What Is It?

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• 75 year old male
• Left sided CP and SOB for 2 days
• Productive cough, cough causes more pain
• Fever, HR 110, BP 100/65, RR 24, O2 sat 89%
• Crackles at left base

• What Is It?
Pneumonia

- Frequently older
- Unilateral pleuritic CP
- Febrile
- Cough (may be productive and purulent)

- Nebulizer likely will be helpful
• 60 year old female
• Short of breath and wheezy
• Smoker
• Temp 99.7, HR 105, RR 26, O2 sat 91%
• Productive cough

• What Is It?
COPD Exacerbation

- Disease waxes and wanes
- Smoker
- Usually has inhalers
- Triggered by a “cold” (URI)
- Tends to be older (although some in 40s)
- Nebulizers and steroids helpful
• 20 yo male
• Recent URI - runny nose, sore throat etc.
• Wheezing
• Has had this before
• Afeb, HR 110, RR 24, O2 sat 96%, BP 135/85

• What Is It?
Asthma Exacerbation

- Generally starts as a child (even toddler)
- Waxes and wanes
- Triggered by colds and allergies (exercise)
- Nebulizers and Steroids
• 38 yo female
• Trouble breathing, wheezing
• Swollen lips, rash/hives
• Stung by a bee
• HR 125, RR 28, BP 87/55, O2 sat 93%

• What Is It?
Anaphylaxis w/ Angioedema

- Sometimes trigger unknown
- Potential airway/vascular compromise
- Possible known trigger (food, sting, med, etc)
- May or may not have had a previous episode

- Epi IM, steroids, nebs, airway, Histamine block
• 68 yo female
• History of heart disease
• Swollen legs (worse recently)
• Afeb, HR 105, RR 28, BP 165/100, O2 sat 89%
• Bilateral basilar crackles

• What Is It?
CHF Exacerbation

- Usually hypertensive
- History of CHF, CAD, atrial fib, heart murmur
- Bilateral lung findings and leg edema
- Nitroglycerin and CPAP (Lasix)
• 16 yo female
• Altered mental status
• Abdominal pain with vomiting for a few days
• Afeb, HR 135, RR 24 (deep), BP 100/60
• Looks dry
• Glucometer “high”
• Breath has an odd odor

• What Is It?
DKA

- Usually known Type 1 diabetic (not always)
- Typically young and noncompliant
- Ill for up to 2 weeks before initially diagnosed
- Increased hunger, thirst, and urination
- Altered mental status late (cerebral edema)
- Ketone odor (fruity/smoky)
- IVF bolus, Zofran
• 28 yo male
• MVA head on into tree
• No seat belt or airbag
• Chest pain (especially with breathing), SOB
• HR 110, RR 26, O2 sat 90%, BP 125/80
• Decreased breath sounds on right, no JVD

• What Is It?
Pneumothorax

- No CPAP
  - May become worse
- Watch carefully if you have to use BVM
  - May become worse
- Development of tension pneumothorax
• 22 yo male
• Unresponsive
• Pupils pinpoint
• HR 50, RR 4, BP 80/52, O2 sat 73%
• Tracks in upper extremities
• What Is It?
Narcotic OD

• Classic presentation for heroin injection
  • May still have needle in the arm

• Other narcotics may be taken orally, snorted...

• Ventilate them

• Consider Narcan
• 21 yo male
• Agitated, sweaty
• Dilated pupils
• T 99.9, HR 125, BP 160/100, RR 24
• Had some CP

• What Is It?
Sympathomimetic Effects

- Cocaine, methamphetamine
  - These are not narcotics
- Need EKG
  - Especially if chest pain
- Treat with Benzos (Ativan)
• 48 yo male
• Confused, agitated, sweaty, vomiting
• Eyes watering, drooling
• Hands twitching
• Had been working in yard
• HR 44, RR 26, BP 95/60

• What Is It?
Organophosphate Poisoning

- Effects of too much ACh neurotransmitter
  - Isn’t broken down fast enough
- May seize
- Do not touch patient’s skin without gloves
- Beware of closed air space in ambulance (if long transport)
  - You may be next...
- Atropine and 2-PAM
• 60 yo male
• Left side weakness with dysarthria
• PMH: htn, DM
• Positive Cincinnati Stroke Scale
• Glucometer 90

• What Is It?
Stroke

- Need to know onset of symptoms
  - I don’t care about when they noticed the symptoms
  - I want to know when they were last normal

- Beware of stroke mimics

- Don’t give Dextrose unless hypoglycemic
  - Worsens outcome
• 68 yo female
• Confused, left side weak
• PMH: DM, Htn, previous stroke
• T - 96  HR 95  BP 135/90
• Positive Cincinnati stroke scale
• What else do you want to know?
• What Is It?
Hypoglycemia

- Glucometer 40
- Give Dextrose/Glucagon etc.
69 yo female

Confused, left side weak, slurred speech

PMH: DM, htn, “mini-stroke”

Positive Cincinnati stroke scale

T 101, HR 110, RR 24, BP - 120/55

Glucometer - 200

What Is It?
Sepsis

- Stroke mimic
- Especially in someone with a previous stroke
  - (or TIA)
- Don’t give Dextrose unless hypoglycemic
  - May worsen outcome
62 yo female

Right side facial droop and right eye discomfort with blurred vision on the right

No other focal weakness, no trouble finding words

PMH: CAD, htn, DM, PVD, smoker

Normal vital signs

What Is It?
Bell’s Palsy

- Isolated facial nerve dysfunction
- Eye findings due to inability to fully close eye
- Viral or inflammatory
- Not a stroke
• 35 yo male
• Slurred speech, confusion, incoordinated
• Vomited once, has a headache
• History of seizures
• T 99, HR 95, RR 20, BP 120/70
• What is it?
Effects of Seizures

- Post-ictal phase
  - Confusion, decreased responsiveness, combative
  - Headache
- Todd Paralysis
  - Need documented seizure
  - Appears like a stroke, but isn’t
• 64 yo male

• Right side weakness, trouble speaking

• Facial droop

• Lasted 10 minutes and now all resolved

• BP 170/95, o/w vitals normal

• What is it?
TIA

- Transient ischemic attack
  - “Mini-stroke”
- Symptoms quickly resolve (or rapidly improving)
- Increased risk of stroke within 30 days
- Sometimes actual stroke on CT or MRI but no residual symptoms
  - Small amount of brain tissue dies in a few minutes
  - Most brain tissue survives after circulation returns
- Recurrent seizure activity
  - Lasts 20 seconds
  - Patient immediately wakes up and talks
- No history of seizures, no trauma, no suspicion for OD or drugs
- PMH: Multiple medical problems, multiple meds
- T 98, HR 60, RR 14, BP 145/85
  - Taken while patient awake
- What else do you want to know?
- Glucometer 110
- Benzo?
  - Has another similar episode enroute
- Patient has 2 more episodes in ED

- What do you check during the episode?
• Pulse or EKG rhythm strip
• Asystolic episodes (brief)
  • This is not a seizure - no post-ictal phase
• 12 lead EKG
  • Sinus rhythm with peaked T waves and ST depression in multiple leads
Hyperkalemia

- Causing Peaked T waves
  - And asystole in this case

- Treatment for Hyperkalemia
  - Ca
  - HCO3
  - Insulin/Dextrose (ED)
  - Albuterol
  - Lasix
  - In hospital (Kayexalate, Dialysis, etc.)
To Be Continued tomorrow...