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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, Drug bag |
| Props | Medication list |
| 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  |
| Other personnel needed (define personnel and identify who can serve in each role) | Patient & Wife (distraught wife) |
| **MOULAGE INFORMATION**  |
| Integumentary | Diaphoretic |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age  | 72 year old  |
| Weight | 210 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 | 2018 |
| Location | 590 West 2000 South |
| Nature of the call | Medical; Geriatric |
| Weather | Warm mid-July, 96 Degrees |
| Personnel on the scene | Pt’s wife |

**READ TO TEAM LEADER**: Medic 612 respond to 590 West 2000 South for 72 Year old male who is disoriented and confused time out 2018

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Power cord entangled in patient’s feet |
| Patient location  | Patient is sitting in the living area on loveseat, leaning to the left, eyes open and non-responsive. |
| Visual appearance | Patients eyes are open but he does not respond when you speak to him |
| Age, sex, weight | Patient is a 72 year old male who weighs approx. 210 lbs. |
| Immediate surroundings (bystanders, significant others present) | Patients wife is on scene |
| Mechanism of injury/Nature of illness | Stroke |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient has a patent airway but does not respond to verbal |
| Baseline mental status  | Non-responsive (continues to stare off into space) |
| Airway | Patient and adequate |
| Ventilation | Adequate |
| Circulation | Patient has a strong radial pulse that is irregular |
| **HISTORY** (if applicable) |
| Chief complaint | Patient has no complaints but gives you blank stares when you ask him questions. |
| History of present illness | Wife states that he husband was fine an hour ago, after eating dinner. He was watching TV and she came to tell him it was time for bed and he was acting as he is now. Non-verbal and just looking at her. She tried several times to get him up and he would not cooperate and go to bed. |
| Patient responses, associated symptoms, pertinent negatives | Patient does not respond with any verbal response. Eyes are open but patient is just staring into space. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Patient has a history of Hypertension and chronic back pain from an accident he had 3 years ago |
| Medications and allergies | NKDA, Pt takes B/P meds and narcotics for back pain |
| Current health status/Immunizations (Consider past travel) | Patient is current on his immunizations and has had his flu shot. Has not been out of the country in the past 5 years. Patient has not had no indications of depression or that he would do anything to harm himself. |
| Social/Family concerns | Married with adult children who do not live at home |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 100/52 P: 50 and irregularR: 12 Pain: ---Temperature: 98.6GCS: 9 Total (E: Open V: no verbal response M: withdraws from pain on right) |
| HEENT | --- |
| Respiratory/Chest | Normal |
| Cardiovascular | EKG shows Atrial Fib at a rate of 50 |
| Gastrointestinal/Abdomen | No abdomen pain and normal bowel sounds |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Normal  |
| Neurologic | Slow to respond No verbal responses |
| Integumentary | Moist and cool |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2  90% on RA, EtCO2 36, 12-lead ECG – Afib, BGL 120, Stroke scale/test  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * O2 by cannula.
* IV placement for TKO
 |
|  Additional Resources  | --- |
|  Patient response to interventions | SpO2 up to 94-96% |
| **EVENT** |
| At a predetermined time in the scenario, an event should occur. This could be a scene safety concern, rapid change in patient condition, or an issue with equipment, bystanders, or other personnel. The Team Leader and Team Members will need to address this issue while continuing to manage the patient. **As they are loading the Patient on the cot the daughter arrives, becomes overcome with anxiety, hyperventilates, and passes out. She is quickly revived if the crew provides care.**  |
| **REASSESSMENT** |
| Appropriate management  | BP: 70/42 P: 40R: 4 Pain: UnresponsiveList improving vital signs and reassessment findings |
| Inappropriate management  | BP: 0 P: 0R: 0 Pain: ---List deteriorating vital signs and reassessment findings |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| Decision should be made to take this patient to closest facility that can care for possible stroke/CVA conditionsTransport should begin within 10 minutes or patient condition worsens  |