

ECC EMT Program

Practice Scenarios for Patient Assessments



How to use the scenarios:

- The following scenarios are scripts for the “patient” *while* practicing scenarios.
- The patient **must** read over the scenario information **prior** to starting the assessment.
- Once familiar with the scenario, the patient must do their best to act accordingly to the script.
 - For example, if the script says “Alert”, the patient should **act** alert in answering questions correctly. Do not state “Alert” when the EMT assess mental status.
- The patient **must** use the scripted information in their responses, do not add to the scenario.
- The EMT practicing should only be given information after properly stating what they are assessing or ask for specific information.
- The EMT should conduct their assessment as they would with a real patient. Practicing professionalism and competence is essential for success.
- Practicing using the time limit specified for each scenario.
- The scenarios have information in shaded boxes. This indicates information the ***EMT must verbalize*** to correctly perform and manage the assessment.
- The items listed in **“Treatment & Interventions”** should be initiated by the EMT. If these are not completed before giving a report, review the topics in relation to the assessment at the conclusion of the scenario.

Patient Assessment

Medical or Trauma		Description of the call (Time limits)				Sex of patient
The dispatch time and information of the call will be found here						
<u>BSI:</u>		Secondary		Vitals	(1)	(2)
P:	Prompt to be read to EMT	S:	EMT must decide	B:	Prompts to be read to EMT but must ask for them individually	
E:	Prompt to be read to EMT	x	Prompt to be read to EMT	E:		
N:	Prompt to be read to EMT	P:	Prompt to be read to EMT	L:		
M:	EMT must decide	Q:	Prompt to be read to EMT	L:		
A:	EMT must decide	R:	Prompt to be read to EMT	S:		
N:	EMT must decide	S:	Prompt to be read to EMT	R:		
Primary		T:	Prompt to be read to EMT	P:		
G.I.:	Prompt to be read to EMT	A:	Prompt to be read to EMT	<u>Treatment & Interventions:</u>		
L.T.:	Prompt to be read to EMT	M:	Prompt to be read to EMT	EMT must explain the following: Any items in this box must be initiated or verbalized during the assessment by the EMT. Discuss any items missed at the conclusion of the assessment and the importance of them in relation to the assessment. The EMT should also practicing giving a report to ALS or RN at the conclusion of the assessment.		
AVPU:	Prompts for Patient	P:	Prompt to be read to EMT			
C/C:	Prompts for Patient	L:	Prompt to be read to EMT			
A:	Prompts for Patient	E:	Prompt to be read to EMT			
	The correct decision will be here	Physical	EMT must determine if TX is needed and how			
B:	Prompt to be read to EMT	Head:	Prompt to be read to EMT			
	The correct decision will be here	Neck:	Prompt to be read to EMT			
C:	Prompt to be read to EMT	Chest:	Prompt to be read to EMT			
	The correct decision will be here	Abdominal:	Prompt to be read to EMT			
D/D:	Prompt to be read to EMT	Pelvis:	Prompt to be read to EMT			
E:	EMT must decide	Lower:	Prompt to be read to EMT			
F:	EMT must decide	Upper:	Prompt to be read to EMT			
G:	EMT must decide	Back:	Prompt to be read to EMT			

Indicates areas or information that must be stated by the EMT before receiving information or moving on in the assessment.

