

CHAPTER 5

1. CODE BLUE
2. ABRUPTIO PLACENTA
3. TRANSPHENOIDAL SURGERY/ DIABETES INSIPIDUS
4. ADULT RESPIRATORY DISTRESS SYNDROME
5. MEDICATION ERRORS



CODE BLUE



BLOOD DRAWN TO EVALUATE ABGS, CARDIAC MARKERS AND ELECTROLYTES.

SR 88
WITH PACS
RESPS 16
BP 110
65
O2 SATURATION 96%

CRASH CART WITH DEFIBRILLATOR AT BEDSIDE.



THIS PATIENT WAS TRANSPORTED TO THE ER BY PARAMEDICS, WHO RESPONDED TO A 911 CALL. HE WAS HAVING CHEST PAIN AND HAS A PAST HISTORY OF A MYOCARDIAL INFARCTION. PARAMEDICS GAVE HIM OXYGEN, ASPIRIN, NTG AND MORPHINE FOR PAIN. WHEN HE ARRIVED, HE WAS ALERT AND TALKING COHERENTLY. NOW, HE CAN BARELY RESPOND AND HIS CARDIAC RHYTHM SHOWS THIRD DEGREE AV BLOCK.

THIS RESPIRATORY THERAPIST WAS ABOUT TO ENJOY HER COFFEE WHEN HER PAGER ALERTED HER TO A CODE BLUE IN THE ER.



STAFF MEMBERS ARE USUALLY TRAINED IN ACLS.

CODE BLUE
EMERGENCY
ROOM

THIS ER NURSE WAS PRESENT WHEN A CODE BLUE WAS CALLED.

THIS PHARMACIST WAS CHECKING HIS STOCK WHEN HE WAS ALERTED TO A CODE BLUE IN THE ER.

