

Medical/Asthma

You are called to a local gas station for a man that is obvious respiratory distress..

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Respiratory distress

Scene safe: yes

of pts: 1

Additional resources needed: ALS unit

INITIAL ASSESSMENT

Verbalize general impression: male patient that appears to have problems breathing

Pt mental status: responsive

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations – rapid & labored

Assess Circulation: Skin is slightly cyanotic. Pulse – rapid

Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: responsive

Pupils PERRL but sluggish

Chest intact, significant expansion but distant lung sounds

Abdomen/pelvis soft/stable

Extremities no signs of trauma; CMS good in all 4 extremities

O: 20 minutes ago

P: Everything

Q: Bad!

R: N/A

S: 8/10

T: 20 minutes

S: dyspnea

A: Lots of stuff

M: Atrovent, Azamacort and Ventolin inhalers; Prednisone

P: asthma, "I've been intubated before"

L: breakfast

E: vacuuming car when had sudden onset of SOB. Inhalers didn't work. Tried to drive to hospital but got too "sleepy".

BASELINE VITALS #1

BP: 152/100

P: 106

R: 32

VITALS #2

BP: 158/102

P: 110

R: 30

VITALS #3(if treated)

BP: 144/88

P: 100

R: 26

If not treated - PNB

EXPECTED TREATMENT

ABC

O2

Neb treatment

Recheck vitals every 5 minutes

ALS intercept

Perform tasks while enroute to the hospital

Call med control

COPD

CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

You are called to a residential neighborhood where an 84 year old man is having difficulty breathing.

SCENE SIZE UP

BSI required (verbalized or worn)

MOI/NOI: Severe SOB

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: 84 y/o pt with SOB & non-productive cough

Pt mental status: Conscious and able to talk, but only in short sentences

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations 30, apply O2 15L NRB

Assess Circulation: Skin is warm & moist. Pulse is rapid, no bleeding found

Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: Wheezing noted bilaterally. Pulse is equal, but rapid.

O: SOB for last 2 days, got worse today

P: cleaning the garage

Q: N/A

R: no

S: N/A

T: no let up in SOB since calling 10 minutes ago

S: slight headache with difficulty breathing

A: none

M: albuterol inhaler

P: History of COPD

L: 4 hours ago

E: as previously stated

BASELINE VITALS #1

BP: 156/110

P: 104

R: 30

Pulse Ox: 84

VITALS #2

BP: 148/92

P: 96

R: 20

Pulse Ox: 84

EXPECTED TREATMENT

Reassure the patient

O2

IV

Cardiac monitor

Check lung sounds often

Nebulizer treatment (state proper meds: albuterol 2.5mg in 3cc ns)

Explain to the patient what you are doing (side effects, etc)

Recheck vitals every 5 minutes (did the albuterol help?)

Perform tasks while enroute to the hospital

Perform a physical assessment

Call med control

CHEST PAIN

You are called to a restaurant tonight for a 56 year old male patient with chest pain. Upon arrival, you find the patient is sitting in a chair and clutching his chest. The patient appears to be very anxious.

SCENE SIZE UP

BSI required (verbalized or worn)
MOI/NOI: Chest pain per dispatch
Scene safe: yes
of pts: 1
Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: 56 YOM pt with CP, appears anxious
Restates MOI/NOI: Chest pain
Pt mental status: Conscious and able to talk
Verbalize interventions & assess airway: airway open, no need for c-spine stabilization
Assess breathing, perform interventions: Respirations 20, apply O2 15L NRB
Assess Circulation: Skin is pale, cool & moist. Pulse is irregular, no bleeding found
Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

Patient category: Medical illness, with need for transport
C-spine need? No
Physical exam: No injury found. Obeys verbal commands. Lungs clear, eyes PERRL
O: 15 minutes ago
P: came on suddenly
Q: sharp pain in the mid chest
R: no
S: 8/10
T: has not gone away since the onset

S: Diaphoretic, clutching his chest
A: none
M: propranolol
P: "heart attack" when he was 39
L: 10 minutes ago
E: came on suddenly

BASELINE VITALS #1

BP: 180/110
P: 98 irregular
R: 20

VITALS #2

BP: 0
P: 0
R: 0

EXPECTED TREATMENT

Reassure the patient

O2

IV

Cardiac monitor

Nitro administration for Chest Pain (state appropriate dose 0.4mg SL, ask about use of Viagra)

