



Assessment Name	Scenario 6– Pulmonary Oedema
Level / Section:	Advanced Paramedic
Version:	Version 1 (May 2010)

Candidate Information

You are attending a 65 year old lady with acute shortness of breath. Her husband reports that she awoke with palpitations and then developed respiratory distress. On arrival, she is pale, diaphoretic, frightened and is sitting in a tripod position. She has difficulty speaking. She has pink frothy sputum at her lips. A paramedic crew are assisting.

Instructor information

The aim of this scenario is to allow the candidate perform a good quality respiratory assessment. The “Sim man” needs to be set up so that he has increased work of breathing and bilateral basal crepitations. The student needs to differentiate between a) pneumonia and pulmonary oedema and b) symptomatic and chronic pulmonary oedema. They then need to initiate the appropriate therapy; GTN (dose change) and IV Furosemide. The patient is hyperglycaemic BSL 21.2mmol/L but IV fluids are NOT to be administered as this would worsen the pulmonary oedema. The ECG shows fast Atrial Fibrillation.

Further Information given during assessment if requested

Medical History: Diabetes - NIDDM, Hypertension

Cardiac risk factors: Smoker, Overweight, Brother died of heart attack 2years ago

Medications: Aspirin, atorvastatin (lipitor), Losartan (Cozaar) Metformin (Glucophage)

Allergies: None

Equipment

SIM Man, AP Kit, Drug bag, Thermometer, Oxygen cylinder, Non rebreather mask, GTN, Furosemide Ampoules, Stetoscope, IV cannulae. IV cannulation arm.

Key assessment points

Furosemide (Medication)

Thorough respiratory assessment (Skill)

Change in dose of GTN for acute pulmonary oedema (Knowledge change)

Differentiating pneumonia from pulmonary oedema (New knowledge)





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Date _____

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Instructor information	Candidate key tasks	Score 0/1
Initial Assessment & Management		
Paramedic crew record vital signs. Instructor can give them if requested. Respiration: 36 laboured, SPO2: 89% Pulse: 132 irregular, BP: 180/100 Temp: 37.2 C Instructor can ask candidate to explain/justify their working diagnosis Paramedics perform ECG attached. Fast AF.	Introduces self to patient and gains consent	
	Oxygen therapy NRB – 100%	
	Assesses work of breathing	
	Completes respiratory assessment – inspect, palpate, inspect and auscultate Critical Point – SKILL	
	Must show or state that they would examine posterior chest	
	Recognises bibasal crepitations	
	Consider Peak Flow Reading	
	Completes circulatory exam	
	Ascertains SAMPLE history	
	Working diagnosis - acute pulmonary oedema, not pneumonia Critical Point – NEW KNOWLEDGE	
	State that patient is symptomatic (ie this is not chronic pulmonary oedema)	
	Obtains ECG	
Notes Fast Atrial Fibrillation on ECG		
Another AP cannulates the patient's arm. Blood Glucose: 21.2 mmol/l	Confirms medication requirement	
	GTN	
	States correct GTN dosage 2puff (0.8mg) SL Repeat x 1 Critical Point –KNOWLEDGE CHANGE	
	Checks 7 rights of medication administration	
	Selects Furosemide Critical Point – MEDICATION	
	States the required dosage 40mg IV bolus*	
	Draws up and administers furosemide	
	Re-assess vital signs, observe patient for any change in	





	condition, assess peak flow.	
	Recognises hyperglycaemia	
	Withholds treatment of hyperglycaemia (1 L 0.9% Saline)	
	Initiates transport to the Emergency Department	
	Verbalises ASHICE radio report to control	

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:



