

## QUESTION

1. A 20-year-old male patient with a long history of asthma is brought to the emergency department by ambulance with severe respiratory distress. The patient is unable to speak and is unable to take any oral medications. The patient's vital signs are as follows:

HR 120, BP 100/60, RR 30, SpO<sub>2</sub> 88% on 4 L O<sub>2</sub>.

Physical examination reveals hyperinflated lungs with hyperresonance to percussion and decreased breath sounds.

Which of the following is the most appropriate initial management for this patient?

- A. Administer 2 mg of albuterol via nebulizer
- B. Administer 10 mg of prednisone orally
- C. Administer 10 mg of morphine intravenously
- D. Administer 10 mg of lorazepam intravenously

2. A 65-year-old male patient with a long history of hypertension is brought to the emergency department by ambulance with severe chest pain. The patient is unable to take any oral medications. The patient's vital signs are as follows:

HR 100, BP 180/110, RR 20, SpO<sub>2</sub> 98% on 4 L O<sub>2</sub>.

Physical examination reveals a patient who is diaphoretic and has a heart rate of 100 bpm. The patient's chest is clear to auscultation and percussion.

## ANSWER

1. The correct answer is A. Administer 2 mg of albuterol via nebulizer. This patient has severe asthma exacerbation. The patient is unable to take any oral medications. The patient's vital signs are as follows: HR 120, BP 100/60, RR 30, SpO<sub>2</sub> 88% on 4 L O<sub>2</sub>. Physical examination reveals hyperinflated lungs with hyperresonance to percussion and decreased breath sounds.

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