



Assessment Name	Scenario 2– Adult Asthma
Level / Section:	Advanced Paramedic
Version:	Version 1 (May 2010)

Candidate Information

You are called to the house of a 32 year old lady who is complaining of severe difficulty breathing. She has a history of asthma.

Instructor information

The initial aim of this scenario is to allow the candidate demonstrate a good quality respiratory assessment (history, examination and PEFr). They then need to be able to classify the severity of asthma. The patient will deteriorate despite appropriate therapy and the candidate will need to recognise that the patient has progressed from severe to life-threatening asthma. The will need to state that magnesium sulphate is indicated and demonstrate how to prepare and administer an infusion of it.

Patient was cutting grass in the back garden when she became short of breath.

Past medical history: Asthma, eczema. Previous admission to ICU.

Medications: Salbutamol (Ventolin), Beclamethasone (Becotide)

No Allergies. None

Non-smoker

Equipment

Adult ALS manikin. Oxygen, Salbutamol, Neb mask, Ipratropium Bromide, Magnesium Sulphate, NaCl 0.9 % 100mL . Defibrillator monitor, bag valve mask, Non rebreather mask.

Peak Flow.

Key assessment points

Know the indications for Magnesium sulphate (Medication)

Prepare and administer an infusion (Skill)

Be able to classify the severity of asthma (Knowledge change)

State the features of life-threatening asthma (New knowledge)





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Date _____

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Instructor information	Candidate key tasks	Score 0/1
Initial Assessment & Management		
<p><i>When asked there are no contra-indications to any medications.</i></p> <p><i>Vital signs are: pulse 120, respirations 28, BP 134/90, SpO2 94%.</i></p> <p><i>Patient is incapable of completing sentences in one breath.</i></p> <p><i>PEFR 200L/min.</i></p> <p><i>Predicted 500ml.</i></p> <p><i>PEFR 40% of best or predicted.</i></p> <p><i>Examination- increased work of breathing and severe bronchospasm present.</i></p>	Provides oxygen therapy	
	Applies ECG, SpO2 monitor	
	Gathers a SAMPLE history, focussing on respiratory history	
	Assesses vital signs	
	Assess the patient's work of breathing	
	Completes respiratory assessment – inspect, palpate, percuss and auscultate <i>Should auscultate the posterior chest if possible</i>	
	Measure PEFR correctly	
	Calculates %PEFR from predicted	
	Recognise that the patient has severe asthma Critical point – CHANGE IN KNOWLEDGE	
	Checks 7 rights of medication administration	
<p><i>Patient deteriorates – tired, respiratory pattern changes (rate increases but more shallow), difficulty speaking</i></p> <p>If asked, the instructor may inform the candidate that the patient can only give one word answers, the respiratory rate is 40, Pulse 140, O2 Sats 90% and there are minimal breath sounds on auscultation. Unable to</p>	Administers Salbutamol 5 mg NEB	
	States repeat salbutamol 5mg NEB q 5 mins prn. Max 4 doses total (including dose given with ipratropium).	
	Considers administering Ipratropium Bromide 0.5 mg and Salbutamol 5 mg mixed	
	Re-assesses patient	
	Looks for the features of life-threatening asthma Critical point – NEW KNOWLEDGE	
	Assess ability to speak	
<p>If asked, the instructor may inform the candidate that the patient can only give one word answers, the respiratory rate is 40, Pulse 140, O2 Sats 90% and there are minimal breath sounds on auscultation. Unable to</p>	Auscultates chest	
	Rechecks O2 Sats	
	Recognises life threatening Asthma	
	Considers administering Magnesium Sulphate Critical point – NEW MEDICATION	





use Peak Flow ASHICE must convey the critical nature of patient's condition	Mixes 1.5g of Magnesium Sulphate in 100mL bag of 0.9% NaCl Critical point – NEW SKILL	
	Calculates drop rate to administer over 20 mins	
	States need to transport patient	
	Verbalises ASHICE radio report to control	
	Documents interventions on PCR	

Score _____/25 = _____ %

Successful or Remediation	
A candidate must remediate if they did not complete a Critical Point or if they achieve a score < 70%	

Examiner 1:

Examiner 2:

