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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies |  |
| Props |  |
| Sound clips |  |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * Identify the level of the detail of the scene that we expect
* Minimum expectation of how props and sound clips will be used
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle (adjusts as needed for individual scenarios) |
| Other personnel needed (define personnel and identify who can serve in each role) | Mother or father for pediatric scenarios, law enforcement officers, fire fighters, EMR’s, etc.  |
| **MOULAGE INFORMATION**  |
| Integumentary | Description of the injuries that need to be moulaged |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | ---  |
| Age | --- |
| Sex | --- |
| 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 |  |
| Location |  |
| Nature of the call | Medical or Trauma call; Adult, Pediatric, or Geriatric |
| Weather |  |
| Personnel on the scene |  |

**READ TO TEAM LEADER**: Medic XXX respond to 123 Any Street for (nature of call), time out (dispatch time).

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Simple or complex |
| Patient location  | May use a photo: (car crash, etc.) |
| Visual appearance |  |
| Age, sex, weight |  |
| Immediate surroundings (bystanders, significant others present) |  |
| Mechanism of injury/Nature of illness |  |

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| **PRIMARY ASSESSMENT** |
| General impression | --- |
| Baseline mental status  | --- |
| Airway | --- |
| Ventilation | --- |
| Circulation | --- |
| **HISTORY** (if applicable) |
| Chief complaint | --- |
| History of present illness | --- |
| Patient responses, associated symptoms, pertinent negatives | --- |
| **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: P: R: Pain: Temperature: GCS: Total (E:; V:; M:)individual findings |
| HEENT | --- |
| Respiratory/Chest | • Provide sound file |
| Cardiovascular | • Provide sound file |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | ---  |
| Integumentary | --- |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | Upset |
| Additional diagnostic tests as necessary | Pulse oximetry, capnography, cardiac monitoring, 12-lead ECG, blood glucose level determination, or other findings/laboratory test results may be provided according to the 2009 EMS Education Standards |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  |  |
|  Additional Resources  | --- |
|  Patient response to interventions | --- |
| **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.  |
| **REASSESSMENT** |
| Appropriate management  | BP: P: R: Pain:List improving vital signs and reassessment findings |
| Inappropriate management  | BP: P: R: 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.  |
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| **MANDATORY ACTIONS:**  List all actions that need to be completed by the Team during the Assessment and Management of the patient. |
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| **POTENTIALLY HARMFUL/DANGEROUS ACTIONS:** List all actions, that if performed, would most likely have an adverse effect on the patient condition |
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