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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | --- |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Programed patient seated on couch, inside a residence, living room, 1st floor
* IV arm available when needed
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | Single ALS ambulance response, two ALS providers |
| Other personnel needed (define personnel and identify who can serve in each role) | Wife/ Domestic partner present, requested 911 response for patient |
| **MOULAGE INFORMATION**  |
| Integumentary | Description of the injuries that need to be moulage |
| Head | Face and exposed skin slightly pale, moist, warm to touch |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age  | 68 |
| Weight | 86 kg or 189 lbs. |

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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 | 0900 |
| Location | Residence |
| Nature of the call | Syncope, adult |
| Weather | Clear, typical late spring day |
| Personnel on the scene | Wife/ Domestic partner |

**READ TO TEAM LEADER**: Medic 11-xray respond to 12345 First Street for 68 year old male with syncope, time out 0900.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Nothing obvious, single story, private residence |
| Patient location  | Living room, sitting on couch |
| Visual appearance | Older looking male, in not obvious distress, no obvious trauma |
| Age, sex, weight | 68, male, 189 lbs. |
| Immediate surroundings (bystanders, significant others present) | Patient is home with wife. Wife called 911 |
| Mechanism of injury/Nature of illness | Wife/ Domestic partner relates that husband suddenly past out, while talking to her. Patient was sitting on couch having coffee. Patient didn’t fall. Patient unresponsive for 1-2 minutes, awoke spontaneously  |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient appears slightly pale and in no obvious distress |
| Baseline mental status  | Alert and oriented |
| Airway | Patent |
| Ventilation | No obvious distress |
| Circulation | Exposed skin slightly pale, moist, warm to touch, radial pulse present/ tachycardia; no obvious trauma or hemorrhage  |
| **HISTORY** (if applicable) |
| Chief complaint | No specific complaint from patient, wife called because of witnessed syncopal episode |
| History of present illness | Wife and patient sitting on couch, watching TV, having morning coffee, when patient suddenly passed out, lasted 1-2 minutes, patient awoke spontaneously on own. Wife called 911. No complaint(s) prior to episode. Has happen in past with previous heart attack, ~ 2 years ago. Patient is adamant that his wife over reacted and there was no need for EMS. Only if crew continues to search/ probe for cause of complaint does the patient and wife provide information about a fall, 2 days prior, where patient tripped on a floor matt and struck his upper left abdomen on the corner of the coffee table. Neither the patient nor wife felt this was a major event and almost skipped their mind. |
| Patient responses, associated symptoms, pertinent negatives | Patient is alert, answering your questions, denies chest pain/ discomfort, denies shortness of breath, with continued prompting does complain of left shoulder pain and nausea. Patient thinks his wife over reacted and is down playing the entire episode. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Previous AMI ~ 2 years ago, high blood pressure, high cholesterol, depression, recent prostate problem |
| Medications and allergies | NKDA; dabigatran, losartan & HCTZ, atorvastatin, citalopram, tamsulosin (very recent medication, started in last two days) |
| Current health status/Immunizations (Consider past travel) | Overall health good, current immunizations, no travel outside the US within the past 12 months |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 116/88 P: 106R: 22 Pain: 2/10 (left shoulder)Temperature: 99.6GCS: 15 Total (E: spontaneously; V: oriented; M: obeys commands) |
| HEENT | Unremarkable, skin slightly pale, moist, warm to touch |
| Respiratory/Chest | Clear bilateral breath sounds, slightly tachypnea, not labored  |
| Cardiovascular | Tachycardia, skin slightly pale, moist, warm to touch, normal S1, S2, no murmurs |
| Gastrointestinal/Abdomen | Non-distended, slight tenderness left upper quadrant/ left costal margin upon palpation only |
| Genitourinary | --- |
| Musculoskeletal/Extremities | No peripheral edema, equal strength, equal pulses |
| Neurologic | Alert, oriented to person, place, time, and events |
| Integumentary | Skin slightly pale, moist, warm to touch. No rashes or trauma |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 = (94% room air), EtCO2 = 35mmHg normal waveform, ECG = (sinus tachycardia 106 bpm without ectopy), 12-lead ECG = (no acute ischemic changes, pathologic Q waves II, III, aVF), BGL determination = (78 mg/dl), or other findings/laboratory test results may be provided according to the 2009 EMS Education Standards |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Reassure patient, loosen any tight clothing, assure position of comfort/ function, complete primary survey, history, physical, etc.
* ECG monitoring and obtaining a 12-lead should happen early after patient contact.
* Establish vascular access and continue to monitor patient’s complaint, vital signs, and begins to efficiently, effectively, and safely transport patient to ED
* **Post Event:**
	+ Team recognized the patient is trauma and not cardiac
	+ Places patient supine
	+ Covers with blankets, maintains body heat
	+ Considers O2
	+ Provides fluid challenge and repeats as needed
	+ Recognizes need for rapid transport to a trauma center
 |
| Additional Resources  | --- |
| Patient response to interventions | Initial treatment: Patient continues to feel this is all unnecessary and everyone is being overly cautious. |
| **EVENT** |
| 10 minutes into scenario, patient becomes anxious, increased diaphoresis and clammy skin, increased left shoulder pain and now epigastric pain, increased nausea, HR increases to 130, R increases to 20, BP now 94/84. The Team Leader and Team Members will need to address this issue while continuing to manage the patient. |
| **REASSESSMENT** |
| Appropriate management  | BP: 114/84 P: 118R: 24 Pain: 1/10 (left shoulder)Patient less anxious. acknowledges need for ED treatment and transport; skin begins to dry up and becomes warmer |
| Inappropriate management  | BP: 70 over palp P: 140R: 36 Pain: n/aPatient vital signs continue to deteriorate until patient goes into cardiac arrest |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| * Efficiently, effectively, and safely provides rapid transport to the nearest trauma center
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