

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia is brought to the emergency department by ambulance. He is found unresponsive at home. On arrival, he is intubated and brought to the intensive care unit. His vital signs are stable, and he is on mechanical ventilation. The patient's medical history is significant for a recent myocardial infarction and a stroke. The patient's family is present and expresses concern about the patient's condition. The medical team is discussing the patient's prognosis and the possibility of a do-not-resuscitate order.

System	Findings	Assessment
Cardiovascular	Stable vital signs, clear lungs	Stable
Respiratory	Intubated, on mechanical ventilation	Stable
Neurological	Unresponsive	Unresponsive
Medical History	Hypertension, hyperlipidemia, recent MI, stroke	High risk

What is the most appropriate action for the medical team to take regarding the patient's care?

1. Continue aggressive medical treatment and monitor the patient closely.

ANSWER



The most appropriate action for the medical team to take regarding the patient's care is to discuss the patient's prognosis and the possibility of a do-not-resuscitate order with the patient's family. The patient's medical history is significant for a recent myocardial infarction and a stroke, and the patient is currently unresponsive. The medical team should discuss the patient's condition and the possibility of a do-not-resuscitate order with the patient's family, who is present and expressing concern about the patient's condition.

2. Discuss the patient's prognosis and the possibility of a do-not-resuscitate order with the patient's family.

3. Perform a physical examination and assess the patient's vital signs.