



25

Emergency or Life-Threatening Situations

LEARNING OBJECTIVES

After studying Chapter 25 in the textbook and completing this section of the workbook, students should be able to:

1. Compare and contrast primary and secondary assessment.
2. Describe findings considered significant in the secondary assessment.
3. Describe how pediatric emergency assessment differs from adult emergency assessment.
4. Identify pediatric findings considered to be of concern or ominous.
5. Discuss the impact of advance directives on providing immediate care.

TEXTBOOK REVIEW

Chapter 25 Emergency or Life-Threatening Situations (pages 885-903)

CONTENT REVIEW QUESTIONS

Multiple Choice

Circle the correct answer for each of the following questions.

1. Approximately how long should an examiner take to conduct a primary assessment of the stable patient?
 - a. 30 seconds
 - b. 60 seconds
 - c. 2 minutes
 - d. 5 minutes
2. After the initial primary assessment is conducted, how often should it be repeated?
 - a. every 30 seconds
 - b. every 2 minutes
 - c. every 5 minutes
 - d. every time the patient's condition changes

3. Which finding is consistent with abdominal hemorrhage?
 - a. increased bowel sounds
 - b. distention and pain
 - c. hyperresonance with percussion
 - d. auscultation of mesentery artery

4. Which of the following findings suggests a serious problem in a 3-year-old child who has fallen from a tree?
 - a. respiratory rate of 38
 - b. pulse rate of 164
 - c. lethargy
 - d. crying

5. Mike complains of severe rib pain. His coworkers state he was hurt on the job when a large pipe struck him across the chest. Given this history, which type of problem should be considered during the secondary assessment?
 - a. flail chest
 - b. rebound tenderness
 - c. pulmonary embolus
 - d. pupillary constriction

6. A patient from a motor vehicle accident presents with a suspected neck injury. Which of the following actions by the examiner is clearly *not* appropriate?
 - a. assessing peripheral pulses
 - b. providing airway support
 - c. logrolling the patient to assess his back
 - d. hyperextending the neck to establish an airway

7. With which of the following clinical problems would crepitation be an expected finding?
 - a. myocardial infarction
 - b. cardiovascular accident
 - c. blunt abdominal trauma
 - d. pneumothorax

8. During the primary assessment, the examiner asks the patient, "Can you tell me who you are?" This question assesses:
 - a. airway and orientation.
 - b. exposure and circulation.
 - c. breathing and circulation.
 - d. disability and exposure.

9. Which of the following findings suggests poor peripheral perfusion?
 - a. rapid heart rate
 - b. dorsalis pedis pulse with 3+ amplitude
 - c. capillary refill > 2 seconds
 - d. radial pulse palpable

10. A child is struck by a car while riding his bike. Upon arrival at the hospital, the child is not breathing. Which of the following best describes the appropriate actions of an examiner?
 - a. Conduct a primary and secondary assessment before deciding what care to provide.
 - b. Conduct a primary assessment; before starting a secondary assessment, support breathing.
 - c. Stop the primary assessment as soon as the apnea is recognized in order to perform interventions to stabilize the breathing.
 - d. Appropriate action depends on the degree of cyanosis observed by the examiner.

11. A patient displays Cushing's triad (a drop in pulse rate, rise in blood pressure, and widened pulse pressure). With which type of life-threatening condition are such clinical findings associated?
 - a. myocardial infarction
 - b. ruptured cerebral aneurysm
 - c. status asthmaticus
 - d. status epilepticus

12. An examiner suspects that a patient has a cervical spine injury. The examiner can rule out this possibility by:
 - a. examining peripheral motor and sensation.
 - b. assessing level of consciousness.
 - c. assessing for pain and deformity.
 - d. acquiring x-rays of all cervical vertebrae.

13. During primary assessment, the examiner notes dampness inside a trauma victim's dark-colored coat. Which of the following is most important for the examiner to determine as the cause of this dampness?
 - a. severe sweating
 - b. urine
 - c. IV fluids
 - d. blood

14. A patient presents with a complaint of a sudden flashes of light in the field of vision. What other symptom commonly accompanies this primary symptom?
 - a. severe nausea and vomiting
 - b. partial loss of vision
 - c. severe pain to the eye
 - d. intense dizziness

15. A man is shot and critically wounded in a domestic dispute. From a legal standpoint, the health care providers must:
 - a. obtain written consent from the patient prior to providing care.
 - b. call the police prior to providing care.
 - c. save all items from the patient for law enforcement personnel while providing care.
 - d. determine whether the man has advance directives prior to providing care.

