

Abstrakt Till RAS- kongress

Title, Presenter, Co-Author(s), Organization(s), and Summary of introduction, aim, method, result and conclusion. Mark the abstract with your presentation type (i.e. oral presentation, poster presentation or speaker's corner).

All abstracts may have a maximum of 2000 characters including spacing and may be no longer than 250 words, excluding references.

Speaker's Corner for doctoral students:

You will present your abstract during lunchtime or coffee breaks one of the conference's two days. You have at least 10 minutes plus five minutes for questions at your disposal. Room: Exhibition hall

Speaker's Corner Guidelines

Nordic languages are acceptable at the conference, but please be prepared to present in English if the need arises.

All abstracts will be reviewed anonymously (double-blind) by two members of the programme committee. Accepted contributions will be published in the conference's programme book and in Diva (an open electronic archive). The best contribution and the best poster(s) will be selected and receive special recognition.

Project; Prehospital assessment and caring of patients suffering with dyspnoea

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Background:

Patients with respiratory distress (dyspnoea) often seek emergency medical care and are cared for in ambulance. Although dyspnoea is subjective, it has a physiologic basis. Behind the symptom of dyspnoea, several serious medical diagnoses can be hidden and the presence of dyspnoea is also associated with increased mortality. Based on the patient's individual needs and complex illnesses or injuries, the ambulance staff will independently be responsible for advanced care. In

caring for these patients, an intertwining between medical and caring assessment are needed. Through medical assessments the ambulance staff tries to identify the underlying cause of dyspnoea. Medical assessments are important in order to make a prioritisation of the patient's condition and need for treatment. But from a caring science perspective, another part in the assessment is to have a patient perspective in order to promote health and wellbeing for the vulnerable patient. Through a caring conversation, by listening to the patients story, the medical and caring assessment can be safer by providing information that is relevant but not measureable, for example, diagnosis and treatment goals. The ambulance staff's ability to intertwine a medical and existential perspective promotes patient's well-being and relieves suffering.

Aim

The overall aim of this project is to explore the healthcare meeting, the assessment and caring of patients with dyspnoea who has been received an ambulance.

Methods: Quantitative- and qualitative methods

Importance of the thesis

This project will increase knowledge and understanding in patients with dyspnoea. Early diagnosis and treatment are crucial to the outcome of this group of patients.

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