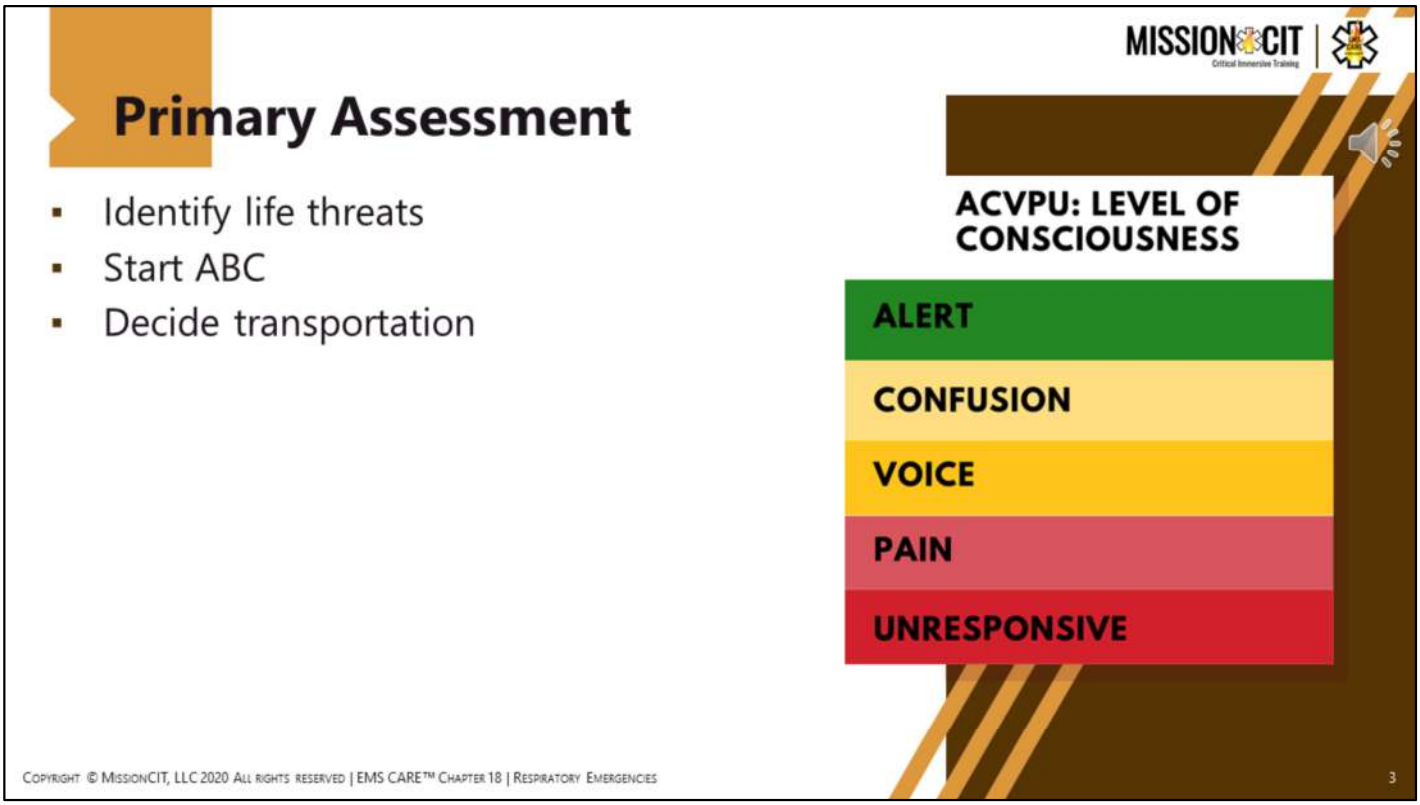
Thank you, Justin!

By now, you know the different respiratory conditions and their symptoms. So, now it's time to jump into how you can assess and accordingly, provide the appropriate prehospital care.



Even before you enter, make sure you're ready to protect yourself from infectious diseases. To this end, wear appropriate personal protective equipment such as gloves, face masks, and shields. Always consider the possibility of infectious diseases and prepare yourself accordingly.

Also, get an idea of the problem from the dispatcher's call. Learn why the emergency system was activated. As soon as you enter, look around for a few seconds to understand what the patient is going through and the possible causes. Talk to family members and bystanders to understand the nature of the illness.

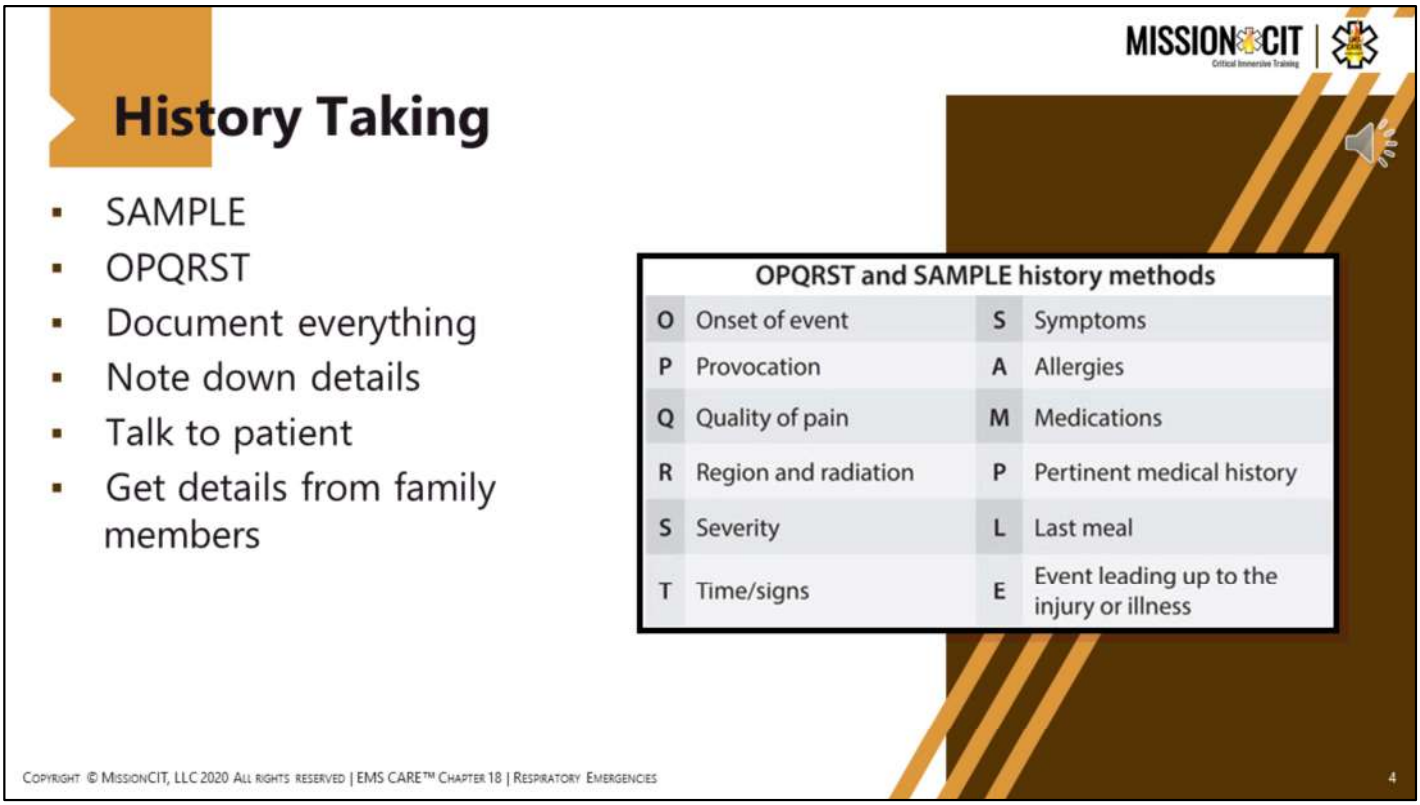


Identify if the patient is going through any life-threatening conditions and address them right away. Also, form a general impression as soon as possible. Note down the age and position of the patient, use the AVPU scale, and ask the patient, if the patient is stable enough to answer.

Check the airways, breathing, and circulation, known by the famous mnemonic ABC. While checking for airways, ensure that there are no obstructions in the airway and it can take in adequate amounts of air. Assess the rate, rhythm, and quality of breaths, and pay close attention to the sounds coming from the patient's lungs.

Moving on to circulation, look for skin color, temperature, and condition. Evaluate for shock and bleeding as well.

At the end of this assessment, decide if the patient needs transportation.



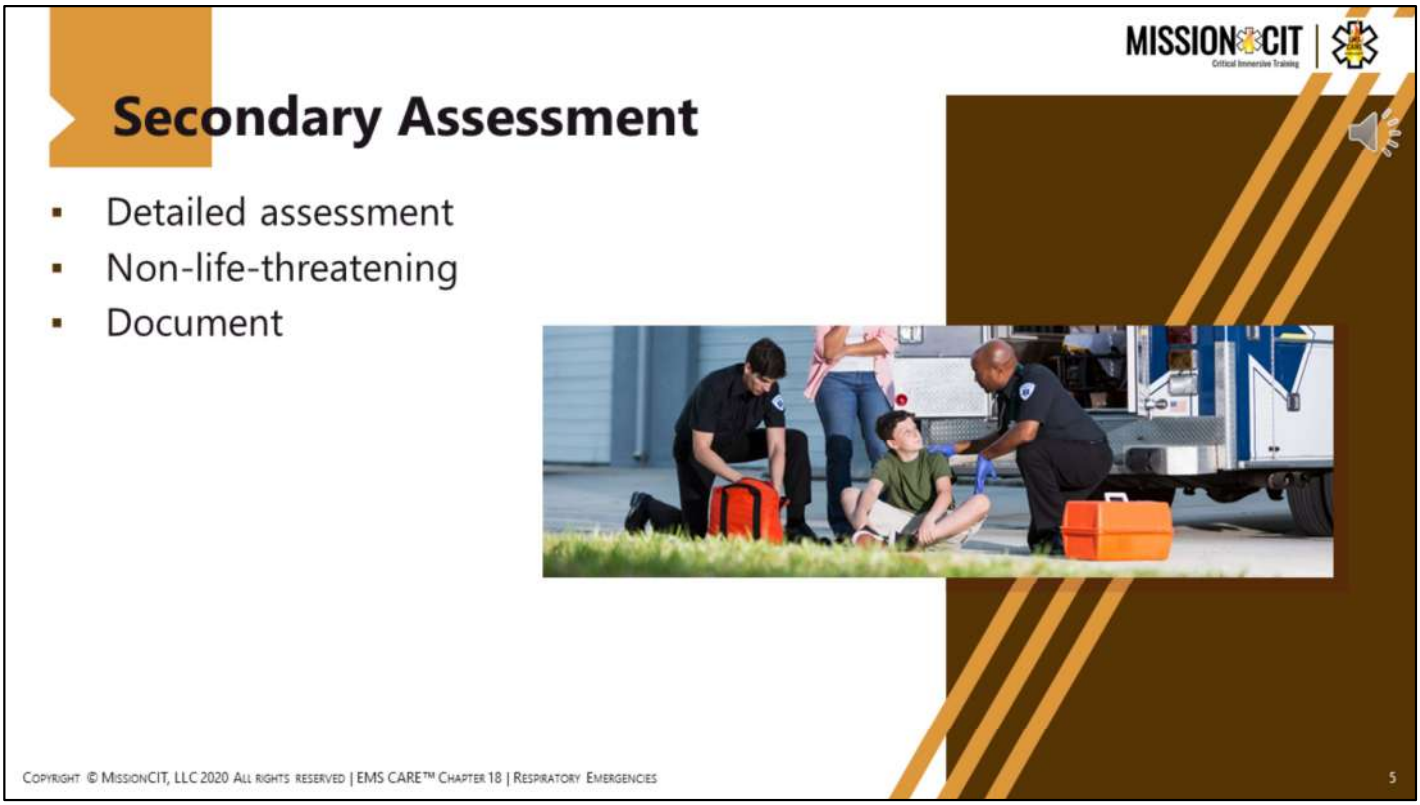
Once you're done with the primary assessment and know that the patient is not in a deteriorating or life-threatening situation, it's time for a more detailed examination.

Start by taking the history of the patient to learn more about the medical condition. If the patient is stable, you can get this information directly from him or her. Also, talk to family members and bystanders to gather as much information as possible.

Based on these details, investigate the chief complaint. You can also use specific tools such as SAMPLE or OPQRST to get this information.

Make sure you document all these findings, so it can help the healthcare providers later.