** Indicates information in the scenario that has a footnote with further explanation.

Patient Assessment

#1	Medical	Description: Choking (15 minute Time limit)	Sex: M or F
<p><u>Still Alarm @1320:</u> You and your partner are on shift ordering lunch at El Pollo Inka. You suddenly hear a man choking and people yelling for help.</p>			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	(1) (2)
E:	None	O:	
N:	1	P:	
M:	Nature of illness	Q:	
A:	No indication for ALS at this time	R/R:	
N:	No Indication for SMR at this time	S:	
Primary		T:	
G.I.:	Pt is standing, coughing, holding (his / her) throat	A/A:	<u>Treatment & Interventions:</u>
L.T.:	Coughing and beating his chest like he is choking	M:	
AVPU:	Alert but can barely speak	P:	EMT needs to explain the following:
C/C:	I'm choking	L:	
A:	Partial obstruction --> Full obstruction	E:	
	Encourage to cough --> ABD thrust --> Dislodged Shrimp	Physical	EMT must determine if TX is needed and how
B:	Rapid and shallow w/ Stridor and wheezing	Head:	Action: Vasoconstrictor, Bronchodilator
	NRB @ 15 LPM	Neck:	Indications: Anaphalatic Shock
C:	CRT: <2, No bleeding, HR: rapid/weak, Skin: Flushed, warm, dry	Chest:	Contraindications: None
		Abdominal:	How to administer oxygen for this patient
D/D:	None	Pelvis:	How to properly deliver abdominal thrusts
E:	EMT should expose chest and neck	Lower:	
F:	Signs of anaphylaxis: stridor/wheezing + hives and activate ALS**	Upper:	
G:	ALS, Code 3, MAR	Back:	EMT must give report once ALS arrives

**PCN = penicillin

Patient Assessment

#2	Medical	Description: Chest pain (15 minute Time limit)	Sex: M or F
<u>Dispatch @0417</u> : EMS 10 respond to a chest pain at a private residence, pt is located in the back guest house.			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	(1) (2)
E:	None	O:	
N:	1	P:	
M:	Nature of illness	Q:	
A:	Activate ALS based off dispatch of CP	R/R:	
N:	No Indication at this time	S:	
Primary		T:	
G.I.:	PT is sitting clutching (his / her) chest	A/A:	Treatment & Interventions:
L.T.:	None	M:	
AVPU:	Alert	P:	EMT needs to explain the following:
C/C:	My chest hurts, I feel super nauseated	L:	DICE, 6 Rights
A:	Patent	E:	How to administer oxygen for this patient
		Physical	Nitroglycerin action, indications, contraindications and administration
B:	Increased rate w/NTV : SpO2 95%	Head:	Aspirin action, indications, contraindications and administration
		Neck:	How & When to reassess pain for this patient
C:	CRT: >2, NO Bleeding, HR: slow, Skin: Pale, cool, diaphoretic	Chest:	Cardiogenic vs Hypovolemic shock
	NC @ 1 - 6 LPM	Abdominal:	
D/D:	None	Pelvis:	
E:	EMT should expose the chest	Lower:	
F:	Signs of MI; ALS vs STEMI CTR ETAs	Upper:	
G:	ALS, Code 3, STEMI	Back:	EMT must give report when ALS arrives

**Levine's Sign = clutching of the chest in pain

**CAD = Coronary Artery Disease

**Epigastric Region is at the midline slightly below the xiphoid process. Patient may complain of their discomfort as heart burn or nausea

**NTG = Nitroglycerin ASA = Aspirin

atenolol A common blood pressure medication; it is a beta-blocker

Patient Assessment

#3	Medical	Description: Stroke-like Symptoms (10 minute time limit)	Sex: M or F			
<p><u>Dispatch @1820:</u> EMS 10 Respond to Mimi's Café for a fall. The caller stated the patient slump over at the table for some time and now can't really pronounce words correctly.</p>						
BSI:	Gloves, goggles	Secondary	EMT should state to ask PT's friend	Vitals	(1)	(2)
P:	Safe	S:		B:	162/88	170/86
E:	Tight space inside the restaurant	O:	suddenly started having trouble speaking	E:	PEARL	PEARL
N:	1	P:	unable to obtain	L:	A/O X 3 (Slow to respond)	A/O X 3 (Slow to respond)
M:	Nature of illness	Q:	he/she said tingling before the trouble speaking started	L:	Clear Bilaterally	Clear Bilaterally
A:	Activate ALS due to neurological emergency	R/R:	all along left side	S:	Pale, cool, diaphoretic	Pink, cool, clammy
N:	No indication at this time	S:	unable to obtain	R:	26 shallow	24 shallow
Primary		T:	10 minutes ago	P:	68 strong	60 strong
G.I.:	Patient is sitting up right but (he/she) slow to tracking you as you enter the room	A/A:	NKA / 68yo	<u>Treatment & Interventions:</u>		
L.T.:	None	M:	**Losartan, Metformin**	EMT must explain:		
AVPU:	Alert but having a hard time pronouncing words	P:	Mini strokes, DM II, recently had my hip replaced			
C/C:	I feel weak and tingling throughout my left side	L:	1/2 of the sandwich ordered			
A:	Patent	E:	just here having lunch	how to administer oxygen for this patient		
		Physical	EMT must determine if TX is needed and how	CVA vs TIA		
B:	Increased rate and shallow	Head:	difficulty speaking; slight facial droop	How to obtain information from family/friends/bystanders		
	NRB @ 15 lpm	Neck:				
C:	CRT: >2, NO Bleeding, HR: slow, Skin: Pale, cool, diaphoretic	Chest:				
	Shock Management	Abdominal:				
D/D:	Speech deficits --> **should assess for F.A.S.T.**	Pelvis:				
E:	briefly expose the left side of body	Lower:				
F:	Signs of stroke; ALS vs Stroke Ctr ETAs	Upper:				
G:	ALS, Code 3, Stroke center	Back:		EMT must give report once ALS arrives		

FAST = Cincinnati stroke scale

Patient Assessment

#4	Medical	Description: Diabetic Emergency (15 minute Time limit)	Sex: M or F
<u>Dispatch @1015:</u> EMS 10 respond to a private residence for weakness, caller states (he / she) doesn't "feel right".			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	PT is weak and poor perfusion
E:	Dog barking at the door	O:	Gradual
N:	1	P:	Standing up or moving around makes it worse
M:	Nature of illness due to weakness	Q:	No energy and really thirsty
A:	Activate ALS due to weakness	R/R:	All over
N:	No indication at this time	S:	I don't know, I just don't feel right.
Primary		T:	This morning
G.I.:	After opening the door for you, the PT stumbles back to the couch	A/A:	None / 56yo
L.T.:	None	M:	Insulin, Lipitor
AVPU:	Alert but slow to respond	P:	**DM I**, High Cholesterol
C/C:	I feel so weak, I can barely get up	L:	Lunch Yesterday
A:	Patent	E:	I woke up like this, no energy
		Physical	EMT must determine if TX is needed and how
B:	Slow, NTV ; SpO2 90%	Head:	
C:	NRB @ 15 LPM	Neck:	
D/D:	CRT <2sec; No bleeding; HR: rapid/weak Skins: pale, cool, clammy	Chest:	
E:	Shock management	Abdominal:	
F:	Pt cant stand on his own	Pelvis:	
G:	Expose head to rule out trauma	Lower:	
H:	should decreased mental status and check blood sugar, ALS vs M.A.R. ETAs	Upper:	
I:	ALS, Code 3, M.A.R.	Back:	
			Treatment & Interventions:
			EMT needs to explain the following:
			properly use a glucometer (aseptic) --> > 52 mm/dL
			Oral Glucose
			Action: Increases blood glucose saturation
			Indications: Low blood sugar associated with ALOC
			Contraindications: Cant follow commands
			How they would provide oxygen
			When they would reassess blood glucose levels
			EMT must give report once ALS arrives

