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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | Bicycle, bicycle helmet, shorts and t-shirt |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * You are on a suburban tree lined street; the bicycle is described as having a bent front wheel and the leader is told that there is a pot hole by the fallen bike on the road. Police have closed the road at both ends. The helmet is off, broken and near the bike. The rider is no longer on the roadway and is found on the stretch of lawn between the road and sidewalk. He is apparently in good shape and a fit daily rider in a bike outfit.
* Ensure IV arm
* Ensure full ambulance equipment
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle  |
| Other personnel needed (define personnel and identify who can serve in each role) | Law enforcement officer  |
| **MOULAGE INFORMATION**  |
| Integumentary | Road rash down left side of body |
| Head | Bump and abrasion on occiput |
| Chest | Road rash an L lateral side of chest  |
| Abdomen  | Road rash L lateral side,  |
| Pelvis | Road rash on L upper hip |
| Back | bruising to L scapula area |
| Extremities | Open fracture of anterior left lower leg  |
| Age  | 19 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 | 2:30 pm on Saturday afternoon |
| Location | 23 Main Street (suburban setting) |
| Nature of the call | Trauma call  |
| Weather | Clear fall day, 74 F |
| Personnel on the scene | PD on scene |

**READ TO TEAM LEADER**: Medic 51 respond to 23 Main Street for bicycle accident, time out 1435 hours.

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| **SCENE SURVEY INFORMATION**  |
| A scene or safety consideration that must be addressed | Is road closed and is passing traffic a concern? |
| Patient location  | May use a photo of such street with pot hole evident |
| Visual appearance | Bike appears to have deformed front wheel and is scratched. Pt has road rash and no major arterial bleeding |
| Age, sex, weight | He is young adult, in good health, in pain |
| Immediate surroundings (bystanders, significant others present) | No bystanders or relatives present |
| Mechanism of injury/Nature of illness | Bicycling accident (To be discovered – When bike hit pothole, bike stopped as wheel collapsed, and rider thrown in a near somersault over the handlebars and landed on left side (hip and shoulder, then back of head struck) sliding on blacktop. He does not remember the accident or how he got off the road onto lawn |

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| **PRIMARY ASSESSMENT** |
| General impression | Moderate localized injuries, lots of left sided road rash, with open anterior fracture of left lower leg |
| Baseline mental status  | The patient seems dazed and oriented to person, and place, but disoriented to time and unable to recall event. Upon questioning – doesn’t remember accident or how he got where he is found. Keeps repeating same question (e.g., “What happened?” or “How’s my bike?” ) |
| Airway | Clear |
| Ventilation | Tachypnea at 24 BPM, shallow and regular  |
| Circulation | Pulse is 110; skin is pale, cool, and clammy; dark oozing blood at left lower leg |
| **HISTORY** (if applicable) |
| Chief complaint | “My leg!”  |
| History of present illness | --- |
| Patient responses, associated symptoms, pertinent negatives | Whole left side hurts, patient confused |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | --- |
| Medications and allergies | Vitamins and herbal supplements |
| Current health status/Immunizations (Consider past travel) | Up-to-date |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 130/84 P: 110R: 24, regular, shallow guarded Pain: 8/10Temperature: normal (99)SpO2: 99% ETCO2: 40 mm HgGCS: Total (E:4; V: 4, M:6) 14BGL: 120 mg/dL |
| HEENT | Pupils appear a little sluggish, but equal; ENT normal |
| Respiratory/Chest | Lung sounds bilaterally equal and clear – guarding and splinting L side resulting in shallow rapid breaths |
| Cardiovascular | Normal heart sounds |
| Gastrointestinal/Abdomen | Abdomen is soft and non-tender |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Open fracture of L lower Leg (Distracting complaint) |
| Neurologic | Initially confused, upon questioning find he has retrograde amnesia |
| Integumentary | Road rash down entire left side |
| Hematologic | Mild bleeding from road rash, skin pale and diaphoretic; wound sites minimal venous bleeding |
| Immunologic | ---- |
| Endocrine | --- |
| Psychiatric | ---- |
| Additional diagnostic tests as necessary | SpO2 is 99% on RA, EtCO2 =40 ECG, 12-lead ECG shows Sinus Tach, BGL 120 mg/dL |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Should take immediate manual immobilization of head. Supplemental 02 by nasal cannula
* C-collar and backboard
* IV NS TKO
* Initiate transport rapidly
 |
| Additional Resources  | --- |
| Patient response to interventions | The patient will deteriorate in 5 minutes despite being appropriately treated due to expanding intracranial mass (subdural hematoma) |
| **EVENT** |
| The patient deteriorates in 5 minutes, becoming more confused and less respondent and eventually lapses into a period of silence/unconsciousness  |
| **REASSESSMENT** |
| Appropriate management – notes shock and head trauma rapidly boards and initiates oxygen therapy and trans to trauma center | BP: 200/100 P: 64R: 30, shallow and irregular(Cheyne-Stokes) Pain: Pt. lapses unconscious |
| Inappropriate management – doesn’t rec need to assist vent and/or urgency. Patient becomes unconscious and shows signs consistent with Cushing’s triad | BP: 200/100 P: 64R: 30, shallow and irregular(Cheyne-Stokes) Pain: Pt. lapses unconscious |

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| **TRANSPORT DECISION:**  Urgent, to Trauma Center |