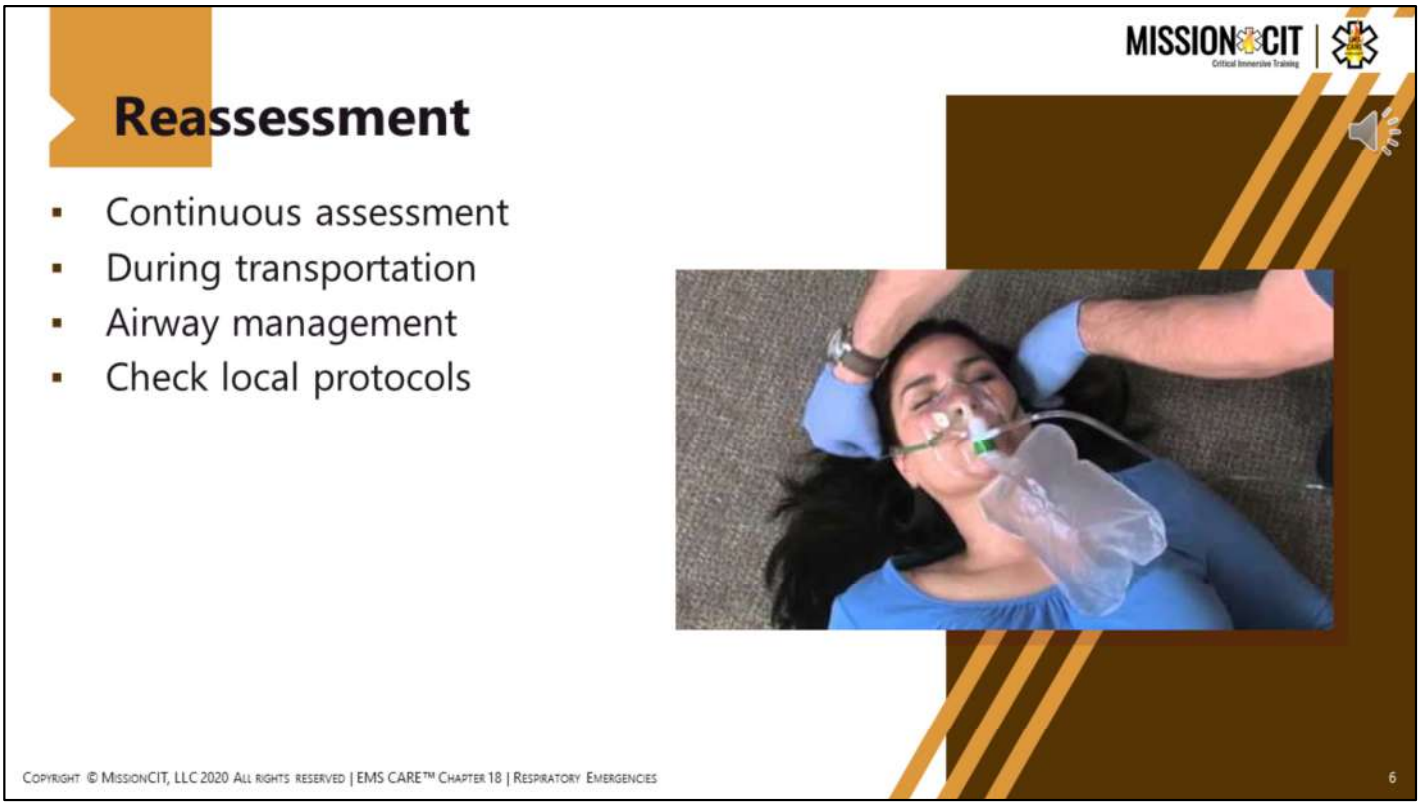
In the case of patients with dyspnea, note down the progression, associated chest pain, sputum, tiredness, and exercise tolerance.



Once you've noted down the history, move on to secondary assessment, which is a more detailed assessment of the body systems.

You can start this assessment only after ascertaining that the patient is not in a life-threatening condition.

