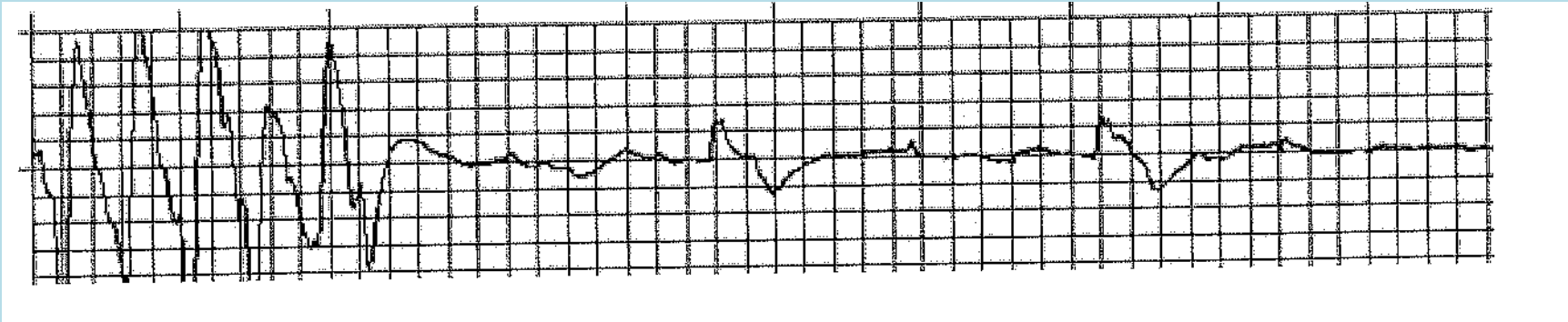


You respond to a 34 year old patient who is VSA. On arrival, the patient's family tells you that the patient suffers from diabetes and due to the progressive nature of the disease suffers from kidney failure and is on hemodialysis. You note the patient's cardiac rhythm is a PEA as shown below.



Further assessment reveals that the patient's hemodialysis is connected but the patient had missed their dialysis for the last three days. In addition to your ongoing management of this patient under the Medical Cardiac Arrest Medical Directive (page 43 in the PCP Medical Directives and page 53 in the ACP Medical Directives), what other treatment(s) should be considered?

If you answered treatment for possible hyperkalemia and emergency dialysis disconnect, you are correct.

You patch to the BHP and receive an order for 1G/10ml calcium gluconate IV (ACP only - ensure you have a patent IV for calcium and that it is flushed well) and 16 doses of salbutamol (with a repeat x 1) via King LT (PCP/ACP) or ETT (ACP only) and for.

Your partner reviews the Home Dialysis Emergency Disconnect (EDD) Medical Directive (found in the green Procedure section of your new directive book on pages 87 and 88 for PCPs, and pages 134 and 135 for ACPs) and proceeds as follows - If possible, have the family member disconnect the dialysis machine. If the family member is not able to disconnect, the PCP/ACP will disconnect.

A couple of reminders for EDD:

- Ensure that both the patient side AND the machine side are clamped close to the disconnect
- Follow aseptic technique
- PCPs using the new ALS PCS medical directives are now authorized to disconnect via central lines including chest ports
- Don't forget to bring the Patient Information Form located in the disconnect folder to the hospital

Shortly after completing your treatment for hyperkalemia, the patient experiences a return of spontaneous circulation (ROSC). In addition to vital signs, what important diagnostic assessment should be performed when time allows?

If you answered 12 lead ECG, you are correct.

12 lead ECG acquisition/interpretation post arrest and post hyperkalemia can provide additional information to assist in the ongoing management of this patient. Although you wouldn't do a 12 lead ECG during cardiac arrest, if you encounter a pre-arrest patient whom you suspect may be hyperkalemic, it is important to have a pre-treatment (calcium/salbutamol) as well as a post-treatment 12 lead ECG.

You respond to a call for a 58 year old male patient complaining of lower back pain. On arrival your assessment reveals that the patient has experienced a sudden onset of right sided back pain that is described as sharp 10/10 and radiates from the right flank to the buttocks. The pain increases with movement and is only slightly relieved with positioning. This pain occurred while lifting his window air conditioner from the basement to the main floor. The patient describes normal urination and bowel movements. The patient's medical history includes a peptic ulcer diagnosed 2 months ago for which he is medicated. Vital signs are HR 100bpm, regular and full, RR 20/min, regular and full, BP 136/78, GCS 15, skin is normal, cool, and moist. What is the first choice medication for this patient?

If you said acetaminophen, you are correct. **(This treatment option is available only to those who are authorized to use the new ALS PCS Version 3.3 directives.)**

ACPs may choose to include morphine 2-5mg IV/IM for this patient. Ibuprofen and ketorolac are contraindicated because of his diagnosis of a peptic ulcer.

Ketorolac reminder:

Ketorolac should only be given when the patient is unable to take oral medications. That is, consider the oral medication(s) as your first choice for pain control and if contraindicated or the patient is unable to take oral medications (spinal board, nausea/vomiting, etc.), then consider ketorolac. As renal colic patients often have nausea and vomiting, ketorolac can be considered for such patients.