DM I Diabetes Mellitus: Type 1

Patient Assessment

#5	Medical	Description: Respiratory Distress (15 minute Time limit)	Sex: M or F
<u>Dispatch @ 1600:</u> EMS 10 respond to a local convenience store for a 24 yo male in respiratory distress.			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	Pt has poor respirations
E:	Busy parking lot	O:	Sudden
N:	1	P:	Leaning forward helps
M:	Nature of illness	Q:	like I cant get air out
A:	Activate ALS due to resp. distress	R/R:	Chest/moves to throat
N:	No indication at this time	S:	6
Primary		T:	10 min ago
G.I.:	Pt is sitting in a chair tripodding	A/A:	None / 24yo
L.T.:	None	M:	Albuterol, Mens One-A-Day
AVPU:	Alert	P:	Asthma
C/C:	I can't really breath, chest feels real tight	L:	Pizza one hour ago
A:	Patent	E:	I was running to work so I wouldn't be late
		Physical	EMT must determine if TX is needed and how
B:	Rapid w/audible wheezes	Head:	Indications: difficulty breathing with wheezes
	NRB @ 15 LPM	Neck:	Contraindications: Can't follow simple commands, exceeded Rx
C:	CRT <2sec; No Bleeding; HR s/r Skins: Pale, warm, dry	Chest:	Normal. No Rash or trauma
		Abdominal:	How they would provide oxygen
D/D:	None	Pelvis:	
E:	Expose the chest	Lower:	
F:	high priority patient, NRB due to resp. distress; ALS vs Hosp ETAs	Upper:	
G:	ALS, CODE 3, M.A.R.	Back:	EMT must give report once ALS arrives

Patient Assessment

#6	Medical	Description: Anaphylaxis (15 minute Time limit)	Sex: M or F
<u>Dispatch @ 1230:</u> EMS 10 respond to the county fair for a female in respiratory distress.			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	Possible anaphylaxis
E:	102 degrees	O:	Sudden
N:	1	P:	It gets worse by the second
M:	Nature of illness	Q:	Hard to breath in
A:	Activate ALS due to resp. distress	R/R:	Throat
N:	No inication at this time	S:	10
Primary		T:	20 min
G.I.:	Pt is leaning on rail holding her throat, struggling to breath	A/A:	Peanuts / 30yo
L.T.:	Respiratory Compromise	M:	Epi-Pen, **Lipitor**
AVPU:	Alert	P:	High cholesterol
C/C:	My throat is itchy and I feel like its closing (with stridor)	L:	Someone gave me a deep fried snack. I didn't know it was a snickers bar.
A:	Audible Stridor	E:	we just stopped for a snack
		Physical	EMT must determine if TX is needed and how
B:	Rapid, Labored ; Wheezing	Head:	
	NRB @ 15 LPM	Neck:	Hives
C:	CRT: > 2; No bleeding; HR: rapid/weak Skin: flushed w/urticaria	Chest:	Hives
	Signs of anaphylactic shock	Abdominal:	
D/D:	None	Pelvis:	
E:	Expose neck and chest	Lower:	
F:	Suspect anaphylaxis, ALS vs Hosp ETAs	Upper:	
G:	ALS, CODE 3, M.A.R.	Back:	
			EMT must give report once ALS arrives

****Lipitor**** Common medication for high cholesterol

Patient Assessment

#7	Medical	Description: Overdose (15 minute Time limit)	Sex: M or F
<u>Dispatch @0130</u> : EMS 10 respond to a music festival for an unresponsive patient.			
BSI:	Gloves, Goggles	Secondary	EMT should ask friends for history
Vitals			(1) (2)
P:	Safe	S:	Pt has poor respirations, possible od
B:			106/54 112/60
E:	Extremely low lighting	O:	Unable to obtain
E:			Pinpoint PEARRL
N:	1	P:	Unable to obtain
L:			A/O x 0 A/O x 2
M:	Nature of illness at this time, based on call type	Q:	Unable to obtain
L:			Diminished Clear bilaterally
A:	Activate ALS due to unresponsive	R/R:	Unable to obtain
S:			Pale, Warm, Dry Pale, Warm, Dry
N:	Bring SMR due to unresponsiveness	S:	Unable to obtain
R:			6 Shallow 12 NTV
Primary		T:	Found 11 min ago
P:			116 weak 112 S/R
G.I.:	PT is propped up against a wall not moving. Appears to be breathing. Security found friends of the patient and "they're on scene"	A/A:	Unable to obtain / Looks 19yo
L.T.:		M:	Unable to obtain
AVPU:	Responds to pain (grunts)	P:	Unable to obtain
C/C:	Possible OD	L:	Unable to obtain
A:	Patent	E:	partying at rave and shot up heroin
		Physical	EMT must determine if TX is needed and how
B:	Very slow and very shallow	Head:	Abrasions on forehead ; Pinpoint pupils
		Neck:	
C:	BVM @ 15 LPM CRT <2sec; No Bleeding; HR weak; Skins: Pale, cool, diaphoretic	Chest:	Dimishesd lung sounds
		Abdominal:	
D/D:	Shock Management	Pelvis:	
E:	EMT states what to expose	Lower:	
F:	EMT states field impression	Upper:	Fresh trackmarks
G:	EMT states transport decision	Back:	
			EMT must give report once ALS arrives

