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|  Basic EMT Simulated Clinical Report |
| Emergency Patient Management:  |

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| **Description:** Emergency Patient Management (EPM) is a component of EMT 104 and serves as an option to the clinical requirement. EPM consists of 10 “patient encounters” or calls and 2 documentation stations where there will be a case presentation provided to you and a PCR generated– There will be 10 scenarios with one being a multi-patient incident. The 10 scenarios consists of medical, trauma, adult, pediatric, geriatric and OB/GYN patients that the students will assess, interview, treat and transport; they will also complete documentation (Patient Care Report or PCR). The 10th scenario will be a multi-patient incident in which the students will practice principles of triage and incident command structure (ICS).If you are the LEAD for the scenario, you are responsible for generating a complete patient care report for that scenario. It must be completed by your next class period and must follow the standard that is outlined for you in this packet.  |

**Performance Outcome:**

After each patent encounter the Captain/Instructor will provide the group with verbal feedback regarding the call. Each student will serve as the lead EMT and be evaluated on at least 1 call during the training evolution. The instructor will use this evaluation tool to document and provide formal feedback to the student serving as lead instructor

**Overview of EPM:**

The purpose of EPM is to provide the students with a comprehensive scenario based training exercise. An outline and details of the 12 scenarios is provided below, however one of the strengths of EPM is that there are over 150 years of field experience from the instructors/evaluators that are participating in the scenarios. Although the scenario details are provided as guidance for the main teaching points, the instructors/evaluators that are participating in the scenes should bring their own experience and expertise to each scenario. We want to provide a consistent experience in terms of the basic concepts behind each scenario but the evaluators have the autonomy to add details to each scene in order to enhance the learning experience.

**Instructions:**

30 minutes prior to class starting the course coordinator will start briefing all of the instructors, evaluators and patients. Everyone should know their roles and responsibilities for their scenario and expectations of the students while running through the scenarios. Moulage should begin immediately following the briefing.

The course coordinator will then begin the student briefing immediately at the start of class. During the student briefing session the instructors/evaluators and patients should be having a practice run on their scenario to ensure that everyone is on target with meeting the standard for their respective stations.

The students will be assigned their EPM Engine and assigned an Instructor who will serve as their Engine Company Captain. Standards, expectations, roles and responsibilities will be discussed. All teams should be in their first EPM session no later than 30 minutes after start of class.

Each station will run through for 30 minutes. That time should consist of 10 minutes to run the scenario and 20 minutes to debrief. Students will then move to their next station and the alternating Engine Company would run that scenario. This pattern continues until all Engine Companies have completed all scenarios for the day. The exception is on day 4 in the multi-patient scenario, both Engine Companies from the same shift will spend an hour in the multi patient scenario and then another shift will rotate into the multi-patient scenario. When a crew is waiting to go in to their scenario, their captain will be discussing with them command and triage techniques, communication techniques, etc. They can practice table top as well.

**Day 1:**

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| **Adult Medical A-Chest Pain** | **OB/GYN- Ectopic Pregnancy** | **Documentation Station** |
| A Shift, Engine 1 | B Shift, Engine 1 | C Shift, Engine 1 |
| C Shift, Engine 2 | A Shift, Engine 2 | B Shift, Engine 2 |
| B Shift, Engine 1 | C Shift, Engine 1 | A Shift, Engine 1 |
| A Shift, Engine 2 | B Shift, Engine 2 | C Shift, Engine 2 |
| C Shift, Engine 1 | A Shift, Engine 1 | B Shift, Engine 1 |
| B Shift, Engine 2 | C Shift, Engine 2 | A Shift, Engine 2 |

Scenario 1 Chest Pain/Cardiac Arrest

Scenario 2 OB/GYN

Scenario 3 Documentation Station

Demob (Tear Down, Clean Up, Equipment Restock)

Exit Briefing and Final Critique

**Day 2**

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| **Pediatric Trauma-Skateboard Accident** | **Adult Medical B-Altered LOC** | **Documentation Station** |
| A Shift, Engine 1 | B Shift, Engine 1 | C Shift, Engine 1 |
| C Shift, Engine 2 | A Shift, Engine 2 | B Shift, Engine 2 |
| B Shift, Engine 1 | C Shift, Engine 1 | A Shift, Engine 1 |
| A Shift, Engine 2 | B Shift, Engine 2 | C Shift, Engine 2 |
| C Shift, Engine 1 | A Shift, Engine 1 | B Shift, Engine 1 |
| B Shift, Engine 2 | C Shift, Engine 2 | A Shift, Engine 2 |

