Case 3 (Part 1)

ID: Mr. Jack Peterson, 62 year male

You are working in your community emergency department in the Acute/subacute area. Things are going smoothly and you realize you've got time to go grab a cup of coffee. Right after you let the charge nurse know where you're going (and politely ask her if she would like anything) you get an EMS patch indicating you have a GCS 6 NYD coming in from home.

You arrange your team and your resuscitation bay, lines and monitors are placed, labs are drawn. You begin to prepare for intubation.

Vitals:
T: 37.0 HR: 66 BP: 178/102 RR: 20 SpO2: 96% 2LNP

Jack's wife, Diane, arrives at that moment and gives you a brief synopsis that he was outside chopping wood and when she went to call him in for lunch she found him collapsed on the ground. His only PMHx is HTN for which he is on Norvasc and bisoprolol.

You are standing over the head of the bed with laryngoscope in your hand and he begins to seize.

Discussion Questions:

1. Outline your approach to seizure management
2. How would you manage Diane's obvious panic in the moment, while trying to manage Jack at the same time?

Case 3 (Part 2)

You are successful in managing the airway and stopping Jack's seizure. Given your concern for intracranial pathology, you initiate your appropriate management for elevated ICP and arrange for a CT scan.

To your suspicion and to Diane's dismay, there is a massive intracranial hemorrhage, likely the result of a hypertensive bleed/aneurysm. You call Criticall - unfortunately, Jack's situation is not amenable to surgery and all of their Neuro ICU beds are completely full at the moment. You will have to continue to manage this patient at your shop.

Jack is currently on a ventilator and relatively stable. He does not appear to be actively seizing while on your propfol drip. You have a moment to speak to Diane and she is in a large amount of distress. Her children and family have now arrived at the hospital and you give them an update on his status and grim prognosis. Diane and her two sons Steve and Carl ask if they could speak with you on their own briefly. You oblige and begin discussing goals of care – per Diane and the kids, they know Jack's wishes were to never be on a ventilator if he had a terminal condition. After some additional discussion they decide to stop mechanical ventilation and provide comfort for palliation.

Discussion Questions:

1. How do you wean someone off of a ventilator at the end of life?
2. What would you use as seizure prophylaxis (if any) for Jack as he is titrated off propfol?

Case 3 (Part 3)

Diane and family take their turns saying their goodbyes to Jack. It is very emotional. As he is removed from the ventilator, your choice for seizure prophylaxis appears to be keeping him stable. However, as his breathing slows you begin to hear rattling in his chest – Diane is concerned about this and wants to ensure he is not choking. Additionally, they are concerned about ensuring he is not in any pain and is not scared.

Discussion Questions

1. What is the rattling noise in his chest? How can you explain it to Diane and the kids, so it is less distressing? What treatment can you provide for this?
2. What additional medication classes and doses might you consider to ensure Diane's other concerns are addressed?

Over the course of an hour, Jack succumbs to his bleed and dies. Diane and the family are obviously upset with the sudden loss of their loved one but are grateful for the care you and the team have provided Jack and his family over the past few hours. You and your team are quite upset with the proceedings as well, and take a few minutes to reflect and regroup before continuing your shift and getting back to the many other patients who still need your help.

Discussion Questions

1. How can you and your team deal with the loss of patients in the emergency department?
2. Have you ever experienced a similar situation? How did you and or the team deal with the emotional burden?