

BACKGROUND INFORMATION	
EMS System description (including urban/rural setting)	Suburban EMS that responds to both emergency and non-emergency calls
Vehicle Type/response capabilities	2 person paramedic level transporting service
Proximity to and level/type of facilities	30 minutes to the attending physician's office 15 minutes to community hospital
DISPATCH INFORMATION	
Nature of the call	Woman can't walk, requests transport to physician's office, non-emergent
Location	Well kept walk-up single family dwelling
Dispatch Time	1512 hours
Weather	68°F spring day
Personnel on scene	Daughter who is serving as primary care giver
SCENE SURVEY INFORMATION	
Scene considerations	10 cement steps up to the front door No access for stretcher from any other doorway
Patient location	1 st floor, back bedroom, narrow hallways & doorways
Visual appearance	Patient sitting in bed with multiple pillows holding her in an upright position, pale in color, does not respond to your presence in the room
Age, gender, weight	58 year old female, 200 pounds
Immediate surroundings (bystanders, family members present)	Clean, neat, well-kept surroundings Daughter is only family member present,
PATIENT ASSESSMENT	
Chief Complaint	Altered level of consciousness
History of present illness	Daughter states "My Mother just passed out a couple of minutes ago from the pain." Patient woke this morning with a painful left leg that has increased in pain, unable to walk without severe pain. Daughter states that her mother, "Has a small sore on her left inner thigh that has gotten bigger over the past few hours and her doctor wants to see her in his office."
Patient responses, symptoms, and pertinent negatives	Patient opens her eyes to loud verbal stimulus but does not verbally respond
PAST MEDICAL HISTORY	
Past Medical History	Adult onset diabetic controlled with diet and oral medication, hypertension, hernia repair years ago
Medications & Allergies	Glucophage bid, Lasix 20 mg qid, diltiazem qid, and Colace qid NKA
Social/family concerns	Patient lives alone after death of husband two years ago, daughter comes to her home each day to help her mother with daily chores

EXAMINATION FINDINGS	
Initial Vital Signs	BP 100/palpation P 130, rapid and weak R 8
Respiratory	Lung sounds are diminished bilaterally
Cardiovascular	Tachycardia, hypotensive
Gastrointestinal	---
Genitourinary	---
Musculoskeletal	---
Neurologic	Opens her eyes to loud verbal stimulus and withdraws to pain Utters incomprehensible sounds Pupils equal and responds sluggishly to light
Integumentary	Large ecchymotic area over the patient's entire left inner thigh extending into the groin, pelvis, and left lower abdomen Area is hot to touch with crepitation under the skin Skin is pale, hot, and moist to touch
Hematologic	---
Immunologic	---
Endocrine	Blood glucose 370 mg/dL
Psychiatric	---
PATIENT MANAGEMENT	
Initial stabilization	Assisted ventilation with high flow oxygen
Treatments	Assisted ventilation with high flow oxygen IV enroute
Monitoring	ECG sinus tachycardia, SpO ₂ 85%
Additional Resources	Consider transportation to facility with immediate surgical capabilities and hyperbarics
Patient response to interventions	No change
TRANSPORT DECISION	
Lifting and moving patient	Place in Reeves stretcher to ambulance stretcher
Mode	Rapid
Facilities	Emergency department
CONCLUSION	
Field Impression	Septic shock
Rationale for Field Impression	Rapidly extending extremity infection, febrile, hypotension, and tachycardia, with altered LOC
Related pathophysiology	What is the basis for the septic shock in this case? Severe bacterial infection
Verbal Report	
MANDATORY ACTIONS	
Rapid identification of life-threat and immediate transportation to the emergency department High flow oxygen	
POTENTIALLY HARMFUL/DANGEROUS ACTIONS ORDERED/PERFORMED	
Delayed transportation for on scene interventions Taking the patient to the doctors office.	

BACKGROUND & DISPATCH INFORMATION FOR CANDIDATE

You are a paramedic on a transporting paramedic unit. You are working with a paramedic partner in a suburban EMS system. You are thirty (30) minutes away from the attending physician's office and fifteen (15) minutes from the community hospital.

At 1512 hours, you are dispatched to a residence for a non-emergent transport of a woman to her doctor's office. It is a clear spring day with a temperature of 68°F. A woman who identifies herself as the patient's daughter meets you at the door.