Scenario 4 Skateboard Accident

Scenario 5 Altered LOC

Scenario 6 Documentation Station

Demob (Tear Down, Clean Up, Equipment Restock)

Exit Briefing and Final Critique

**Day 3**

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| **Pediatric Medical-Cardiac Arrest** | **Adult Trauma A- Fall Down Stairs** | **Adult Trauma B- Burn Victim** |
| A Shift, Engine 1 | B Shift, Engine 1 | C Shift, Engine 1 |
| B Shift, Engine 2 | A Shift, Engine 2 | C Shift, Engine 2 |
| A Shift, Engine 2 | C Shift, Engine 1 | B Shift, Engine 1 |
| C Shift, Engine 2 | A Shift, Engine 1 | B Shift, Engine 2 |
| B Shift, Engine 1 | C Shift, Engine 2 | A Shift, Engine 1 |
| C Shift, Engine 1 | B Shift, Engine 2 | A Shift, Engine 2 |

Scenario 7 Infant Cardiac Arrest

Scenario 8 Fall Down Stairs

Scenario 9 Burn Victim

Demob (Tear Down, Clean Up, Equipment Restock)

Exit Briefing and Final Critique

Day 4

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| **Geriatric Trauma-Stabbing** | **Geriatric Medical- Abdominal Pain** | **MCI** |
| A Shift, Engine 1 | B Shift, Engine 1 | C Shift, Engine 1 |
| B Shift, Engine 2 | A Shift. Engine 2 | C Shift, Engine 2 |
| C Shift, Engine 1 | A Shift, Engine 1 | B Shift, Engine 1 |
| A Shift, Engine 2 | C Shift, Engine 2 | B Shift, Engine 2 |
| B Shift, Engine 1 | C Shift, Engine 1 | A Shift, Engine 1 |
| C Shift, Engine 2 | B Shift, Engine 2 | A Shift, Engine 2 |

Scenario 10 Classroom shooting multiple victims (5)

Demob (tear down, clean up, equipment restock)

Exit briefing and final critique

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| **Station 5: Adult Medical A – ALOC** |
| Dispatch Info:You’re dispatched to a college campus as security has called for your assistance after a student has complained of feeling unwell during class. S/he is sitting outside of a building.Bystander Info:NoneStandardized Pt Info:You should present as friendly but nervous and hesitant to go to the hospital. State “I don’t think I need to go”…”I will be ok”… You will agree to be transported only after the EMT so persistence and authority. Make sure that you are altered enough to warrant a transport. Nodding movement should interfere with vitals… so that the EMTs need to offer a small amount of physical control. Remember you are a closeted drug user. |
| **CAPTAIN INFO: Activity Goals:** The priorities for this scenario are:1. **The students should be able to complete this activity in the face of distractions presenting in the environment and by the patient. Assure their safety and complete the activity within 10 minutes.**
2. **Causes of ALOC: AEIOU-TIPPS**
3. **Appropriately restraining the patient to complete a thorough evaluation without excessive control**
4. **Addressing challenges related to interviewing the ALOC patient**
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| --- | --- | --- | --- | --- |
| S | Lethargic and tired |  | LOC | Response to verbal |
| A | None |  | Resp | 12 NL |
| M | I take a few but they are just for pain, Insulin |  | Pulse | 56 wk/reg |
| P | Back pain, Diabetes |  | Skin | w/pink/dry |
| L | Dinner the night before |  | BGL | 108 |
| E | First day back to school after a week off |  | SpO2 | 96% |
|  |  |  | B/P | 108/62 |