ASA (state the dose 324mg)

Recheck vitals every 5 minutes

Defib

Combitube

Perform tasks while enroute to the hospital

Perform a physical assessment

CVA

CEREBRAL/VASCULAR
ANURIALISM

You are called to a local department store for a male patient lying on the floor unresponsive to voice.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Possible CVA

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient lying on floor

Restates MOI/NOI: man carrying a heavy object when he cried out in pain and then slumped to floor

Pt mental status: Conscious but unresponsive to voice

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations 22, apply O2 3L Nasal cannula

Assess Circulation: Skin is cool/dry & flushed. Pulse is rapid, no bleeding found

Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: Inappropriate response to verbal commands

Pupils left pupil larger than left

Chest intact

Abdomen/pelvis soft/stable

Extremities weakness in all 4 extremities, more pronounced on left.

O: 20 minutes ago

P: none

Q: "throbbing"

R: none

S: 10/10

T: 20 minutes

S: unresponsiveness

A: none

M: Labetalol, Minipress, Norvasc

P: severe high blood pressure

L: dinner 2 hours ago

E: carrying a heavy box

BASELINE VITALS #1

BP: 152/100

P: 86

R: 22

VITALS #2

BP: 188/132

P: 50

R: 10

VITALS #3(if treated appropriately)

BP: 194/148

P: 50

R: 10

If not treated appropriately all V/S are "0".

EXPECTED TREATMENT

Reassure the patient

O2

Recheck vitals every 5 minutes

Perform tasks while enroute to the hospital

Perform a appropriate physical assessment (hand grasps, etc.)

Call med control

Remember that time is of the essence. This patient needs thrombolytic therapy

Chest Discomfort

You are called to the local church for a 60 year old female patient with chest discomfort. Upon arrival, you find the patient is sitting in a chair with her hand on her chest. The patient appears to be very anxious.

SCENE SIZE UP

BSI required (verbalized or worn)
MOI/NOI: Chest discomfort per dispatch
Scene safe: yes
of pts: 1
Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: 60 y/o female pt with hand on chest, appears anxious

Pt mental status: Conscious and able to talk

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations 10, apply O2 15L NRB

Assess Circulation: Skin is pale, cool & moist. Pulse is irregular, no bleeding found

Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: Obeys verbal commands.

Chest Lungs clear, complains of slight pressure

Pupils PERRL

Abdomen soft/stable

O: 15 minutes ago

P: came on suddenly

Q: slight pressure in the mid chest with pain between shoulder blades

R: yes to back

S: 6/10

T: has not gone away since the onset

S: Diaphoretic, holding chest

A: none

M: none

P: none

L: 45 minutes ago

E: came on suddenly

BASELINE VITALS #1

BP: 160/90

P: 90 irregular

R: 20

VITALS #2

BP: 160/100

P: 102 irregular

R: 18 with O2

EXPECTED TREATMENT

Reassure the patient

O2

IV

Cardiac monitor

Nitro administration for Chest Pain (state appropriate dose 0.4mg SL, ask about use of Viagra)

ASA (state the dose 324mg)

Recheck vitals every 5 minutes

Perform tasks while enroute to the hospital

Perform a physical assessment

Unresponsive/PNB

You are called to a private residence for a man who is unresponsive but breathing.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man unresponsive slumped over his desk in his basement office, found by client arriving for an appointment..

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient slumped over desk. Bottle of nitro on desk.

Pt mental status: unresponsive

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations - 0

Assess Circulation: Skin is cool/dry & cyanotic. Pulse – 0

Transport priority: Load & go. Call for ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: Unresponsive

Pupils are large and non-reactive

Chest good sounds with ventilation

Abdomen/pelvis soft/stable

Extremities cyanotic and cool

O: uncommunicative
P: uncommunicative
Q: uncommunicative
R: uncommunicative
S: uncommunicative
T: uncommunicative

S: unresponsiveness/apneic
A: none known
M: unknown
P: unknown
L: unknown
E: unknown

BASELINE VITALS #1

BP: 0/0
P: 0
R: 0

VITALS #2

BP: 0/0
P: 0
R: 12 by BVM

EXPECTED TREATMENT

ABC
O2
CPR
Defibrillate x's 3
BVM followed by combitube
Recheck vitals every 5 minutes
ALS intercept
Perform tasks while enroute to the hospital
Call med control

Possible Intoxication/High Blood Sugar

You are called to an alley in a business district for a man who appears to be homeless and drunk.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man has been working in garden in the hot sun all afternoon. Neighbor saw him staggering, went over and laid him down. Neighbor called 911 because patient appeared to be slightly disoriented.

