Week 1: Carlos Perez

Links about the patient encounter:
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Prebriefing Question: Your patient is a 16-year-old male, accompanied by his mother, who arrives at triage at the emergency department triage. The patient reports a headache, "drippy nose," and drowsiness for two days. What are your primary concerns for this patient and what assessments and interventions would be associated with your concerns and why?

My primary concern would be the child is experiencing increased intracranial pressure.
Interventions for a client with increased ICP are to perform neuro checks every hour, maintain head of the bed at 30 degrees and that the patient's neck in a neutral position, monitor temperature, fluid management, access for elevated cerebral perfusion pressure, and ensure to avoid administering any sedatives or CNS depressants.

5’10” 135lbs
BP 140/68
HR 68
RR 20
Temp: 98.2
SPO2 98%

HEENT:
Greenish-purple ecchymosis behind right ear over mastoid bone.
Greenish-purple ecchymosis around patients eyes with no other facial abrasions
Clear drainage from nose

Pupils normal reactive

Physical Assessment Feedback

Performed Correctly

- cognitive status
  - Your interpretation was correct.
- height
- Inspect ears
  This is a key triage assessment in a patient with a suspected traumatic head injury.
- Inspect eyes
  This is a key triage assessment in a patient with a suspected traumatic head injury.
- Inspect nose external/internal
  This is a key triage assessment in a patient with a suspected traumatic head injury.
- Inspect/palpate head
  This is a key triage assessment in a patient with a suspected traumatic head injury.
- pulse
  - You performed the simulation correctly.
  - You interpreted rate, rhythm, and strength correctly.
- respiration
  - You interpreted rate, rhythm, and effort correctly.
- SpO_2
- temperature
- weight

Missed

- Assess skew deviation
  This is a key triage assessment in a patient with a suspected traumatic head injury.
- blood pressure
  - You interpreted systolic/diastolic and assessment correctly.
  - You interpreted pulse pressure as normal and it should have been wide.
  - You pumped the BP cuff too high to 171 mmHg.
- examine pupils
  This is a key triage assessment in a patient with a suspected traumatic head injury.
  - You need to examine each pupil at least twice.
  - You interpreted left pupil and right pupil correctly.
- perform ocular motor test
  This is a key triage assessment in a patient with a suspected traumatic head injury.
  - You did not cover all the areas.
  - Your interpretation was correct.
- reflexes - deep tendon
  - You did not perform any simulation.

The patient's initial vital signs were:

- B/P: 140/70 mmHg.
- P: 70 beats per minute.
- Resp: 18 breaths per minute.
- Temp: 98.2°F.

The afebrile temperature reading is unreliable in determining the presence of an upper respiratory infection because the patient took ibuprofen, an NSAID, that lowers temperature just two hours ago.

Triage impression: The systolic blood pressure is a bit high for a slender teenage boy.

The second set of vital signs:

- B/P: 140/66 mmHg.
- P: 70 beats per minute.
- Resp: 18 breaths per minute.
- Temp: 98.2°F.

You should have noted that systolic pressure is the same while diastolic pressure is slightly decreased. All other VS are stable. Change in B/P shows a slight widening of pulse pressure that may indicate an increase in intracranial pressure.