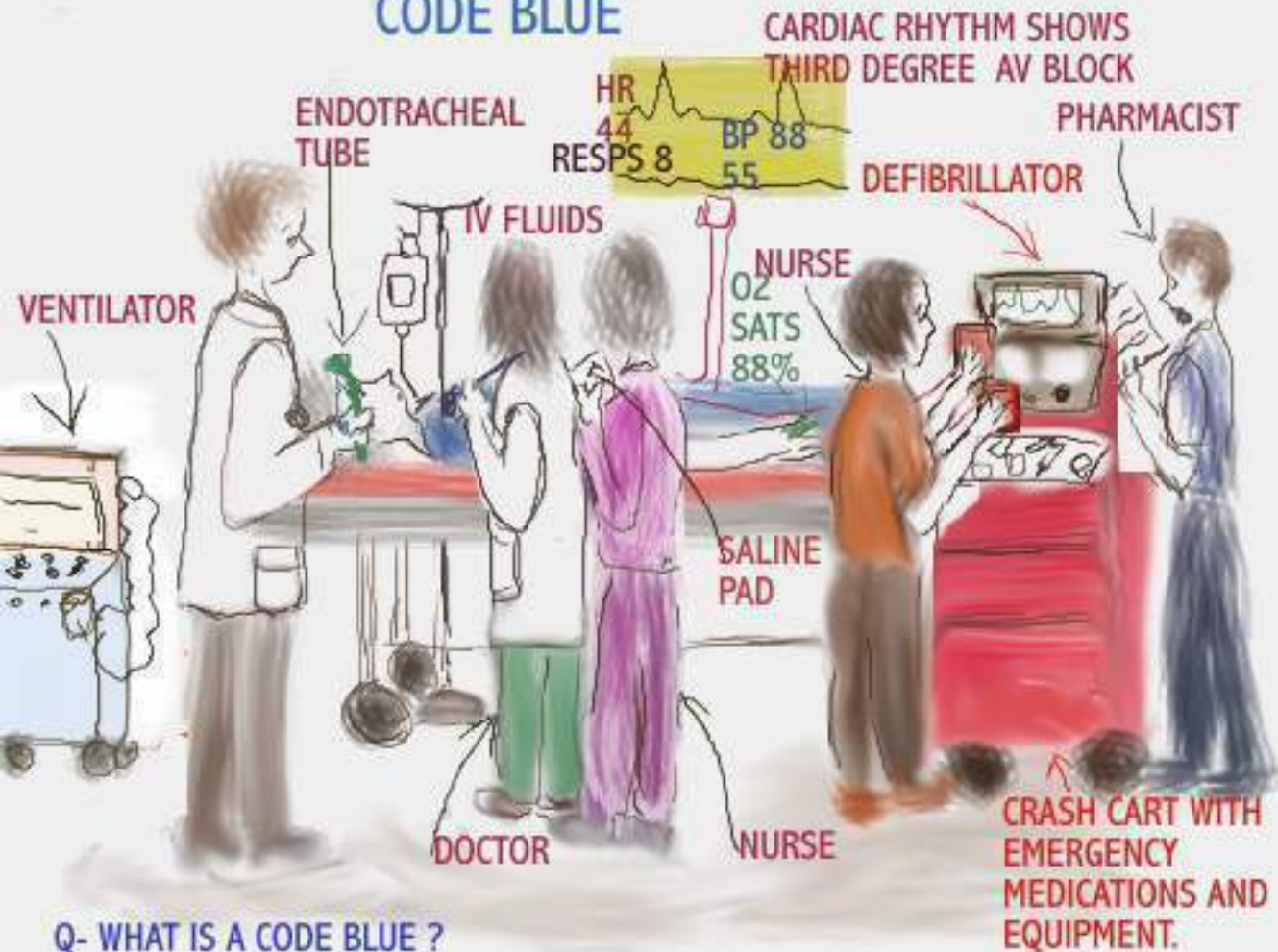


MANAGING A CODE BLUE IS A TEAM EFFORT. EACH SHIFT, STAFF MEMBERS ARE ASSIGNED TO RESPOND TO A CODE BLUE.

SHE IMMEDIATELY GOT THE CRASH CART AND TOOK IT TO THE PATIENT'S BEDSIDE.



CODE BLUE



Q- WHAT IS A CODE BLUE ?

A - A CODE BLUE IN A HOSPITAL IS IDENTIFIED AS A CARDIOPULMONARY ARREST. TYPICALLY, IT IS ANNOUNCED OVER THE PAGER SYSTEM AND THE CODE TEAM RESPONDS. CRITICAL CARE AREAS IN A HOSPITAL USUALLY HAVE DESIGNATED STAFF MEMBERS WHO RESPOND TO A CODE BLUE. AN ADVANCED LEVEL OF LEARNING IS REQUIRED TO KNOW WHAT TO DO IN A CODE BLUE.

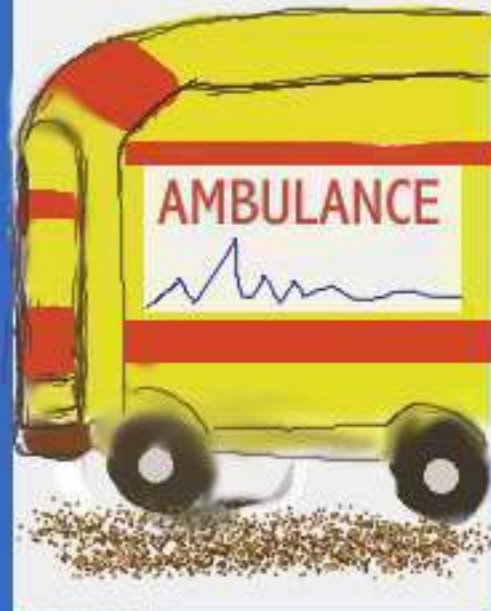
ABRUPTIO PLACENTA



Mrs.S was relaxing at home,when the above symptoms began.



She called 911 and was transported to the ER.



ABRUPTIO PLACENTA



GROWING
FETUS

PLACENTA WHICH
NOURISHES THE
GROWING FETUS

Q- WHAT IS ABRUPTIO PLACENTA?

