



# FR / EMR Scope of Practice Update Scenario: Asthma

Scene Survey	
<b>H</b> azards	None
<b>E</b> nvironment	Trailside along a local lake on a sunny spring day
<b>M</b> echanism of Injury	The patient had a gradual onset of shortness of breath while jogging.
<b>P</b> atients (#)	One
<b>A</b> dditional Resources	Fire department first responders have arrived on scene with you.
<b>PPE</b> / <b>G</b> eneral <b>I</b> mpression	The patient is observed to be sitting upright, in the tripod position, as you approach. An audible expiratory wheeze is heard with each breath.
Primary Survey	
<b>LOC (AVPU)</b>	The patient's eyes are open, and they look at you as you approach.
<b>Delicate Spine / SMR</b>	Rule out with questioning.
<b>ABCs:</b> <ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> </ul>	Clear. Talking. Breathing is rapid and shallow. The patient is speaking in short 2- to 3-word sentences: "It's... my... asthma". Radial pulse is present.
<b>RBS</b>	No abnormalities detected.
<b>Skin</b>	Warm, pale, and dry
<b>O<sub>2</sub></b>	<b>Apply the SpO<sub>2</sub> monitor and oxygen – 15 lpm via NRFM.</b>
<b>Airway</b>	Maintained
<b>Position</b>	<b>Support the patient in their upright position as needed.</b>
<b>Bandage, Blanket, Other</b>	There will be diffuse expiratory wheezing heard bilaterally if the lungs are auscultated (EMR), with decreased air entry in the bases.
Transport Decision	
<b>Stable or Unstable?</b>	Unstable. <b>If EMR: Direct a partner to prep egress/transport while you continue with your assessment.</b>
Secondary Survey	
<b>History/Interview:</b> <ul style="list-style-type: none"> <li>• <b>Onset</b> – The patient has no pain</li> <li>• <b>Provoke</b> –</li> <li>• <b>Quality</b> –</li> <li>• <b>Region/Radiation</b> –</li> <li>• <b>Severity</b> –</li> <li>• <b>Time</b> –</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Signs and Symptoms</b> – SOB</li> <li>• <b>Allergies</b> – Patient denies</li> <li>• <b>Medications</b> – Ventolin puffer (not with patient)</li> <li>• <b>Past Medical History</b> – Asthma</li> <li>• <b>Last Oral Intake</b> – 4 hours earlier</li> <li>• <b>Events</b> – The patient had a gradual onset of shortness of breath while jogging.</li> </ul>

<b>Baseline Vital Signs:</b> <ul style="list-style-type: none"> <li>• LOC (GCS)</li> <li>• Blood Pressure</li> <li>• Respirations</li> <li>• SPO2</li> <li>• Pulse</li> <li>• Skin</li> <li>• Pupils</li> <li>• Blood Glucose</li> <li>• Temperature</li> </ul>	<ul style="list-style-type: none"> <li>• A on AVPU (FR). GCS 456 = 15/15 (EMR)</li> <li>• 136/84</li> <li>• 28. Shallow, but effective</li> <li>• 95% on 15lpm</li> <li>• 100, weak and rapid</li> <li>• Cool, pale, dry</li> <li>• 4 x 4, equal and reactive</li> <li>• Not applicable</li> <li>• Not applicable</li> </ul>
<b>EMR: Administer 1st dose of salbutamol.</b>	<b>Administer salbutamol by either MDI and Spacer (4 x 100mcg) or by nebulizer (5mg in 5mL).</b>  (Follow the steps listed on either the Administer Salbutamol via MDI and Spacer Checklist, or the Administer Salbutamol via Nebulizer Checklist.)  <b>Complete transport after 1st dose, and then continue with assessment and treatment while en route to the hospital.</b>  <b>Notify hospital.</b>
<b>Head to Toe:</b> <ul style="list-style-type: none"> <li>• Head</li> <li>• Neck</li> <li>• Chest</li> <li>• <b>Lung Sounds(EMR)</b></li> <li>• Abdomen</li> <li>• Back</li> <li>• Pelvis</li> <li>• Lower Extremities</li> <li>• Upper Extremities</li> </ul>	<ul style="list-style-type: none"> <li>• No abnormalities detected.</li> <li>• Trachea is midline. No JVD is noted.</li> <li>• No injuries noted.</li> <li>• Diffuse expiratory wheezing is heard bilaterally, with decreased air entry in the bases.</li> <li>• Soft x 4. No rigidity or guarding noted.</li> <li>• No abnormalities detected.</li> <li>• Stable.</li> <li>• No injuries noted. Distal CMS is good.</li> <li>• No injuries noted. Distal CMS is good.</li> </ul>
<b>Ongoing Exam and Treatments</b>	
<b>Vitals Signs</b>	Re-assess vital signs every 5 minutes (unstable patient).
<b>Treatments</b>	When the salbutamol is finished, or after 10 minutes, re-assess the patient. Repeat salbutamol treatment if appropriate to do so.
<b>Hospital Report</b>	Name, Age, Gender, C/C, HxC/C, PmHx, Rx, Allergies, Vital Signs, Physical Findings, Protocols / Treatments and Results.