This scenario requires at least 3 students: 1 EMT, 1 Friend of the PATient, 1 PATient

Friend on scene If asked what happened: "we've been drinking all day and then my friend shot up some heroin. We were just sitting down for a bit and he just passed out." *EMT can rule out trauma*

Patient Assessment

#8	Medical	Description: Vaginal Bleed (10 minute time limit)	Sex: Female
<u>Dispatch @1350:</u> EMS 10 respond to 24 Hour Fitness for a female complaining of abdominal pain. She stated she is bleeding.			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe	S:	Vaginal bleeding, signs of hypovolemic shock
E:	none	O:	sudden
N:	1	P:	standing up makes it worse
M:	nature of illness	Q:	really bad cramps, a sharp pain comes and goes
A:	no indication at this time	R/R:	R Abdomen and pelvic region
N:	No indication at this time	S:	9
Primary		T:	20 min
G.I.:	PT is sitting in chair crying, guarding her ABD	A/A:	NKA / 24yo
L.T.:	None	M:	none
AVPU:	Alert	P:	none
C/C:	"My stomach starting hurting just as I got to the gym. I went to the bathroom to change clothes and started bleeding"	L:	juice about 3 hours ago, I'm on a cleanse
A:	Patent	E:	I just got to the gym, I haven't started working out.
Physical		E:	Is there a possibility you're pregnant? "I don't know"
B:	Rapid and shallow; speaking in 2-3 words per breath	Physical	EMT must determine if TX is needed and how
C:	NRB @ 15 LPM	Head:	When was your last menstrual period? "3 months ago"
C:	CRT: >2, NO active Bleeds, HR: rapid, Skin: Pale, cool, diaphoretic	Neck:	Do you have regular periods? "yes I do"
E:	Shock Management	Chest:	
D/D:	none	Abdominal:	<u>R side of ABD</u> = guarding; tenderness
E:	expose abdomen	Pelvis:	blood stained shorts; no signs of trauma
F:	high priority patient; signs of shock; ALS vs M.A.R. ETAs	Lower:	
G:	ALS, Code 3, M.A.R.	Upper:	
G:		Back:	EMT must give report once ALS arrives
Treatment & Interventions:			
EMT must explain:			
pertinent negatives:			

Patient Assessment

# 9	Trauma	Description: Gun Shot wound (15 minute Time limit)	Sex: Male
<u>Dispatch @2258</u> : EMS 10 respond to J's Liquor for shots fired, it was reported there is a man down .			
BSI:	Gloves, Goggles	Secondary	Vitals
P:	Safe, PD has secured the scene	S:	GSW, ALOC
E:	Large crowd	O:	Unable to obtain
N:	1	P:	Unable to obtain
M:	Mechanism of injury	Q:	Unable to obtain
A:	Activate ALS	R/R:	Unable to obtain
N:	Bring SMR due to man down	S:	Unable to obtain
Primary		T:	Unable to obtain
G.I.:	**PT is sitting slumped over against the building**	A:	Unable to obtain /Looks mid 30s
L.T.:	You see a bullet hole lower left chest	M:	Unable to obtain
AVPU:	Withdraws to painful stimulus	P:	Unable to obtain
C/C:	ALOC w/GSW	L:	Unable to obtain
A:	Secretions in the mouth	E:	Unable to obtain
	Suction needed	Physical	EMT must determine if TX is needed and how
B:	Agonal Breaths	Head:	none
	BVM @ 15 LPM <u>W/OPA</u>	Neck:	Tracheal deviation, JVD
C:	CRT: >2, No active bleeds, HR: slow, Skin: Pale, cool, diaphoretic	Chest:	Sucking Chest wound
	Shock Management	Abdominal:	none
D/D:	None	Pelvis:	none
E:	Expose the whole body	Lower:	none
F:	High priority patient; Interventions provided; ALS vs Hosp ETAs	Upper:	none
G:	ALS, Code 3, Level I Trauma	Back:	GSW exit

