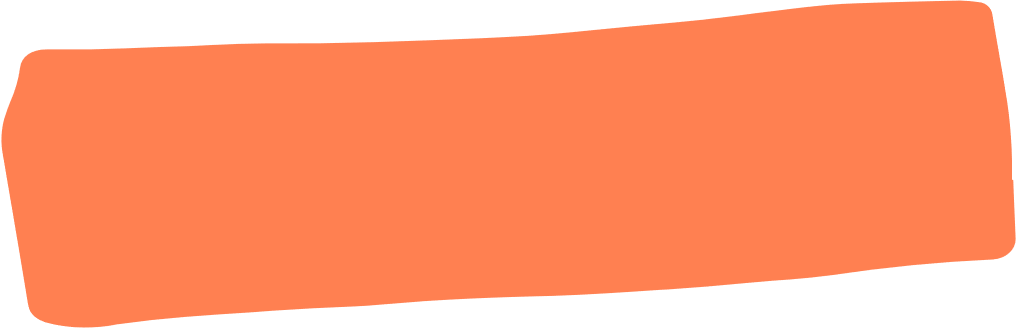


Pediatric SBAR



SITUATION

**Patient Name:** Sarah Johnson **Age:** 5 years **Gender:** Female

**Medical Record Number:** 12345 **Time of Admission:** 10:00 AM 03/25/2023

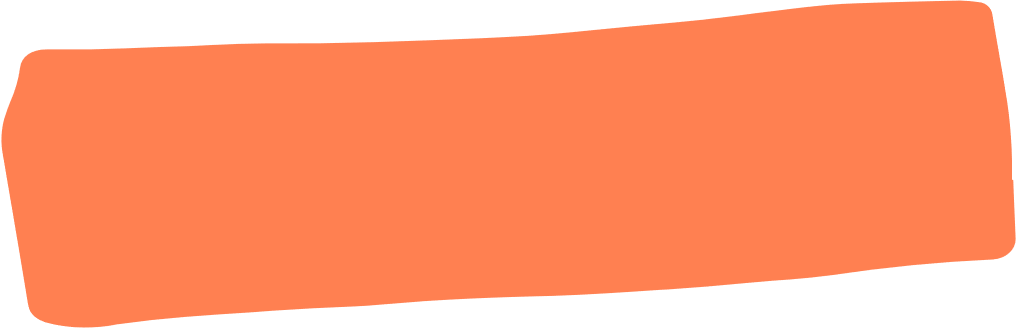
**Reason for Admission:** Asthma exacerbation

**Current Diagnosis:** Acute Asthma Exacerbation

**Allergies**: None reported

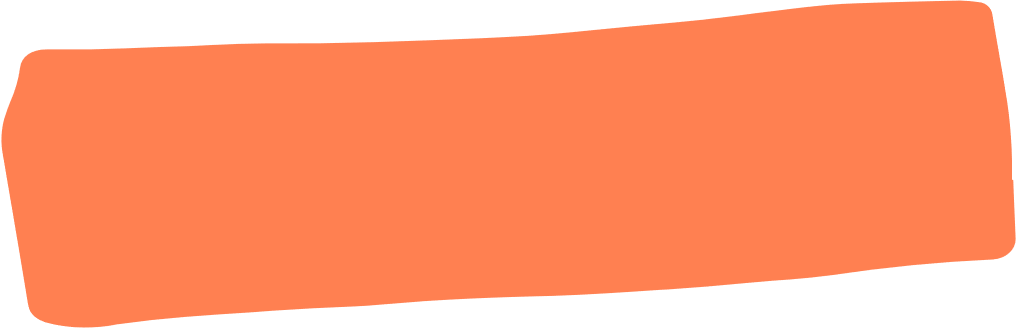
**Current Medications:** Salbutamol inhaler (as needed)

**Responsible Party:** Mother (Jane Johnson)



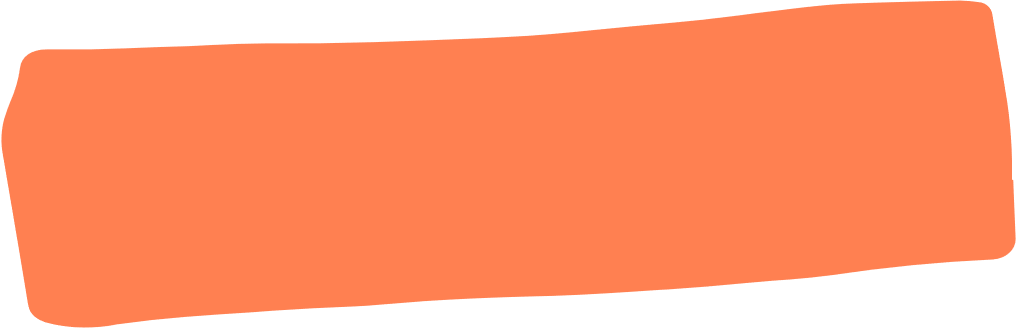
BACKGROUND

Sarah Johnson was brought to the pediatric ward by her mother, Jane Johnson, due to worsening symptoms of asthma. She has a history of asthma and has been using her Salbutamol inhaler as needed. However, her symptoms have not improved, and she has developed a persistent cough and difficulty breathing. Sarah has no known drug allergies.



ASSESSMENT

* **Airway:** Patent, with mild inspiratory and expiratory wheezing. Oxygen saturation is 92% on room air.
* **Breathing:** Mild tachypnea with shallow breathing. Accessory muscle use is noted.
* **Circulation:** Regular heart rate, no murmurs or gallops heard. Peripheral pulses are 2+ and symmetric.
* **Neurological:** Alert and oriented, no neurological deficits noted.
* **Skin:** Warm and dry, no rashes or lesions noted.



RECOMMENDATION

* Administer nebulized Salbutamol 2.5 mg every 20 minutes as needed for the next 2 hours.
* Administer IV corticosteroids.
* Obtain chest x-ray.
* Monitor oxygen saturation and respiratory status closely.
* Consult with respiratory therapist and pediatrician regarding further management.