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| **Station 7: Pediatric Medical – Infant Code with Distraught Parent** |
| Dispatch Info:You’re dispatched to Residence. Upon arrival you find a mother holding an infant walking toward you. She is screaming “help my baby, help my baby”. The woman hands you a 5 month old infant in cardiac arrest.Bystander Info:Family member says baby was on floor, became quite and started to turn blue. No CPR has been performed prior to your arrival.Standardized Pt Info:Infant manikin for CPR. Mother should be distraught and crying uncontrollably. Mother should not answer any questions; only continuously cry “help my baby”. Mother should act be inconsolable. If transport occurs rapidly, mother should stay put, being in-movable. |
| **CAPTAIN INFO: Activity Goals:** The priorities for this scenario are:1. **Identify the immediate need for CPR – perform CPR correctly**
2. **Communicate with the mother to work on obtaining a thorough history.**
3. **The EMT should recognize that the mother is a second patient, assign a crew member to treat mother and call a second unit to treat and transport mother.**
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| --- | --- | --- | --- | --- |
| S | Apneic/pulseless infant |  | LOC | Unresponsive |
| A | none |  | Resp | none |
| M | none |  | Pulse | none |
| P | Born 2 months premature |  | Skin | Cool/delayed cap refill |
| L | Bottle one hr before |  | BGL | UTO |
| E | Was acting normal |  | SpO2 | UTO |
|  |  |  | B/P | UTO |

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| **Station 11: Geriatric Medical – Lower Abdominal Pain**  |
|  Dispatch Info:  You’re dispatched to a care facility where you find two people; one is a 74 year old adult lying in bed.   Bystander Info:The on staff nurse that called you is too busy with other patients to answer your questions.  Standardized Pt Info:You have severe abdominal cramps (LLQ) and you have an altered mental status.  |
| **EVALUATOR AND CAPTAIN INFO: Activity goals:** The priorities for this scenario are:**1. Initiate the appropriate oxygen therapy as soon as possible****2. Causes of ALOC: AEIOU-TIPPS** **3. Addressing challenges related to interviewing the geriatric patient****4. Appropriately identifying and managing shock** |
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| --- | --- | --- | --- | --- |
| S | Hot and shaky  |  | LOC | Responds to verbal |
| A | PCN |  | Resp | 24 NL |
| M | Insulin, Lortab (as needed),Naproxen, Peri-Colace |  | Pulse | 120 s/reg |
| P | Back pain, Diabetes |  | Skin | Hot (temp 102.3 orally) |
| L | lunch |  | BGL | 120 |
| E | Going to the bathroom-unable to move bowels, nausea, bloating |  | SpO2 | 86% |
|  |  |  | B/P | 92/60 |

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| **Station 8: Adult Trauma A – Fall Down The Stairs** |
| Dispatch Info:You’re dispatched to a dorm for a patient who fell down a stairwell. Unknown level of consciousness. Bystander Info:Patient was running to class and he lost his footing and fell down the stairs. He fell approximately down 10 stairs. He it his head pretty hard. Standardized Pt Info:Patient appears unresponsive. Upon assessment student finds that patient is responsive to painful stimuli only. Patient has snoring respirations. Patient grimaces to pain upon palpation to the neck and back and to the lateral side of the left chest.  |
| **CAPTAIN INFO: Activity Goals:** The priorities for this scenario are:1. **Airway management. Patient should have his airway opened with jaw thrust and c-spine should be maintained throughout.**
2. **The pain in the left chest should be susceptive of flail segment and should be managed as such. Patient should be exposed to look for further injuries.**
3. **The EMT should be identifying and treating for shock. Airway management and shock and proper care and handling of this patient such as packaging this patient for transport are the main priorities.**
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| S | Flail segment to right side, abrasions, hematoma to head, dried blood around nose, left femur fracture, snoring respirations |  | LOC | Responsive to painful stimuli only (P) | LOC | Patient becomes completely unresponsive |
| A | unknown |  | Resp | 14 and snoring, snoring stops if jaw thrust is used. Patient does not take an OPA if the student tries. The patient has an intact gag and will vomit. Patient will not tolerate an NPA either and it is contraindicated as well  | Resp | Patient seizes and becomes apneic  |
| M | unknown |  | Pulse | 110, strong/regular | Pulse | Patient HR drops to 60, then progresses to cardiac arrest if measures aren’t taken |
| P | unknown |  | Skin | Pale, cool, dry (delayed cap refill) | Skin | Pale, cool, dry (delayed cap refill) |
| L | unknown |  | BGL | 76 | BGL | 76 |
| E | Patient fell down 10 stairs while running to class. Patient had a positive loss of consciousness.  |  | SpO2 | 89 (after opening up airway it is 97%) | SpO2 | Unable to get a reading, unless airway is corrected and it will start to read accurately in low 90’s |
|  |  |  | B/P | 110/60 (if they miss the flail segment or mishandle the femur the BP deteriorates rapidly)  | B/P | 80/40  |