General Impression EMT should lay the patient supine

Patient Assessment

# 10	Trauma	Description: Cheerleading Accident (15 minute time limit)	Sex: Female
<u>Dispatch @1937</u> : EMS 10 respond to a high school football stadium for a fall. FAMILY IS ON SCENE			
BSI:	Gloves, Goggles	Secondary	EMT should ask family for the following
P:	SAFE	S:	UNRESPONSIVE, SHOLDER DEFORMITY
E:	LARGE CROWD OF SPECTATORS	O:	"she fell quickly, hit her head and was out"
N:	1	P:	UNABLE TO OBTAIN
M:	MECHANISM OF INJURY	Q:	UNABLE TO OBTAIN
A:	NO INDICATION AT THIS TIME	R/R:	UNABLE TO OBTAIN
N:	YES DUE TO FALL	S:	UNABLE TO OBTAIN
Primary		T:	UNABLE TO OBTAIN
G.I.:	**PT IS PRONE**	A/A:	NKA / 17yo
L.T.:	APPEARS TO NOT BE MOVING	M:	NONE
AVPU:	**UNRESPONSIVE** <i>EMT should activate ALS</i>	P:	NONE
C/C:	UNRESPONSIVE	L:	NONE
A:	PATENT	E:	"SHE FELL WHILE BEING HOISTED UP DURING CHEERLEADING STUNT"
		Physical	EMT must determine if TX is needed and how
B:	RAPID AND SHALLOW	Head:	UNEQUAL PUPILS; HEMATOMA ON RIGHT SIDE
	BVM @ 15 LPM <u>W/OPA</u>	Neck:	NONE
C:	CRT: <2, NO Bleeding, HR: RAPID, Skin: PALE, COOL, DRY	Chest:	NONE
	SHOCK MANAGEMENT	Abdominal:	NONE
D/D:	DEFORMITY IN THE RIGHT SHOULDER	Pelvis:	NONE
E:	EXPOSE THE WHOLE PATIENT	Lower:	NONE
F:	HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETA	Upper:	R SHOULDER DEFORMITY
G:	ALS, CODE 3, LEVEL I TRAUMA	Back:	NONE
EMT must explain: HOW TO ADMINISTER OXYGEN TO THIS PATIENT HOW TO IDENTIFY A TRAUMATIC BRAIN INJURY How to obtain information from family/friends/bystanders EMT must give report once ALS arrives			

