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| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | --- |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Response area is a residential street corner on a spring night. Classroom/lab sufficient.
* Patient is a SIM Manikin, or student/proctor acting as patient who is sitting on floor.
* Manikin will have voice, exam, and IV capabilities.
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | Municipal ALS ambulance staffed by two paramedics |
| Other personnel needed (define personnel and identify who can serve in each role) | One friend of patient, two police officers, three firefighters. These roles can be played by students from the team and proctors. |
| **MOULAGE INFORMATION**  |
| Integumentary | Diaphoresis |
| Head | --- |
| Chest | Gunshot entrance wound to right lateral chest |
| Abdomen  | --- |
| Pelvis | Wet area to simulate incontinence of urine |
| Back | --- |
| Extremities | Gunshot entrance wound to posterior right lower leg and exit anterior. Tissue damage only. |
| Age  | 19 year old |
| Weight | 150 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 | 0015  |
| Location | 4400 West Erie Lane on the street |
| Nature of the call | Male, gunshot wound |
| Weather | Clear, 65 degrees |
| Personnel on the scene | Police, first responder fire company Engine 117 on the scene. |

**READ TO TEAM LEADER**: Ambulance 84, follow Engine 117 to 4400 West Erie Lane for the gunshot on the street, time out 0015hrs.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Verify that police are on the scene and that the scene is secure |
| Patient location  | On the street in front of the address |
| Visual appearance | Patient is conscious and in critical condition |
| Age, sex, weight | 19 year old male, 150 lbs. |
| Immediate surroundings (bystanders, significant others present) | Police are trying to control crowd and one bystander is interfering with their efforts.  |
| Mechanism of injury/Nature of illness | GSW  |

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| **PRIMARY ASSESSMENT** |
| General impression | Adult male in critical condition from GSW |
| Baseline mental status  | Alert, but anxious. Keeps asking “am I going to’ die?” |
| Airway | Patent |
| Ventilation | Labored, patient can only speak in short phrases |
| Circulation | Major bleeding under t-shirt. Skin cool, dry, diaphoretic, pulse is rapid and thready.  |
| **HISTORY** (if applicable |
| Chief complaint | GSW to chest, leg |
| History of present illness | Shot by a rival gang member while leaving a party.  |
| Patient responses, associated symptoms, pertinent negatives | Chest hurts with respiration, able to move all extremities. Denies striking head or neck pain. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | --- |
| Medications and allergies | --- |
| Current health status/Immunizations (Consider past travel) | --- |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 88/40 P: 140R: 28 Pain: Chest, secondary to GSWTemperature: Cool to touchGCS: l5 (E:; V:; M: [Enter individual findings]) |
| HEENT | Neck veins flat while supine on backboard, trachea midline. |
| Respiratory/Chest | Sucking chest wound, diminished lung sounds  |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | Urine incontinence |
| Musculoskeletal/Extremities | Strong, equal hand grips, bilateral. Expose legs to find apparent “through and through” GSW to posterior/anterior left lower leg. Bleeding moderate. Equal bilateral distal pulses in all extremities. |
| Neurologic | Still anxious and asking if he is going to die. |
| Integumentary | Cool, pale, moist |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 is 88% on room air.  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Apply high flow oxygen per non-rebreather mask
* Apply occlusive dressing to GSW and cover with a patch taped on three sides. Monitor for increased dyspnea and/ or tracheal shift
* Place patient on backboard for ease of transport.
* Rapid transport indicated.

 **Post Event: After scene is safe, team will complete rapid transport.****While en route, team will initiate two large bore IV’s and run wide open****Cover leg wound en route****Initiate telemetry contact en route with trauma radio report** |
| Additional Resources  | Current resources are adequate up until “the event.” |
| Patient response to interventions | **During transport**, patient mental status decreasing, breathing becoming more labored, and trachea is shifting to the left. |
| **EVENT**  |
| Five minutes into the call, several gunshots ring out from a passing automobile, striking a bystander and police officer. (Unable to insert sound bite, but it is available on my laptop). Team must react and call for backup while communicating with team members on the scene about taking cover until scene is once again secure. Team leader’s job is to complete transport of patient as soon as it is safe to do so.  |
| **REASSESSMENT** |
| Appropriate management  | BP: 96/P P: 120R: 24 Pain: ImprovementMonitor chest wound and “burp” or remove dressing entirely if breathing becomes more difficult SpO2 now 93% on oxygen. Prepare to assist with ventilations using BVM if necessary. |
| Inappropriate management  | BP: 70/P P: 140R: 36 Pain: No change or worseCould lead to cardiac arrest. SpO2 now <88%. |

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| **TRANSPORT DECISION: Once scene is deemed safe,** team will load patient into ambulance and immediately proceed to closest Level One Trauma Center. |