

Scenario #1

Medical – Respiratory Distress

1.	<p>Scene Size-up:</p> <p>Safe – Shortness of breath – 1 – No additional help needed – Medical Call – C-spine OK</p> <p>Initial Assessment:</p> <ol style="list-style-type: none">1. General impression - 54 yom is having trouble breathing – Found sitting at kitchen table in tripod position2. Responsiveness / LOC – Alert, but sluggish responses3. Assess Airway and Breathing – Airway open / Breathing – labored4. Circulation – Strong radial pulse5. Intervention Needed - Oxygen – NRM – 15 lpm6. C-spine not compromised <p>Transport decision – High Priority - Load and go</p> <p>Focused History and Physical Examination / Rapid Assessment</p> <p>S/S – Respiratory – “I can’t catch my breath ... can’t breath” A – PCN M – Numerous respiratory medication including Albuterol Inhaler and Singular P – Dx with COPD 2 years ago – and has had seasonal asthma for five years L – Ate large breakfast E – SOB began while mowing grass</p> <p>Onset – 30 min prior to arrival / P – Exertion / Quality – Labored / Radiates – Tightness in chest / Severity – can’t catch breath / Time – 2 year ago / Interventions – Took breathing treatments X 3</p> <p>Focused Physical Exam – Diminished breath sounds all lung fields – wheezing noted</p> <p>Baseline V/S #1 - 164/98 – 112 – 24 – 86% on room air</p> <p>Ongoing Assessment (verbalized)</p> <p>Repeats initial assessment – SOB no change Repeats V/S – 152/90 – 100 – 18 – 90% w/O₂ Repeats focused assessment – rechecks breath sounds and quality of breathing</p>

Scenario #2

Trauma – 12' Fall off storage shed – landed on retaining wall

2	<p>Scene Size-up:</p> <p>Scene Safe – finds 44 yom lying across retaining wall having fallen 10' from roof of storage shed – 1 – Yes - additional help needed to lift pt off of retaining wall – Trauma Call – C-spine possibly compromised – neck tender to touch</p> <p>Initial Assessment:</p> <ol style="list-style-type: none">1. General impression - 44 yom is found lying on retaining wall –2. Responsiveness / LOC – Alert, but struggles to breath3. Assess Airway and Breathing – Airway open / Breathing – labored, shallow4. Circulation – Pulses present5. Intervention Needed – O₂ – NRM – 15 lpm6. C-spine Control with C-collar <p>Transport decision – High Priority - Load and go</p> <p>Focused History and Physical Examination / Rapid Assessment</p> <p>Appropriate assessment - Rapid trauma assessment – Head to toe</p> <p>Head – Neg DCAP-BTLS - PEARL – Neg facial areas Neck – tender to touch C5 – Neg JVD or Tracheal deviation Chest – bruising, crepitus, possible flail left medial chest – diminished breath sounds Abdomen – Neg DCAP-BTLS Pelvis – Neg DCAP-BTLS Extremities – Neg DCAP-BTLS – PMS intact Posterior – Neg DCAP-BTLS – Neg Step down, pain or tenderness Baseline V/S #1 – 128/78 – 100 – 18 – 96% on room air</p> <p>S/S – Respiratory – Chief complaint - “I fell and landed on my side ... can’t breath ... my chest and neck hurts” A – NKDA M – None P – Flu last week L – Skipped lunch - ate light breakfast E – Slipped and fell off roof of storage shed</p> <p>Onset – 10 min prior to arrival / P – Exertion / Quality – Labored / Radiates – Tightness in chest / Severity – can’t catch breath / Time – 2 year ago / Interventions – Took breathing treatments X 3</p> <p>Focused Physical Exam – No change from above</p> <p>Ongoing Assessment (verbalized)</p> <p>Repeats initial assessment – SOB no change Repeats V/S – 152/90 – 100 – 18 – 90% w/O₂ Repeats focused assessment – rechecks breath sounds and quality of breathing</p>

