

ALS Scenario #1

Scenario Objectives

It is the intention of this scenario to assess the ability of the EMS crew to evaluate and treat a traumatized patient while paying particular attention to these common pitfalls:

- Altered mental status due to alcohol does not preclude injury
- Police on scene alone does not assure scene safety

Dispatch Information

You are dispatched to a residence for an assault as the result of a domestic. Police are on scene and you are advised the scene is secure.

Patient Story

The patient is a 23 year-old-female who, upon arrival, is sitting on a couch, smoking a cigarette, and is obviously agitated and reeks of alcohol. Patient and police report that the patient got in a dispute with her live-in boyfriend upon returning home from the bar after he accused her of "impropriety" with several of the gentleman at the bar. The patient reports drinking the ubiquitous "2-3 beers" and several shots of liquor. The patients boyfriend punched her in the face several times and struck her in the chest with a golf club she was using to beat him with after he wrestled it away from her. Finally, the boyfriend knocked her to the ground to leave the residence after she called 911. The police have her boyfriend in custody several miles away.

Scenario Development

The patient will have several obvious bruises on her face and a black eye, as well as bruising and tenderness to the left chest area. Patient refuses cervical stability and immobilization and will sign refusal. Police ask EMS to wait on scene as they have two men in custody but are uncertain which is her boyfriend and wish her to identify him prior to departure. After several minutes at the scene and increasing agitation about her life situation, the patient reaches for her purse to 'get her cell phone' and pulls out a small pistol and shoots a rescuer in the chest. Police on scene immediately return fire, striking patient once in the right side of the chest with a high expansion .45 round. Patient becomes unresponsive with strong pulses, but inadequate respirations.

Past Medical History

- None

Medications

- None

Allergies

- NKDA

ALS Scenario #1**Scene Safety and Size Up (WITHIN 2 MINUTES OF SCENARIO START)**

1	Yes	No	All kits closed at start of scenario
2	Yes	No	All team members wearing gloves
3	Yes	No	Scene evaluated for potential/hidden threats
4	Yes	No	Questions bystanders/family
5	Yes	No	Rescuers identified themselves
6	Yes	No	Attempts to gain verbal consent from patient
7	Yes	No	Confirms with police that patient has been searched and is free of weapons

Initial Assessment

8	Yes	No	Determines degree of patient orientation
9	Yes	No	Assess baseline vitals signs
10	Yes	No	Auscultates lung sounds
11	Yes	No	Investigate history of present illness
12	Yes	No	Adequately investigates signs and symptoms
13	Yes	No	Determines patient medication allergies
14	Yes	No	Questions for pertinent medical history
15	Yes	No	Determines last oral intake
16	Yes	No	Determines transport urgency
17	Yes	No	Considers spinal injury
18	Yes	No	Determines nature of injury
19	Yes	No	Rescuer attempts stabilizes head and neck inline position
20	Yes	No	Rescuer adequately explains need for immobilization and potential complications if not performed
21	Yes	No	Rescuer obtains signed refusal for not performing immobilization
22	Yes	No	Assures adequate airway and breathing
23	Yes	No	Performs detailed physical assessment for further injuries
24	Yes	No	Assess motor, sensory, and pulse distal to all extremities

Treatment

25	Yes	No	Applies oxygen
26	Yes	No	Checks BSG: 112
27	Yes	No	Initiates IV NSS - TKO or Saline lock
28	Yes	No	Applies cardiac monitor

