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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, Drug Box |
| Props | Patient, obviously pregnant, Simulated Squad, Chair, Salsa & Chips |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Identify the level of the detail of the scene that we expect
* Ensure IV arms other props are in the room
* Minimum expectation of how props will be used
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle & Equipment. |
| Other personnel needed (define personnel and identify who can serve in each role) | Husband is “out with the guys”, another child is sleeping in back bedroom  |
| **MOULAGE INFORMATION**  |
| Integumentary | Slightly pale, but dry skin |
| Head | Pale skin but flushed cheeks |
| Chest | --- |
| Abdomen  | Pregnant in appearance (30 weeks) |
| Pelvis | --- |
| Back | --- |
| Extremities | Non-pitting edema at the ankles |
| Age  | 26 year old |
| Weight | 145 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:  | 1300 |
| Location | 4321 Somewhere Avenue |
| Nature of the call | Medical, Adult |
| Weather | Road conditions clear, slightly overcast, 72 Degrees |
| Personnel on the scene | Patient, child sleeping in back bedroom  |

**READ TO TEAM LEADER**: Medic 1 respond to 4321 Somewhere Avenue for a 28 year old female who is 30 weeks pregnant and complaining of SOB and Abdominal Pain. Time out 1301.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Pt live with her husband and first child. The home is well maintained. |
| Patient location  | Sitting at kitchen table, open bag of chips and a can of salsa |
| Visual appearance | Clean, No apparent indication of domestic disturbance, no apparent immediate risk to patient or EMS personnel. |
| Age, sex, weight | 26 year old, Female, 145 lbs. |
| Immediate surroundings (bystanders, significant others present) | --- |
| Mechanism of injury/Nature of illness | SOB secondary to gastric pain/discomfort and nausea after 5 minutes  |

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| **PRIMARY ASSESSMENT** |
| General impression | 26 year old stable pregnant female |
| Baseline mental status  | Oriented to Person, Place, Time, Situation |
| Airway | Patent |
| Ventilation | Adequate, but elevated |
| Circulation | Adequate, Pulses palpable and regular |
| **HISTORY** (if applicable) |
| Chief complaint | “My belly is hurting so bad and I can’t catch my breath. It’s too early for my baby to come!” After 5 minutes patient develops nausea. |
| History of present illness | Pt called off work due to feeling overly fatigued. She woke up late and decided to do some chores around the house. Then felt “a little puckish”, so she decided to have a snack. She pulled out some chips and salsa and states “I just can’t get enough of these lately”. About 10 minutes after eating, she became nauseated with acute sharp abdominal pain. When it didn’t go away, she started becoming slightly short of breath. |
| Patient responses, associated symptoms, pertinent negatives | No trauma suspected. Pain diffuse. Pain is 7/10 and sharp. Pain is not provoked or relieved by anything at this time. Patient seems anxious. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Para 1, Gravida 2, Pt had her Appendix out at age 14, Pt sees an OBGYN regularly, and there is not suspicion of an abnormal pregnancy up to this point. |
| Medications and allergies | Prenatal Vitamin, NKDA |
| Current health status/Immunizations (Consider past travel) | No past travel, All immunizations UTD |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 124/66 P: 120R: 22, shallow Pain: 7/10Temperature: 99.0 fGCS: Total (E: 4; V: 5; M:6) |
| HEENT | --- |
| Respiratory/Chest | Clear and Equal Bilaterally |
| Cardiovascular | No murmurs noted, Pulses strong and regular though are slightly elevated |
| Gastrointestinal/Abdomen | Hyperactive bowel sounds, Movement of the fetus noted |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Slight edema to both ankles, no other pertinent findings |
| Neurologic | --- |
| Integumentary | Slight pallor, cheeks flushed |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | Patient admits to elevated anxiety since the third trimester began. |
| Additional diagnostic tests as necessary | SpO2: 95% RAEtCO2: 40 ECG: Sinus Tach12-lead ECG: Sinus Tach, No Ectopic Noted, No pertinent FindingsBGL determination: 102 |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Vitals, History
* IV TKO, ECG, Lateral position
* **Post Event:** oxygen, lateral recumbent
 |
| Additional Resources  | --- |
| Patient response to interventions | Anxiety reduced if caregiver disposition is appropriate |
| **EVENT** |
| Event 1: child in back bedroom begins to cry Event 2: When standing the patient to transfer to the cot, the patient gets lightheaded and “feels faint”Event 3: Pt “feels faint” again in transport if placed supine and BP dips down to 92 systolic due to fetus position to mothers vasculature. |
| **REASSESSMENT** |
| Appropriate management  | BP: 126/64 P: 110R: 20 Pain: 6/10 |
| Inappropriate management  | BP: 90/66 P: 124R: 24, shallow Pain: 7/10 |

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| **TRANSPORT DECISION:**  Patient is stable, Pregnancy is factual, but not related to GI pain. GI pain is likely due to diet. Hypotensive episodes are not related to the CC, but are incidental relative to positioning of the patient. |