Scenario #3

MVA - Trauma – Head-on with large Oak tree

3	<p>Scene Size-up:</p> <p>Scene Safe – finds 16 yof sitting in drivers seat – No seatbelt – 1 – Yes - additional help needed to extricate 1 patient – Trauma Call – C-spine possibly compromised</p> <p>Initial Assessment:</p> <ol style="list-style-type: none">1. General impression – 16 yof is found sitting in drivers seat – No seatbelt2. Responsiveness / LOC – unresponsive3. Assess Airway and Breathing – Airway open / Breathing – shallow4. Circulation – Strong carotid pulse - large laceration to forehead bleeding severe5. Intervention Needed – O₂ – NRM – 15 lpm / bleeding control to head 4X4s6. C-spine Control with C-collar <p>Transport decision – High Priority - Load and go</p> <p>Focused History and Physical Examination / Rapid Assessment</p> <p>Extrication from vehicle</p> <p>Appropriate assessment - Rapid trauma assessment – Head to toe</p> <p>Head – DCAP-BTLS – Large laceration to forehead - PEARL – Bruising to facial areas Neck – Neg DCAP-BTLS / Neg Step-down, JVD or Tracheal deviation Chest – Neg DCAP-BTLS / diminished breath sounds Abdomen – Neg DCAP-BTLS Pelvis – DCAP-BTLS / unstable pelvis Extremities –DCAP-BTLS – Bruising to lower left leg / Neg PMS Posterior – Neg DCAP-BTLS – Neg Step down, pain or tenderness Baseline V/S #1 – 80/40 – 130 – 12 – 90% on room air</p> <p>S/S – Chief complaint – Unresponsive – Large laceration to forehead, Facial trauma A – Unknown M – Unknown P – Unknown L – Unknown E – MVA – unknown cause</p> <p>Focused Physical Exam – As above with no changes</p> <p>Ongoing Assessment (verbalized)</p> <p>Repeats initial assessment – unresponsive Repeats V/S – 100/72 – 110 – 14 – 96% w/O₂ Repeats focused assessment – rechecks breath sounds and quality of breathing / rechecks bleeding to forehead and airway</p>

Scenario #4

Medical – Altered mental status - Diabetic

4	<p>Scene Size-up:</p> <p>Safe – AMS – 1 – No additional help needed – Medical Call – C-spine OK</p> <p>Initial Assessment:</p> <ol style="list-style-type: none">1. General impression - 26 yof is sitting in booth at restaurant – slumped over table2. Responsiveness / LOC – painful stimuli, moans3. Assess Airway and Breathing – Airway snoring / Breathing – deep4. Circulation – Carotid pulse5. Intervention Needed - Oxygen – NRM – 15 lpm6. C-spine Not compromised <p>Transport decision – High Priority - Load and go</p> <p>Focused History and Physical Examination / Rapid Assessment</p> <p>S/S – Respiratory – Moans – Diabetic ID bracelet – know by waitress to be diabetic A – Unknown M – Insulin P – Unknown L – Unknown E – Came in restaurant and told waitress she needed some OJ</p> <p>Pt found by waitress, passed out, slumped forward at table / Onset – 11 min prior to arrival / D – 10-15 minutes / Evidence of Trauma – None / Interventions – None / Seizures – unknown / Fever – clammy, cool to touch</p> <p>Focused Physical Exam – Diminished breath sounds all lung fields – wheezing noted</p> <p>Baseline V/S #1 – 114/72 – 84 – 10 – 90% on room air</p> <p>Ongoing Assessment (verbalized)</p> <p>Repeats initial assessment – no change / remains responsive to painful stimuli Repeats V/S – 112/76 – 80 – 12 – 96% w/O₂ Repeats focused assessment – rechecks breath sounds and quality of breathing</p>

Scenario #5

Medical – Cardiac Arrest

4	<p>Scene Size-up:</p> <p>Safe – Cardiac Arrest – 1 – Yes - additional help needed – Medical Call – C-spine OK</p> <p>Initial Assessment:</p> <ol style="list-style-type: none">1. General impression - 66 yom found lying on bathroom floor – face down / vomitus2. Responsiveness / LOC – unresponsive3. Assess Airway and Breathing – Airway compromised by vomit / Breathing – None4. Circulation - Absent5. Intervention Needed – CPR / Oxygen – BVM – 15 lpm / OPA / AED / Suctioning6. C-spine control – only to stabilize neck for CPR <p>Transport decision – High Priority - Load and go</p> <p>Focused History and Physical Examination / Rapid Assessment</p> <p>S/S – Unresponsive – found by wife on bathroom floor A – None M – Numerous cardiac and respiratory medications P – Congestive heart failure / COPD / heavy smoker L – ate lunch E – Sitting at kitchen table, told wife he was going to bathroom, didn't feel well.</p> <p>Onset – 8 min prior to arrival / P – N/A / Quality – N/S / Radiates – N/A / Severity – N/A / Time – Heart attack 2 years ago / Interventions – Did not start CPR prior to arrival</p> <p>Focused Physical Exam – Breath sounds noted with ventilations</p> <p>Baseline V/S #1 – 0/0 – 0 – 0 – 00% on room air</p> <p>Ongoing Assessment (verbalized)</p> <p>Repeats initial assessment – no change / remains responsive to painful stimuli Repeats V/S – 0/0 – 0 – 0 – 00% Repeats focused assessment – rechecks breath sounds and quality of ventilations</p>