

4 – FALL FROM HORSE

NORTH DAKOTA



THE STORY:

A 45 y/o female was thrown off her horse when a second horse, following too closely behind, spooked her animal. When the other riders arrived the woman was lying on her right side and not moving. Her saddle was on the ground nearby. The riders found the patient awake and anxious, c/o pain to the right side of her chest and an abrasion to her right elbow. Pt denied any neck or back pain. On exam @ 1500,

the Pt had difficulty taking a deep breath, her right lateral chest was generally tender, no crepitus was noted, and lung sounds were clear and equal bilaterally. The Pt had a large abrasion to her right elbow. She was non-tender to the full length of the spine. Vitals were: Pulse: 96, Resp.: 24, B/P: UTA, Skin: pale, cool, Pt: awake and anxious.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1500hrs. with Anticipated Problems and an appropriate Treatment Plan.

Although the Pt continued to complain of pain on deep inspiration, her chest appeared on exam to be less tender and lung sounds remained clear bilaterally. Her vital signs at 1530 were: Pulse: 64R, Resp.

12 with pain on deep inspiration, B/P: UTA, Skin: warm and dry, Pt was awake, oriented, less anxious, and mildly uncomfortable.

Develop an Assessment for 1530hrs. with Anticipated Problems and an appropriate Treatment Plan. How has your assessment changed?

QUESTIONS

1. As the patient's ASR and chest wall injury appear to resolve, how might that effect your assessment and treatment plan?
2. What practical implications might your assessment have on evacuation by horseback?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1500		
blunt chest trauma w/ pain on deep inspiration	resp. distress / volume shock	PROP / monitor
unable to clear spine 2° ASR	swelling	stabilize
ASR	cont. ASR	reassurance
Abrasion to rt. elbow	infection	clean and dress
1530		
stable R lat. chest wall injury	resp. distress / volume shock	position of comfort / EVAC

NOTES

ASR resolved with time and reassurance. The elbow injury was cleaned, dressed, and bandaged and the decision was made by the group to evacuate the Pt after the spine was cleared with no tenderness to the mid-line and normal motor / sensory exam.

What Actually Happened Next ...

The Pt was evacuated by horseback without significant change in her condition. The results of evaluation in the hospital are unknown.