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient lying on ground. Clothes are dirty and hair looks greasy and has bag with a bottle in it.

Pt mental status: semi-conscious

Verbalize interventions & assess airway: airway open (strong odor of ETOH), no need for c-spine stabilization

Assess breathing, perform interventions: Respirations – normal

Assess Circulation: Skin is cool & dry

Transport priority: Medium priority) stay & play)

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: confused

Pupils PERRL

Chest intact with equal expansion with good lung sounds

Abdomen/pelvis soft/stable

Extremities no signs of trauma, good CMS in all 4, equal grasps

O: unknown
P: unknown
Q: unknown
R: unknown
S: unknown
T: unknown

S: confused
A: "something"
M: "my booze"
P: unknown
L: unknown
E: unknown

BASELINE VITALS #1

BP: BP: 140/60
P: 90
R: 16
BS: 300

VITALS #2(unchanged)

EXPECTED TREATMENT

ABC
O2
Cardiac monitor
Blood sugar
Recheck vitals every 5 minutes
ALS intercept, if needed
Perform tasks while enroute to the hospital
Call med control

Unknown Medical/Low Blood Sugar

You are called by local police to a county road for a man unresponsive in a car.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man slumped over steering wheel that is responsive

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient slumped over steering wheel that appears unresponsive. There is a candy bar and an open can of soda on the floor.

Pt mental status: groggy

Verbalize interventions & assess airway: airway open (strong odor of ETOH), no need for c-spine stabilization

Assess breathing, perform interventions: Respirations – rapid

Assess Circulation: Skin is cool & clammy

Transport priority: Medium priority) stay & play)

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: groggy

Pupils sluggish

Chest intact with equal expansion with good lung sounds

Abdomen/pelvis soft/stable

Extremities no signs of trauma, good CMS in all 4, medical alert bracelet

O: unknown
P: unknown
Q: unknown
R: unknown
S: unknown
T: unknown

S: groggy
A: none
M: Insulin with variable doses
P: IDDM for 10 years
L: unknown
E: unknown

BASELINE VITALS #1

BP: BP: 116/60
P: 134
R: 32
BS: 40

VITALS #2

BP: BP: 116/60
P: 100
R: 28
BS: 75 (after oral glucose)

VITALS #3

BP: BP: 116/60
P: 100
R: 28
BS: 110 (after glucagon)

EXPECTED TREATMENT

ABC
O2
Blood sugar
Recheck vitals every 5 minutes
ALS intercept, if needed
Perform tasks while enroute to the hospital
Call med control

Cold Weather

You are called to a private residence for an “unknown, possible hypothermia”

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man has been outside working on his old snowmobile all day. Neighbor saw him lying on the ground shivering appearing to be disoriented.

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient lying on ground shivering

Pt mental status: confused

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations – rapid/deep

Assess Circulation: Skin is cold and face is bluish-white

Transport priority: Load & go.

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: confused

Pupils dilated

Chest intact with equal expansion with good lung sounds

Abdomen/pelvis soft/stable

Extremities white, fingers and toes “waxy”

O: unknown
P: movement
Q: burning
R: none
S: "terrible"
T: 10 minutes since call

S: somewhat confused, repeating "What's happening here?"

A: none

M: Fluoxetine 40 mg

P: CHF

L: Neighbor states they had a couple of beers and some chili a couple of hours ago, but then he went back to work on his snowmobile.

E: obsessive work in cold environment

BASELINE VITALS #1

BP: 90/60 lying, 70/50 sitting

P: 120

R: 36 deep

VITALS #2(unchanged)

VITALS #3(if patient gradually warmed)

BP: 100/62

P: 112

R: 30

EXPECTED TREATMENT

ABC

O2

Cardiac monitor

Gentle handling

Gradual rewarming

Recheck vitals every 5 minutes

ALS intercept, if needed

Perform tasks while enroute to the hospital

Call med control

Warm Weather

You are called to a private residence for a person found lying in her garden.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man has been working in garden in the hot sun all afternoon. Neighbor saw him staggering, went over and laid him down. Neighbor called 911 because patient appeared to be slightly disoriented.

