

## Looks Critically Ill

### LOOKS CRITICALLY ILL (Don't Know Why)

#### 30 Second Review      Looks Critically Ill

##### **RN, LPN if RN not available on-site**

DEF: Illness or injury that within minutes to hours may cause irreversible CNS damage, loss of limb, or death.

S/S: Signs and symptoms dependent on underlying condition.

RX: Initiate transport to emergency facility if patient appears critically ill. Maintain airway and breathing,

Oxygen 2-8L (NP or mask). High flow oxygen by Ambu-bag if LOC depressed.

Start IV with large bore needle TKO while awaiting transport.

**SKILL LEVEL:** RN, LPN if RN not available on-site

**DEFINITION:** Critically ill or traumatized patient. Any condition where grave consequences may ensue rapidly. Any condition where a threat to loss of life, limb, or non-reversible CNS damage may occur within minutes to hours. These are often complex, critical problems. Specific therapy needs to be quickly initiated to alter its natural progression to irreversible loss. These patients all need intensive hospital based care.

Cause of illness may be due to any condition or disease process such as:

- Trauma
- Respiratory Distress
- Cardiovascular Distress
- Sepsis
- GI
- GU
- Neuropsychiatric
- Metabolic
- Poisons

#### **DATA BASE:**

##### **Subjective:**

Patient presents with one of the conditions defined above and/or situation may include gross bleeding, major trauma/laceration/avulsion, possible history of drug ingestion, foreign substance ingestion, unconsciousness, semi-consciousness, hypotension, extreme tachycardia, asthmatic attack,

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dyspnea, or any condition where grave consequences may ensue.

### **Objective:**

Symptoms dependent upon underlying condition but any and/or all of the following may be present:

1. Cardiovascular: Pulse weak, thready or absent.  
Hypotensive with SBP < 90 with hemodynamic deterioration.
2. Skin: cool, clammy with or without profuse diaphoresis.
3. Respiratory: Respirations under 6 or greater than 30 per minute  
SOB, dyspnea, wheezing, stridor, use of accessory muscles for respirations, tachypnea, respiratory arrest.
4. Neurological: anxious, confused, stuporous, comatose, semi-comatose. Waxing and waning sensorium.
5. Fever with any above symptoms.

**Assessment:** Critically ill/traumatized client who requires immediate attention by on-site physician or transport to E.R.

### **Plan:**

1. Prepare patient for transport to an emergency facility.
2. If patient is unconscious or semi-conscious, check Blood Sugar and treat if low. Consider Narcan 0.4 mg IV, IM or SC as an initial dose. Repeat dose may be given in 3-5 mins prn  
Maximum total dose: 2 mg
3. Maintain breathing: Oxygen 2-8L (NP or mask) or high flow Oxygen by Ambu-bag if LOC depressed.
4. Start a (preferably) large bore IV and run fluids while awaiting transport.

If Systolic BP < 85 start 1 Liter Lactated Ringers or similar solution wide open.

If Systolic BP > 85 start 1 Liter Lactated Ringers or similar solution @ 200cc hour.

**Note:** Please refer to specific protocol for definitive therapy if possible. Use this protocol if no other emergency protocol fits the clinical situation or if you aren't sure what specifically is causing this patient to be critically ill.

**Looks Critically III**

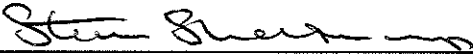
**APPROVED:**

\_\_\_\_\_  
Health Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

3/3/09  
\_\_\_\_\_  
Date

Effective Date: 3/09

Revised: February 2009

# OXYGEN DELIVERY

## PHARMACOLOGY AND ACTIONS:

Oxygen added to the inspired air raises the amount of oxygen in the blood and the amount delivered to tissues. Breathing in most persons is regulated by small changes in acid/base balance and Carbon Dioxide levels. .

## INDICATIONS:

1. Suspected hypoxemia or respiratory distress from any cause.
2. Acute chest pain in which a myocardial infarction is suspected.
3. Suspected stroke or any condition which causes obtundation or coma.
4. Shock (decreased oxygenation of tissues) from any cause.
5. Major trauma.
6. Carbon monoxide poisoning.

## ADULT

- Low flow via Nasal Prongs: 2-4 LPM
- Medium flow via Nasal Prongs: 4-8 LPM
- High flow via Simple Mask Mask 8-15L
- Ambu Bag: 15LPM

## PRECAUTIONS AND SIDE EFFECTS:

1. Non-humidified Oxygen is drying and irritating to mucous membranes.
2. Restlessness may be an important sign of hypoxia.
3. Oxygen supports combustion.
4. Oxygen toxicity (overdose) is not a hazard during acute administration, except occasionally in patients with COPD. **Do not withhold Oxygen because of this possibility** if it is needed, but exercise caution and be prepared to assist ventilation if needed.
5. Nasal prongs work equally well on nose and mouth breathers.
6. If the patient has a slow ineffective respiratory rate or low ineffective tidal volume, nasal prongs or simple mask may be ineffective for Oxygen therapy. If possible, assist volume and rate with an Ambu Bag and high flow Oxygen while waiting for emergency transport.