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| **Case Title** | COPD Exacerbation with Acute Stroke |
| **Scenario Name** |  |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Manage COPD Exacerbation | |
| **Skills:**   1. Manage ABC’s 2. Recognize deterioration in clinical status | |
| **Attitude/Behaviours**   1. Demonstrate Team skills 2. Demonstrate Situational awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | ED |
| **Monitors** | Cardiac, Defib |
| **Props/Equipment** | IV, labs, airway equipment, EKG, TPA |
| **Make-up/Moulage** | None |
| **Potential Distractors** | None |

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| **Case Introduction:** |
| 78 y.o. female feeling SOB since yesterday. Dry cough and sore throat. |

| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: COPD Exacerbation**  **Condition:** Stable  **Initial Assessment**   * **Heart Rhythm:** Sinus tachycardia * **HR:** 122 * **BP:** 168/98 * **RR:** 26 * **SPO2:** 90% on RA * **T:** 37.1 C * **Glucose:** 6.5 * **Chest:** Decreased A/E to baes with expiratory wheeze * **CNS:** GCS 15 * **CVS:**  HS normal * **GI:** Abd normal * **Weight:** 70 kg | 1. **Take a focused history** (see Notes column) 2. **Medical Management** 3. Supplemental O2 4. Nebulizer 5. CXR 6. Labs 7. EKG | 1. **Focused history**  * Gradually worsening SOB. No chest pain. Rt groin pain x 1 yr. Ambulates with walker. No constitutional symptoms.   **PMHx**   * HTN * Hypothyroid * Quit smoking 5-6 years ago   **Meds**   * Celebrex * Levothyroxine * Tramadol * Advair * Spiriva   **Allergies**   * NKDA |
| **Phase 2: Deterioration**  **Condition:** Unstable  Not speaking. Gazing to Lt side.  **Physical Examination**   * **Heart Rhythm:** Sinus tachycardia * **HR:** 126 * **BP:** 155/91 * **RR:** 32 * **SPO2:** 95% on nasal cannula * **T:** 37.1 C * **Glucose:** 6.2 * **CNS:** Eyes open, not speaking, will move Lt side to command, Rt sided weakness, Lt gaze preference, nonfluent aphasia, NIH scale 19 | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management** 3. Recognize acute CVA 4. Stat CT Head 5. Consult Neuro on call 6. Intubate prior to CT 7. Discuss eligibility for TPA & how to give | 1. **Patient Reassessment**   **Airway**   * Patent   **Breathing**   * Less wheeze   **Circulation**   * Normal HS |

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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **R1** 3. **Senior IM resident** |  |

**References:**

**X-RAYS**



[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCP2Vr7qI18gCFZabiAodmqIE0g&url=http://ispub.com/IJHA/2/1/1457&bvm=bv.105841590,d.cGU&psig=AFQjCNGprU68o3sDu6xBCRpGNtZwxg-QEA&ust=1445637133366911)

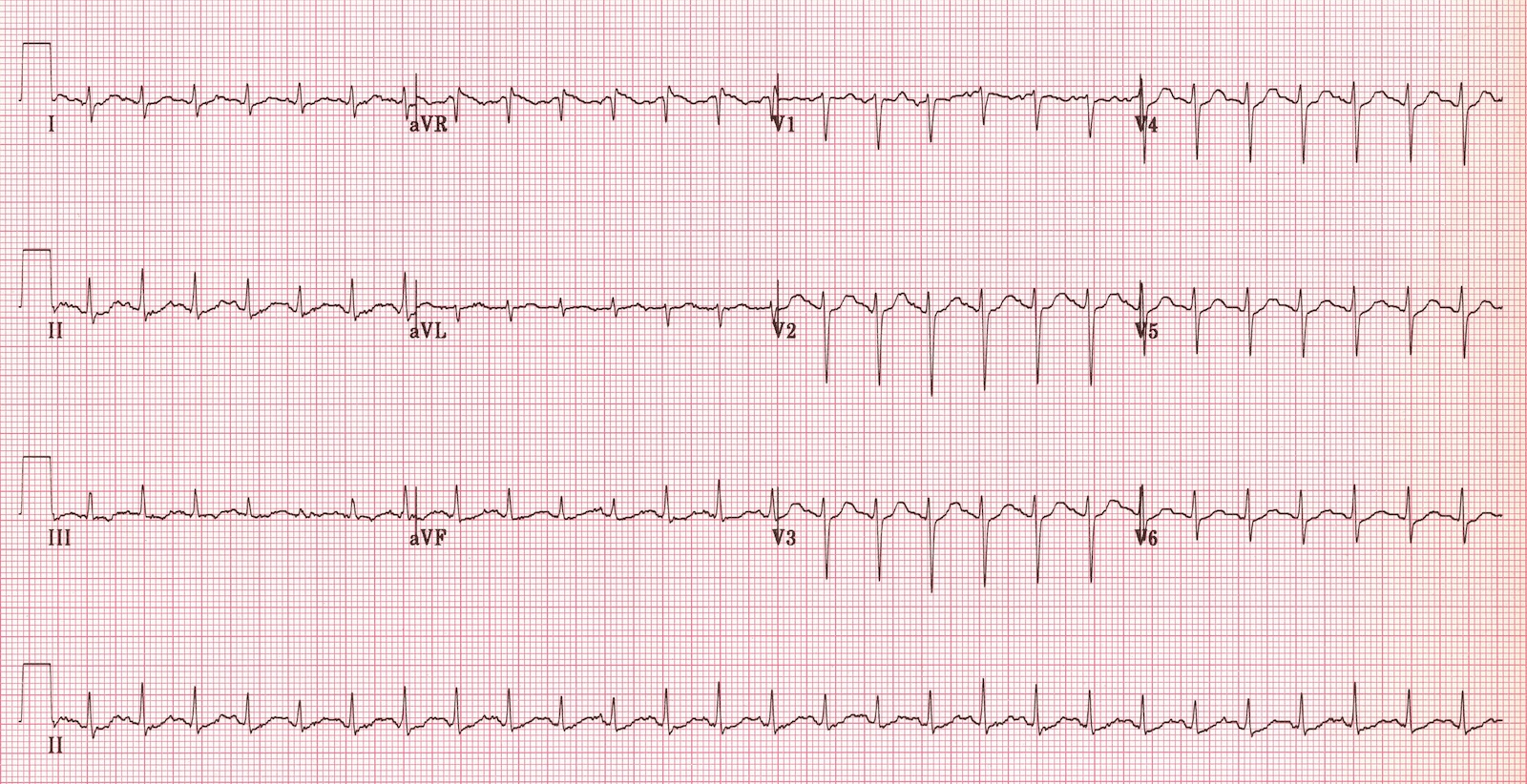
**LABS**

LABORATORY \*LIVE\* Lab Summary Report

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| **Test** | **Oct. 28/15 1200** | **Flag** (H or L) | **Reference** |
| **CBC** | | | |
| WBC | 19.8 | **H** | 3.5 – 10.8 10^9/L |
| Hgb | 97 | **L** | 130 – 170 g/L |
| Platelets | 269 |  | 150 – 400 10^9/L |
| **Chemistry** | | | |
| Na | 140 |  | 137 – 145 mmol/L |
| K | 3.5 |  | 3.5 – 5.0 mmol/L |
| Creat | 127 | **H** | 62 – 106 umol/L |
| Troponin | 0.63 | **H** | <0.03 mcg/L |
| **Coags** |  |  |  |
| INR | 1.3 | **H** | 0.9 – 1.2 |

***Remainder of labs pending***

**EKGs**

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