

# June 24, 2022

## Scenario # 3 – Store front

Team Name		
Captain Name	 	

Judge 1 # \_\_\_\_\_

Judge 2 # \_\_\_\_\_

### \*Judges Sheet\*

#### Overview:

This scenario is designed to present rescuers with multi-system injuries. Medics are expected to manage scene safety, treat all injuries accordingly, and package patients for transportation. This is a 20 minute scenario with a 5 minute immediate action period for patient 1 for all scene sizeup, primary assessment, and immediate care occurring. At the end of immediate action, a second patient is located (Note #1). This starts another 4 minutes of immediate action for the second patient. Responders may forget to change gloves when moving to this new patient. Note #2 comes at the 9-minute mark and marks the end of immediate action for Pt. 2. There will be a 2 minute warning called at the 18 minute mark. This is when teams should relay to their judges turnover information.

#### Scenario:

You are called to the scene of a deserted building where police discovered some individuals. You and your team are the closest available unit and respond to the scene.

Upon arrival, police direct you to an individual that was involved in a physical altercation with police that escalated to the use of gunfire. The individual has sustained at least two gunshot wounds. The area you are escorted to is secure but police continue to search the area.

#### Patient #1

- Approximately 30 y/o semiconscious patient
- Lying supine
- Obvious gun shot wound to the shoulder

#### Note #1: (Given at the 5 minute mark – end of immediate action for Pt 1)

Police ask you to look at an individual they think has been doing drugs of some sort. The individual is unconscious and was not armed.

#### Patient #2

- Approximately 15 y/o unconscious patient laying on their side
- Possible drug overdose brought to EMTs by police after completing search of the area

#### Note #2: (Given at the 9 minute mark – end of immediate action for Pt 2)

The patient's breathing has slowed down.

#### Note #3: (Given at 12 minute mark)

The sheriff has come and has some Narcan available

#### Note #4: (Given at 15 minute mark)

Patient #2 vomits

## **Immediate Action**

Scene Size Up

1	All kits closed when scenario starts	
2	All team members wearing gloves	
3	Confirms or asks police to check victims for weapons	"Victims and area are clear of weapons"
4	Asks police to clear area of onlookers	"Police will keep the area clear"
5	We returned fire and they sustained mul	d suspect and they shot at one of our officers. tiple gun shot injuries. This area is cleared weeping the back portion of the premises."
6	Attempts to find other patient	"Just the one – they shot at us but missed"
7	ALS/Ambulance called	"Ambulance in route"

Rescuers state their general impression or ask what general impression they get from the scene  "Lying Supine, hand-cuffed, Semi-conscious, GSW to Right shound in the scene of the scene o	<u>Pati</u>	ent #	1 (Shooting – semi-conscious – moaning in pain)		
"Lying Supine, hand-cuffed, Semi-conscious, GSW to Right shout    10  Rescuers identify themselves as EMS	8				hooting"
Care   Company   Care	0	П			
Attempt to gain consent from patient	9	]			
12	10		•		_
Asks questions to determine orientation (name, date, location, president)    Composition   Compositi	11			ole to give – moans	in pain"
doesn't answer quee  14	12				"Noted"
Verbalizes level of consciousness is A or V on AVPU or GCS less than 15 or A&O x0 or x1	13	П	Asks questions to determine orientation (name, date, location, president)		moans" /
15					•
Opens airway  Opens airway  Using Jaw Thrust  Using Head-tilt, chin-lift  Patent – moaning / talking  Assesses ventilation  Rapid/Non-Labored aroun  Source  Oxygen applied via partial or non-rebreather mask  Oxygen set to at least 15 liters per minute  Oxygen set to at least 15 liters per minute  Check for severe bleeding  Applies direct pressure to entrance wound  "Airway is of the applied of				or <u>A&amp;O x0 or x1</u>	"Noted"
or Using Jaw Thrust ☐ Using Head-tilt, chin-lift ☐ Patent – moaning / talking  17 ☐ Assesses ventilation "Rapid/Non-Labored aroun 18 ☐ Assesses oxygen saturation "Superior of the company of the company of the company of talking 19 ☐ Oxygen applied via partial or non-rebreather mask "Tolerates not of the company of talking of ta	15				
Using Head-tilt, chin-lift □ Patent – moaning / talking  17 □ Assesses ventilation "Rapid/Non-Labored aroun 18 □ Assesses oxygen saturation "Superior of the control of th				"Airway	is clear"
Using Head-tilt, chin-lift Patent – moaning / talking  17 Assesses ventilation "Rapid/Non-Labored aroun 18 Assesses oxygen saturation "Government of the composition	16	or			
17       □       Assesses ventilation       "Rapid/Non-Labored aroun         18       □       Assesses oxygen saturation       """         19       □       Oxygen applied via partial or non-rebreather mask       "Tolerates m         20       □       Oxygen set to at least 15 liters per minute         21       □       Assesses pulse       "Rapid at about         22       □       Check for severe bleeding       "Bleeding moderately from entrance wound in front right shout         23       □       Applies direct pressure to entrance wound       "Bleeding is control	10	01			
18 □ Assesses oxygen saturation "9 19 □ Oxygen applied via partial or non-rebreather mask "Tolerates in 20 □ Oxygen set to at least 15 liters per minute 21 □ Assesses pulse "Rapid at about 22 □ Check for severe bleeding "Bleeding moderately from entrance wound in front right shout 23 □ Applies direct pressure to entrance wound "Bleeding is control of the control					
19 □ Oxygen applied via partial or non-rebreather mask 20 □ Oxygen set to at least 15 liters per minute 21 □ Assesses pulse 22 □ Check for severe bleeding "Bleeding moderately from entrance wound in front right shouted a specific control of the severe bleeding is control of th				l/Non-Labored aro	
20       □       Oxygen set to at least 15 liters per minute         21       □       Assesses pulse       "Rapid at about         22       □       Check for severe bleeding       "Bleeding moderately from entrance wound in front right shout         23       □       Applies direct pressure to entrance wound       "Bleeding is control		_			"91%"
21 □ Assesses pulse "Rapid at about 22 □ Check for severe bleeding "Bleeding moderately from entrance wound in front right shout 23 □ Applies direct pressure to entrance wound "Bleeding is control to the control of		_		"Tolerate	es mask"
22 ☐ Check for severe bleeding "Bleeding moderately from entrance wound in front right shou 23 ☐ Applies direct pressure to entrance wound "Bleeding is control					
23 Applies direct pressure to entrance wound "Bleeding is control			*		
	24				
25 Applies direct pressure to exit wound "Soaks through banda"	25				
26 Applies more direct pressure, packs wound, or more gauze to shoulder "Bleeding is control					
27  Assesses skin "Cool, pale, clan		_		"Cool, pale, o	clammy"
28  Removes clothing to inspect as necessary (can be verbalized)		_			
29	29		Verbalizes transport priority is urgent or high priority or "load & go"		

<sup>\*</sup> AFTER IMMEDIATE ACTION FLIP THE PAGE AND DO NOT RETURN \*  $\,$ 

### **Initial Scene Size Up**

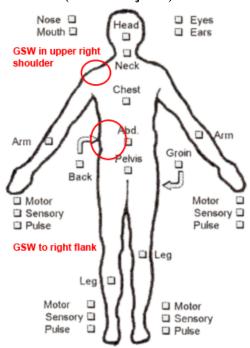
-	
1	All kits closed when scenario starts
2	All team members wearing gloves
3	Confirms or asks police to check victims for weapons "Victims and area are clear of weapons"
4	Asks police to clear area of onlookers "Police will keep the area clear"
5	Questions bystanders or police about scene / what happened  "We tried to apprehend this suspect and they shot at one of our officers.  We returned fire and they sustained multiple gun shot injuries.  This area is clear but we have officers sweeping the area."
6	Attempts to find other patient "Just the one – they shot at us but missed"
7	ALS/Ambulance called "Ambulance in route"