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| **Station 4: Pediatric Trauma – Skateboarding Accident** |
| Dispatch Info:You’re dispatched to a school campus where you find campus security on scene with a teenager that was riding his skateboard when he fell off his skateboard. Bystander Info:The campus security officer stated that he did not witness the child fall but found him after he heard a scream. The patient was found sitting down holding both of his arms in front of him with noticeable deformities to both forearms. The patient landed tried to break his fall with his arms and said he heard a loud “snap” and immediate, intense pain to both arms. The patient did not lose consciousness but was not wearing a helmet or any protective gear.Standardized Pt Info:You have severe pain to both forearms. You have severe anxiety, you are scared and uncomfortable, and you want to speak with a parent. You have been attempting to contact your parent’s cellphone and they are not answering. If they apply a splint you do not notice a decrease in pain. |
| **CAPTAIN INFO: Activity goals:** The priorities for this scenario are:1. **Communicate throughout the scenario with the patient about what is going to happen, try to calm the patient.**
2. **Appropriately splint and brace the injuries without increasing the patients’ anxiety.**
3. **If there is a possibility of a head injury, appropriately manage C-Spine and completely secure to a longboard.**
4. **Determine in this scenario under what consent do they transport the patient under.**
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| S | Patient is visibly upset, crying and holding his arms |  | LOC | Alert |
| A | Patient doesn’t know |  | Resp | Crying/30 NL |
| M | Take Flinstones vitamins |  | Pulse | 124 S/R |
| P | Patient doesn’t know |  | Skin | W/Pink/Dry |
| L | Cereal |  | BGL | 96 |
| E | He was trying a new trick off a cement block and fell off of his skateboard. |  | SpO2 | 98% |
|  |  |  | B/P | 108/62 |

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| **Scenario 1: Adult Medical B – Chest Pain progressing into Cardiac Arrest** |
| **Dispatch Info:**You’re dispatched to the local college where a teacher is experiencing chest pains.**Bystander Info** (option): A fellow teacher meets you and tells you that the co-worker started sweating and turning pale.**Standardized Pt Info**:You are a 40 year old patient. You have been experiencing chest pains for the last hour. Pain is radiating into the left arm and jaw, you are feeling nauseated, sweating profusely and are in obvious visible distress. This episode is the worst pain you ever felt. You are short of breath and feel as if you “are going to die.” You have nitro and haven’t taken any because you’re too shaky to open the bottle – encourage the EMT’s to give you a nitro – upon administration of nitro, or once they begin to transport you – collapse into cardiac arrest. |
| **Captain Info: (Activity Goals): The priorities for this scenario are:*** Identify and discuss the importance of rapid and thorough assessment when caring for a patient c/o chest pain.
* Discuss considerations regarding the administration of nitro to a patient with a SBP that is close to minimum requirement
* Identify the importance of appropriate interviewing/questioning of the patient and identification of possible use of sexual enhancement drugs.
* Immediate identification of the need for CPR (A, B,C) and AED attachment/use
* Appropriate code management, including rapid transport
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**In-appropriate Treatment**

**Appropriate Treatment**

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| S | Chest pain radiating to left arm and jaw, shortness of breath, nausea, dizziness |  | LOC | Initially alert | LOC | Goes unresponsive and into cardiac arrest |
| A | none |  | Resp | 24 anxious, short of breath | Resp | Pt becomes agonal at 4 breaths/min with periods of apnea |
| M | Nitro, ASA, Metoprolol, Lisinopril |  | Pulse | 124 weak and thready | Pulse | Absent |
| P | HTN, Angina and MI two years ago |  | Skin | Pale, cool and clammy | Skin | Cool , pale, dry |
| L | Lunch about an hour ago |  | BGL | 112 | BGL | 112 |
| E | Sitting at desk working on grades, sudden onset of chest pain, and shortness of breath.  |  | SpO2 | 95% | SpO2 | 98% with adequate ventilation/oxygenation |
|  | **OPQRST:** Onset 10 mins PTA, Provoked by movement, sharp, stabbing pain, radiates to jaw and left arm, 10/10.  |  | B/P | 108/60 | B/P | Pulses with compressions |

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| **Station 2: OB/GYN – Ectopic** |
| Dispatch Info:You’re dispatched to a residence where you find a 15 year old female sitting who appears to be in mild/moderate distress. Bystander Info:NoneStandardized Pt Info:You should be cooperative with EMS but nervous to answer questions. When asked, you are about 6 weeks late on your menstrual cycle-unknown if pregnant. You are sexually active but didn’t think to take a pregnancy test. You have been having some cramping for 2 days and pain when you urinate or have a bowel movement. Today the pain is getting much worse. Today you started having steady vaginal bleeding that is not like your normal period. |
| **CAPTAIN INFO: Activity goals:** The priorities for this scenario are:1. **Recognize this call as a critical emergency requiring surgical intervention – transport to correct facility.**
2. **Focus on the importance of thorough questioning and obtaining a complete history**
3. **Pay attention to importance of patient comfort and privacy**
4. **Address the type of consent that this patient is being treated under**
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| --- | --- | --- | --- | --- |
| S | RLQ stabbing pain |  | LOC | Alert |
| A | None |  | Resp | 28 crying |
| M | None |  | Pulse | 104 S/R |
| P | UTI a month ago |  | Skin | w/Pink/Dry |
| L | Filibertos  |  | BGL | 86 |
| E | Progressively worse all day |  | SpO2 | 98% |
|  |  |  | B/P | 112/86 |

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| **Station 10: Geriatric Trauma – Stabbing** |
| Dispatch Info:You’re dispatched to an area outside near a night club. Upon arrival you find a victim sitting against the wall on the sidewalk. PD is on scene and has the perpetrator is in custody. Bystander Info:A lot of people from the club gathering around. Standardized Pt Info:You should be altered and slow to respond, but orientated appropriately. Rapid, shallow breathing that is subtle – every once in a while take a deep breath. If the students do not manage and treat the airway quickly you should become less responsive and exhibiting signs and symptoms of increased difficulty breathing. |
| **CAPTAIN INFO: Activity Goals:** The priorities for this scenario are:1. **Determine sucking chest wound and subtle signs of a pneumothorax with aggressive treatment. Scenario producer should slowly progress S/S of tension pneumothorax and shock – even to the point that ventilation could be considered. The point of this scenario is to show how mechanism is used to direct aggressive treatment when S/S are slow to develop.**
2. **Scene safety: the environment and possible weapon**
3. **Safely moving the patient**
4. **Appropriately identifying and managing shock**

**In-appropriate Treatment****Appropriate Treatment** |

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| S | Lying against wall initially in mild respiratory distress. More scared than injured. Patient anxious, shallow and fast respirations. Pt has sucking chest wound under shirt (crew must expose to find) |  | LOC | Alert, slow to respond, lethargic | LOC | Unresponsive |
| A | none |  | Resp | Initially 26 shallow due to pain with insp | Resp | 8 times/min, shallow, periods of apnea |
| M | Nitro, Lisinopril, Coumadin(blood thinner) |  | Pulse | 112 regular, weak distal, strong central | Pulse | 120, weak/thready |
| P | Coronary Artery Disease, HTN, MI 2 years ago, Coronary Artery Bypass Graft x 3 vessels.  |  | Skin | Pale, cool, dry | Skin | Pale, cool, dry |
| L | Dinner tonight |  | BGL | 108 | BGL | 108 |
| E | Was out for an evening stroll, someone ran into him, attempted to grab patients wallet. Patient tried to push him away and the assailant hit him in the chest with something. Now it is hard to breathe. Got dizzy and sat down against this here wall.  |  | SpO2 | 95% | SpO2 | 86% |
|  | **OPQRST:** onset 10 mins ago, movement makes hard to breathe, constant ache with sharp pain on inspiration, non-radiating, 8/10.  |  | B/P | 134/82 | B/P | 90/60 |

