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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | IV arm |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Patient needs to be lying in bed, very pale, diaphoretic, and feeling weak.
* Ensure IV arms other props are in the room
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle: You are the primary caregiver and have 1 Paramedic partner |
| Other personnel needed (define personnel and identify who can serve in each role) | Domestic partner is present in room. Has early onset dementia. Partner is primary caregiver, wife is unable to care for herself or be left alone. |
| **MOULAGE INFORMATION**  |
| Integumentary | --- |
| Head | --- |
| Chest | Stable |
| Abdomen  | --- |
| Pelvis | Stable |
| Back | --- |
| Extremities | CMS present with neuro intact  |
| Age  | 68 year old  |
| Weight | 160 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 | 0545 |
| Location | Private residence |
| Nature of the call | Medical: Cardiac Chest discomfort and weakness |
| Weather | Clear morning. Temp. 60 |
| Personnel on the scene | --- |

**READ TO TEAM LEADER**: Medic 19 respond to 123 Any Street for a 68 year old male with chest pain, time out 0545.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Bedroom with difficult access to patient. |
| Patient location  | Lying in bed |
| Visual appearance | NWD. very upset about leaving wife alone. Very weak. |
| Age, sex, weight | 68 year old male, 160 lbs. |
| Immediate surroundings (bystanders, significant others present) | Wife with early onset dementia |
| Mechanism of injury/Nature of illness | Chest discomfort and weakness |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient appears anxious. |
| Baseline mental status  | Alert and Oriented  |
| Airway | Open and able to maintain on his own |
| Ventilation | Spontaneous; 16 and unlabored |
| Circulation | No obvious bleeding; poor perfusion cold hands |
| **HISTORY** (if applicable) |
| Chief complaint | Chest discomfort, weakness |
| History of present illness | Patient noticed last night she was feeling more tired than normal. Went to bed early and woke up this morning feeling worse with some chest discomfort. Too weak to stand up and walk. Tried to play golf yesterday and was to weak. |
| Patient responses, associated symptoms, pertinent negatives | Patient states her chest feels heavy, dizziness, lightheaded, feels very faint.Denies difficulty breathing. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | High cholesterol, hypothyroidism, cardiac  |
| Medications and allergies | Simvastatin ®, levothyroxine, Lopressor ®, no known allergies |
| Current health status/Immunizations (Consider past travel) | No problems lately |
| Social/Family concerns | Concerned about wife/ partner. She is primary care giver and refuses to leave partner alone. |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 122/62 P: 38R: 16 Pain: 2Temperature: extremities cold but core warmGCS: Total 15  |
| HEENT | --- |
| Respiratory/Chest | Stable; good/= excursion; lungs clear bilaterally |
| Cardiovascular | Sinus bradycardia |
| Gastrointestinal/Abdomen | Denies nausea, vomiting |
| Genitourinary | --- |
| Musculoskeletal/Extremities | CMS present x 4. Extremities cold to touch |
| Neurologic | Intact |
| Integumentary | --- |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | Hypothyroid |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 – 96% on room airECG- sinus bradycardiaBlood sugar – 98 dl/ ml |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Keep the patient warm
* Establish IV access
* Apply EKG monitor/12 lead/pulse ox
* Oxygen administration
* Administer IV bolus to bring up B/P
* Administer atropine 0.5 mg IV
 |
| Additional Resources  | --- |
| Patient response to interventions | Patient does not respond to Atropine. The B/P does come up slightly with the bolus. |
| **EVENT** |
| If reassess prior to 10 minutes, BP is decreasing) - 10 minutes into the scene patient becomes more lethargic and BP will drop to 88/58 student should utilize TCP prior to dopamine. (Pale, cool, diaphoretic) |
| **REASSESSMENT** |
| Appropriate management  | BP: 102/62 P: 60R: 16 Pain: 2With appropriate interventions patient becomes more stable. Improvements with vital signs: color returns to normal/diaphoresis improves, not as weak |
| Inappropriate management  | BP: 0 P: 0R: 0 Pain: ---Patient becomes more lethargic then goes unresponsive and quits breathing. |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| Emergent transport to a Chest Pain Center. |