#### Patient #2 (Overdose)

1 1111	J11 t //	2 (Over dose)	
64		Asks judge about or states the apparent MOI/NOI	Apparent overdose
04	_	"He was found laying on his side where he was do	oing drugs – no obvious MOI"
65		Rescuers identify themselves / attempts to gain consent	"No response"
66		Attempt to identify patient from police, wallet, bystandards	"Wallet found"
67		Identifies patient's age from wallet	"DOB- 1/24/2007"
68		Determines age is under 18 – attempts to contact parents / have police of	contact "They left a message"
69		Determine level of consciousness is <u>U on AVPU</u> or <u>GCS less of 3</u> or <u>Un</u>	responsive
09	J		d to verbal or painful stimuli"
70		Determines Head/Neck stabilization is NOT indicated due to NOI and la	ck of MOI or injury
71		Scene safety: check or be aware for needles or sharps when checking thi	s patient "None found/Noted"
72		Assesses airway "snoring respin	ations interrupted by groans"
		Opens airway	"Airway is now clear"
73	or	☐ Using Jaw Thrust	
/3	or	☐ Using Head-tilt, chin-lift	
		☐ Repositions the head in recovery position to orient the face down	
74		Measures and inserts an oral airway (OPA)	
75		Assesses breathing "Slow	, shallow breaths at about 10"
76		Administers high flow oxygen via NRB	"Accepted"
77		Assesses pulse	"Slow and weak at about 50"
78		Assesses skin	"pink, cool, and sweaty"
79		Check for severe bleeding	"None found"
80		Recognizes possible opioid emergency / requests Narcan or Naloxone	"Noted / None available"
81		Removes clothing and inspects as necessary (verbalized)	
		Determines transport priority is urgent or high priority or "load & go"	

## $\underline{\hbox{* AFTER IMMEDIATE ACTION FLIP THE PAGE AND DO NOT RETURN.*}}$

#### Patient #1 (Gun shot injuries)



Patient Vitals- CHEC	CK PULSE AND RES FOR 15 Sec
□□□ Pulse	. 138 (regular, strong)
After Note #2	. 142
□□□ Respirations	. 20 (unlabored)
After Note #2	. 24 (unlabored)
□□□ Skin color/temp	
□□□ BP	
After Note #2	. 96/60
□□□ Pupils	. Slow to react, constricted
□□□ SPO2	. 91% (97% w/O2)
□□□ Time	
	nd Ongoing Assessment
Check for Med. Ale	<u> </u>
☐ Head/Neck injury s	1
Tx. for shock–appli	. , ,
☐ Tx. for shock – blar	ıket
	th patient) up to three times after the
primary assessment	
	pan to verbal and pain until Note #2
☐ After Note #2-1	•
responds to pair	n – no longer moaning – U on AVPU

Patient Interview-DONE IN ANY ORDER	
□ Signs & Symptoms	
□ Allergies	"Unknown"
☐ Medications	"Unknown"
□ Past pertinent Hx	"Unknown"
	"Unknown"
□ Events preceding	"Unknown"

#### **GSW** to shoulder

30	Expose wounds	
31	Applies direct pressure / rechecks previous bandaging for entrance wound "Bleeding thro	
32	Applies more pressure and bandages or packs the wound "Controlle	
33	Check for exit wound / reevaluates "Exit wound found, bleeding top o	f the back on Right side"
34	Applies directly pressure to the exit wound	
35	Secure bandages in place	
36	Rechecks bandage after 5 minutes for bleed through or effectiveness	"No bleed through"

#### **GSW** to abdomen

37	Expose wounds	
38	Check for exit wound	"None found"
39	Applies direct pressure / rechecks previous bandaging	"Bleeding through"
40	Applies more pressure and bandages or packs the wound	"Controlled"
41	Secure bandages in place	
42	Rechecks bandage after 5 minutes for bleed through or effectiveness	"No bleed through"