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| **Station 9: Adult Trauma B – Burn** |
| Dispatch Info:You’re dispatched to a classroom where there was a small explosion in the lab. Upon arrival you find a bystander frantically waiving you in and asking for your help. The patient is lying on the floor moaning, holding their face. The patient is in obvious distress. The fire has been suppressed by FD. Bystander Info:Frantically waiving crew in to the scene. States patient was working on an experiment and something went wrong and it caught fire. The patient was trying to put it out and when they threw water on it, it exploded. Standardized Pt Info:You should present exciting and in pain. You have moderate burns to your face, neck and arms. As scenario progresses you should develop respiratory distress. The students must work to appropriately manage the wounds and during this time you express some hesitation about going to the hospital. You are very willing to go where the crew suggests after they explain the importance of appropriate treatment and discuss possible risks and concerns with such an injury. |
| **CAPTAIN INFO: Activity Goals:** The priorities for this scenario are:1. **Perform an appropriate evaluation of the burns, including BSA burned and the degree of burns**
2. **Treatment: rapidly provide oxygen support for the patient, care for wounds**
3. **Recognize critical airway burn and prioritize transport to Burn Center.**
4. **Appropriate communication with the patient regarding the potential risk of such an injury and the importance of being transported to the hospital for care.**
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**In-appropriate Treatment**

**Appropriate Treatment**

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| S | Burns to ant neck/face/arms, difficulty breathing, mild stridor to airway |  | LOC | Alert | LOC | Altered |
| A | Morphine |  | Resp | 28 slightly labored progresses to severe distress | Resp | 40, severely labored, increased work of breathing, stridor |
| M | none |  | Pulse | 120 S/R | Pulse | 140, S/R |
| P | Diabetes  |  | Skin | 2nd and 3rd degree on arms, neck and face, warm, dry | Skin | 2nd and 3rd degree on arms, neck and face, warm, dry |
| L | lunch |  | BGL | 96 | BGL | 96 |
| E | Working on experiment when it caught fire attempted to put out with water and it exploded.  |  | SpO2 | 95% | SpO2 | 80% |
|  | **OPQRST:** Onset 10 mins PTA, “hurts all over”, constant burning pain to face, neck and arms. Pain is 10/10. |  | B/P | 144/80 | B/P | 160/90 |

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| **Station 12: Multi-Patient Incident – School Shooting** |
| Dispatch Info:You are dispatched to a classroom at Estrella College for a shooting. Per the caller there are multiple patients on scene. The shooter has been confirmed dead on arrival per PD after being shot by police while attempting to apprehend. Bystander Info: Interaction with the crews should be helpful but non descriptive. One bystander did witness the event and stated that they were in class and Johnny came in with a gun and just started firing! All he could hear was screaming and people were pushing each other to get out of the way as fast as they could. Standardized Pt Info:Total of 5 patients. PT #1: 20 y/o male assailant, dead on arrivalPT #2: 21 y/o male/female with gunshot wound to the abdomen, unresponsive, not breathing, weak/thread pulse.PT #3: 19 y/o male/female with gunshot wound to the upper leg, bleeding, anxious, rapid breathing (patient turns critical halfway through the scenario, has respiratory issues (history of asthma-no inhaler present), pt becomes altered, hypoxic. Crew must manage both trauma and medical issues on pt. PT #4: 18 y/o male/female that has abrasions on legs/arms, various bruises from being pushed through the crowd and onto the ground while attempting to escape. Pt # 5: 18 y/o male/female that has a gunshot wound to the right shoulder, various bruises and abrasions, minor head laceration.  |
| **Activity Outcome: Teaching Points:** 1. **Scene safety is the most important, especially in situations dealing with various agencies, multiple patients, family members trying to arrive, additional students, assailant (ensuring there was only one perpetrator). Ask students if they would consider coordinating with DPS helping to secure the scene.**
2. **Correct triage and correct identification of each patient, what qualifies as DEAD/DYING, WALKING/WOUNDED, IMMEDIATE.... and what order to transport based on identification.**
3. **Make sure they understand the importance of communicated with dispatch and incoming ALS units of how many patients they have and updating them with information as it comes to them.**
4. **Consider the time of day in which the accident has occurred (rush hour) and whether they can use alternative transportation (AIRVAC).**
5. **Provide appropriate patient care**
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| **Station 3: Documentation Station** |
| Documentation presentation will be delivered and then a case study presented. Students will complete a patient care report from the information provided to them in the case study. Feedback will be provided to the students. Case 1: You are dispatched to a private residence for a fall victim of an elderly male, conscious and breathing.General Impression: Upon arrival you see an elderly male lying on the carpeted floor in front of a recliner in the Den. The patient’s wife is located next to him and insists that you just pick him up off of the floor and that “He is fine, he just needs picked up and put into bed. It is down the hall.”Use slide show to assist with the rest of the presentation.  |
| **Activity Outcome: Teaching Points:** 1. **Ensure all demographic information, scene, times, etc are correct and in the report.**
2. Group Discussions on Scene Size Up- What information can you gain from looking at the residence (inside and out?). Can this information be helpful to you on this call?
3. Group Discussion on Primary Assessment: What do you need to know prior to moving the patient off of the floor? What are other possible reasons for the patient to be on the floor?
4. Group Discussion on HPI; What concerns do you have at this time for the patient? What is your gut instinct telling you about this situation? What else do you need to determine before moving the patient anywhere? Should this be a lift assist or transport? Why or why not?
5. Bystanders: What information do you want to know from the daughter? How can this information be useful on this call?
6. Transfer of Care: What specific information should you be included in this transfer of care to the triage RN and ED staff? Why?
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| S | Unresponsive, warm dry skin. Patient has a prior injury on his left forearm, a skin tear from a week ago. There is a large bruise surrounding it.  |  | LOC | Pt does not answer you or move when you touch his shoulder. He is unresponsive.  |
| A | Denied by the family |  | Resp | 20, normal rate and quality |
| M | Lisinopril, HCTZ |  | Pulse | 110, strong/regular |
| P | Coronary Artery Disease, Hypertension |  | Skin | Normal color, warm and dry skin |
| L | Breakfast- he didn’t eat much (per the wife). He kept “falling asleep”.  |  | BGL | 80 |
| E | Per the daughter, patient is usually very alert and “with it”. She just spoke to her father this morning and he was fine. This is unusual for him.  |  | SpO2 | 94% room air |
|  | No visible signs of blood or trauma.Daughter is requesting that the patient be transported to the hospital, the wife finally agrees.  |  | B/P | 90/50 |