A- ABRUPTIO PLACENTA IS A CONDITION IN WHICH THE GROWING FETUS BECOMES SEPARATED FROM THE PLACENTA WHICH NOURISHES IT. DEPENDING ON THE EXTENT OF THE SEPARATION, THE BABY'S LIFE MAY BE IN DANGER. MASSIVE BLOOD LOSS MAY RESULT IN SHOCK.



BLUNT TRAUMA
SUCH AS A CAR
ACCIDENT MAY
RESULT IN
ABRUPTIO
PLACENTA.

CAUSES INCLUDE:

- BLUNT TRAUMA
- CIGARETTE SMOKING
- ALCOHOL IN EXCESS
- DIABETES
- HYPERTENSION
- MULTIPLE PREGNANCIES

ABRUPTIO PLACENTA

THE CAUSE OF ABRUPTIO PLACENTA MAY NOT ALWAYS BE CLEAR.



The medical staff is preparing Mrs.S for a cesarean section. IV FLUIDS AND POSSIBLY BLOOD TRANSFUSION MAY BE USED TO COMBAT SHOCK.

TESTS

A PELVIC EXAM IS DONE BY THE MD. ABDOMINAL ULTRASOUND AND BLOOD WORK SUCH AS CBC, BLOOD TYPE AND COAGULATION STUDIES ARE DONE.

TREATMENT

ATTEMPTS ARE USUALLY MADE TO PREVENT FETAL DISTRESS. IF THE BLEEDING IS SMALL, CLOSE OBSERVATION OF THE MOTHER IN THE HOSPITAL MAY BE DONE.

IN THE CASE OF A LARGE AMOUNT OF VAGINAL BLEEDING, AN EMERGENCY CESEAREAN SECTION MAY BE THE COURSE OF TREATMENT. VAGINAL DELIVERY IS ALSO A CONSIDERATION.

SHOCK DUE TO BLOOD LOSS IS A COMPLICATION OF ABRUPTIO PLACENTA.

TRANSPHENOIDAL SURGERY



HELPFUL HINTS:

- FOLLOWING BRAIN SURGERY, OVERSTIMULATION OF THE BRAIN MAY RESULT IN HEADACHES THAT ARE NOT RELIEVED BY PAIN MEDS ONLY. NAUSEA AND VOMITING MAY ALSO RESULT.
- LONG VISITS FROM FAMILY MAY DO MORE HARM THAN GOOD.
- DISCUSS WITH VISITORS IN GENERAL THE NEED FOR REST, FOR BEST RESULTS WITH PAIN CONTROL.
- DO NOT FORGET TO ASSESS THE NEUROLOGICAL STATUS.
- DOCUMENT ALL FINDINGS.

SALLY HAD A PITUITARY ADENOMA. REMOVAL OF THE ADENOMA WAS DONE AND SHE IS DOING WELL. POST-OPERATIVELY, SHE WAS TRANSFERRED TO THE ICU.

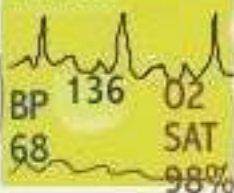


THE NURSE ARRIVES WITH A PAIN SHOT AFTER ASSESSING THE PAIN SCALE. SHE DID NOT ADVISE THE VISITORS ABOUT THE NEED FOR REST.

TRANSPHENODIAL SURGERY



HR 88



IT IS IMPORTANT TO CHECK FOR VISUAL DEFICITS.

DIABETES INSIPIDUS (DI)

PATIENTS WHO HAVE SURGERY DONE TO THE PITUITARY GLAND MAY DEVELOP DIABETES INSIPIDUS. ANTIDIURETIC HORMONE (ADH) WHICH IS SECRETED BY THIS GLAND MAY BE DISRUPTED, THUS RESULTING IN DI.

PATIENTS WHO DEVELOP DI, DUMP LARGE VOLUMES OF PALE, ALMOST COLORLESS URINE. THEY MAY BECOME DEHYDRATED.

LARGE QUANTITY OF PALE, YELLOW URINE.



SURGICAL APPROACH FOR TRANSPHENODIAL SURGERY



DDAVP IS THE DRUG USED TO CORRECT THE LACK OF ADH IT MAY BE USED IN NASAL SPRAY, IV OR SQ.