Scenario Deteriorates

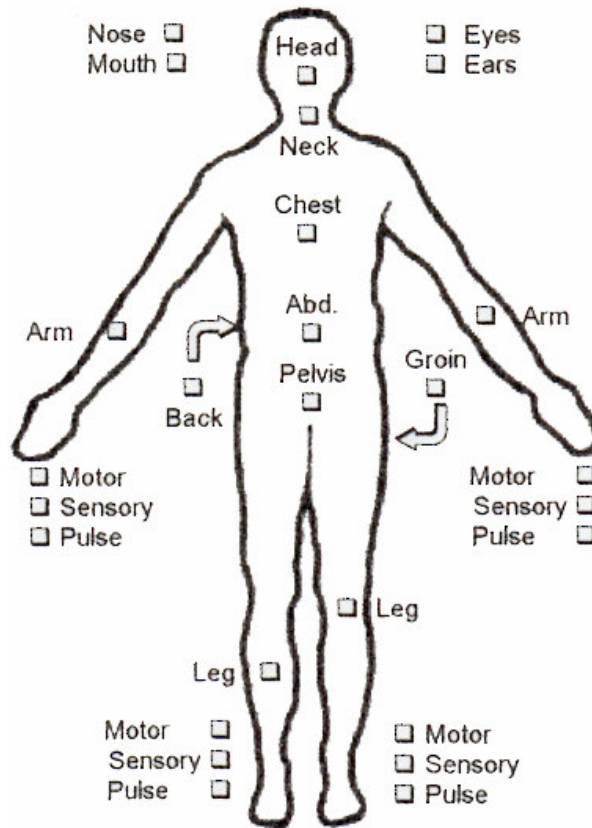
29	Yes	No	Re-evaluate scene safety
30	Yes	No	Remaining two rescuers split - 1 per patient

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Treatment (CONTINUED)			
31	Yes	No	Rescuers wound evaluated for entry and exit wound
32	Yes	No	Rescuers wound dressed with direct pressure
33	Yes	No	Rescuer arm immobilized with sling and swath
34	Yes	No	Rescuer distal motor, sensory, and pulse assessed
35	Yes	No	Additional EMS unit called
36	Yes	No	Initial patient ABCs reassessed
37	Yes	No	if not already applied O2 at 15lpm
38	Yes	No	Lung sounds reassessed
39	Yes	No	Occlusive dressings applied to both entry and exit wound
40	Yes	No	Wounds dressed and bandaged
41	Yes	No	Patient reassessed for lung sounds and chest expansion - PATIENT NOW APNEIC
42	Yes	No	Oral airway inserted
43	Yes	No	Patient hyperventilated with 100% O2 via BVM
44	Yes	No	Patient intubated with cervical spine precautions
45	Yes	No	Confirms tube placement by at least 1 additional, non-auscultation method
46	Yes	No	Records cm at lips before and after securing tube
47	Yes	No	Applies cervical collar
48	Yes	No	Patient placed onto LBB w/CID
49	Yes	No	Reconfirm tube placement after placing patient onto LBB
50	Yes	No	Extricates patient
51	Yes	No	Reconfirms tube placement after extrication
52	Yes	No	IVs not run wide open due to possible head injury - BP maintains on its own

SCENARIO ENDS

Overall Performance			
53	Yes	No	Communicated with patient throught scenario
54	Yes	No	Advised patient of all activities taking place



Physical Exam Findings	
Head	Multiple bruises on face
Nose	Normal
Mouth	Normal
Eyes	Pupils (=) & reactive, but sluggish
Ears	Normal
Neck	No JVD
Chest	Lung sounds clear and (=), brusing noted to left chest, no crepitus or deformity noted
Abdomen	Soft, non-tender, no masses
Pelvis	Stable
Groin	Normal
Back	Normal

Time	Skin Color/Temp	Orientation	EKG	BP	Pulse	Pulse quality	Respir.	Respiration quality	SPO2
Initial	Normal	A&Ox3	S. Tach	116/64	118	S&R	28	Normal	93%
Post-shooting									
Second	Pale	Unresponsive	S. Tach	104/72	130	S&R	4	shallow	93%
Third	Normal	Unresponsive	S. Tach	104/72	130	S&R	6	shallow	96%
Second Patient (Rescuer)									
Initial	Normal	A&ox3	NST	136/84	104	S&R	24	Normal	98%