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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder, airway supplies, glucometer, drug box, ECG monitor |
| Props | | Bedroom mock up |
| Medical Identification jewelry | | --- |
| **SETUP INSTRUCTIONS** | | |
| * The scenario calls for the patient to be found in bed. A mocked up bedroom would be ideal. * Ensure IV trainers | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS, 2 paramedic ambulance. Local hospital 15 minutes away, pediatric center 40 minutes away. | |
| Other personnel needed | Adult neighbor. Neighbor has minimal information regarding the patient. | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Warm and dry, dry mucous membranes | |
| Head | Pupils equal, dry lips | |
| Chest | Clear breath sounds, rapid breathing | |
| Abdomen | Diffuse tenderness (patient moans upon palpation) | |
| Pelvis | --- | |
| Back | --- | |
| Extremities | --- | |
| Age | 9 years old | |
| Weight | 60 pounds or 27 kilograms | |

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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 | 0700 |
| Location | 1 story home |
| Nature of the call | Medical Pediatric |
| Weather | Mild spring morning. No severe weather |
| Personnel on the scene | Adult neighbor |

**READ TO TEAM LEADER**: Medic 1 respond to 123 Fake Street for unresponsive person, time out 0700.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Patient was staying at neighbor’s house with friend (neighbor’s son). Patient’s parents are out of town and cannot be reached. Neighbor is very concerned and upset with situation. He/she will not leave patient’s side and is slightly obtrusive to patient care. If confronted, neighbor will escalate, if addressed respectfully, he will deescalate. |
| Patient location | Bedroom |
| Visual appearance | Average size 9 year old child on the floor, unresponsive |
| Age, sex, weight | 9 year old, Male, 27 kilograms |
| Immediate surroundings (bystanders, significant others present) | Adult neighbor present |
| Mechanism of injury/Nature of illness | No obvious trauma neighbor found patient in bed and was not able to wake him. States patient had been sick (nausea/vomiting/abdominal pain) for the last few days, but notes patient was ok and playing video games last night before bed. |

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| **PRIMARY ASSESSMENT** | |
| General impression | 9 year old male unresponsive on the floor |
| Baseline mental status | Response to pain only with a moan |
| Airway | Clear |
| Ventilation | Rate 30 times a minute |
| Circulation | Heart rate at 130, skin warm and dry |
| **HISTORY** (if applicable) | |
| Chief complaint | Unresponsive |
| History of present illness | Patient has been sick for the last few days but has been doing ok. Complained of nausea, vomiting and abdominal pain. Had normal mental status as recently as bedtime last night. Patient’s mother called to check in last night and the child was calm and alert. Neighbor found patient unresponsive this AM. |
| Patient responses, associated symptoms, pertinent negatives | No Diaphoresis, No wheezing, and No- pin point pupils  Patient responds only to painful stimuli. |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Neighbor states patient has been sick for the last few days but has been doing ok. C/O nausea, vomiting and abdominal pain. Had normal mental status as recently as bedtime last night. Neighbor found patient unresponsive. |
| Medications and allergies | --- |
| Current health status/Immunizations (Consider past travel) | Unknown neighbor states “The kids get a physical every year” |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** | |
| Initial Vital Signs | BP: 80/60 P: 130  R: 30 Pain: ---  Temperature:97  GCS: Total (E:2; V:3; M:5) |
| HEENT | ---Mouth dry lips chapped and cracked, dry mucus membranes, Pupils WNL |
| Respiratory/Chest | • Clear breath sounds |
| Cardiovascular | • Tachycardia |
| Gastrointestinal/Abdomen | Abdomen diffusely tender upon palpation (patient moans with palpation) |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | Painful stimuli only |
| Integumentary | Warm, dry |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | Blood glucose “HI” if measured. |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2  94 %, 28 EtCO2, Sinus Tachycardia ECG, Sinus Tachycardia 12-lead ECG, High BGL |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Maintain airway with BLS skills * Start an IV and provide fluid bolus of 20mg/kg * ECG Monitor |
| Additional Resources | | --- |
| Patient response to interventions | | Blood pressure will improve to 90/60 |
| **EVENT** | | |
| --- | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 90/60 P: 120  R: 30 Pain: ---  List improving vital signs and reassessment findings | |
| Inappropriate management | BP: 70/40 P: 140  R: 36 Pain: ---  List deteriorating vital signs and reassessment findings | |

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| **TRANSPORT DECISION:**  Patient should be transported emergently to the closest hospital (however it may be appropriate to transport this patient to the pediatric center if the crew chooses to do so. |