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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | Baggie with assortment of pills |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Simulated patient and pediatric manikin capable of advanced airway mgmt
* Ensure IV arms/airway model are in the room if live model is used
* Baggie with simulated pills on floor next to patient
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle  |
| Other personnel needed (define personnel and identify who can serve in each role) | Mother, law enforcement officers |
| **MOULAGE INFORMATION**  |
| Integumentary | Pale with circumoral cyanosis |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | --- |
| Age  | 13 year old |
| Weight | 50 kg |

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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 | 0820 am |
| Location | Residence |
| Nature of the call | Medical Pediatric |
| Weather | Fair |
| Personnel on the scene | Law Enforcement, parent |

**READ TO TEAM LEADER**: Medic 1 respond to 2110 N Ritter for Possible overdose, time out 0820.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Ex spouse comes on scene and is agitated with other parent |
| Patient location  | Upstairs bedroom |
| Visual appearance | Unresponsive, on floor, pale, slow, shallow sonorous respirations |
| Age, sex, weight | 13, Male/Female, depending on simulated patient 50 kg |
| Immediate surroundings (bystanders, significant others present) | LE, Residential parent and other parent arrives |
| Mechanism of injury/Nature of illness | Suspected Overdose/Ingestion |

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| **PRIMARY ASSESSMENT** |
| General impression | Poor |
| Baseline mental status  | Unresponsive |
| Airway | Snoring |
| Ventilation | 8 shallow |
| Circulation | 64 bpm |
| **HISTORY** (if applicable) |
| Chief complaint | Overdose/ingestion |
| History of present illness | Mother explains that her son/daughter had eaten breakfast then gone back upstairs, Mom realized he/she missed the bus so she went up to check and found him/her lying on the floor; unable to wake up; law enforcement officers arrived first  |
| Patient responses, associated symptoms, pertinent negatives | Unresponsive with altered respirations; no apparent injuries |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | --- |
| Medications and allergies | Seasonal allergies |
| Current health status/Immunizations (Consider past travel) | UTD |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 102/68 P: 64R: 8 shallow Pain: N/ATemperature: N/AGCS: Total E:1; V:1; M:4  |
| HEENT | NL; pupils are sluggish, but do respond to light; circumoral cyanosis |
| Respiratory/Chest | Shallow, sonorous respirations/ Sp02 88% on room air |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | Unresponsive GCS 6 |
| Integumentary | Pale skin |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2, 88% RA; ET C02 54 mmHg ECG: RSR w/o ectopy; BGL 88 |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Airway management, insertion of airway adjunct; assisted ventilations, high flow O2
* Administer naloxone, either IV or IN
* Consider intubation
* If no intubation within 10 minutes, patient will vomit
* Apply cardiac monitor
* Attempt vascular access
* Attempt to identify medications
* Obtain blood glucose
* Suction if patient vomits
 |
| Additional Resources  | --- |
| Patient response to interventions | SpO2 increase, no change LOC |
| **EVENT** |
|  |
| **REASSESSMENT** |
| Appropriate management  | BP: 110/70 P: 68R: 12 Pain: N/ASpO2 94% w/ O2 therapyETC02 45 mmHG |
| Inappropriate management  | BP: 102/68 P: 56R: decreases to apnea over 12Minutes without intubation Pain: N/AList deteriorating vital signs and reassessment findingsSp02 96% with O2; 84% if no oxygen administeredETCO2: 58 mmHg |

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| **TRANSPORT DECISION:**  Freestanding ED 3 miles, Children’s Hospital 10 miles |