

Schwartzstein Clip 3 Transcript

RICHARD SCHWARTZSTEIN: So who ordered the blood gas? Who asked for that?

STUDENT: Collectively that I--

[INTERPOSING VOICES]

RICHARD SCHWARTZSTEIN: So why did you order the blood gas?

STUDENT: Well his O₂ stat was low and so we wanted to see whether there was a [INAUDIBLE]. Maybe there was some [INAUDIBLE] mismatch happening or--

[INTERPOSING VOICES]

RICHARD SCHWARTZSTEIN: OK, so it was to evaluate hypoxia?

STUDENT: Right.

RICHARD SCHWARTZSTEIN: Any other reasons why you might want information from an arterial blood gas [INAUDIBLE] with an asthma attack?

STUDENT: You probably want to look to see if he was hypoventilating or hyperventilating.

RICHARD SCHWARTZSTEIN: Hypoventilating, yeah, why do I care about that?

STUDENT: Because in a mild asthma attack, you would see someone hyperventilate to compensate, but in a severe asthma case they would start hypoventilating.

RICHARD SCHWARTZSTEIN: And what if he told you, you know I've been intubated twice for my asthma attacks, would you care? Did we ask about that? Did we ask whether he's ever been to the emergency department for his asthma? Did we ask how many times he has asthma attacks?

STUDENT: We should ask his triggers too.

RICHARD SCHWARTZSTEIN: So there was a focus on the acute episode, which is natural. But there's a lot of information about his asthma itself which could help you think about, is something that happens a lot to him? Is this a rare event? Is this a kind of asthma patient who gets really severe episodes, and so I need to do something about that?

STUDENT: So obviously it makes sense that we would ask all those questions to get a better picture of what to do going forward. I was actually-- when I was in the case-- felt like we'd gone too long without giving albuterol. Like we were asking too many questions before giving albuterol and sort of heard like oh, asthma, forgot his inhaler, we should just give him albuterol right away. Is that too trigger-happy?

RICHARD SCHWARTZSTEIN: No. No, I think that's totally appropriate. Again, it's sort of this way of dealing with the information, you have to multitask here a little bit. So I've got enough of the history to feel like an exam. So you heard the wheezing and so-forth, and [INAUDIBLE] guy, a young guy, didn't have a heart problem. Might have asked about other things that might have causes somebody to be in respiratory distress.

But once you're pretty sure this is going to be asthma, OK. I will go ahead and give him albuterol, but now I've got to find out more information. So while you're learning and practicing medicine, there's a sequence. Again, my whole history that I do, my physical

exam, then I get laboratory. You know, you're doing multiple things here at the same time because that's the nature of an acutely patient, that you have to do that.

And it's easier to lose track of where you are when you do that. Like maybe I haven't asked all the questions I need in the past medical history, or I haven't gotten a social history. Does he smoke cigarettes? Does he use recreational drugs? These are the things that might have played a role in some of this that you would get if you were doing your systematic history.

Again, you're first-year, you're still figuring out how to do a lot of this stuff, so I'm not being critical of this in any way. But those are the kinds of things that you would want to know, ideally, to help gauge, is this guy going to be really at risk? Because part of what we talk about in the case review is, what do you predict might happen? So if you got a blood gas and you were worried that his pCO₂ was high, you know that would be something where you would have to act on. So you're predicting what if he's getting into that range of hyper- [INAUDIBLE], hypoventilation?

When he got worse, having seen the first gas with his pCO₂ being low, you might have wanted a second gas as he was getting worse. Because maybe now the pCO₂ is rising, and aside from his pneumothorax, maybe his asthma was suddenly getting worse, he had a plug of mucous or something that really was obstructing. So that notion of getting a little bit more complete sense of where this person has been before with his asthma, this is going to make a difference for him.

All right. So he was tachycardic. Were we worried about giving albuterol if he was tachycardic?