

Summary Report for Individual Task
081-833-0245
Provide Care for Common Respiratory Disorders
Status: Approved

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DESTRUCTION NOTICE: None

Condition: You have a patient with a respiratory complaint. You have performed a patient care handwash and taken body substance isolation (BSI) precautions. You have the patients medical records, a stethoscope, sphygmomanometer, oto-ophthalmoscope, tongue depressors, and pen. You are not in a CBRN environment.

Standard: Provide care for a common respiratory disorder without causing further harm/injury to patient.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Low

MOPP:

Task Statements

Cue: None

DANGER
None

WARNING
None

CAUTION
None

Remarks: None

Notes: None

Performance Steps

1. Identify the signs and symptoms of pneumonia.
 - a. Solicit a patient history.
 - (1) Cough frequently productive of purulent sputum (green, brown, rusty colored).
 - (2) Chest pain, pleuritic (worse with cough or deep breath).
 - (3) Shortness of breath at rest.
 - (4) Malaise, lethargy.
 - (5) Poor appetite.
 - b. Perform a physical exam and identify findings of pneumonia.
 - (1) Fever occasionally with shaking chills.
 - (2) Tachycardia.
 - (3) Tachypnea.
 - (4) Respiratory distress (retractions).
 - (5) Abnormal breath sounds: rhonchi, rales, wheezing.
 - (6) Abnormal pulse oximetry < 95%.
 - c. Consult with medical officer for treatment as applicable.
 - d. Provide care for pneumonia.
 - (1) Motrin or tylenol for fever.
 - (2) Decongestant: sudafed, entex (do not give antihistamines).
 - (3) Cough suppressants if trouble sleeping at night.
 - (4) Increase fluid intake.
 - (5) Antibiotics are the mainstay of therapy (consult medical officer).
 - (6) Bronchodilators.
 - (7) Consider bed rest/ profile, evacuate if in field environment.
 - e. Record all treatment in the patient's medical record.
 - f. Patients with a suspected pneumonia will be referred to a medical officer.

2. Identify the signs and symptoms of asthma.

a. Solicit a patient history (may vary widely from mild to life threatening).

(1) Shortness of breath after exercise or upon awakening.

(2) History of wheezing.

(3) Chronic cough (usually non productive).

(4) Nocturnal attacks.

(5) Triggers.

(a) Emotional upsets.

(b) Physical exertion.

(c) Cold weather.

(d) Upper respiratory infection (URI).

(e) Allergic components: pollen, mold, house dust, animal dander, smoke, medications, etc.

b. Perform a physical exam and identify findings of asthma.

(1) Dyspnea.

(2) Wheezing.

(3) Cough.

(4) Tachycardia.

(5) Decreased blood oxygenation.

c. Consult with medical officer for treatment as applicable.

d. Provide care for asthma and immediate treatment for acute attacks only.

(1) Inhaled bronchial dilators either MDI or nebulizers.

(2) IV hydration.

(3) Oxygen.

(4) Refer to medical officer.

(5) Evacuate immediately if in field environment.

e. Record all treatment in the patient's medical record.

f. Seek the advice and assistance of a higher medical authority whenever possible.

3. Identify the signs and symptoms of a viral upper respiratory infection.

a. Solicit a patient history.

(1) Nasal congestion.

(2) Sore throat.

(3) Cough (productive or non-productive).

(4) Hoarseness.

(5) Malaise.

(6) Fatigue.

(7) Headache.

(8) Sinus pressure.

b. Perform a physical exam and identify findings of a viral upper respiratory infection.

(1) Eyes; conjunctiva injected, increased lacrimation.

(2) Ears; tympanic membrane may be injected, moves poorly with Valsalva maneuver.

(3) Nose: mucoid or purulent nasal discharge, swollen mucus membranes, decreased air movement.

(4) Throat: oropharynx injected, tonsillar pillars may be swollen with or without exudate.

(5) Neck: supple, tender to palpation with shoddy, lymph nodes usually in the anterior chain.

(6) Chest: lungs may be clear or have scattered rhonchi or mild wheezing, usually no retractions or accessory muscle use.

(7) Vital signs: temperature, normal to low grade 100-101.

c. Consult with medical officer for treatment as applicable.

d. Provide care for the viral upper respiratory infection.

Note: Treatment and care for a viral upper respiratory infection is symptomatic.

e. Record all treatment in the patient's medical record.

f. Seek the advice and assistance of a higher medical authority whenever possible.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, use another Soldier with symptoms of a respiratory illness.

Brief Soldier: Tell the Soldier to provide care for the common respiratory disorder on the simulated patient.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Identified the common respiratory disorder.			
2. Provided care for the common respiratory disorder.			
3. Recorded the care given in the patient's medical record.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	978-0781765213	Textbook of Basic Nursing 9th edition, Caroline Bunker Rosdahl, Mary T. Kowalski	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete