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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, IV supplies and ALS medications |
| Props | Table, Chair, Small TV |
| Medical Identification jewelry |  --- |
| **SETUP INSTRUCTIONS** |
| * Patient will be sitting in a chair at the table watching TV with his spouse.
* IV arms, TV, chairs, and table are in the room
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS vehicle, you are the primary care giver with one paramedic assistant |
| Other personnel needed (define personnel and identify who can serve in each role) | Patient Spouse, Fire Department First Responders |
| **MOULAGE INFORMATION**  |
| Integumentary | Patient will be pale, cool, and clammy |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | --- |
| Extremities | --- |
| Age  | 60 years old |
| Weight | 190 pounds |

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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 |  1530 hours |
| Location |  123 Anywhere Street, My Town – single family residence |
| Nature of the call |  Chest pain |
| Weather |  Temperature of 68 degrees F, Clear and Mild |
| Personnel on the scene |  Fire Department First Responders |

**READ TO TEAM LEADER**: Squad 15 respond to 123 Anywhere Street for a 60 year old male complaining of chest pain. Fire Department First Responder has been dispatched as well.

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Noise from the TV and Spouse answering questions during patient interview |
| Patient location  | Sitting on a chair at the kitchen table watching TV and drinking coffee |
| Visual appearance | Patient appears to look pale, right hand over left side of chest and moving hand toward the left shoulder showing signs of pain |
| Age, sex, weight | 60 year old male, 190 pounds |
| Immediate surroundings (bystanders, significant others present) | Spouse standing next to patient, First Responders relaying information to ALS Squad that they just arrived and no information has been obtained |
| Mechanism of injury/Nature of illness | Sharp chest pain in the center of the chest radiating to left arm  |

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| **PRIMARY ASSESSMENT** |
| General impression | Patient appears uncomfortable, grabbing his chest as in pain |
| Baseline mental status  | Alert and oriented to person, place, time, and events leading to the chief complaint |
| Airway | Open |
| Ventilation | Equal rise and fall of the chest, spontaneous |
| Circulation | Strong pulse, no obvious external bleeding noted |
| **HISTORY** (if applicable) |
| Chief complaint | Mid sternal chest pain radiating to the left shoulder  |
| History of present illness | After breakfast this morning, had a mild case of chest pain. Because of the discomfort, took one Nitro tab. Pain went away and felt better.After lunch, decided to mow the lawn. While cutting the grass, chest pain reappeared. Was mild at the time and decided to finish before the basketball game on TV.Pain became worse as the chore was finished. Took a Nitro tab to take away the pain when finished at 1500 hours.While watching TV, the pain returned. 911 call made by spousePain was different from last two events. Sharp and at center of chest moving to left shoulder. Pt. states no trouble breathing now. |
| Patient responses, associated symptoms, pertinent negatives | Feels somewhat nauseated, negative vomiting. Has not taken Viagra ® today.Pain radiates left arm, nowhere else. Last time nitro was taken he became very lightheaded and felt like he was going to pass out.Mild discomfort when breathing |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | Had a mild heart attack a year ago, knee replacement 6 months ago. |
| Medications and allergies | Nitro tabs, Aspirin 81 mg, Lovastatin 40 mg, Warfarin 2 mg, Viagra ® 50 mg, Vitamin D, Vitamin C, Allergic to Penicillin |
| Current health status/Immunizations (Consider past travel) | Went to the doctor for annual physical. Nothing out of the ordinary. |
| Social/Family concerns | Cardiac history in the family. Father died of a heart attack at the age of 60. |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 118/84 P: 80R: 18 Pain: 8 out of 10Temperature: 98.6 FGCS: (E) Eyes open spontaneously, (V) Alert and Oriented x 4, (M) Obeys all commands. Total = 15 |
| HEENT | --- |
| Respiratory/Chest | Lung sounds = mild wheezing lower lobes, both sides (Play sound file)  |
| Cardiovascular | Sharp chest pain which radiates to the left shoulder down the left arm |
| Gastrointestinal/Abdomen | Nauseated |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | ---  |
| Integumentary | Pale, cool and diaphoretic |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic test as necessary | SpO2 93% on room air, 12 lead EKG normal sinus with STEMI, BGL of 90 |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | Place patient in a comfortable position to help relieve pain.Give oxygen Establish an IVEKG monitor – recognize STEMIAdminister aspirin 160 - 325 mg.Nitro tab to relieve chest painMorphine if nitro does not relieve pain |
| Additional Resources  | --- |
| Patient response to interventions | No relief when Nitro administered. Pain reduced with morphine. |
| **EVENT** |
| TV is on and his spouse keeps answering questions about his heart problems and medication. Team leader must correct problem.  |
| **REASSESSMENT** |
| Appropriate management  | BP: 110/80 P: 80R: 14 Pain: 2 out of 10Lung sounds are clear bilaterally, chest pain reduced |
| Inappropriate management  | BP: 86/40 P: 110R: 26 Pain: 10 out of 10Increase in respiratory distress |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| Recognize this is a cardiac emergency requiring transport to a cardiac care facility |