CLINICAL JUDGMENT / RECOGNIZE CUES

See the change. Connect the cues.

One adult. Three observations. The stated baseline support is unchanged.

BREATHING
08:00 → 08:20
96% → 89%
SpO_2
New shortness of breath



COGNITION
08:25
Increasing confusion

CIRCULATION
08:00 → 08:20
80 → 112
pulse /min

124/76 →
102/64
BP / mmHg

Illustrative patient; the case findings are supplied separately.

FOLLOW THE TIMELINE

08:00	08:20	08:25
Comfortable earlier baseline	New shortness of breath	Increasing confusion

The earlier normal value describes the earlier state.

Fictional teaching case. Connect the current pattern; do not infer a unique cause from these observations.

CLINICAL JUDGMENT / APPLY THE CASE

Act on the trend. Then reassess.

Use the connected findings to prioritize the response, then evaluate its effect.

1

CONNECT

Threatened oxygen delivery / perfusion

Breathing symptoms + falling saturation and pressure + altered cognition.

2

PRIORITIZE AND ACT

A B C **Airway · Breathing · Circulation**

Assess promptly and activate the setting’s urgent clinical response. Maintain immediate support within scope, orders and protocol.

3

REASSESS

Communicate the times and trend. Recheck the actual response.

Integrate breathing, circulation and cognition again. No recovery data are supplied in this case.

EXAM CHECK

Must a unique diagnosis be proved before urgent support?

No. A plausible cause remains a hypothesis; urgent assessment and support need not wait for diagnostic certainty.

Do not leave the deteriorating client to complete routine documentation.