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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | Primary Bag, Med Box, oxygen cylinder and supplies, ECG monitor |
| Props | | --- |
| Medical Identification jewelry | | --- |
| **SETUP INSTRUCTIONS** | | |
| * Patient will be sitting in the living room with a newborn in a crib. * Ensure IV arms other props are in the room * Minimum expectation of how props will be used | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS vehicle; You are the primary caregiver with 1 Paramedic partner. | |
| Other personnel needed (define personnel and identify who can serve in each role) | --- | |
| **MOULAGE INFORMATION** | | |
| Integumentary |  | |
| Head | --- | |
| Chest | --- | |
| Abdomen | --- | |
| Pelvis | --- | |
| Back | --- | |
| Extremities | Knee-highs with stuffing to demonstrate ankle swelling. | |
| Age | --- | |
| 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 | 1530 |
| Location | Single-story residence |
| Nature of the call | Headache |
| Weather | Sunny, 94 degrees |
| Personnel on the scene | Spouse |

**READ TO TEAM LEADER**: Medic XXX respond to 123 Any Street for female with a headache, time out 1530.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | --- |
| Patient location | Living room. Lateral recumbent on couch/bed. |
| Visual appearance | Patient is lying on the couch in obvious pain (massaging temple region bilaterally with fingers), and slightly tachypneic |
| Age, sex, weight | 24 y/o, Female, 135 lbs. |
| Immediate surroundings (bystanders, significant others present) | Husband is standing next to the patient trying to comfort her and holding the infant. Husbands greets the crew at the door with baby in his arms. |
| Mechanism of injury/Nature of illness | Headache |

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| **PRIMARY ASSESSMENT** | |
| General impression | Patient is lying on the couch wincing and massaging her temple regions bilaterally. |
| Baseline mental status | A&O x 4 |
| Airway | Open with no obstructions |
| Ventilation | Slightly tachypneic with adequate tidal volume. |
| Circulation | Strong radial pulse @ 110 bpm |
| **HISTORY** (if applicable) | |
| Chief complaint | Headache |
| History of present illness | Patient has been c/o of headache with dizziness for the last 7 days. Patient is 4 days postpartum. Patient did not receive prenatal care and delivery was at a birthing center by midwife. |
| Patient responses, associated symptoms, pertinent negatives | Patient is A&O x 4. Complains of occasional visual disturbances that have increased over the last 3 days. |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Migraine headaches (this event is worse and different than normal). |
| Medications and allergies | Imitrex ®, NKDA |
| Current health status/Immunizations (Consider past travel) | Denies recent travel. Current on all immunizations. Family returned home from birthing center 4 days ago. |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** | |
| Initial Vital Signs | BP: 190/98 P: 100  R: 24 Pain: 8  Temperature: 98.4  GCS: 15 |
| HEENT | PEARRL, + light sensitivity |
| Respiratory/Chest | Clear lung sounds in all lobes |
| Cardiovascular | S1 and S2 sounds |
| Gastrointestinal/Abdomen | Slight tenderness on palpation, no obvious signs of trauma, no rigidity |
| Genitourinary | Denies pain or blood during urination |
| Musculoskeletal/Extremities | + edema to hands and feet, Grade 2 pitting edema on the feet |
| Neurologic | CPSS was negative, + motor and sensory to all extremities |
| Integumentary | Pink, warm, and dry. Edema to the hands and feet. |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2: 99 % on room air, EtCO2: 38 mmHg, ECG: Sinus Tachycardia BGL: 100 mg/dL |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Continuously monitor ABC’s and manage appropriately. * Establish IV access, midazolam 5 mg SIVP (active seizure), mag. sulfate 4 grams in 50 ml/NS and infuse over 5 minutes. |
| Additional Resources | | --- |
| Patient response to interventions | | SZ activity stops post midazolam administration. If mag. sulfate is administered no additional seizure activity during the simulation. If the student administers mag. sulfate prophylactically, the patient will have no seizure activity. |
| **EVENT** | | |
| 7 minutes into the simulation the patient will have a Grand Mal seizure. | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 160/80 P: 90  R: 18 Pain: 4  Decrease in headache and visual disturbances. Patient is A&O x 4. | |
| Inappropriate management | BP: 210/108 P: 110  R: 18 Pain: -  Patient is in a postictal state. Monitor and manage the airway appropriately. If untreated with midazolam, the patient will have seizures q 5 minutes. | |

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| **TRANSPORT DECISION:**  Emergent transport to nearest appropriate facility. |