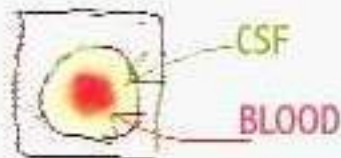


COMPLICATIONS



COMPLICATIONS OF TRANSPHENODIAL SURGERY

- DIABETES INSIPIDUS
- RACON EYES
- RHINORRHEA
- OTORRHEA
- BATTLE'S SIGN
- HALO RING
- INFECTION (MENINGITIS)
- VISUAL DEFICITS



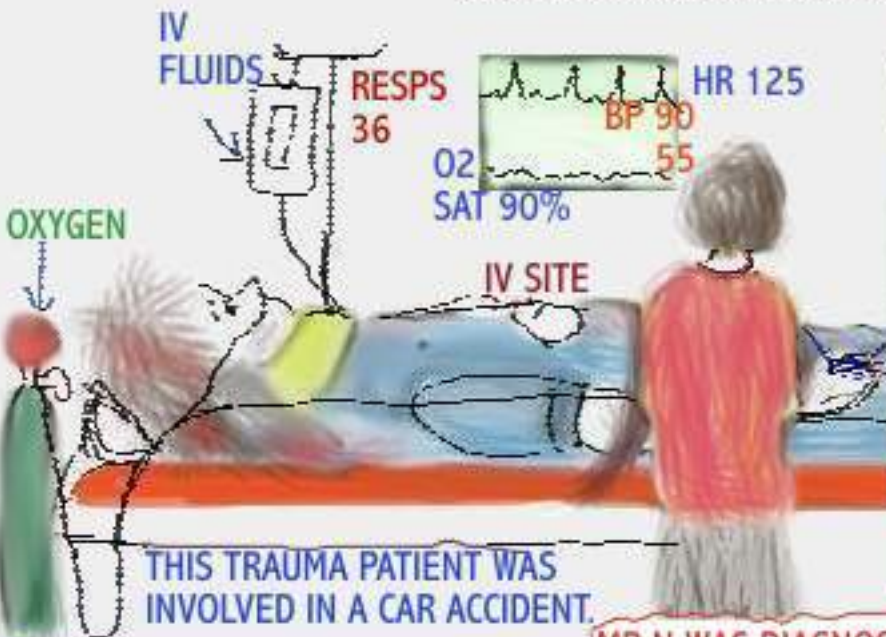
HALO RING

A HALO SIGN MAY APPEAR ON THE PILLOW. THIS IS A YELLOW RING WITH BLOODY DRAINAGE FROM THE EAR OR NOSE, DUE TO A CSF LEAK.

HELPFUL HINTS

- FOLLOW MD ORDERS
- GOOD NEUROLOGICAL ASSESSMENT
- MONITOR I/O AND REPORT SIGNS OF DI.
- HOB UP AT 45 DEGREES OR AS ORDERED.
- NOTE ANY OF THE SIGNS SHOWN.
- IF THERE IS A HALO RING, ASSESS, DOCUMENT AND REPORT TO MD.

ADULT RESPIRATORY DISTRESS SYNDROME



CAUSES OF ARDS INCLUDE:

- PNEUMONIA
- NEAR DROWNING
- MASSIVE BLOOD TRANSFUSIONS
- PANCREATITIS
- TRAUMA
- SEPSIS

SIGNS AND SYMPTOMS OF ARDS INCLUDE :

- DYSPNEA (SHORTNESS OF BREATH)
- TACHYPNEA (RAPID BREATHING)
- ANXIETY AND RESTLESSNESS
- A DECREASE IN OXYGEN SATURATION
- TACHYCARDIA (RAPID HEART RATE)
- CYANOSIS (BLUISH SKIN COLOR DUE TO POOR OXYGENATION)

MR.N WAS DIAGNOSED WITH PNEUMONIA.

Nurse help me, I cannot get my breath.

Mr.N, what seems to be the problem?

PATIENTS BECOME ANXIOUS!