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| **Station 6: Documentation Station** |
| Documentation presentation will be delivered and then a case study presented. Students will complete a patient care report from the information provided to them in the case study. Feedback will be provided to the students. Case 2: You are dispatched to the intersection of Dysart and Thomas for a pedestrian/bicyclist struck. Dispatch advises that police and fire are enroute, no further information available. General Impression: Upon arrival you see a Green SUV with a BMX bicycle under the front passenger side wheel. Traffic has stopped and you are able to position your ambulance close to the incident. Fire is on scene and secured the area and assumed incident command. The incident commander directs you to the nearby curb where there is a young male sitting, appears to be injured. He is sitting upright, crying and holding his left leg. He has blood on his leg and two firemen are assisting him, one is holding C-Spine. Child does not have on a helmet.The mother arrives on scene frantic while you are performing your assessment of the patient. Use slide show to assist with the rest of the presentation.  |
| **Activity Outcome: Teaching Points:** 1. **Ensure all demographic information, scene, times, etc are correct and in the report.**
2. Dispatch information: What can you infer from the information received by dispatch?
3. General Impression: Why is it relevant to briefly inspect the surroundings of the scene? What type of information are you looking for and why? What type of consent are you going to obtain at this time?
4. What questions do you want to ask this patient?-Why?
5. Based on your assessment-How would you prioritize this patient?
6. What is your role as a BLS provider once ALS has arrived?
7. What verbal defusing strategies can you use when communicating to the patient’s Mother to ensure a calm situation?
8. What information would you give to the triage RN and ED staff upon transfer of care?
9. What type of facility are you going to transport this patient to and why? Do you need additional resources?
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| --- | --- | --- | --- | --- |
| S | Open fracture to the left tib/fib with bleeding. Bleeding is controlled , fire is placing a dressing on it.  |  | LOC | Alert, Oriented and crying-able to answer questions appropriately  |
| A | Denied by the patient. |  | Resp | 24, normal rate and quality |
| M | None |  | Pulse | 120, strong/regular |
| P | None |  | Skin | Normal color, temperature and condition. Cap refill normal. |
| L | Lunch about 15 minutes ago.  |  | BGL | 90 |
| E | Patient was riding his bike across the street and the SUV took a right turn into the crosswalk and struck the patient. The patient states he was thrown off of his bike and suddenly had a lot of pain in his leg.  |  | SpO2 | 98% room air |
|  |   |  | B/P | 112/80 |