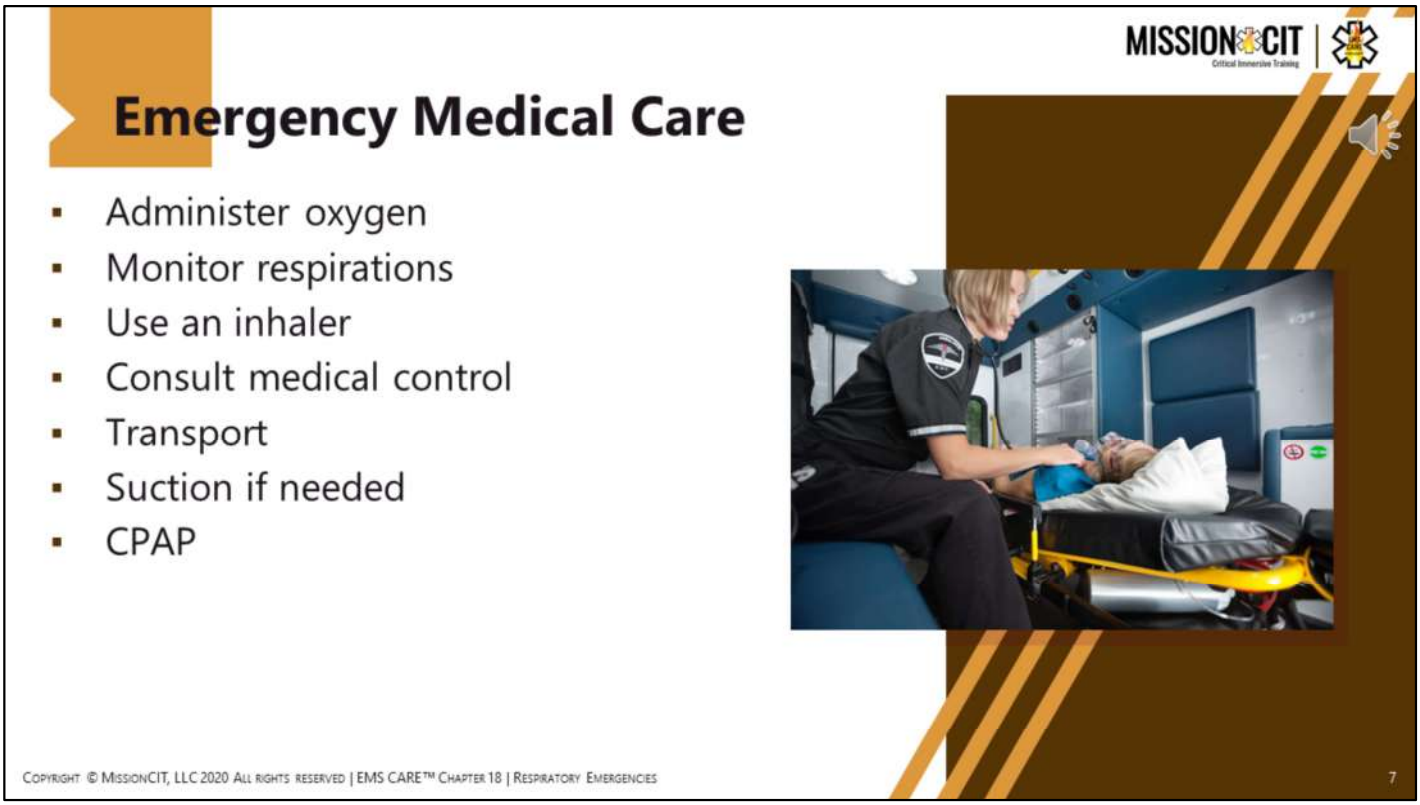
As you do a detailed examination, note down your assessment.



Reassessment must continue throughout until the patient's care is handed over to another healthcare provider. Repeat the primary assessment and assess for any changes in vital signs. This can continue even during transportation.

Some of the interventions you can take as a part of the reassessment are:

- Provide oxygen through a non-rebreathing mask at 15 liters per minute
- Positive pressure ventilation
- Airway management techniques
- Positioning the patient
- Assisting the patient with respiratory medications. Check your local protocols on this.



Some of the emergency medical care you can provide are:

- Administer oxygen
- Monitor respirations
- Use a monitored dose inhaler or a small volume nebulizer
- Consult medical control at any time

In the case of upper or lower airway infection, administer humidified oxygen if it's available. Never suction the airway, but help the patient to a comfortable position, and transport immediately.

