

Emergency Medical Responder: A Skills Approach

Fifth Canadian Edition



FIFTH CANADIAN EDITION

EMERGENCY MEDICAL RESPONDER

A SKILLS APPROACH

MEETS PARAMEDIC ASSOCIATION OF CANADA'S
NATIONAL OCCUPATIONAL COMPETENCY PROFILE



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14 - 1

Chapter 14

Other Common Medical
Complaints

Objectives (1 of 3)

- Identify the three steps of emergency medical care for a patient with a general medical complaint.
- List eight possible reasons for altered mental status.
- Compare hypoglycemia and hyperglycemia, including causes, signs and symptoms, and treatment.



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14 - 2

Objectives (2 of 3)

- List the four routes through which poisons can enter the body and describe the signs and
- symptoms and treatment of a patient who has been poisoned by each route.
- Explain how to recognize stroke in a patient.
- Describe the steps in providing emergency medical care to a patient having a seizure.

Objectives (3 of 3)

- List the three steps of emergency care for a patient with abdominal pain.
- Demonstrate a caring attitude toward the patient and family when dealing with a general or specific medical complaint, while giving priority to the interests of the patient.

What Is a Medical Complaint?

Any chief complaint not caused by trauma

General Treatment for Medical Complaints

- Monitor the airway and breathing
- If patient is conscious, place them in a position of comfort
- Perform an ongoing assessment until the paramedics arrive

Specific Medical Complaints

- Altered mental status
- Hyperglycemia and hypoglycemia
- Poisoning
- Stroke
- Seizures
- Abdominal pain and distress

Altered Mental Status (1 of 2)

Some causes

- Hypoxia
- Hypoglycemia
- Stroke
- Seizures
- Fever
- Infections
- Poisoning
- Head injury
- Psychiatric conditions

Altered Mental Status (2 of 2)

Treatment

- Assess and monitor breathing closely
- Position the patient
- Give high flow O₂

Continue to consider cause(s)

Hyperglycemia

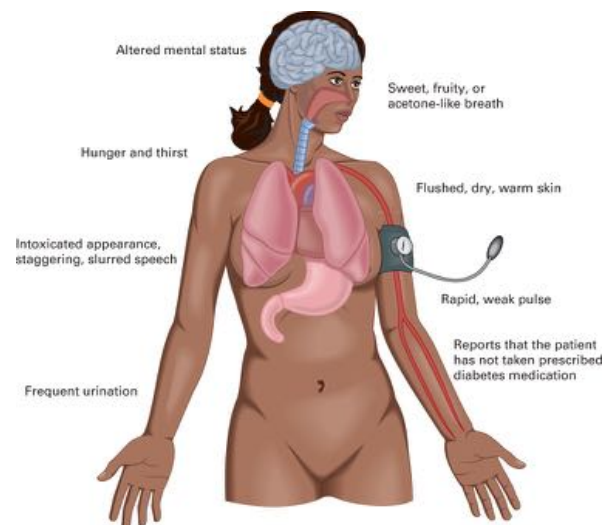


Figure 14-2 Signs and symptoms of hyperglycemia.

Hypoglycemia

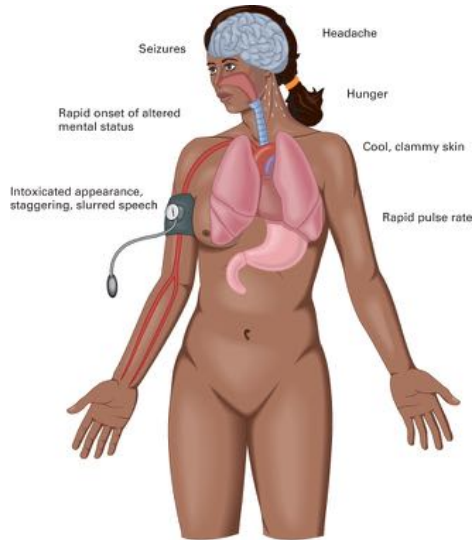


Figure 14-3 Signs and symptoms of hypoglycemia.

