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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies (CPAP and capnography supplies), ECG monitor, IV arm |
| Props | * Full ashtray, cigarettes/lighter, dirty clothes, sink with dishes, liquor bottle,
* Home oxygen system with long nasal cannula and a patient nebulizer
* Home BiPAP machine
* Capnograph of COPD or CHF patient
* 12-lead ECG of sinus tachycardia
 |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| Identify the level of the detail of the scene that we expect * Patient sitting tripod position at kitchen table in obvious distress using a nebulizer, and has a home oxygen system with a long nasal cannula
* Private residence in low income neighborhood, trash all over living room, piles of dishes in the sink, loud TV in background
* Ashtray full of cigarettes in sight with bottle of liquor on the table
* Patient wearing dirty clothes smelling of urine, and overall poor body hygiene
* Ensure IV arms other props are in the room
* Wife will attempt to light a cigarette after oxygen is applied to create a dangerous situation
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle (adjusts as needed for individual scenarios) |
| Other personnel needed (define personnel and identify who can serve in each role) | Wife who agitates the patient by asking questions, and tries to light a cigarette once oxygen is applied to the patient  |
| **MOULAGE INFORMATION**  |
| Integumentary | Ashen colored skin, nicotine stains to patient’s fingers from smoking |
| Head | Oily and dirty hair |
| Chest | --- |
| Abdomen  | Ascites |
| Pelvis | --- |
| Back | --- |
| Extremities | Pedal edema  |
| Age  | 65 year old |
| Weight | 114 Kg 250 pounds |

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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 | 0730 hours |
| Location | 123 East Main |
| Nature of the call | Geriatric in respiratory distress (trouble breathing) |
| Weather | Clear |
| Personnel on the scene | --- |

**READ TO TEAM LEADER**: Medic 500 respond to 123 Main Street for a medical emergency, difficulty breathing, time out 0730.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Complex: Occurs after the patient has been found and treatment is underway. Wife lights a cigarette once oxygen is applied.  |
| Patient location  | Kitchen at home (picture of kitchen and living area covered in trash, dishes piled up in the sink, bottle of liquor on the table, ashtray full of cigarettes on the table.  |
| Visual appearance | Ashen patient in tripod position at kitchen table with respiratory distress and breathing through pursed lips  |
| Age, sex, weight | 65, male, 250 pounds |
| Immediate surroundings (bystanders, significant others present) | Wife answers the door and leads medics to patient in kitchen |
| Mechanism of injury/Nature of illness | Medical, respiratory distress |

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| **PRIMARY ASSESSMENT** |
| General impression | Sick, in respiratory distress |
| Baseline mental status  | Alert |
| Airway | Airway is patent |
| Ventilation | Tachypnea, tripod position, pursed lips, accessory muscle use (increased work of breathing) |
| Circulation | Ashen, central/peripheral pulses present, CR 2 seconds |
| **HISTORY** (if applicable) |
| Chief complaint | “I can’t catch my breath” |
| History of present illness | Woke up during the night and was short of breath |
| Patient responses, associated symptoms, pertinent negatives | Productive cough 2-3 days, denies chest pain, |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | COPD, CHF, Type II DM, HTN |
| Medications and allergies | Albuterol, ipratropium, metformin, furosemide, potassium chloride, HCTZ |
| Current health status/Immunizations (Consider past travel) | Appears in chronic poor health, smoking history of 1+ pack/day for 40 years, not compliant with meds and diet.  |
| Social/Family concerns | Smoking and drinking history, low income, non-compliance with health issues |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 163/92 P: 126R: 28 Pain: ---Temperature: 38GCS: Total 15 (E: 4; V:5; M:6)  |
| HEENT | Hair is oily and dirty, PEARL, accessory muscle use supra-clavicular, voice is hoarse due to productive cough |
| Respiratory/Chest | Rales in lower lobesTripod positioningAccessory muscle useSpeaks in short sentencesShow picture of capnograph with COPD (or CHF) waves |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | Ascites  |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Pedal edema |
| Neurologic | Agitated due to dyspnea, able to move all extremities |
| Integumentary | Ashen, skin intact but unbathed |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | History of Type II DM: BG 180 |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2: 92%; EtCO2: 40; ECG 12-lead: Sinus Tach; BGL: 180 mg/dL;  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Airway Support
* Continue oxygen
* Determine capnography (waves for bronchospasms, CHF, COPD)
* Administer CPAP
* Respiratory medications (Albuterol, ipratropium, methyl prednisone, nitroglycerine)
* 12-lead, capnography, SpO2 trending
* Position of comfort
 |
| Additional Resources  | --- |
| Patient response to interventions | Will improve with CPAP and medications |
| **EVENT** |
| When patient is placed on oxygen the wife should light up her cigarette standing in another area of the kitchen. If the medics do not notice she is smoking, the patient may ask for a cigarette. At which time, she attempts to hand hers to the patient. If the medics decide to give nitroglycerine (CHF) to the patient without asking for allergies or recent ED medication use, the patient’s blood pressure will drop significantly.  |
| **REASSESSMENT** |
| Appropriate management CPAP and medications | BP: 142/88 P: 110R: 22 Pain: noneCO2: 35SPO2: 97List improving findings: Speaks in longer sentences, no pursed lips when breathing, decrease work of breathing |
| Inappropriate management No CPAP or medicationsGives NTG with asking about ED drugs BP will bottom out to 90/46 | BP: 152/96 P: 100R: 36 Pain: ---CO2: 46 SPO2: 86Cyanosis, confusion, gasping breathing occurs  |

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