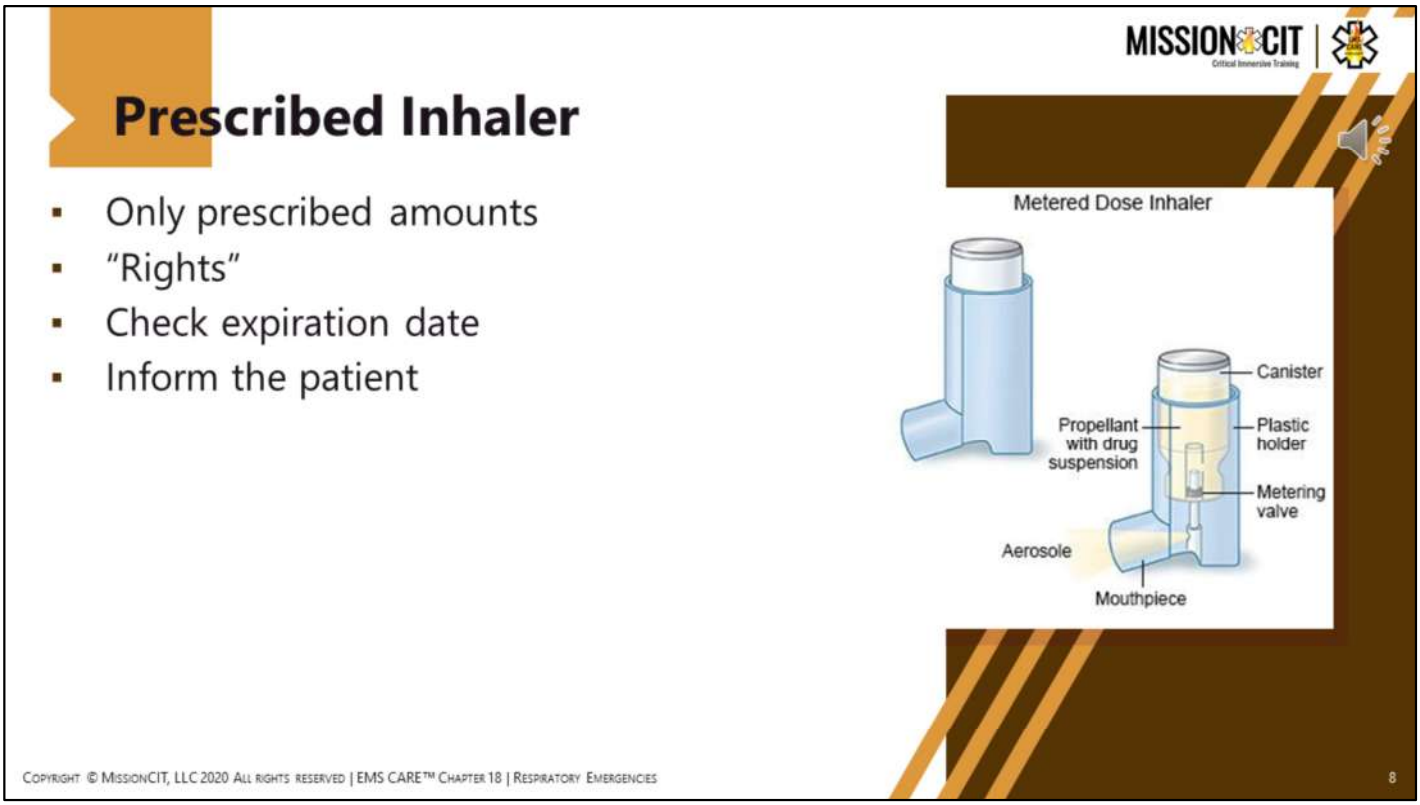
For patients with acute pulmonary edema, provide 100% oxygen. Suction if necessary, position the patient comfortably, provide CPAP if needed, and transport quickly.

In the case of COPD, assist with prescribed inhalers and transport immediately. For anaphylaxis, provide epinephrine while hay fever may not need any emergency intervention. In both cases, suction if necessary, provide aggressive airway management, and assist with an inhaler in the case of asthma.

For pleural effusion, pulmonary embolism, and spontaneous pneumothorax, provide oxygen and transport immediately. In the case of obstruction, provide supplemental oxygen if the obstruction is partial and try to clear the obstruction if the block is complete. Transport

immediately.

Finally, if there’s industrial exposure, decontaminate the patient and treat with oxygen or suction if needed.