Hyper/Hypoglycemia

HYPERGLYCEMIA

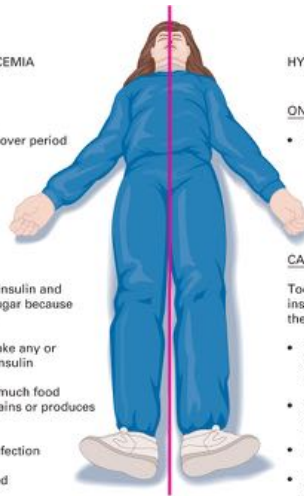
ONSET

- Gradual, over period of days

CAUSES

Insufficient insulin and too much sugar because the patient:

- Fails to take any or enough insulin
- Eats too much food that contains or produces sugar
- Has an infection
- Is stressed



HYPOGLYCEMIA

ONSET

- Sudden, within minutes

CAUSES

Too much insulin and insufficient sugar because the patient:

- Takes too much insulin, or cannot adjust to new dosage
- Does not eat at all, or does not eat enough
- Vomits after taking insulin
- Exercises excessively
- Has been emotionally excited

Figure 14-5 Onset and causes of hyperglycemia and hypoglycemia.

Poisoning (1 of 2)

A poison is a substance that can impair health.

- Ingested
- Inhaled
- Absorbed
- Injected

Poisoning (2 of 2)

- What substance is involved?
- How much is involved?
- When did the poisoning occur?
- What has the patient done to relieve the symptoms?

Ischemic and Hemorrhagic Strokes

Ischemic Stroke

- blood clot (thrombus) within the brain blocks an artery or
- when a blood clot from elsewhere (embolus) lodges in an artery or
- artery is constricted (compression).

Hemorrhagic Stroke

- cerebral artery bursts

Figure 14–13 One or More Signs or Symptoms May Indicate a Stroke

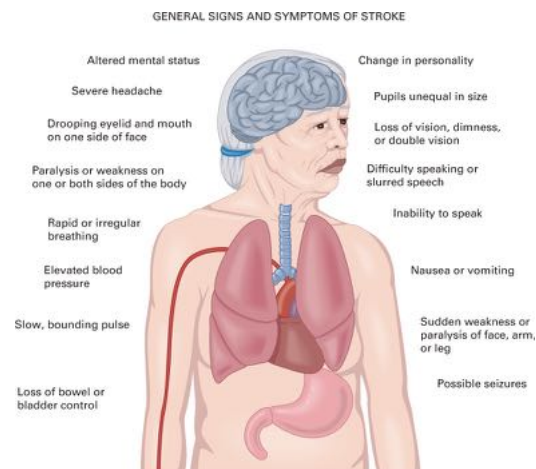


Figure 14–13 One or more signs or symptoms may indicate a stroke.

Stroke Signs & Symptoms



1. AURA PHASE. Often described as unusual smell or flash of light that lasts a split second



2. TONIC PHASE. 15 to 20 seconds of unconsciousness followed by 5 to 15 seconds of extreme muscle rigidity



3. CLONIC PHASE. 1 to 5 minutes of seizures



4. POSTICTAL PHASE. 5 to 30 minutes to several hours of deep sleep with gradual recovery

Figure 14-14 Stages of a generalized seizure.



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14 - 17

Emergency Care for Stroke

- Proceed as you would with any patient with altered mental status
- Be especially alert to the airway of a patient who has slurred speech or difficulty speaking
- Check the pulse at the carotid and radial pulse points on both sides of the body
- Determine the time of the onset of symptoms



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14 - 18

Seizures



Figure 14-15 Move objects away from the seizure patient.

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14 - 19

Emergency Care for Seizures

- Prevent any further injury by moving objects away from the patient
- Place padding, such as a coat or blanket, under the patient's head
- If you suspect status epilepticus, do your best to prevent aspiration. Assist ventilations with a BVM device attached to 100 percent oxygen



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14 - 20

Abdominal Pain (1 of 2)

Any severe abdominal pain should be considered serious.

Signs and symptoms include

- Abdominal pain, local or diffuse
- Colicky pain
- Abdominal tenderness, local or diffuse
- Anxiety
- Loss of appetite, nausea, vomiting

Abdominal Pain (2 of 2)

Any severe abdominal pain should be considered serious.

Signs and symptoms include

- Fever
- Rigid, tense, or distended abdomen
- Signs of shock
- Vomiting blood, bright red or like coffee grounds
- Blood in the stool, bright red or tarry black

Emergency Care for Acute Abdominal Distress

- Prevent possible life-threatening complications
- Make patient comfortable
- Arrange transport ASAP
- Maintain open airway
- Administer oxygen, if allowed
- Be alert for shock