#### Spinal Immobilization – due to possible spinal trauma

	 The state of the s
43	Check motor, sensory and pulse before placing cervical collar (may have been done earlier-mark here)
44	Applies properly sized cervical collar (may have been done earlier-mark here)
45	Moves patient keeping in-line spinal stabilization (sliding up and down the board)
46	Evaluates for padding
47	Secures patient to spinal immobilization device
48	Re-checks motor, sensory and pulse

#### Handcuffed

49		Examines wrists for p	proper fit or if they are causing any injury	"No injury noted"
.,	_	Enternitive writers for p	roper in or ir they are causing any injury	Tio mjury motou

### **Overall Patient Care**

50	Team wore clean gloves before treating this patient (changed gloves if needed) – Can be verbalized	
51	Mark the box if the patient was given anything by mouth	
52	Mark the box if the team did anything to jeopardize the patient's condition	
	(write down any errors)	
		I

**Transfer of Care Report – Patient #1** 

	Transfer of Care Report Transfer in		
53		Reports chief complaint/life threat and/or MOI as gun shot wounds	
54		Reports initial level of consciousness as <u>Alert of Verbal on AVPU</u> or <u>A&amp;O x0</u> or <u>semiconscious</u>	
55		Reports patient's name, age, sex	
56		Reports initial vital signs (pulse: 138, Respirations:20, BP:108/70)	
57		Reports GSW to shoulder	
58		Reports GSW to abdomen / flank	
59		Reports GSW exit wounds found	
60		Reports finding: Decreased LOC after note #2	
61		Reports intervention: Supplemental Oxygen	
62		Reports intervention: stopping the bleeding / bandaging	
63		Reports current set of vitals or notes lowering BP	

#### Patient #2 (Overdose) Nose 🗆 Eyes Mouth 🗆 ☐ Ears Vomit around the face Needle tracks on arms Neck and between fingers Chest Abd. Pelvis Back ■ Motor Motor Sensory 🗆 Sensory Pulse Pulse

Patient #2 (Overdose)						
Nose 🗆 🗀 Eyes	Patient Vitals- CHECK PULSE AND RES FOR 15 Sec					
Mouth  Head Bars	□□□ Pulse check					
Vomit around the face Needle tracks	After Note 2					
Vomit around the face Needle tracks on arms	After narcan					
and between	□□□ Resp check					
Chest fingers	After Note 2					
/ /\ \ \ \ \ \	After narcan					
	□□□ Skin color/temp					
Arm Abd.	After Note 2					
Pelvis Groin	□□□ Blood Pressure					
	After Note 2	82/60				
Back i	After narcan					
Motor Motor	□□□ Pupils					
☐ Sensory ☐	□□□ SPO2					
□ Pulse □	With non-rebreather					
\	After Note 2					
/ ( ) <sup>(1)</sup> (Leg	With positive pressure vents	92%				
Leg ( )	□□□ Time					
200/2//	Datient Maintenance and Or	againg Aggagament				
Motor 🔲 📗 Motor	Patient Maintenance and On Check for Med. Alert Tag					
Sensory Dulse	Tx. for shock–applies high					
Pulse 🗆 😈 🖸 Pulse	Tx. for shock – applies high	1-110w oxygen				
	1x. for snock – branket					
	Monitors LOC (talks with pati	ent) up to three times after the				
	primary assessment					
	☐U on AVPU – Doesn't respond to verbal and/or					
	painful stimulus for first 13 minutes					
	☐ After narcan, onl					
Patient Interview- DONE IN ANY ORDER, CAN ONL						
☐ Signs & Symptoms		` '				
□ Allergies						
☐ Medications		""Unknown"				
☐ Past pertinent Hx		at time user from the looks of it"				
☐ Last oral intake	"Unknown –but fr	om the vomit it was something"				
☐ Events preceding"He						

Medical History – Asks bystanders or police

83		Asks about what drugs have been at this location	"Looks like white powder, probably heroin"
84		Looks for injection sites	"injection site found on arm, still bleeding a little"
85		Applies pressure to bleeding	"Bleeding controlled"
86		Applies bandaid or bandages	

