



## Clinical Thoughts

A 40 year old male patient presents with a week of fever, sore throat, chills, headache, and malaise. He has been prescribed penicillin for the illness. Mucocutaneous lesions then develop abruptly on his palms, soles, dorsum of the hands, and extensor surfaces. There appears to be skin sloughing off the dorsum of the foot. *What do you suspect and what is the prehospital treatment?*

### Critical Care Review

A nurse at an extended care facility reports they are sending out a patient because "something isn't right." She states the patient has a feeding tube in place and they have been "throwing away the residual" measured before each feeding because it has been greater than 100cc.

### Pediatric Points

Transient Tachypnea of the newborn is a respiratory condition that results from incomplete evacuation of fetal lung fluid in FULL-TERM infants. It usually disappears in 24-48 hours. It is characterized by tachypnea, expiratory grunting, retractions, cyanosis that responds to minimal oxygen, nasal flaring and wet lung sound on auscultation. *What is your treatment?*

## POLICY REVIEW

RAD 57 USAGE (highlighted and abbreviated)

A2. Attach probe to patient prior to turning on the device.

C3. Pregnant Women- Pregnant women may be at higher risk in carbon monoxide situations. This is because of the increased susceptibility of the fetus to the effects of carbon monoxide. The fetal SpCO% maybe 10-15% higher than the maternal readings. All pregnant women with possible CO exposure should be encouraged to have definitive COHb blood levels and physician evaluation.

### Answers:

Stevens-Johnson Syndrome: Treatment is to recognize the presence of severe fluid loss and treat as a patient with the rmal burns.

Feeding Tube: Not returning the residual can result in significant electrolyte imbalances.

Transient Tachypnea: Treatment is Supportive Care and Oxygen Administration