Emergency Scenarios with Case Review

Shortness of Breath

This emergency scenario is about a patient with shortness of breath, and is set up for role-play and case review with your staff.

1) The person facilitating scenarios can print out the pages below.

2) Cut up the “role” pages, and assign several roles, distributing the “roles” to appropriate participants in clinic.

   Patient who is having shortness of breath during a procedure
   Husband of patient
   Medical Assistant
   Nurse
   Doctor or Clinician
   Clinician or additional nurse
   2nd Clinic Assistant
   Manager or Administrator

3) If your staff is smaller, you can cut optional roles. Any additional staff can be asked to observe and discuss.

4) Following role-play, gather the staff to review questions for debriefing and teaching.

5) Repeat scenario for further practice as time allows.

6) Record date of scenario and topic on your emergency scenario log (as appropriate)
Scenario 1 – Shortness of Breath (8 roles)

Scenario 1 - Maria - Abortion Patient. You are still in the Exam Room

You are a G6P3 Hispanic woman, who speaks some English. You just had a first trimester abortion, for which you received doxycycline, Motrin, and Ativan prior to your procedure and IV fentanyl during the procedure. You have no medical history except a previous cesarean section, and an allergy to penicillin.

After the procedure, you start noticing mild shortness of breath. Tell your husband and the MA in the room that you are having difficulty breathing well. You are mildly sedated. You also develop itching on your abdomen and arms.

You will continue to become progressively short of breath, and get generalized hives. There is little improvement with the first medication they give to you. You will develop some swelling in your face and throat, and your blood pressure will drop to 90/40, pulse 120. You stay alert throughout. After the second medication, your breathing and rash improves but your blood pressure takes some time to respond. After medications and IV fluid, your swelling and rash slowly improves, and your BP returns to 120/60, pulse 80.

Scenario 1 – Medical Assistant
You are in the exam room with abortion patient Maria.

You will be with the patient when she starts to complain of shortness of breath and itching. You are in the process of checking her post-procedure vitals and O2 saturation. You will be responsible for alerting the clinic staff and doctor of the emergency. You will want to know the patient’s medical history and what medications she received.

Scenario 1 – Physician / Clinician

You have left the exam room, and are evaluating the POC.

You will be called back into the exam room when the MA notices that the patient is unstable. You will need to assess the patient, review the history, delegate roles, manage the patient’s medical problem, and decide about transport. Your initial treatment will not help, so keep trying and make sure you prepare for possible complications that can occur.
### Scenario 1 – Mr. Sonora - Husband of Maria

You will be somewhat panicky when your wife starts having a reaction. Continue to ask the doctor questions. Don’t be very cooperative.

### Scenario 1 – Nurse

You are in the recover room taking care of two other patients. You will be called to the exam room to help with this emergency. You can help delegate, draw up medications, manage the IV, and help manage the patient with the doctor.

### Scenario 1 – Clinician or Nurse

You are doing administrative work in the file room. You will also be called to help manage the patient. You may be asked to help start another IV or prepare for other potential complications that can occur.

### Scenario 1 – Front Desk Person.

You are at the front desk. You may be asked to help make copies, call EMS or initiate contact with the hospital.

### Scenario 1 - 2nd Medical Assistant: You have just taken another patient to recovery room.

You can help out in the recovery room, while the nurse is helping out with the emergency. Part of your role will be to calm the other patient’s who are worried about what is going on.
Scenario 1 Review: Shortness of Breath

I) General debriefing questions:

1) Did delegation of roles happen smoothly? Without unnecessary delays?
2) Did any delays affect the patient outcome?
3) Did the alarm system get activated?
4) Were other patients attended properly?
5) Was the partner or family alerted to what happened?
6) Did transfer occur smoothly? The decision? The communication? The paperwork?

II) 1) What else commonly causes shortness of breath in our clinics?

Hyperventilation, asthma, sedative medications (narcotics), respiratory infection, etc.

2) What combination of symptoms makes you suspect an allergic reaction?

Shortness of breath, itching, hives, facial and throat swelling, impending shock.

3) Besides lack of these symptoms, what would suggest another cause?

Hyperventilation: tingling mouth & extremities, panic, rapid breathing, normal O2 saturation and VS.
Asthma: no rash, wheezing, history of asthma, possibly poor O2 saturation.
Sedation: sleepiness, slow respiration, slow pulse +/- low BP.
Respiratory Infection: history of fever, congestion, flu symptoms, infectious exposure.

III) 1) Anything you could have added to the management?

O2 saturation and therapy, Position, VS, Meds (Benadryl, Epinephrine +/- Narcan), IV, 2nd IV Line, Fluids, Record Events, Copy Record, Transfer, Alert family.

2) Under what circumstances would you use nebulized albuterol therapy?

3) What made you give the IV fluid? When would you start a 2nd IV line in this patient?

4) For airway management, what would you want available for this patient?

IV) Potential Skills to Review:

O2 saturation monitor and therapy
Getting medications quickly; check accurate dosing
Use of albuterol nebulizer (if this had been asthma)