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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | | Chair, table, Pot with water |
| Medical Identification jewelry | | Diabetic bracelet on left wrist |
| **SETUP INSTRUCTIONS** | | |
| * The patient needs to be sitting in the chair in tripod like position beside table * Pour water on floor near patient access with pot near it * Before entry of EMS team have audio of TV playing | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS vehicle: You are the primary caregiver and have 1 Paramedic partner.  EMS system is a hospital based ambulance service. The county has 5 ALS units and 2 full time fire departments. There are many volunteer fire departments throughout the county. The county has 1 local hospital that is not a trauma center or cardiac and stroke center. Level 1 Trauma Center is 45 minutes away. Nearest cardiac and stroke center is 40 minutes away. | |
| Other ancillary personnel needed | Local volunteer fire department first responder unit (3 personnel on scene) | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Pale, Cool, Diaphoretic | |
| Head | --- | |
| Chest | ---- | |
| Abdomen | --- | |
| Pelvis | --- | |
| Back | --- | |
| Extremities | --- | |
| Age | 67 year old | |
| Weight | 180 lbs. | |

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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 | 1830 |
| Location | Office |
| Nature of the call | Not feeling well, fatigued, nauseated |
| Weather | Cloudy with rain. Temp: 43° |
| Personnel on the scene | None |

**READ TO TEAM LEADER**: Medic 1 respond to 1530 Sabrina for sick call, timeout 1830.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Electrical cord- trip hazard |
| Patient location | Sitting at desk in his office |
| Visual appearance | Patient is in obvious pain, anxious and rubbing center of chest |
| Age, sex, weight | 67, M, 180 lbs. |
| Immediate surroundings (bystanders, significant others present) | --- |
| Mechanism of injury/Nature of illness | Feeling sick, nausea |

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| **PRIMARY ASSESSMENT** | |
| General impression | Patient appears to be in pain |
| Baseline mental status | Alert and oriented to person, time, place, and events leading up to complaint |
| Airway | Open and maintained by patient |
| Ventilation | Spontaneous |
| Circulation | No obvious bleeding |
| **HISTORY** (if applicable) | |
| Chief complaint | Chest pain |
| History of present illness | * Patient was working at his desk when sudden chest pain struck in center of chest |
| Patient responses, associated symptoms, pertinent negatives | * Pain described as sharp and stabbing, radiating to left arm * Severity of pain stated to be a 9 * Pain has been present for about 15 minutes * Patient denies nausea * Chest pain has happened before for the last 3 months, but not this bad * Patient just finished a large meal of Meatloaf and vegetables with a soft drink 45 minutes ago |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Recent Surgery 2 months ago for knee replacement, Diabetic Type II |
| Medications and allergies | hydrocodone, ibuprofen, metformin, |
| Current health status/Immunizations (Consider past travel) | Patient rarely goes to the doctor. Has not been in 5 years. |
| Social/Family concerns | Married |
| Medical identification jewelry | Diabetic bracelet on left wrist |
| **EXAMINATION FINDINGS** | |
| Initial Vital Signs | BP: 111/ 78 P:120  R: 22 Pain: 9  Temperature: 98°  GCS: = E: Spontaneous; V: Oriented; M: Obeys Commands |
| HEENT | --- |
| Respiratory/Chest | Lung sounds clear and equal |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | Nausea |
| Genitourinary | --- |
| Musculoskeletal/Extremities | --- |
| Neurologic | --- |
| Integumentary | Pale, cool, diaphoretic |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | Anxious |
| Additional diagnostic tests as necessary | SpO2: 90% on room air, 12-lead ECG Inferior STEMI, BGL: 82 dl/ml |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Oxygen NC 4 LPM * Obtain vitals looking for trending * Aspirin 324 mg * IV Access * 12 lead ECG * **Post Event: Patient becomes agitated** |
| Additional Resources | | --- |
| Patient response to interventions | | --- |
| **EVENT** | | |
| 10 minutes into the scene have prepared wife to rush into room yelling hysterical about the patient. Wife causes chaos and is very loud and disruptive, making the patient more anxious with increase in chest pain. | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 110/80 P: 98  R: 18 Pain: ---  Integumentary: color improves, diaphoresis resolves | |
| Inappropriate management | BP: Nitro- hypotensive P: 130  R: 24 Pain: 10  Patient falls out into floor unresponsive with faint pulse | |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode. |
| * Emergent transport to a hospital that has heart capability |