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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag with pediatric equip., oxygen cylinder and supplies, ECG monitor |
| Props | Mop and bucket |
| Medical Identification jewelry | --- |
| **SETUP INSTRUCTIONS** |
| * The patient needs to be sitting in the chair scratching his arms, neck, and chest, and appearing anxious
* Ensure IV arms other props are in the room
* The mop bucket and wet floor needs to be just outside the school nurse’s office as a potential hazard
* 6 minutes into the scenario the school bell audio clip starts to play, followed by the audio clip of children in the hall creating noise as a distraction and preventing quick egress to the ambulance
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle; You are the primary caregiver. You have 1 paramedic partner |
| Other personnel needed (define personnel and identify who can serve in each role) | School nurse, principalAdditional EMS providers if asked (firefighters, etc.) |
| **MOULAGE INFORMATION**  |
| Integumentary | Flushed, warm and moist |
| Head | --- |
| Chest | Hives on the chest and neck |
| Abdomen  | --- |
| Pelvis | --- |
| Back | Hives |
| Extremities | Hives on the upper extremities  |
| Age  | 8 |
| Weight | 70 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 | 11:47 hrs. |
| Location | Elementary school nurse’s office |
| Nature of the call | Allergic reaction - pediatric |
| Weather | Calm and clear – temperature is 82 degrees Fahrenheit |
| Personnel on the scene | School nurse (limited training), school principal (evaluator – no medical training) |

**READ TO TEAM LEADER**: Medic 13 respond to ABC Elementary School at 1234 Any Street for an 8 year old male with an allergic reaction, time out 11:47 hrs.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Mop, bucket, and wet floor just inside the nurse’s office is a potential fall hazard. |
| Patient location  | Overhead projection of the scene background onto the wall (School Nurse’s Office)Patient is sitting on a chair |
| Visual appearance | Patient appears anxious, with flushed skin, hives on exposed skin of neck and upper extremities; facial swelling, increased work of breathing  |
| Age, sex, weight | 8 year old male |
| Immediate surroundings (bystanders, significant others present) | School nurse, principal |
| Mechanism of injury/Nature of illness | Allergic reaction/Anaphylaxis |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient appears to be anxious; systemic allergic reaction with increased work of breathing  |
| Baseline mental status  | AAOX4 |
| Airway | Open and maintained by the patient; facial swelling is present with difficulty swallowing, wheezing and raspy voice |
| Ventilation | Spontaneous; increasing rate and difficulty; wheezing  |
| Circulation | No obvious bleeding; pulse is rapid and weak |
| **HISTORY** (if applicable) |
| Chief complaint | Trouble breathing, itchy |
| History of present illness | * Drank fruit juice, not realizing it had kiwi in it. This occurred during lunch at 11:30 hrs. today.
* Onset of allergic reaction occurred shortly after – was sent to the school nurse for checkout.
 |
| Patient responses, associated symptoms, pertinent negatives | Patient states that he is allergic to kiwi, but he didn’t eat any today. He shows the providers the juice box he drank. (Kiwi is one of the ingredients).The nurse shows you the student’s epi-pen, however it has an expiration date of 12/31/2015. The epi-pen was not used. |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | --- |
| Medications and allergies | Allergic to kiwi fruit. Has an expired epi-pen jr. within the nurse’s office. |
| Current health status/Immunizations (Consider past travel) | Immunizations are up to date. |
| Social/Family concerns | --- |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 84/56 P: 140R: 32 Pain: no pain; itchyTemperature: feels cool to the touchGCS: = E: Spontaneous; V: Oriented; M: Obeys Commands  |
| HEENT | --- |
| Respiratory/Chest | • Wheezing in both lungs • Hives are noticeable on the chest, back and neck area |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | ---  |
| Integumentary | Facial swelling, hives on the chest, back, neck, and upper extremities |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 is 93%; EtCO2 shows sloped-leading edge waveform with end tidal of 46, ECG shows sinus tachycardia, BGL 92.  |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * O2 via nasal cannula at 4 lpm.
* Initiate IV access
* Intra-muscular injection of 1:1000 epinephrine (0.01mg/kg – not to exceed 0.5 mg. total dose.)
* Nebulized treatment of albuterol (2.5 mg) and atrovent (0.5 mg)
* Intra-muscular injection of diphenhydramine (1 mg/kg)
* Prepare patient for transport
 |
| Additional Resources  | --- |
| Patient response to interventions | Decreased appearance of hives, reduced work of breathing and reduced wheezes. End tidal normal wave form at 40.  |
| **EVENT** |
| At the 6 minute mark of the scenario, the audio clip for the school bell should be played, followed by the audio for children’s loud voices in the hall outside the nurse’s office. Nurse and principal discuss concerns with student logistics and ambulance location/students/busses leaving the schools. Team lead should recognize the need for a possible change in egress or the use of additional resources to clear an exit path so that transport is not delayed.  |
| **REASSESSMENT** |
| Appropriate management  | BP: 90/62 P: 132R: 24 Pain: noneList improving vital signs and reassessment findings |
| Inappropriate management  | BP: 70/48 P: 144R: 36 (audible wheezes; intercostal muscle use) 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.  |
| Immediate transport to the closest hospital (Emergent). |