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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | | Pill bottles for HTN & NIDDM on table |
| Medical Identification jewelry | | None |
| **SETUP INSTRUCTIONS** | | |
| * Bedroom setting with lamp and table. (lamp should be off so room is dark) * Ensure IV arms other props are in the room * Small space so that furniture must be moved | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS vehicle in rural system | |
| Other personnel needed (define personnel and identify who can serve in each role) | * EMRs, fire department (lift assist) * Building superintendent | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Flushed and diaphoretic | |
| Head | Face flushed | |
| Chest | Crackles on auscultation | |
| Abdomen | None | |
| Pelvis | None | |
| Back | None | |
| Extremities | Pitting edema in lower legs. | |
| Age | 60 | |
| Weight | 285 | |

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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 | 22:15 |
| Location | Apartment complex, 325 Main St. |
| Nature of the call | Medical, adult, Breathing difficulty |
| Weather | Cool spring night |
| Personnel on the scene | Building superintendent (when called) |

**READ TO TEAM LEADER**: Medic 206, respond to 325 Main Street for a medical, Adult male with difficulty breathing. Patient is in back bedroom, unable to come to front door. Door is locked. Time out 2215.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Locked door (must call for superintendent) and dark room (use flashlight or turn on the lamp) |
| Patient location | Bedroom, in bed with multiple pillows supporting upper body |
| Visual appearance | Flushed, diaphoretic, exhausted |
| Age, sex, weight | 60 y/o, Male, 285 lbs. |
| Immediate surroundings (bystanders, significant others present) | Pill bottles on night stand, |
| Mechanism of injury/Nature of illness | Breathing difficulty |

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| **PRIMARY ASSESSMENT** | | |
| General impression | Obvious breathing difficulty | |
| Baseline mental status | Alert and Anxious | |
| Airway | Open | |
| Ventilation | Shallow, tachypnea | |
| Circulation | Tachycardia, bounding pulse | |
| **HISTORY** (if applicable) | | |
| Chief complaint | Difficulty Breathing | |
| History of present illness | * Felt normal all day. * Went to bed around 21:00. * Awoke 15 minutes ago and had significant breathing difficulty. * Feels like he can’t catch his breath | |
| Patient responses, associated symptoms, pertinent negatives | Patient has felt fine all day. Has noticed swelling in the lower extremities when standing. Also, complains of tightness in the chest rated at a 2 on 1-10 scale. | |
| **PAST MEDICAL HISTORY** | | |
| Illnesses/Injuries | HTN, NIDDM, Sleep apnea | |
| Medications and allergies | Medications: atenolol, metformin, captopril, aspirin  Allergies: ibuprofen, PCN | |
| Current health status/Immunizations (Consider past travel) | Aside from History, no recent health problems | |
| Social/Family concerns | Lives alone and doesn’t leave apartment much, is compliant medications | |
| Medical identification jewelry | None | |
| **EXAMINATION FINDINGS** | | |
| Initial Vital Signs | BP: 180/92 P: 110  R: 28 Pain: 2  Temperature: 99.1  GCS: Total 15, E 4, V 5, M 6 | |
| HEENT | Pupils normal | |
| Respiratory/Chest | Rales, Decreased tidal volume | |
| Cardiovascular | S3, HTN | |
| Gastrointestinal/Abdomen | Soft, no pain palpation | |
| Genitourinary | Normal | |
| Musculoskeletal/Extremities | Lower extremities appear swollen | |
| Neurologic | Paresthesia in lower extremities | |
| Integumentary | Pitting edema in lower extremities | |
| Hematologic | Normal | |
| Immunologic | Normal | |
| Endocrine | Glucose 142 | |
| Psychiatric | None | |
| Additional diagnostic tests as necessary | SpO2 : 89  EtCO2: 44 mmHg, Square wave  ECG: Sinus Tach with occasional PVCs | 12-lead ECG: Non-diagnostic  BGL: 142 |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Airway support with CPAP at 5 cmH2O and oxygen * IV access with no volume infusion * CPAP, anti-angina medication * 12 lead ECG |
| Additional Resources | | Building superintendent, EMR for lifting and moving |
| Patient response to interventions | | * Breathing rate and depth improve with CPAP * SpO2 improves to 96% with CPAP and oxygen * Chest pain improves to 0 with anti-angina medication |
| **EVENT** | | |
| **Flash Pulmonary Edema**: The patient will experience a significant increase in breathing difficulty, a reduction in tidal volume and increase in respiratory rate when the patient is moved to the stretcher (this change should occur immediately if the patient is asked to stand or move on their own) or after 10 minutes. If the patient is on CPAP prior to moving, change should still occur. The condition will resolve when the patient is placed on CPAP at 7.5 cmH2O or if the patient is already on CPAP pressure is increased to 7.5 cmH2O. | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 134/84 P: 86  R: 20 Pain: 0  Improvements occur with intervention as they are delivered.  Patient notes:   * Improved breathing with CPAP and oxygen * Chest pain improves with anti-angina medication | |
| Inappropriate management | BP: 200/110 P: 120  R: 34 with decreased tidal volume Pain: 4  Deterioration occurs after 5 minutes with no intervention.  Patient notes:   * Breathing worsens until CPAP is placed * Chest pain and B/P increases until anti-angina medication is given. * If diuretic is omitted, B/P remains elevated but does not increase. | |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode. |
| * With Appropriate Treatment: Transport to the patient’s choice of facility with ED services * With Inappropriate Treatment: Emergent transport to closest hospital with emergency department. |