MEDAVIE HealthEd ÉduSanté

Endocrine Assessment

Primary Care Paramedicine

Module: 13

Section: 08b

Endocrine

GENERAL ASSESSMENT

General Assessment

- Difficult to assess
  - Problems tend to affect many organ systems.
  - Seriousness of presentation varies greatly.
  - Many patients will have had their conditions for some time and may already be receiving treatment.
  - Do not take these calls lightly; poor outcomes can result very quickly.

Scene Assessment

- Varies
  - Depending on the rate of the progression of deterioration and the patient's symptoms when you arrive
  - Airway, breathing, and circulation must always be assessed first.

Scene Assessment

- Observations
  - Furnish valuable information regarding what might have happened
  - Look for medications that might give a clue to the patient's underlying illness, including the refrigerator for insulin.
  - Bring any medication bottles to the hospital with the patient.

Initial Assessment

- Begins with the basics
  - Airway, breathing, and circulation
  - May be in serious distress
  - With altered level of consciousness may be unable to protect the airway (maintain through patient positioning, suctioning, or basic airways).

Initial Assessment

- Basics (continued)
  - Varied respiratory status
  - Assess skin colour, moisture, and temperature, and take the patient's blood pressure.
  - IV therapy or blood component replenishment may be necessary.
  - Many patients with endocrine disorders are being treated by specialists.
    - Transport to a facility that specialized in these conditions if patient is stable.
    - Transport to the nearest facility for stabilization first if patient is unstable.

Focused History and Physical Examination

- Diabetic emergencies
  - Family history can provide very important information.
  - Genetic clues may provide information for the treatment decision (especially true if the patient is a child and has a new onset of altered mental status).

Focused History and Physical Examination

- Goals of the physical examination in the comatose patient
  - Determine the patient's level of consciousness with precision.
  - Look for signs that might provide clues to the source of coma.

Focused History and Physical Examination

- Physical assessment
  - Observe the patient's general appearance and position.
  - Awkward positions often indicate brainstem damage (natural posture tends to be a good sign).
    - Decorticate or decerebrate posturing

Focused History and Physical Examination

- Physical examination
  - Geared toward identifying as many atypical findings as possible
  - Rapid trauma assessment is usually not necessary unless the endocrine emergency caused some sort of trauma.

Detailed Physical Examination

- Skin condition
  - Cold, clammy skin (classically a sign of shock, may also signal severe hypoglycemia)
  - Cold, dry skin (may indicate overdose of sedative drugs or alcohol)
  - Hot, dry skin (suggests fever or heat stroke)

Detailed Physical Examination

- Vital signs
  - Combination of hypertension and bradycardia (suggests increased intracranial pressure)
  - Abnormal respiratory patterns (Cheyne-Stokes breathing, central neurogenic ventilation, or huffing and puffing)
  - Pararespiratory motions (sneezing and yawning or hiccupping and coughing)

Ongoing Assessment

- Once you've initiated your treatment plan:
  - Continually reassess the patient to check for obvious and subtle changes.
  - For every action you take, there should be a response (no response is a response).
  - Document your findings.

Endocrine

GENERAL MANAGEMENT

General Management

- ABCs
  - Should have been carried out during the initial assessment
  - Patients whose gag reflex is absent can't protect airway from aspiration.
  - If breathing is abnormally slow or shallow, assist breathing with bag-mask ventilation.
  - Give supplemental oxygen whether the patient is breathing spontaneously or being ventilated.

General Management

- Altered mental status
  - Establish an IV line with 0.9% normal saline (NS) or a saline lock.
  - Determine the blood glucose level.
  - Give 25 g of D50W if the reading is less than 4 mmol/L.
  - Consider administration of naloxone (Narcan) if the patient's condition doesn't improve after a dose of D50W or if you have any other reason to suspect a narcotic overdose.

General Management

- Cardiac rhythm
  - Trend shown by several measurements is the most important consideration for the neurologic assessment .
  - Recheck vital signs, pupils, and level of consciousness every 5 minutes in an unstable patient (every 10 minutes in a stable patient).
  - Record your findings immediately.
- Transport the comatose patient
  - Supine if intubated
  - Stable side position if not
  - If the patient must be transported in the supine position and cannot be intubated, keep the mouth and pharynx suctioned.