OXYGEN

Detailed description: A hand-drawn illustration showing a nurse in a blue uniform and white cap leaning over a patient in a hospital bed. The patient is wearing a blue gown and has a red oxygen mask over their nose and mouth. A green oxygen tank is visible on the left. The nurse appears to be providing care or reassurance to the patient.

ADULT RESPIRATORY DISTRESS SYNDROME



AN OVERVIEW OF ARDS

ADULT RESPIRATORY DISTRESS SYNDROME) IS A LIFE THREATENING CONDITION, BROUGHT ON BY FLUID BUILDUP IN THE LUNGS. AS THE AIR SACS FILL WITH FLUID, AIR EXCHANGE AND OXYGENATION BECOME COMPROMISED, THUS LEADING TO RESPIRATORY DISTRESS.

MECHANICAL VENTILATION TO ASSIST BREATHING AND IMPROVE OXYGEN SATURATION IS USUALLY NECESSARY.

MANAGEMENT OF A PATIENT IN ARDS WILL REQUIRE ICU CARE. PATIENTS MAY HAVE TO BE SEDATED TO HELP THEM THROUGH THE INITIAL PHASE WHEN BREATHING IS VERY DIFFICULT. SOMETIMES, A PARALYZING DRUGS SUCH AS PAVULON IS USED.

THE VENTILATOR SETTINGS ARE DETERMINED BY THE DOCTOR AND ADJUSTED AS IS NECESSARY TO IMPROVE THE QUALITY OF BREATHING.

ANTIBIOTIC THERAPY TO CORRECT THE INFECTION AND RESPIRATORY TREATMENTS TO IMPROVE BREATHING ARE ALL PART OF THE TREATMENT PROCESS.

ADULT RESPIRATORY DISTRESS SYNDROME

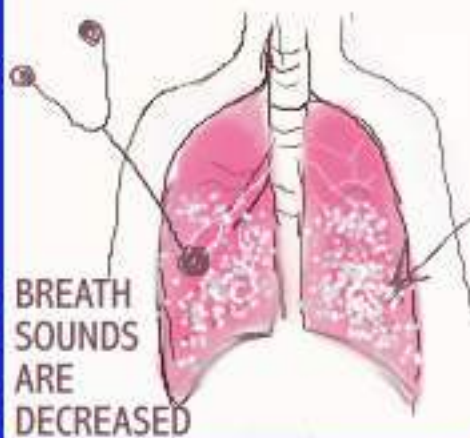


MANAGEMENT OF THE ARDS PATIENT IS DONE IN THE ICU SETTING.

ABG (ARTERIAL BLOOD GAS) ANALYSIS IS USUALLY DONE TO HELP IN THE DIAGNOSIS OF ARDS.



CHEST X-RAY IS A VALUABLE TOOL IN DIAGNOSING ARDS.



BREATH SOUNDS ARE DECREASED

IN ARDS THE LUNG TISSUE BECOMES STIFF AND OXYGENATION IS DIFFICULT. THE AIR SACS (ALVEOLI) FILL WITH FLUID AND WHITE PATCHES ARE SEEN ON X-RAY. THE TERM "WHITE OUT" IS SOMETIMES USED TO DESCRIBE THE DAMAGED LUNGS. MECHANICAL VENTILATION BECOMES NECESSARY TO ASSIST THE WORKLOAD OF BREATHING. BREATH SOUNDS ARE DECREASED AS VENTILATION OF LUNG TISSUE BECOMES DIFFICULT.

MEDICATION ERROR

SARA IS ABOUT TO MAKE A MEDICATION ERROR. SHE IS NEW AND IS AFRAID TO "LOOK STUPID". SHE IS GOING TO ADMINISTER POTASSIUM CHLORIDE (IM) INSTEAD OF IV.



HELPFUL HINTS:

-NEVER ASSUME IF YOU ARE UNCERTAIN.

-IT IS OKAY TO "LOOK STUPID" FOR THE SAKE OF SOMEONE'S LIFE.

