


# Emergency Encounters: Cases from the ED

## Live Broadcast

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This Presentation is Approved for  
1 CRCE Credit Hour



1

1

## Introduction

- 47 years as an RT: urban and rural experience

2

2

## Learning Objectives

- Analyze case histories and clinical data to recognize critical red flags and warning signs in emergency presentations.
- Interpret key diagnostic findings relevant to the cases.
- Formulate evidence-based management plans, including pharmacologic and non-pharmacologic interventions.
- Describe stabilization strategies for critically ill patients.
- Recognize when to escalate care and involve consultants or specialists.

3

3

## Patient Assessment

- **First impressions**
  - Sitting up
  - Reclined
  - Laying flat
  - Rocking
  - Color
  - Speaking pattern
  - Accessory muscles

4

4

## First Impressions Matter

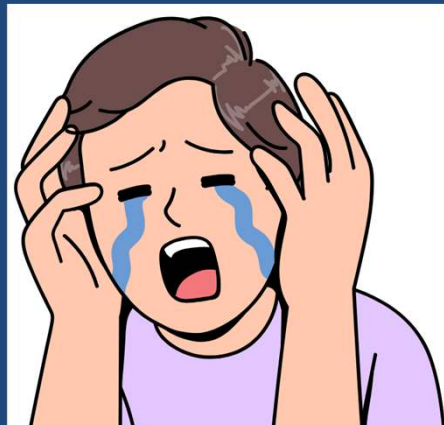
- Trust patient presentation before monitors
- Gather supplies

5

5

## Anxiety vs True Distress

- Red face, screaming = anxiety/hyperventilation
- Use open breathing tube – NOT paper/plastic bag
- Stay calm, reassure



6

6

# COPD & Hypoxic Drive

- EMS Protocols
- NRB vs CPAP
- Hypoxic drive
- Myth?

7

7

# COPD & Hypoxic Drive

- COPD patients may retain CO<sub>2</sub>
- Too much O<sub>2</sub> may suppress drive

8

8

# COPD & Hypoxic Drive

- Treat patient, not just the monitor

9

9

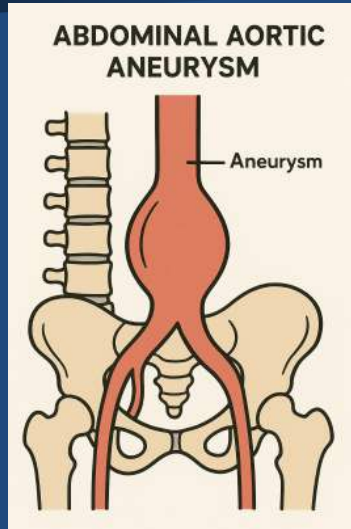
## Cardiac vs. Respiratory Distress

SOB not relieved  
first

10

## Severe Abdominal Pain

- AAA



11

11

## Severe Abdominal Pain

- 17 y/o surprise
- Watch the monitors
- Close vitals assessment
- Prolonged labor
- Support the baby



12

## Inhalation Injuries

- Facial/Nasal burns
- Swelling
- Intubation
- Histotoxic hypoxia
- CO poisoning → 100% O<sub>2</sub>

13

13

## Fluid Management

### Deficit:

- Dry mucous membranes
- Tachycardia
- Hypotension
- Poor skin turgor

### Balance

### Overload:

- Edema
- Crackles
- JVD
- Weight gain
- Hypertension

### Management:

- Individualize therapy
- Consider comorbidities
- Adjust for sepsis/trauma/renal failure
- Monitor response

14

## Pulse Oximetry: Friend or Foe?

- Valuable but not foolproof
- Don't chase the number
- Patients need individualized targets



15

## Pulse Oximetry: Friend or Foe?

- Can be used incorrectly
- Be a detective
- Use non-dominant ring finger

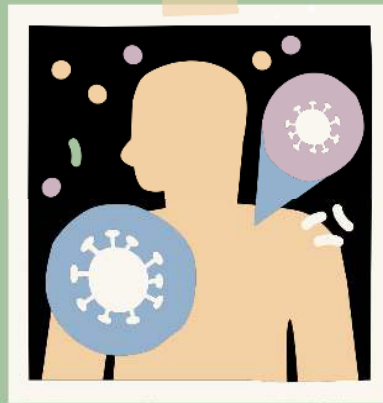


16

## Respiratory Diseases

- Know most common in your area
- Specialty clinics

**COMMON  
RESPIRATORY  
DISEASES**



17

17

## Teaching Asthma to Families

- Know your audience
- Airways like a ballerina's ankle
- Steroids = frontline, nebs = rescue
- Lesson WOB



18

18

## Oxygen Devices

- **HFNC**
- Tolerated better than BiPAP



19

19

## Blood Gas 'Down & Dirty'

- **3 questions: Breathing?** →  $p\text{CO}_2$
- **Oxygenating?** →  $\text{PaO}_2$
- **How bad?** → pH



20

20

## ABG vs VBG

- DKA
- Knowledge sharing

21

21

## Self-Care for Clinicians

- Take care of yourself: diet, meds, CPAP, mental health
- Use battle buddies & therapists
- Check-in on co-workers
- Prevent burnout & loss



22

**The End**



23