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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies |
| Props | Empty cup on floor to simulate a spill |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Pt in PJs on edge of bed, little drooling
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle |
| Other personnel needed (define personnel and identify who can serve in each role) | SpouseAdult child at 5 minutes into the scenario |
| **MOULAGE INFORMATION**  |
| Integumentary | Drooling from mouth |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age  | 50 year old |
| Weight | --- |

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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 | 1008 |
| Location | 1123 Elm, single family residence |
| Nature of the call | Medical call; Adult |
| Weather | ---  |
| Personnel on the scene | 2 person ambulance crew |

**READ TO TEAM LEADER**: Medic 5 respond to 1123 Elm Street for sick person vomiting, time out 1008.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | --- |
| Patient location  | On the edge of the bed |
| Visual appearance | Responds to voice, appears tired, drooling, not interacting with environment |
| Age, sex, weight | 50 year old, as found, weight as found |
| Immediate surroundings (bystanders, significant others present) | Spouse answers door and leads to patient |
| Mechanism of injury/Nature of illness | CVA |

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| **PRIMARY ASSESSMENT** |
| General impression | Pt appears tired and weak, drooling, non-interactive |
| Baseline mental status  | Responds to voice, answers appropriately, but slowly, with slurring of speech, apprehensive, anxious |
| Airway | Patent |
| Ventilation | Spontaneous and adequate |
| Circulation | Pulse present, bounding |
| **HISTORY** (if applicable) |
| Chief complaint | “Doesn’t feel right,” can’t get out of bed |
| History of present illness | Vomiting x 2 days, can’t keep anything down No meds taken during this time. Headache began yesterday (6/10)Can’t get out of bed today |
| Patient responses, associated symptoms, pertinent negatives | Patient describes loss of peripheral vision upon investigation. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Hypertension |
| Medications and allergies | Metoprolol |
| Current health status/Immunizations (Consider past travel) | Sick x2 days |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 158/84 P: 96R: 16 unlabored Pain: HA – 6/10Temperature: normalGCS: 14 |
| HEENT | Facial droop on right, left pupil sluggish |
| Respiratory/Chest | -- |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | -- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Unequal grip on right; arm drift on right, lower right weakness as well |
| Neurologic | -- |
| Integumentary | -- |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2, 98%12-lead ECG – non diagnosticglucose 62ETCO2 – 38F – right sided droopA – Right arm driftS – Slurring of speechT – 1 hour |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * History and physical exam, including stroke scale
* Transfer to cot protecting weak side in POC
* IV
* 12 lead
 |
| Additional Resources  | --- |
| Patient response to interventions | No change |
| **EVENT** |
| Adult child enters scene aggressive towards crew. The Team needs to address this issue while continuing to manage the patient.  |
| **REASSESSMENT** |
| Appropriate management – Vitals remain the same  | BP: --- P: ---R: --- Pain: ---List improving vital signs and reassessment findings |
| Inappropriate management - Vitals remain the same | BP: --- P: ---R: --- Pain: ---List deteriorating vital signs and reassessment findings |

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| **TRANSPORT DECISION:**  |
| * Priority transport
* Transport to stroke center
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