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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, suction |
| Props | Pedi ALS manikin |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Pedi manikin on floor with CPR in progress.
* Ensure IV arms, airway head, IO leg are in the room
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS unit |
| Other personnel needed (define personnel and identify who can serve in each role) | Family, fire fighters if requested  |
| **MOULAGE INFORMATION**  |
| Integumentary | Pale, cool, cyanotic |
| Head | Lips are blue |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age  | 8 years old |
| Weight | 60 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 | 1405 |
| Location | Public pool |
| Nature of the call | Pediatric hypoxic cardiac arrest secondary to drowning  |
| Weather | Sunny |
| Personnel on the scene | Family member  |

**READ TO TEAM LEADER**: Medic 1 respond to the community pool for possible drowning, time out 1405.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Patient laying in a pool of water |
| Patient location  | Outside of a pool |
| Visual appearance | Blue on lips |
| Age, sex, weight | 8 year old, Male, 60 lbs. |
| Immediate surroundings (bystanders, significant others present) | Family member  |
| Mechanism of injury/Nature of illness | Drowning causing hypoxia resulting in cardiac arrest. |

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| **PRIMARY ASSESSMENT** |
| General impression | Cardiac arrest secondary to drowning / hypoxia  |
| Baseline mental status  | Unresponsive |
| Airway | Pool water |
| Ventilation | --- |
| Circulation | Chest compressions |
| **HISTORY** (if applicable) |
| Chief complaint | Hypoxic cardiac arrest  |
| History of present illness | Playing in shallow end, parents looked away for short time and found patient floating in deep end. Parents removed patient from water.  |
| Patient responses, associated symptoms, pertinent negatives | No blunt force traumatic event |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Asthma, allergy to bee stings.  |
| Medications and allergies | Albuterol inhaler, epi pen  |
| Current health status/Immunizations (Consider past travel) | All current  |
| Social/Family concerns | Parent with child at pool, healthy appearing child, parents concerned  |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: --- P: ---R: --- Pain: ---Temperature: 98.6GCS: Total 3 (E:1; V:1; M:1) |
| HEENT | Cyanosis  |
| Respiratory/Chest | Equal chest rise/fall, clear equal bilateral breath sounds with BVM |
| Cardiovascular | Pulse with CPR |
| Gastrointestinal/Abdomen | Soft nontender |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | ---  |
| Integumentary | Pale, cool, cyanotic |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | ECG: AsystoleSPO2: 80% (with CPR) ETCO2: 18 with CPR  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * CPR
* OPA/BVM, suction, Oxygen
* Advanced airway (ETT, supraglottic airway)
* Epinephrine (1:10,000 IV or IO)
* **Post ROSC:**
* Assess vital signs
* Reassess patient (ABCs)
* manage airway
* Repeat full body exam
 |
|  Additional Resources  | Air Ambulance |
|  Patient response to interventions | Return of pulse, remains apneic  |
| **EVENT** |
| After high quality CPR, airway management, IV/IO placement, EKG interpretation, 2 doses of epinephrine (1:10,000)  |
| **REASSESSMENT** |
| Appropriate management  | BP: 90/60 P: 88R: 1 every 3 via BVM / advanced airway Pain: ---SPO2: 92% |
| Inappropriate management  | BP: 0/0 P: 0R: 0 Pain: --- |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |