Chapter 11: Respiratory Emergencies

Matching
1. B (page 373)  
2. D (page 369)  
3. H (page 370)  
4. J (page 372)  
5. L (page 374)  
6. C (page 373)  
7. G (page 368)  
8. E (page 370)  
9. M (page 389)  
10. A (page 370)  
11. K (page 376)  
12. F (page 373)  
13. I (page 375)

Multiple Choice
1. D (page 384)  
2. C (page 366)  
3. D (page 368)  
4. C (page 366)  
5. B (page 367)  
6. D (page 368)  
7. B (page 368)  
8. A (page 389)  
9. B (page 370)  
10. A (page 369)  
11. D (page 371)  
12. A (page 372)  
13. D (page 372-373)  
14. B (page 372-373)  
15. C (page 374)  
16. C (page 373)  
17. B (page 373)  
18. D (page 389-390)  
19. C (page 374)  
20. A (page 375)  
21. B (page 376)  
22. B (page 368)  
23. D (page 377)  
24. A (page 366)  
25. D (page 384)  
26. B (page 379)  
27. D (page 392)  
28. D (page 380)  
29. C (page 385)  
30. D (page 385)  
31. D (page 385)  
32. C (page 390)
Answer Key

Labeling

Obstruction, scarring, and dilation of the alveolar sac. (Fig. 11-7, page 372)

Fill-in

1. carbon dioxide (page 366)
2. oxygen (page 367)
3. Carbon dioxide, oxygen (page 368)
4. alveoli (page 366)
5. trachea (page 366)
6. 12, 20 (page 367)
7. carbon dioxide (page 366)
8. breathing status (page 379)
9. transport decision (page 379)
10. SAMPLE, OPQRST (page 380)

True/False

1. F (page 370) 7. F (page 376)
2. T (page 373) 8. T (page 389)
3. F (page 373) 9. F (page 373 & 379)
4. F (page 373) 10. T (page 370)
5. T (page 375) 11. T (page 378)
6. T (page 376) 12. T (page 382)
Short Answer

1. 1. Normal rate and depth
   2. Regular pattern of inhalation and exhalation
   3. Good audible breath sounds on both sides of the chest
   4. Regular rise and fall on both sides of the chest
   5. Pink, warm, dry skin (page 367)

2. 1. Pulmonary vessels are obstructed from absorbing oxygen and releasing carbon dioxide by fluid, infection, or collapsed air spaces.
   2. Damaged alveoli
   3. Air passages obstructed by muscle spasm, mucus, weakened airway walls
   4. Blood flow to the lungs obstructed
   5. Pleural space is filled with air or excess fluid (page 368)

3. 1. Patient is unable to coordinate administration and inhalation
   2. Inhaler is not prescribed for patient.
   3. You did not obtain permission from medical control or local protocol.
   4. Patient has already met maximum prescribed dose before your arrival. (page 385)

4. An ongoing irritation of the respiratory tract; excess mucus production obstructs small airways and alveoli. Protective mechanisms are impaired. Repeated episodes of irritation and pneumonia can cause scarring and alveolar damage, leading to COPD. (page 370)

5. 1. Respiratory rate of slower than 8 breaths/min or faster than 24 breaths/min
   2. Muscle retractions above the clavicles between ribs, below rib cage, especially in children
   3. Pale or cyanotic skin
   4. Cool, damp (clammy) skin
   5. Shallow or irregular respirations
   6. Pursed lips
   7. Nasal flaring (pages 379)

6. A condition characterized by a chronically high blood level of carbon dioxide in which the respiratory center no longer responds to high blood levels of carbon dioxide. In these patients, low blood oxygen causes the respiratory center to respond and stimulate respiration. If the arterial level of oxygen is then raised, as happens when the patient is given additional oxygen, there is no longer any stimulus to breathe; both the high carbon dioxide and low oxygen drives are lost. (page 368)

7. 1. Is the air going in?
   2. Does the chest expand with each breath?
   3. Does the chest fall with each breath?
   4. Is the rate adequate for the age of your victim? (page 378)
**Ambulance Calls**

1. This child has all the classics signs of epiglottitis. You should do nothing to excite or frighten the child as doing so will likely cause his airway to spasm and close. Remember to use non-threatening body language (place yourself below his or her eye level), give the child distance (until you establish trust) and perform any exam using the toe-to-head method. This is a true emergency that requires immediate transport to the hospital, but you must do so tactfully. Use parents to assist with patient care efforts such as applying humidified oxygen (blow-by or mask).

2. This patient's chief complaint, age, weight, smoking and birth control use all place her at risk of pulmonary embolism. PE patients most often experience a sudden onset of shortness of breath that they describe as sharp and worsening with inspiration. You should provide high flow oxygen, obtain vital signs, perform a secondary exam en route to the hospital (including auscultation of lung sounds) and prompt transport to the nearest appropriate facility.

3. Place patient in position of comfort.
   - High-flow oxygen via nonrebreathing mask
   - Monitor vital signs
   - Rapid transport

**Skill Drills**

**Skill Drill 11-1: Assisting a Patient With a Metered-Dose Inhaler (page 388)**

1. Ensure inhaler is at room temperature or warmer.
3. Instruct patient to press inhaler and inhale. Instruct about breath holding.
4. Reapply oxygen. After a few breaths, have patient repeat dose if order/protocol allows.
Assessment Review

1. D (page 392)
2. B (page 393)
3. A (page 392)
4. B (page 393)
5. D (page 393)

Emergency Care Summary

Respiratory Distress
nonrebreathing
10 to 15
oropharyngeal
nasopharyngeal

Asthma
metered-dose
expiration date
exhale

Infection of Upper or Lower Airway
humidified

Acute Pulmonary Edema
ventilatory support

Chronic Obstructive Pulmonary Disease
full-flow
15 L

Spontaneous Pneumothorax
supplemental

Pleural Effusions
high-flow

Obstruction of the Upper Airway
BLS

Pulmonary Embolism
cardiac arrest

Hyperventilation
respirations