

## **It's Your Call - Scenario**

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Dispatched at 1730, Medic unit requested at 1243 Squall Circle to assist with a thirty-two-year-old female with an altered mental status. Upon your arrival, you are welcomed into the house by your patient's husband. He leads you into the living room and tells you that he came home from work and found his wife laying on the couch, and she felt like she had a fever. You find your patient laying as her husband described, conscious, but dazed and breathing at slightly increased rate. She sluggishly makes eye contact with you as you approach her; she appears agitated. Her skin appears flushed and is hot to the touch. She answers you slowly as you acquire her history. She has felt nauseous most of the day, and vomited earlier this afternoon. She stated that she babysat her nephew a few days ago, and she thought she may have caught the flu from him. Her allergies include bee stings and pollen. When you ask if she is taking medications, she states that she takes Loratadine for her allergies, levothyroxine for her hypothyroid disorder, and Ortho tri-cyclen for birth control. She states that she is compliant with her medications, but her husband says that there are days that she forgets to take them due to her busy work schedule and that there had been an incident when she accidentally took too many of her birth control pills. She admits that she has taken too many pills before of one kind or another, but never intentionally. She can't remember what or how many of her medications she took today. She also states that she hadn't eaten anything since the toast she had for breakfast this morning. Her vitals: R 18; BP 100/68; P 120 strong and irregular; skin flushed, hot and dry. ALS has put her on the cardiac monitor and finds sinus tachycardia with the occasional PVC. An oral temperature has been taken, and reads 104 degrees F. Blood glucose is taken and reads 24.

*What is your first concern for this patient*

*What could be causing her symptoms?*

*How are you going to treat this patient?*