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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | | Hose, Airway manikin, IV trainer, Surgical airway manikin |
| Medical Identification jewelry | | --- |
| **SETUP INSTRUCTIONS** | | |
| * The scene is an open room to simulate the entry way of an apartment building. The patient was involved in an isolated room and contents fire on the third floor. Fire is being addressed on the third floor but it is believed to be isolated to the single apartment. Fire fighters on scene state that there is no indication of spread to the remainder of the building. Patient has been rescued to the first floor and is ambulatory. Loud fire dept. radio traffic can be heard in the room. At a designated time (3 minutes after patient encounter, evacuation alarms will sound followed by evacuation radio traffic. * Ensure IV arms, airway manikin other props are in the room | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | 2 paramedic ambulance | |
| Other personnel needed (define personnel and identify who can serve in each role) | fire fighter, patient’s girlfriend | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Superficial and partial thickness burns on chest, upper arms, and hands. | |
| Head | SOOT ON FACE | |
| Chest | Superficial and partial thickness burns on anterior upper chest | |
| Abdomen | --- | |
| Pelvis | --- | |
| Back | --- | |
| Extremities | Superficial and partial thickness burns on both hands | |
| Age | 25 year old | |
| Weight | 240 lbs. (108kg.) | |

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| **DISPATCH INFORMATION** (Specific script for each scenario; Must be read over radio, telephone or in such a way that the candidate cannot look at the Examiner as he/she reads the dispatch information) | |
| Dispatch time | 0245 |
| Location | 125 Main St. in the lobby |
| Nature of the call | Trauma call; Adult |
| Weather | 90 DEGREES sunny June |
| Personnel on the scene | Firefighter and patient’s girlfriend |

**READ TO TEAM LEADER**: Medic 4 respond to 125 Main street in the lobby. Working structure fire with one victim. Patient is a 25 year old male complaining of difficulty breathing.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Active fire scene trip hazard of hose line stretched across entry way. Emergency evacuation of the building shortly after patient encounter. |
| Patient location | Lobby of apartment building. Fire on third floor (limited room and contents fire. |
| Visual appearance | Patient lethargic with obvious respiratory distress and stridor. Patient is confused. |
| Age, sex, weight | 25 year old male 240lbs / 108kg |
| Immediate surroundings (bystanders, significant others present) | Lobby of apartment building. No smoke or fire in the room. Hose lines stretched across entryway. Patient seated in far corner with his agitated girlfriend and firefighter. |
| Mechanism of injury/Nature of illness | Superficial and partial thickness burns to chest, arms, and hands. Inhalation injury. |

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| **PRIMARY ASSESSMENT** | |
| General impression | Patient lethargic and confused. Obvious respiratory distress. |
| Baseline mental status | Confused, mumbling |
| Airway | Patient has difficulty speaking, hoarse voice and stridor |
| Ventilation | Rapid |
| Circulation | Bounding radial pulse |
| **HISTORY** (if applicable) | |
| Chief complaint | Respiratory distress |
| History of present illness | Had to run through fire to get out |
| Patient responses, associated symptoms, pertinent negatives | Patient lethargic and confused. Poor historian. Girlfriend can provide limited information. |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Asthma |
| Medications and allergies | Albuterol, salmeterol, montelukast. NKDA |
| Current health status/Immunizations (Consider past travel) | UTD |
| Social/Family concerns | Patient’s girlfriend is agitated |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** | |
| Initial Vital Signs | BP: 142/86 P: 120  R: 32 Pain: 10  Temperature: 98.6  GCS: 4/4/5 |
| HEENT | Soot in mouth, stridor |
| Respiratory/Chest | Clear lower airway sounds |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Superficial and partial thickness burns on hands and upper arms |
| Neurologic | Confused |
| Integumentary | Warm and dry |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SPO2=88% Initial ETCO2 IN ET=60 12 LEAD=ST BGL=94 |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Oxygen * Airway management * RSI |
| Additional Resources | | --- |
| Patient response to interventions | | --- |
| **EVENT** | | |
| At first airway intervention, patient is prompted to become apneic. BVM does not result in chest rise, Intubation is impossible due to swelling (facilitator can prompt this after laryngoscope is advanced into mouth if high fidelity simulation is not available. Move on to surgical/pseudo surgical airway | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 130/80 P: 100  R: ET/BVM Pain: 0  List improving vital signs and reassessment findings | |
| Inappropriate management | BP: 100/70 P: 60  R: 0 Pain: 0  List deteriorating vital signs and reassessment findings | |

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| **TRANSPORT DECISION:**  Level one trauma center with burn capabilities |