

| Asthma   | Seizures   | A Diabetic experiencing a Hypoglycaemic episode   |
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| An allergic reaction of the lungs.   | A disturbance in electrical or chemical activity in the brain. It alters the persons' attention and/or behaviour.                                  | A condition where the body is unable to effectively balance sugar levels in the bloodstream.  |
| Triggers are things like animals, pollen, exercise, smoke, change in air temperature, stress, emotions, infection. | It can be caused by excessive drugs or withdrawal of drugs, abnormal sodium/glucose levels, brain injuries including strokes and infections.       | The patient does not have enough sugar to maintain normal body function. It may due to a lack of food, excessive exercise, too much insulin, coldness, an infection or illness. |
| The respiratory pipes constrict and become swollen and inflamed. Mucous is also produced.                          | For a small percentage of people there is no known trigger.  | Rapid onset with sweating, and pale, cool skin.   |
| Wheezing and/or coughing.  | Blank spells – minimal or no movement.   | Respirations (shallow) and pulse may go up.   |
| Using medication.  | Whole body, violent muscle contractions and tongue or cheek biting.  | They may appear drunk with slurred speech and staggering.   |
| Shortness of breath, tight feeling in the chest.   | Loss of consciousness.   | They may be hungry and feel dizzy and weak.   |
| Can only speak in three words or less.   | Incontinence of urine.   | The patient may be irritable, anxious, aggressive or combative.   |
| Remove from trigger.   | Altered taste/smell and/or nausea and vomiting.  | Give simple sugars – jellybeans, lollies, chocolate, sweet drinks, etc.   |
| Position comfortably, reassure and give O <sub>2</sub> if available.   | Protect from further injury.   | Follow up with complex carbohydrates – museli bars, sandwiches, pasta, etc.   |
| Encourage the use of their own medication (ventolin) every 5 minutes via a spacer if available.                    | Allow time to rest and recover.  | If they carry a glucagon injection with them, assist them to administer this.   |
| Call for external help if severe.  | Get medical help if it is their first seizure, if they do not stop fitting after 5 minutes, if the continue to fit multiple times or are pregnant. | If unconscious place sugar, honey, golden syrup or glucose paste on lips, ensuring the airway is not compromised.   |
| Small sips of cool water.  | Do not place anything in their mouth.  | <u>Never give insulin</u> , unless assisting the patient with their medication under the direction of their doctor.   |
| Keep the chest warm.   | Treat for any injuries.  | Allow time for rest and recovery.   |
|  |  | Seek medical assistance if blood sugar levels remain unstable or patient is unconscious.  |

| Anaphylaxis   | Stroke   | Fainting (syncope)   |
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| An immediate, overwhelming allergic reaction to an allergen that is life threatening unless treated quickly.  | The signs and symptoms will vary depending on the area of the brain affected.  | It is caused by a reduced blood flow to the brain as a result of a strong emotional experience, side effects of medications or underlying illnesses.               |
| They may have itchy skin with welts, flushing of the face, show acute respiratory distress, itching and swelling of the tongue, lips, neck and face.  | Symptoms can include headache, unequal pupils, drooping of one side of the face, slurred words or difficulty finding correct words, difficulty swallowing or weakness of one side of the body. | A patient experiences a temporary loss of consciousness which usually resolves itself once the patient lies down.  |
| Allergens include bee stings, drugs, peanuts, seafood.  | They may appear dazed or confused.   | It may be confused with a seizure as there can be jerky muscle movements for a short period while the patient is unconscious.                                      |
| Usually occurring on the second or third exposure to the allergen.  | Breathing is often slow, erratic and noisy.  | Signs and symptoms include pale, cool and clammy skin, light headedness, altered vision (may see black/white spots) and/or altered hearing.                        |
| Rapid onset of symptoms that may include nausea and/or vomiting.  | The patient often has a history of high blood pressure or high cholesterol. They may be diabetic or a smoker (this puts them at a higher risk).  | The patient usually feels faint prior to the episode and was in a standing position.   |
| Administer Adrenaline (by epi-pen or by drawing up adrenaline from a vial) if authorised to so or assist the patient to administer it. The first dose is usually 0.5mg and a second dose of 0.5mg can be given 5minutes later if patient has not recovered. | A condition where the blood supply to the brain is blocked, reducing oxygen and nutrients to surrounding brain tissue.   | Cool the patient – damp cloth to the forehead and fan.<br>Seek medical help if the patient does not recover within 5 minutes or if there are reoccurring episodes. |
| <u>For adults:</u> give 20mg of an anti-histamine (cetirizine* or loratidine**), if conscious. Continue to give cetirizine* 10mg, 12 hourly for 4 days.   | Ask the patient to smile, talk, raise both arms and poke out their tongue to check for any deficits.   | Assess for injuries of a fall (especially head trauma).  |
| Remove from trigger (if able) and give oxygen if available.   | Talk to the patient and reassure, even if they are unconscious.  | Encourage patient to cross legs and squeeze thighs to increase the blood flow to the brain.  |
| Ice packs or cool cloths may reduce the swelling around the airway.   | Medical evacuation should be arranged as soon as possible.   | Rest and reassure patient. Encourage them to remain sitting for 10-15mins and assist them when standing up.  |
| Monitor and treat for shock – lie flat, elevate legs.   | Monitor the airway and support as required.  |  |
| Medical evacuation should be arranged as soon as possible. Monitor for a relapse within 6-12hrs   | Do not give food, medications or water.  | Give oxygen (if available) and keep legs elevated.   |
|   | Keep the patient warm and safe.  |  |
| Ventolin may reduce some of the swelling in the airway.   | If placing in the recovery position, ensure the affected side of the face is downwards.  | Assess for a potential cause (dehydration, illness, medication, shock, pain, etc).   |

\* Cetirizine brand names include: *Alercet; Alergex; Alerid; Certex-24; Cetrine; Cetzine; Cezin; Histazine;*

\*\* Loratidine brand names include: *Claritin, Alavert*

*Allergy Relief Tablets, Claritin 24 Hour Allergy Riztec; Ryzen; Triz; Virlix; Xero-sed; Zirtin; Zyrtec; Zyrine*

| Angina   | Heart Attack   | Hyperventilation  |
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| It usually occurs during periods of exercise, stress or in cold conditions.  | A condition where the blood vessels supplying blood to the heart are blocked reducing or stopping the blood flow to the heart.                         | Excess carbon dioxide is blown out, minimal oxygen is breathed in.              |
| A temporary condition where the blood vessels supplying blood to the heart are partially blocked.  | Signs and symptoms include shortness of breath, cool clammy skin and a fear of impending doom.   | Rapid, shallow breathing brought on by anxiety, cold water immersion or asthma. |
| Signs and symptoms may be a discomfort or a heavy crushing central chest pain, pale, cool and clammy skin, shortness of breath or use of their medication. | Often described as a crushing, vice-like or burning pain in the central chest, radiating down the left or right arm, into the neck, shoulders or back. | Hands can curl up in a claw like manner.  |
| Provide rest, reassurance and keep warm.   | Give oxygen if available.  | Loss of hearing, black dots in vision, passing out.                             |
| Assist patient with the use of medication - GTN spray or tablets.  | Monitor for cardiogenic shock and treat if required.   | Tingling in fingers and face.   |
| The pain usually resolves quickly with medication, if it does not resolve suspect a heart attack.  | Provide rest, reassurance and keep warm.   | Rest, reassure and encourage slow breathing.                                    |
| Make an early call for help with any suspected heart problems.   | Make an early call for help with any suspected heart problems.   | Remove from stressful stimuli.  |
|  | Give 300mg of aspirin.   | Encourage to sit down and protect from further danger.                          |
|  |  | Encourage to breath into a paper bag or cupped hands.                           |
|  |  | Seek medical help if it does not settle down.                                   |