

Case Study 1: Emma

Emma is a 3 year old girl who present to triage at 0810 with a 3 days history of cough with wheeze. Emma normally gets wheezy a couple of times a year and is followed by her family doctor for asthma.

1. Does Emma fit the protocol? Why or why not?

Yes she does

Children greater than or equal to 1 yr and less than 17 years presenting with wheezing or respiratory distress

AND

Is diagnosed to have asthma OR has been treated 2 times with bronchodilator for wheezing

The triage nurse makes Emma a CTAS 2 and flags the chart that she needs to start on the Asthma guideline. On first assessment you find air entry is decreased at bases, expiratory and inspiratory wheeze, and scalene retractions. Her vitals are HR 170, RR 60, Temp 37.8ax, BP 102/64, and O2 sat 93%.

2. What PRAM score would you give Emma? Please indicate which score you have given to each of the five categories.

PRAM of 6

O2 saturation
1

Scalene muscle Contraction
2

Air Entry
1

Wheeze
2

Suprasternal Retraction
0

3. What would your treatment be for Emma? How often would you assess her? Describe how you would know she is improving?

Moderate Asthma

Salbutamol every 20 min x 3 doses & Ipratropium every 20min x 3 doses in the 1st hour via MDI and Spacer
Oral Dexamethasone x 1 dose
R/A PRAM q 30-60 mins

When her PRAM decreases and she is in no obvious resp distress

It is now 1530. Emma continues to have difficulty breathing despite your treatment. Emma has expiratory wheezes, decreased air entry at bases, and suprasternal indrawing. Her vitals are HR 168, RR 54, Temp 37.6ax, BP 105/68, and O2 sat 94%.

4. What PRAM score would you give Emma now? What would be the expected plan of care for Emma—what other information might you need to determine this?

PRAM = 5

She continues to have distress. It is now 6 hours post her Dex administration
Inform ERP

Most likely a CDU admission vs inpatient admission

We would want to know how she usually responds to treatment, does she have appropriate resources at home, is family coping with the illness, r/o other infectious cause ie pneumonia, if she is requiring O2

Case Study 2: George

George is an 18 month old boy who present with a cough and cold for 4 days. Mom says he is just not improving. When you ask about medical history she pulls a blue puffer out of her purse. She says that George has seen the doctor about 3 other times this winter for colds and every time has had to use this puffer. She has not given him any of it today.

1. Does George fit the asthma guideline? Why or Why not?
Yes

Children greater than or equal to 1 yr and less than 17 years presenting with wheezing or respiratory distress

AND

Is diagnosed to have asthma OR has been treated 2 times with bronchodilator for wheezing

When you assess George you find that his air entry is normal. He has a very runny nose and a congested sounding cough. You hear only an expiratory wheeze when you listen. You don't notice any indrawing or retractions on your assessment. When you do vitals his HR 155, RR 48, Temp 39.2ax, BP 94/58, and O2 sat 96%.

2. What PRAM score would you give George? Please indicate what score you have given to each of the 5 categories.

PRAM = 1

O2
saturation
0

Scalene
muscle
Contraction
0

Air Entry
0

Wheeze
1

Supra-
sternal
Retraction
0

3. With the PRAM score you have determined, please state what you will do for George in the first hour of his care. How often will you reassess him, how will you know if he is improving or getting worse?

Mild Asthma

Salbutamol* every 20 min x 1- 2 doses in the first hour

Reassess PRAM after 1hour *

After one hour nothing has changed in his assessment. You ask the MD to see George and make a plan.

4. If the MD agrees with your assessment what do you expect to be your next steps with George?
- 5.

PRAM 0-3

Discharge Home with script if required and instruction

Written asthma action plan reviewed and provided

Inhaler technique reviewed

Follow up instruction clarified and provided

6. It is now time for George to go home. Please describe which printed resources you will send home with the family and what information you will discuss when you complete discharge teaching.

PLAY: Telus Optik Patient & Family Education Portal (asthma video, multi-lingual)

SHOP: PEDIATRIC ASTHMA EDUCATION AND DISCHARGE CHECKLIST

SHOP: ASTHMA ACTION PLAN

PEDIATRIC ASTHMA REFERRAL COMPLETE AS NEEDED (ASTHMA CLINICS AND OR COMMUNITY PEDIATRICIAN)

ERP DEPENDANT PRE PRINTED DISCHARGE TEACHING SHEET

DISCUSS TRIGGERS AND WHEN TO SEEK HELP BEFORE PATIENT DETERIORATES

INFORM: Child Health BC website