MFDS DIARIES / 03

MEDICAL EMERGENCIES

RECOGNISE → RESPOND → REMEMBER

Start every emergency with ABCDE • Call 999 when indicated • Use current local emergency protocols

01 ANAPHYLAXIS

AIRWAY + SHOCK

RECOGNISE REF 1, 2

Sudden stridor / wheeze, swollen airway, hypotension or collapse. Skin signs may be absent.

DO FIRST

Call 999. Use ABCDE; position appropriately; give oxygen if available. Give IM adrenaline promptly; repeat after 5 min if needed.

EXAM ANCHOR

ADULT: adrenaline **500 mcg IM** = 0.5 mL of 1:1000 (1 mg/mL).

02 ACUTE ASTHMA

WHEEZE + DISTRESS

RECOGNISE REF 1

Wheeze and breathlessness. Severe: cannot finish a sentence, RR >25/min; danger: exhaustion or confusion.

DO FIRST

Sit upright; give salbutamol via spacer, one puff at a time. Oxygen and 999 if life-threatening or poor response.

EXAM ANCHOR

Salbutamol: 100 mcg/puff, every 30-60 seconds, up to **10 puffs**.

03 CARDIAC CHEST PAIN

PRESSURE + SWEATS

RECOGNISE REF 1

Central crushing/pressure chest discomfort, possibly to arm or jaw; sweating, nausea or breathlessness.

DO FIRST

Stop treatment; rest and assess. Give GTN if suitable. Suspected MI / persistent pain: call 999 and give aspirin if appropriate.

EXAM ANCHOR

GTN: 2 x 400 mcg sprays SL. **Aspirin:** 300 mg orally (if no contraindication).

04 EPILEPTIC SEIZURE

TIME THE SEIZURE

RECOGNISE REF 1

Stiffening then jerking, loss of consciousness, possible tongue bite; confusion afterwards.

DO FIRST

Protect from injury; do not restrain or put objects in mouth. Time seizure; airway care and recovery position afterwards.

EXAM ANCHOR

5 min or recurrent: adult buccal midazolam **10 mg** per trained protocol; call 999.

05 HYPOGLYCAEMIA

SWEAT + CONFUSION

RECOGNISE REF 1

Shaking, sweating, tachycardia, confusion, unusual behaviour; severe cases may fit or lose consciousness.

DO FIRST

If alert and swallowing safely, give oral glucose. If unsafe to swallow: no oral intake; emergency help, protect airway.

EXAM ANCHOR

Alert: 15-20 g oral glucose. **Severe:** glucagon **1 mg IM** (adult).

06 STROKE

F A S T

RECOGNISE REF 1

Face droop, **A**rm weakness, **S**peech disturbance, sudden neurological change.

DO FIRST

Time to call 999. Record last-known-well time. ABCDE; monitor airway and breathing; nothing by mouth.

EXAM ANCHOR

Exam trigger: FAST + immediate stroke-service assessment. Do not delay.

07 ADRENAL CRISIS

COLLAPSE + STEROIDS

RECOGNISE REF 3

Known adrenal insufficiency or steroid risk; collapse, very low BP, marked weakness, vomiting / diarrhoea.

DO FIRST

Call 999 and assess ABCDE. Emergency hydrocortisone should not be delayed; use the patient kit / local protocol.

EXAM ANCHOR

ADULT: hydrocortisone **100 mg IM or IV** without delay.

08 SYNCOPE

FAINT + RECOVER

RECOGNISE REF 1

Dizziness, pallor, sweating, nausea, slow pulse, brief loss of consciousness.

DO FIRST

Lay flat; raise legs if tolerated; loosen tight clothing. Check ABCDE. Reassess if slow to recover.

EXAM ANCHOR

Exam trigger: rapid recovery when supine; persistent LOC needs escalation.

09 SUSPECTED SEPSIS

INFECTION + DETERIORATION

RECOGNISE REF 4

Infection with new confusion, rapid breathing, low BP, mottled appearance or worsening condition; fever may be absent.

DO FIRST

Check observations and assess risk. If high risk, arrange emergency transfer (usually 999) and pre-alert hospital.

EXAM ANCHOR

Use current NICE NG253 risk criteria; old poster thresholds may differ.

GUIDELINE SOURCES (click to open) 1 · SDCEP dental emergencies 2 · RCUK anaphylaxis 3 · Adrenal crisis 4 · NICE NG253 sepsis