Terminology Review

Matching

Match the clinical sign to the condition(s) with which it is likely to be associated. Answers may be used more than once; some conditions have more than one answer.

Condition	Clinical Sign
16. _____ Ectopic pregnancy	a. Battle's sign
17. _____ Pneumothorax	b. Cullen's sign
18. _____ Basilar skull fracture	c. Grey-Turner's sign
19. _____ Retroperitoneal hematoma	d. Hamman's crunch
20. _____ Facial fracture	e. Kehr's sign
21. _____ Blunt injury to abdomen	f. Raccoon eyes

CONCEPTS APPLICATION

Activity 1

Indicate whether the action described would be part of a primary or secondary assessment in a patient with a life-threatening condition.

1. _____ Removing clothing from a patient with an abdominal gunshot wound
 2. _____ Performing a Glasgow Coma Scale
 3. _____ Taking a history of injury
 4. _____ Stabilizing the cervical spine
 5. _____ Auscultating the heart
 6. _____ Taking vital signs
 7. _____ Managing a large, pulsating, bleeding wound
 8. _____ Assessing for presence of breathing
 9. _____ Assessing the abdomen for internal bleeding
 10. _____ Conducting diagnostic tests
 11. _____ Assessing peripheral pulses
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CASE STUDY

Mark O'Neil is a 19-year-old male rushed to the emergency room by his roommate.

Primary Assessment

Upon arrival, Mark is extremely anxious with profound dyspnea. He states, "Please help me. I can't breathe enough air—something is wrong with me! My chest hurts all over, and I can't breathe!" The examiner notes a large, muscular, healthy-appearing male in acute respiratory distress. Nasal flaring is noted with cyanosis around the lips. Overall impression is that of hypoxia.

1. Based on this information, list your primary assessment findings:
A:

B:

C:

D:

E:

2. What type of treatment should be initiated immediately during the primary assessment?
3. What is the first thing that should be assessed at the onset of the secondary assessment?

Secondary Assessment: Subjective Data

Mark's roommate tells you that Mark is very athletic and very healthy. "He plays college football and had surgery on his knee two weeks ago because of an injury this past season. This evening he was fine—we were watching TV. Then when he got up to go into the kitchen, he called for help and told me to get him to the hospital now! All that happened about 20 minutes ago." The roommate states, "Mark does not use any drugs. He drinks beer and stuff, but nothing tonight."

Secondary Assessment: Objective Data

Vital signs: Pulse 142. Respiratory rate 40. Blood pressure 138/84. Temperature 99.1° F.

Skin color: Generally pale with cyanosis around lips and in nail beds.

Head/Neck: Pupils reactive to light. Oral cavity WNL.

Chest: Breath sounds auscultated in all lung fields. Has productive cough with bloody sputum. Heart sounds WNL.

Abdomen: Bowel sounds present. No pain; soft, nondistended.

Extremities: Pulses palpable in all extremities; no swelling.

Neurologic: Awake, but not following all commands; extremely anxious.

Arterial blood gas: pH 7.31; O₂ 63; PCO₂ 69 (respiratory acidosis).

4. What data deviate from normal?

5. What additional secondary assessment would you plan to conduct?

6. Based on the information presented, what problems do you think this patient might be experiencing?

CRITICAL THINKING

1. You are examining a 2-year-old boy with a fever. During your assessment, you note that the child has dry mucous membranes and tenting of skin, although his skin color is pink. His breathing is rapid but unlabored. He wants to be held by his mother and cries off and on in a whimpering fashion. The child avoids eye contact with you; he has a dull affect and fails to smile. Based on the Yale Observation Scales for Children, what score would you give this child? What does this score reflect?

2. Mrs. Martin and her 3-year-old daughter Amanda are brought to the hospital for emergency care after being burned in a house fire.
 - a. In addition to the burns, what types of problems should the examiner rule out on both of these patients?

 - b. What anatomical differences between Amanda and her mother will affect how they are examined?