PRONE EMT SHOULD HAVE A PARTNER HOLD C-SPINE TO LOG-ROLL BEFORE ASSESSING RESPONSIVENESS

Patient Assessment

#11	Trauma	Description: Fall (15 minute time limit)	Sex: M OR F
<u>Dispatch:</u> EMS 10 RESPOND TO AVE C IN REDONDO BEACH FOR A FALL. THE PATIENT'S SIGNIFICANT OTHER IS ON SCENE			
BSI:	Gloves, Goggles	Secondary	EMT SHOULD ASK SIGNIFICANT OTHER FOR FOLLOWING INFORMATION
P:	SAFE	S:	UNRESPONSIVE, SIGNS OF HYPOVOLEMIC SHOCK
E:	BYSTANDERS AND TRAFFIC	O:	IT ALL HAPPENED SO FAST
N:	1	P:	UNABLE TO OBTAIN
M:	MECHANISM OF INJURY	Q:	UNABLE TO OBTAIN
A:	NO INDICATION AT THIS TIME	R/R:	UNABLE TO OBTAIN
N:	YES DUE TO FALL	S:	UNABLE TO OBTAIN
Primary		T:	4 MINUTES
G.I.:	ELDERLY (M / F) LYING SUPINE AT THE BOTTOM OF THE STAIRCASE	A/A:	MORPHINE / 62yo
L.T.:	NONE	M:	**COUMADIN, METFORMIN**
AVPU:	**UNRESPONSIVE** <i>should activate ALS</i> <i>EMT</i>	P:	**TIA, DM II**
C/C:	UNRESPONSIVE	L:	breakfast 5 hours ago
A:	BROKEN TEETH	E:	exercising on stairs
	REMOVE OBSTRUCTIONS	Physical	EMT must determine if TX is needed and how
B:	ADEQUATE RATE W/NTV	Head:	abrasions on left side of face
		Neck:	none
C:	CRT: <2, NO Bleeding, HR: FAST, Skin: PALE, COOL, CLAMMY	Chest:	none
	NRB @ 15LPM	Abdominal:	none
D/D:	ANKLE AND WRIST	Pelvis:	none
E:	EXPOSE THE WHOLE PATIENT	Lower:	r ankle deformity
F:	HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETA	Upper:	L wrist deformity
G:	ALS, CODE 3, LEVEL I TRAUMA	Back:	abrasions and contusions
			Treatment & Interventions:
			EMT must explain the following:
			How to apply oxygen for this patient
			How to prioritize injuries
			How to obtain information from family/friends/bystanders
			importance of medical history and medications for this patient
			How to identify hemorrhagic shock
			EMT must give report once ALS arrives

TIA Transient Ischemic Attacks ("Mini strokes")

DM II Diabetes Mellitus Type 2

Coumadin Common blood thinner

Metformin Diabetic medication

Patient Assessment

# 12	Trauma	Description: Explosion (15 minute time limit)	Sex: M or F
<u>Dispatch @1345:</u> EMS 10 respond to an explosion at a welding site. The patient was exposed to flames, reported by the supervisor.			
BSI:	Gloves, Goggles	Secondary	EMT should ask supervisor for any information on the patient
P:	Safe	S:	unresponsive, burns
E:	Heavy equipment, flammable hazards, trip hazards	O:	unable to obtain
N:	1	P:	unable to obtain
M:	Mechanism of injury	Q:	unable to obtain
A:	Activate ALS	R/R:	unable to obtain
N:	Bring SMR due explosion	S:	unable to obtain
Primary		T:	"I heard a loud bang about 12 minutes ago"
G.I.:	Patient laying on (his/her) side with helmet on and clothes intact	A/A:	PCN, Sulfa / 39 yo
L.T.:	None	M:	none
AVPU:	Unresponsive	P:	none
C/C:	UNRESPONSIVE W/ BURNS AND SOOT AROUND MOUTH	L:	"they just finished their lunch hour"
A:	PATENT BUT SHOULD SUSPECT UNSTABLE AIRWAY DO TO POSSIBLE FLAME INHALATION	E:	"I have no idea what they we're doing"
		Physical	EMT must determine if TX is needed and how
B:	SLOW AND SHALLOW	Head:	singed facial hair, soot around and in mouth, 2nd degree burns on face
	BVM @ 15 LPM W/NPA	Neck:	2nd degree burns on neck
C:	CRT: >2, NO Bleeding, HR: SLOW, Skin: PALE, HOT, DRY	Chest:	none
	COOL BURNS THEN SHOCK MANAGEMENT	Abdominal:	none
D/D:	NONE	Pelvis:	none
E:	EXPOSE THE WHOLE PATIENT	Lower:	none
F:	HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETAs	Upper:	none
G:	ALS, Code 3, Level I trauma	Back:	none
		Treatment & Interventions:	
		EMT must explain:	
		HOW TO TREAT THERMAL BURNS: REMOVE FROM ENVIRONMENT, REMOVE CLOTHING OR OBJECT, THEN COOL EFFECTED AREA	
		HOW TO ADMINISTER OXYGEN FOR THIS PATIENT	
		How to obtain information from family/friends/bystanders	
		how to manage shock in a burn patient	
		EMT must give report once ALS arrives	