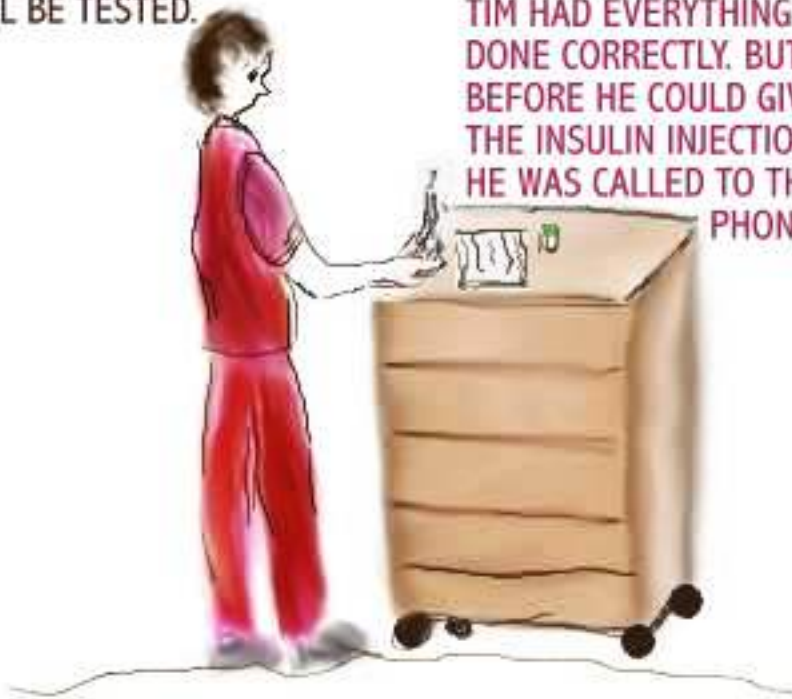
-IF YOU ARE UNSURE, THERE ARE RESOURCES AVAILABLE.

TRY TALKING TO ANOTHER COWORKER OR THE PHARMACY. SOME INSTITUTIONS HAVE ONLINE INFORMATION THAT CAN BE HELPFUL.

MEDICATION ERROR

TIM IS A VERY DEPENDABLE NURSE. HE USUALLY FOLLOWS THE FIVE RIGHTS FOR MEDICATION ADMINISTRATION. TODAY, HOWEVER TIM'S DEPENDABILITY WILL BE TESTED.

TIM HAD EVERYTHING DONE CORRECTLY. BUT, BEFORE HE COULD GIVE THE INSULIN INJECTION, HE WAS CALLED TO THE PHONE.




TIM RECEIVES BAD NEWS.



NOW, WHAT FOLLOWS IS ,TIM PICKS UP THE INSULIN INJECTION AND PROCEEDS TO THE PATIENT'S ROOM. HOWEVER, IT WAS THE WRONG PATIENT.

MEDICATION ERROR

IT WAS ABOUT 0730 WHEN TIM GAVE REGULAR INSULIN TO THIS PATIENT, WHO HAS NO HISTORY OF DIABETES. THIRTY MINUTES LATER, SHE CALLS TIM COMPLAINING OF FEELING WEAK AND SHAKY.



NURSE, I NEED HELP.
WHAT WAS IN THAT SHOT
THAT YOU GAVE ME?

HELPFUL HINTS:

- 1) PAY ATTENTION TO WHAT IS MOST IMPORTANT. COMPLETE THE MEDICATION ASSIGNMENT, THEN GET THE PHONE CALL.
- OR:
2) DISCARD THE MEDICATION AND START THE FIVE RIGHTS ALL OVER AGAIN. IT IS TEDIOUS, BUT LIFE-SAVING.

THE RESULT OF THE MEDICATION ERROR, HAS LEFT TWO PEOPLE IN SHOCK. TIM IS IN OBVIOUS SHOCK OVER HIS UNINTENDED MISTAKE AND THE PATIENT IS IN INSULIN SHOCK.

A MEDICATION ERROR CAN HAPPEN TO ANY NURSE, OLD OR NEW. THAT IS WHY IT IS VERY IMPORTANT TO TAKE EVERY POSSIBLE STEP TO PREVENT ERRORS.