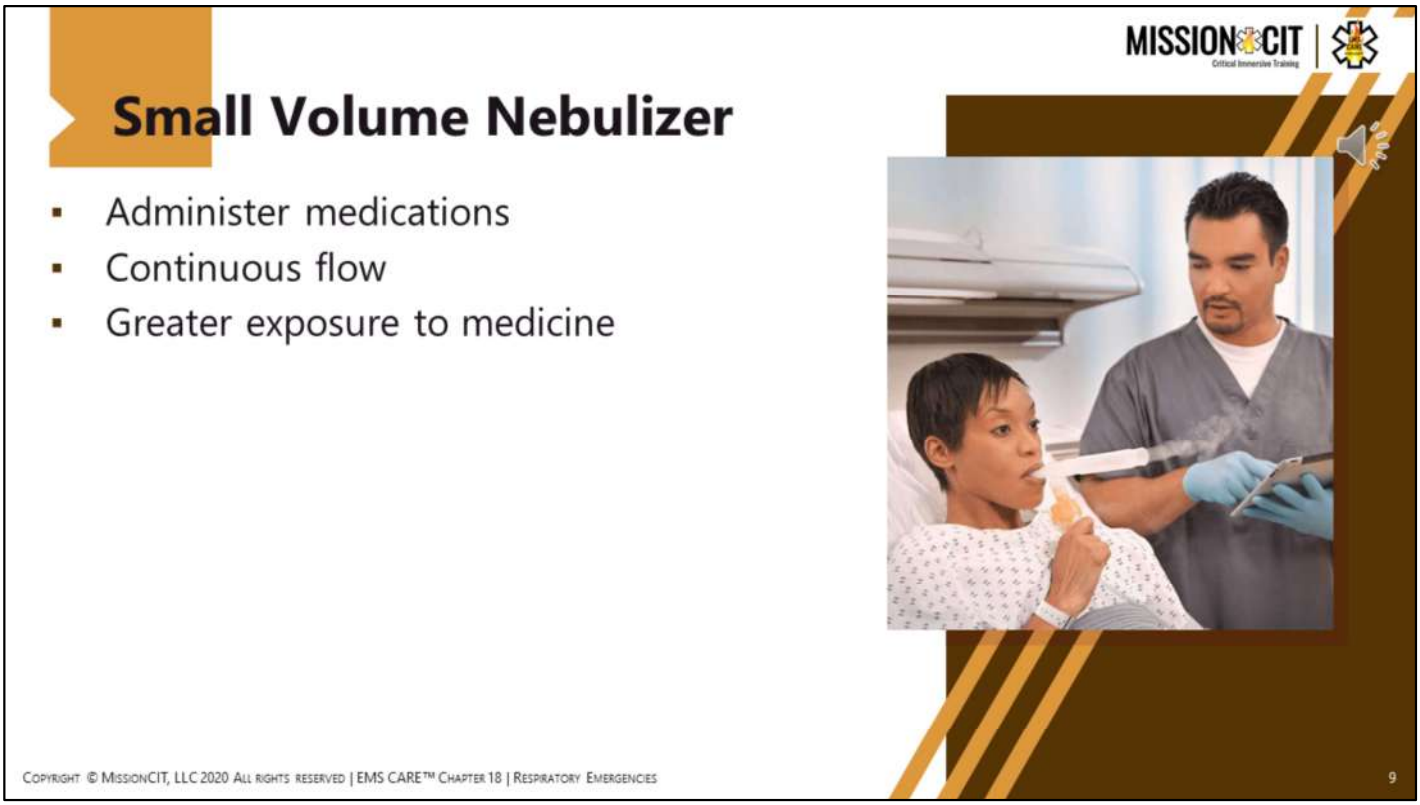


This is a metered-dose inhaler, which means, it dispenses only the amount of medication prescribed for the patient. It is most commonly used for conditions causing bronchoconstriction.

Before you assist with this inhaler, ensure that the patient, time, medication, dose, and route are right. Check the expiration date and shake the inhaler vigorously before administration.

To administer the inhaler,

- Have the patient exhale deeply
- Have the patient put his or her lips around the opening
- Press the inhaler to activate the spray in such a way that the patient inhales it deeply
- Make sure that the patient holds his or her breath as long as needed to absorb the medication



Besides metered-dose inhalers, small volume nebulizers can also be used to administer medications. As the name suggests, this device runs air or oxygen through liquid medication, so the patient breathes the vapor.

This device produces a continuous flow of aerosolized medication that can be taken in during multiple breaths over several minutes. The advantage is that it gives patients greater exposure to the medication.

To administer,

- Have the patient seal his or her lips around the mouthpiece.
- Ask the patient to breathe in deeply and hold the breath for two to three seconds until the medication is absorbed.
- Continue this process until all the medication is emptied from the device's chamber.

This brings us to the end of this lesson and Justin will take you through the chapter review next.