

Name: \_\_\_\_\_ ID: \_\_\_\_\_

**Patients with Special Challenges**

**LABS**

**Group: \_\_\_\_**

**Case Scenario**

**PATIENTS WITH SPECIAL CHALLENGES**

**Dispatch Information**

Time: 0724; private residence for 8-year-old male patient has Down syndrome.

**Scene Information**

A young male (8 years old) lying supine in a hospital bed in obvious respiratory distress. Patient's parent/caregiver meets you at the door.

**Patient History**

Signs/Symptoms

Patient is pale and cool to touch; fingertips are cyanotic.

Allergies

No known allergies

Medication

Lasix and Lanoxin

Past Medical History

Down syndrome, CHF

Last Oral Intake

Nothing this a.m.

Event Prior

Sleeping before distress began

OPQRST

Patient is unable to answer any questions

**Assessment/Examination**

Head/Neck

Like most patients with Down syndrome, small face and facial features; pale and using accessory muscles in neck and shoulders

Chest

Accessory muscle use; lung sounds congested in all lobes

Abdomen

Soft non-distended

Pelvis

No abnormalities noted

Extremities

Like most patients with Down syndrome, hands are short and broad with fingertips that are cyanotic.

Back

No abnormalities noted

**Vital Signs**

LOC/AVPU

Unresponsive

BP, P, R

BP 102/56, P 60, R 30

Skin

Extremities cyanotic and cool to touch

Pupils

Equal but sluggish

Pulse Ox

86% on room air

ECG

Sinus rhythm

**Interventions**

Check ABCs first, suction the airway if needed, ventilate patient using a pediatric BVM, reassess ABCs and LOC, immediate transport, IV established en-route, and consider intubation

**VS—Appropriate Interventions**

BP 110/58, P 64, R controlled with BVM. Patient is still unresponsive throughout transport to ED.

**VS—Inappropriate Interventions**

BP 72 palpated, P 54, R 0 skin cyanotic including the core, Pulse ox not obtainable