Note #2 – Depressed breathing

110te H2 Depressed Steaming			
8	87	Team begins to ventilate the patient using a BVM or mouth to mask	
8	88	Team uses supplemental O2 with ventilations	
8	89	Team ventilates at 1 breath every 5-6 minutes	

#### Note #3 – Narcan/Naloxone available

119 Reports intervention: Vomit/suctioning

120 Reports current set of vitals or that vitals improved after giving narcan

1,000		1 184 2844 1 1840 140 18 1 844 184 184 184 184 184 184 184 18		
90	Tea	am gives Narcan without consulting protocols, standing orders, or medical control		
91		Team cites protocols or standing orders "Your protocols are to contact medical control by radio"		
92		Team calls dispatch or hospital for medical control: "What are the patient's symptom		
		☐ Reports sleepy/lethargic or unresponsive		
93	or	Reports vomiting/emesis		
		☐ Reports patient slowed breathing		
		"What are the patient's vitals?"		
0.4	Reports victim #2 initial vitals (P-52 R-10 BP-92/66 Pupils-pinpoint)			
94	or	☐ Reports victim #2 current vitals (P-36 R-4 BP-82/60 Pupils-pinpoint)		
95			ion"	
96		Administers narcan medication to victim #2 by nose (verbalized)		
97		• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
98		Vitals recheck – breathing check "Breathing deeply at 12 per minu		
Note	#1	- Patient vomits		
99	<i>""</i>	Rolls patient on their side (logroll if necessary – c-spine is not an issue)		
100		Performs fingersweep to remove contents  "Airway still has fluit	ids"	
101		Assembles suction equipment – connecting suction tip	ius	
102				
103		Verbalizes inserting suction tip of states they will not go further than they can see		
104		Verbalizes or begins suctioning when inserted or as withdrawing		
105	=	Limits suction time to a maximum of 10 seconds		
		Opens/reassesses airway  If suctioned - "Airway is cle	29r"	
106		If no suction – "Airway still has flui		
L	l			
Over	all P	Patient Care		
107		Team wore clean gloves before treating this patient (changed gloves if needed) – Can be verbalized		
108		Mark the box if the patient was given anything by mouth		
109		Mark the box if the team did anything to jeopardize the patient's condition		
		(write down any errors)		
		of Care Report – Patient #2		
		Reports chief complaint/life threat and/or overdose or respiratory failure		
111		Reports initial level of consciousness as <u>U on AVPU</u> or <u>GCS less of 3</u> or <u>Unresponsive</u>		
112		Reports patient's age, sex, position		
113		Reports initial vital signs as pulse:40 / respirations:10, shallow & labored / BP:92/66		
114		1 11		
115		1 1 11		
4				
116		Reports intervention: supplemental Oxygen by non-rebreather mask		
116 117 118				

### **SCENARIO**

You are called to the scene of a deserted building where police discovered some individuals. You and your team are the closest available unit and respond to the scene.

Upon arrival, police direct you to an individual that was involved in a physical altercation with police that escalated to the use of gunfire. The individual has sustained at least two gunshot wounds. The area you are escorted to is secure but police continue to search the area.

#### Patient #1

- Approximately 30y/o semiconscious patient
- Lying supine
- Obvious gun shot wound to the shoulder

Note #1: (Given at the 5 minute mark – end of immediate action for Pt 1)

# Police bring you (drag) an individual they think has been doing drugs of some sort. The individual is unconscious and was not armed.

#### Patient #2

- Approximately 15 y/o unconscious patient laying on their side
- Possible drug overdose brought to EMTs by police after completing search of area

Note #2: (Given at the 9 minute mark – end of immediate action for Pt 2)

Patient #2's breathing has slowed down.

Note #3: (Given at 12 minute mark)

The sheriff has come and has some Narcan available.

Note #4: (Given at 15 minute mark)

Patient #2 vomits.