

iHuman Amka Oxendine- Pre-work & All Sections with Answer & SBAR note.

19 y/o F, 5'3", 127 lbs. Dx: Acute acetaminophen ingestion

Brought vis EMS to ER with c/o abd pain with nausea. EMS reports ingestion of acetaminophen for SI. 58 kg. Full Code. VS q1hr x4, a2hr, q4hr. NPO. NKDA. SI precautions until psychiatrist

Denies ingestion of salicylates, ETOH or other substances within in 24 hr. Four hours later after waking up had second thoughts and call EMS.

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1. What is your primary concerns for this patient and what assessments and interventions would be associated with your concerns and why?

My primary concern would be to assess for Airway Breathing Circulation- SOB, CP, and palpitations. I would assess for unusual bleeding as a priority. Next I would perform a neurovascular check, noting PERRLA. I would also be aware of s/s of liver failure: anorexia, n/v, fatigue, excessive sweating and confusion.

The interventions I would perform:

1. Assessing time of ingestion***, Quantity/Strength, and reason.
2. Consider evaluating for other co-ingestions (e.g., salicylates, tricyclic antidepressants, ethanol, ethylene glycol, methanol) especially since this is a known suicide attempt.
3. Since patients with acetaminophen toxicity can develop not only liver failure, but also renal failure, coagulopathy due to liver failure, and acid base disturbances, will monitor for the following additional labs (serum creatinine, urinalysis, lactic acid level, arterial blood gas, venous blood gas). Serial labs will likely be needed to determine the clinical course of the patient.
4. Utilize oxygen therapy if pt is noted to be in respiratory distress.
5. Give IV fluid and draw labs for Paracetamol blood level.
6. Provide antidote of N-acetylcysteine as prescribed.
7. Activated charcoal should be administered as soon as possible, usually within 1- 2 hours of the exposure as prescribed.

2. What medications do you anticipate the health care provider would prescribe while the patient is in the hospital and why?

1. Activated charcoal to halt the absorption of acetaminophen in the stomach typically within 1-2 hours of exposure. It acts by binding to the pharmaceutical drugs or poisons i.e. organophosphates and decreasing the systemic absorption of toxic agents.

2. N-Acetylcysteine is a precursor of glutathione. It enhances sulfate conjugation of unmetabolized APAP, functions as an anti-inflammatory and antioxidant, and has positive inotropic effects. It increases local nitric oxide concentrations and promotes microcirculatory blood flow, enhancing local oxygen delivery to peripheral tissues.

3. Cimetidine to slow the effect of acetaminophen

4. Anti-emetics to assist with n/v

5. 0.9% NS to provide hydration from fluid loss due to nausea

EHR findings:

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IP MEDS:

NAC 150mg/kg IV in 200 ml D5w over 60 mins IV, then 50mg/kg 500 mL IV in 4hr and 100,g/kg in 1000 mL over 16hr IV

NS 75mL/hr

Albuterol 2.5 mg q20min x 3 doses continuous prn bronchospasm

Diphendrdraminine 50 mg IV prn rash

EKG.

Hx: Depression dx: age 15. On antidepressant therapy since 16.

Meds: Fluoxetine 20 mg 1 tab po daily NKDA

Social: Freshman at college, lives in dorms. Server at local restaurant. Single Denies etoh/cig. +exercise

Tylenol level: 150 ug/mL **toxic >250

12 EKG: NSR

EHR MC ANSWERS: Nausea, Abd pain, pale, warm, diaphoretic skin, elevated APAP levels, SI precautions

HX FINDINGS: warm, diaphoretic skin, IV Site LAC is kind of itchy

fatigue, depression since HS, SI attempt in HS. "too much going on" and mood not good

failing classes, no friends in college. bf broke up with her
depression depends on day: sleep +/-, appetite +/-, isolation.
+ hopelessness, +dad depression, +anxiety parents
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HX EXERCISE ANSWER: No risk for falls. Score 20 for IV.

HX MC ANSWER: Depression, Nausea, Past SI attempt, recent stressors, Pruritus at IV site.

PHYSICAL FINDINGS:

LAC patients, erythema surrounding IV site, extending beyond dressing

T: 99.7 P:66 RR: 12 Spo2: 96% BP: 116/72 Pain: 0/10 a/ox4

pale, warm and diaphoretic, multiple scarred areas of various lengths on medical thighs bilateral,
erythemic rash at IV site

PHYSICAL FINDINGS EXERCISE:

Exercise 1: Braden Skin Assessment: 20 -> mild risk

Exercise 2: Diphenhydramine 50 mg

Exercise 3: Does patient meet SIRS-> NO.

PHYSICAL FINDING MC ANSWER: Non-tender abd, erythemic rash, warm, diaphoretic skin,
scars on thighs

Physical Findings: erythemic rash adverse event of NAC, bronchospasm, dyspnea, hypotension.
Pale warm and diaphoretic 4 phases. First phase: n/v, malaise.