Scene safe: yes

of pts: 1

Additional resources needed: no

INITIAL ASSESSMENT

Verbalize general impression: male patient lying on ground.

Pt mental status: somewhat confused

Verbalize interventions & assess airway: airway open, no need for c-spine stabilization

Assess breathing, perform interventions: Respirations – rapid/deep

Assess Circulation: Skin is hot, dry and red face

Transport priority: Load & go. ALS intercept

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? No

Physical exam: confused

Pupils Nystagmus noted, pupils dilated

Chest intact with equal expansion with good lung sounds

Abdomen/pelvis soft/stable

Extremities no signs of trauma, good CMS in all 4 extremities

O: unknown
P: none
Q: none
R: none
S: none
T: 10 minutes

S: somewhat confused, repeating "What's happening here?"

A: none

M: Lasix, K-lor

P: CHF

L: Neighbor states they had a beer and a brat together a couple of hours ago, but then he went back to work in his garden

E: obsessive gardening in high heat and humidity

BASELINE VITALS #1

BP: 90/60 lying, 70/50 sitting

P: 120

R: 36 deep

VITALS #2(unchanged)

VITALS #3(if patient cooled)

BP: 100/62

P: 112

R: 30

EXPECTED TREATMENT

ABC

O2

Cardiac monitor

Aggressive cooling

Recheck vitals every 5 minutes

ALS intercept, if needed

Perform tasks while enroute to the hospital

Call med control

Major Trauma (Fall)

You are called to a local industry. Man fell down flight of stairs. Emergency Medical Responders are at scene

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man was carrying an armload of boxes downstairs and missed a step and tumbled down most of the steps.

Scene safe: yes

of pts: 1

Additional resources needed: none

INITIAL ASSESSMENT

Verbalize general impression: Male patient lying on the floor, awake but confused. Boxes lay scattered around patient.

Pt mental status: confused to time and event

Assesses airway utilizing proper airway management procedures: airway open ensuring c-spine

Assess breathing, perform interventions:
Respirations 22, apply O2 10L – 15L NRB

Assess Circulation: Skin is cool, moist & pale. Pulse is rapid.

Transport priority: medium priority (stay & play) upgrades to load to and go after physical exam.

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? yes

Physical exam:

Responds to verbal commands

Skin moist/cool/pale

Pupils are PERRL but sluggish

Neck clear, no tracheal deviation

Chest intact but tender in spots, “splints” respirations sounds

Lung sounds equal bilaterally

Abdomen/pelvis, abdomen tender with guarding; pelvis stable

Extremities, wrists appear to be fractured; obvious left femur fracture; decreased pulse in left foot.

O: 20 minutes ago
P: moving/breathing
Q: very sharp
R: "It doesn't radiate, it's just everywhere!"
S: 10/10
T: 20 minutes

S: pain everywhere
A: morphine, codeine
M: none
P: none
L: Rueben sandwich 30 minutes ago
E: fall down stairs

BASELINE VITALS #1

BP: 130/90
P: 86
R: 22

VITALS #2 (unchanged)

VITALS #3(unchanged)

EXPECTED TREATMENT

ABC with c-spine
O2
Complete assessment prior to loading
Recheck vitals every 15 minutes
Perform tasks while enroute to the hospital
Perform a physical assessment
Call med control

Minor Trauma (Fall)

You are called to a local park for a man who twisted his ankle.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Man was walking up a hill when he twisted his ankle and fell to the ground.

Scene safe: yes

of pts: 1

Additional resources needed: none

INITIAL ASSESSMENT

Verbalize general impression: Male patient lying on the ground halfway down a hill near some trees.

Pt mental status: alert

Assesses airway utilizing proper airway management procedures: airway open

Assess breathing, perform interventions:
Respirations 22, apply O2 if needed

Assess Circulation: Skin is cool, moist & pale. Pulse is normal

Transport priority: medium priority (stay & play)

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need?

Physical exam:

Responds to verbal commands
Skin warm/dry
Pupils are PERRL
Chest intact
Lung sounds equal bilaterally
Abdomen/pelvis, soft/stable
Extremities, swelling to left ankle with tenderness upon palpation, no signs of trauma to other 3 extremities; good CMS in all 4

O: 20 minutes ago

P: movement

Q: sharp

R: none

S: 5/10

T: 20 minutes

S: left ankle pain with swelling with tenderness upon palpation

A: none

M: none

P: none

I: breakfast 30 minutes ago

E: twisted ankle

BASELINE VITALS #1

BP: 130/90

P: 86

R: 22

VITALS #2 (unchanged)

VITALS #3(unchanged)

EXPECTED TREATMENT

ABC

O2

Complete assessment prior to loading

Recheck vitals every 15 minutes

Perform tasks while enroute to the hospital

Perform a physical assessment

Call med control

Minor Trauma (Back Injury)

You are called to the intersection of Locust and Spruce. Vehicle rear-ended another vehicle. Police are not at the scene.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: Patient's vehicle rear-ended another vehicle at a stop sign..

Scene safe: yes

of pts: 1

Additional resources needed: police

INITIAL ASSESSMENT

Verbalize general impression: Male patient standing upright near driver's door, complaining of neck pain and back pain.

Pt Mental status: Alert

Assesses airway utilizing proper airway management procedures: airway open ensuring c-spine

Assess breathing, perform interventions:
Respirations 32, apply O2 10L – 15L NRB

Assess Circulation: Skin is cool, moist & pale. Pulse is rapid.

Transport priority: medium priority (stay & play).

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? yes

Physical exam:

Responds to verbal commands

Skin moist/cool/pale

Pupils are PERRL

Neck clear, no tracheal deviation

Chest intact, normal expansion

Lung sounds equal bilaterally

Abdomen/pelvis, soft/stable

Extremities, no sign of trauma; good CMS in all extremities

O: 10 minutes ago

P: movement

Q: sharp

R: down left leg

S: 5/10

T: 10 minutes

S: back and neck pain

A: none

M: oxycotin(as needed)

P: laminectomy 4 weeks ago for ruptured disk

L: breakfast 30 minutes ago

E: had sharp pain, lost concentration and rear-ended other vehicle

BASELINE VITALS #1

BP: 170/102

P: 110

R: 32

VITALS #2

BP: 146/90

P: 90

R: 24

VITALS #3(if treated and transported appropriately)

BP: 116/74

P: 90

R: 16

EXPECTED TREATMENT

ABC with c-spine

O2

C-spine immobilization

Complete assessment prior to loading

Recheck vitals every 15 minutes

Perform tasks while enroute to the hospital

Perform a physical assessment

Call med control

“Person Down” (Electrocution)

You are called to a local residence for an electrician found unresponsive in the bathroom. He had been working on some wiring.

SCENE SIZE UP

BSI required (worn)

MOI/NOI: man found unresponsive

Scene safe: unknown (needs make scene safe/turn off power)

of pts: 1

Additional resources needed: FD/ALS unit

INITIAL ASSESSMENT

Verbalize general impression: Man lying in a pool of water in the shower stall

Pt mental status: unresponsive

Verbalize interventions & assess airway: airway open, c-spine considerations

Assess breathing, perform interventions: Respirations – normal

Assess Circulation: Skin is cool, pale and diaphoretic

Transport priority: Load & go

FOCUSED HISTORY & PHYSICAL EXAM

C-spine need? yes

Physical exam: unresponsive

Pupils PERRL

Chest intact with equal expansion with good lung sounds

Abdomen/pelvis soft/stable

Extremities 3rd degree burn to L hand (index and middle fingers), 3rd degree burn and laceration to R foot, all toes missing (possible exit wound). Pedal pulses weak

O: unknown
P: unknown
Q: unknown
R: unknown
S: unknown
T: unknown

S: unconscious with burn injuries
A: unknown
M: unknown
P: unknown
L: unknown
E: unknown

BASELINE VITALS #1

BP: 98/60
P: 130
R: 20

VITALS #2

BP: 90/P
P: 130
R: 10

EXPECTED TREATMENT

ABC
O2@15L/M BVM
Cardiac monitor
Oral airway, possibly combitube
C-spine immobilization
Recheck vitals every 5 minutes
ALS intercept, if needed
Perform tasks while enroute to the hospital
Call med control