

5 – DISTRESS, PORTAGING

MINNESOTA



THE STORY:

A group of canoeists on a four-day trip through the Boundary Waters stopped during a portage, when a 17 y/o male complained of difficulty breathing while lugging a canoe and oversized dry bags over the difficult terrain between lakes. The rest of the party took a break while two of the group leaders assessed the young man. At 1000 hrs., the Pt complained that his chest felt “tight.” He was able to speak 3–4 words

at a time but stated he felt he was unable to catch his breath. The Pt stated he had no allergies, used an albuterol inhaler as needed but did not bring it with him on the trip, had a long term history of asthma, and stated that his breathing got progressively worse during the portage, until he had to stop. Vitals were: Pulse: 92, Resp.: 24, Skin: warm and sweaty, Pt was alert and very anxious.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1000hrs. with Anticipated Problems and an appropriate Treatment Plan.

At 1015hrs., after rest and calm reassurance, the group leaders were able to encourage the Pt to slow and deepen his breathing. The group leaders determined that the Pt rarely suffers from asthma, and

last suffered a significant attack a year prior while exercising in the cold. A repeat set of vitals were obtained: Pulse: 84, Resp. 18, Skin: warm and dry, Pt was alert with resolving anxiety.

Put the appropriate information from the story above into the correct spaces provided in the SOAP. How has your assessment changed?

QUESTIONS

1. If the patient did not respond to reassurance and had worsening respiratory distress, how might this episode have been managed if the group had appropriate medications?
2. Understanding the mechanism and presentation of asthma is as important as preparation with treatment options, do you fully understand the Asthma Protocol?

