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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, defibrillator pads, intubation supplies, leads for monitor and pacing leads |
| Props | Sofa, medication bottles, TV |
| 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  | Large urban area, crew of two paramedics |
| Other personnel needed (define personnel and identify who can serve in each role) | Professional partner and 1 bystander (neighbor). Neighbor serves as distraction.  |
| **MOULAGE INFORMATION**  |
| Integumentary | Pale, cool, and diaphoretic |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | Feet bandaged in need of change – diabetic ulcers |
| Age  | 46 |
| Weight | 250 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 | 18:34 |
| Location | 234 Broad Street, Unit G |
| Nature of the call | Medical – male patient with anxiety |
| Weather | Clear and dry, dark, 65 degrees F |
| Personnel on the scene | ALS unit |

**READ TO TEAM LEADER**: Medic 6 respond to [234 Broad Street, Unit G] for [male patient with anxiety], time out [18:34].

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Living room where patient is located is in disarray with low level light and TV on. |
| Patient location  | Living room sitting on sofa |
| Visual appearance | Pale, obviously anxious, both feet bandaged |
| Age, sex, weight | 46 y/o female, 250 lbs. |
| Immediate surroundings (bystanders, significant others present) | None, patient home alone. Concerned neighbor is a distraction until specifically addressed. |
| Mechanism of injury/Nature of illness | Anxiety |

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| **PRIMARY ASSESSMENT** |
| General impression | In distress, obviously anxious, watching TV |
| Baseline mental status  | A&O x4 |
| Airway | Patent |
| Ventilation | Spontaneous, slightly elevated |
| Circulation | No bleeding observed, weak bilateral pulses |
| **HISTORY** (if applicable) |
| Chief complaint | Patient has been feeling anxious |
| History of present illness | Weak and dizzy x2 days |
| Patient responses, associated symptoms, pertinent negatives | SOB on exertion, weak with some chest discomfort. Just very anxious without provocation. No N/V no pain anywhere. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | HTN, DM, CHF, Hyperlipidemia |
| Medications and allergies | Lipitor, Insulin, Lisinopril Allergies – penicillin |
| Current health status/Immunizations (Consider past travel) | No travel outside the US, flu vaccine current |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 90/64 P: 40R: 26 Pain: deniesTemperature: GCS: Total (E: 4; V: 5; M: 6) – Total 15 |
| HEENT | --- |
| Respiratory/Chest | • Clear lung sounds, SpO2 92% |
| Cardiovascular | • HR 40 weak, 3rd degree AVB on monitor |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Diabetic ulcers bilateral feet |
| Neurologic | ---  |
| Integumentary | Cool, pale, diaphoretic |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 92%EtCO2ECG – 3rd degree AVB12-lead ECG – 3rd degree AVB; no STEMIBGL determination – 415 mg/dLOther findings/laboratory test results may be provided per the 2009 EMS Education Standards |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * O2 @ 2 LPM via nasal cannula
* IV
* Atropine 0.5 mg
* **Post Event: No improvement, patient feels dizzy, increased anxiety. No improvement, recognize need for TCP.**
 |
|  Additional Resources  | --- |
|  Patient response to interventions | No improvement |
| **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. At 2 mins. concerned neighbor arrives on scene and interferes with care. If removed from scene partner may return to assist after 90 seconds; neighbor is no longer a distraction.At 5 mins. patient becomes dizzy, with confusion (GCS – E – 3, V – 4, M – 6 = 13), P of 32 on monitorAt 8 mins. without appropriate intervention, patient becomes unconscious. |
| **REASSESSMENT** |
| Appropriate management  | BP: 98/60 P: 70-80 TCPR: 24 Pain: 0 |
| Inappropriate management  | BP: 60/P P: 28R: 8 Pain: 0 |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| Code 3 nearest hospital with interventional cardiac lab capabilities. |