

Case 慈惠医大 No. 2 (For student)

1. Scenario Concept

Urinary tract infections (UTIs) are considered to be the most common bacterial infection. According to the 1997 National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, UTI accounted for nearly 7 million office visits and 1 million emergency department visits, resulting in 100,000 hospitalizations. Infectious condition could progress to shock and CPA if not response immediately. In this scenario, it represented a diabetic male admission to general ward with UTI. Conscious change and sepsis are needed to be observed and prompt treatment and RRS activation are practiced.

2. Education Purpose

- ✓ Identify respiratory pattern and desaturation and provide treatment
- ✓ Activate RRS promptly according to RRS activation criteria
- ✓ Perform communication with SBAR
(Situation-Background-Assessment-Recommendation) skill for RSS staff

3. Patient background

A 57-year-old man was hospitalized yesterday for pyelonephritis. Originally insulin was given in the morning, but he hoped waiting for wife to have breakfast. Till his wife coming, she reported the nurse that the appearance is strange.

4. Patient Information

Symptoms and signs: Consciousness level declines Behavior is rising

Allergy: None

Medication: insulin, ACE inhibitor

Past history: Hypertension, Type II DM

Last meal: last evening

Weight: 90 kg

5. Task checklist

- Recognize symptoms associated with sepsis
- Use SBAR to make appropriate reports to RRSNs.

- Check vital sign
- Take a medical record
- Evaluation of Consciousness
- Evaluation of airway / respiration
- Evaluation of circulation
- Application of monitor (AED or defibrillator)

- Move the bed and remove the head board and side fence if necessary
- Perform ventilation support by using oxygen advice or BVM if necessary
- Secure infusion route and start fluid infusion
- Blood sampling and search for cause of lower consciousness level (hypoglycemia etc.)

- Re-evaluate patient condition