Blank Scenario Template and Guide

20-year-old male syncope

Scenario Set Up	Equipment needed: NRB, O2, Thermometer, cold packs PROCTOR: You are at the Cal vs. Stanford game and it is 95 degrees out. Play the role of a friend who called 911. The patient is a 20 year old male who was standing in the sun for ~1 hour, began feeling dizzy, complained of headache, and collapsed.
Dispatch	20-year-old male collapsed in the stands, ALOC
Scene Size Up	One male patient seated on the ground under a shade canopy with his friends around him. No life-threatening emergencies.
Pertinent Primary Assessment Findings	AVPU - V. Responds to verbal stimuli, pt opens his eyes when you ask him questions A&O X 2: He knows his name and the year, doesn't know what happened or where he is A - patent airway B - Rapid, shallow (24/min), irregular. C - Rapid, weak pulse (HR 140); skin hot, dry, and flushed; cap refill >3 sec
Pertinent Secondary Assessment Findings	(SAMPLE provided by friend) A - penicillin M - unknown P - none L - Didn't eat today, had multiple beers earlier E - Standing in sun ~1 hr, complained of dizziness and nausea, then collapsed* *No additional symptoms or pain from collapse
Vitals	Initial assessment: BP: 88/50 , HR: 140, RR: 24, SpO2: 91%, Temp: 104.8 °F, BGL: 90

	Reassessment after treatment: BP: 100/60, HR: 120, RR: 20, SpO2: 95%, Temp: 102.3°F, BGL: 91
Treatments	- Administer O_2 via NRB at 15 L/min - Move to a cool area and remove excess clothing - Begin active cooling — ice packs to neck, armpits, groin; mist and fan skin - Do NOT delay transport — continue cooling en route
Key Points	Early recognition of heat stroke and immediate cooling methods as well as rapid transport are the most important. Coordinate with ALS as they can give cool fluids via IV.
Bonus Questions	What key findings confirm heat stroke vs. heat exhaustion? Answer: Skin signs, altered mental status, and temperature. Heat exhaustion pts have pale, sweaty skin signs while heat stroke pts will have hot, dry skin signs with an altered mental status and a temperature over 104 degrees.

Burns Scenario and Guide

38 YOF w/ burn trauma and altered mental status

Scenario Set Up	Equipment needed: O2 BVM, dry sterile dressings, OPA or NPA, suction, blankets Proctor: You are a 58 year old female with an altered level of consciousness and unable to respond to verbal cues. You are able to groan in pain and there are obvious signs of breathing distress. Your neighbors were the ones that called 911 after a fire broke out inside the house. The fire department is on scene and has cleared the entry.
Dispatch	Respond to a 38 year old female involved in a house fire, ALOC
Scene Size Up	Patient lying on the kitchen floor supine and unconscious with visible burns on arms, chest and face. There is soot around her nose and mouth and her clothing is burned. The firefighters report she was found near the kitchen stove unconscious.
Pertinent Primary Assessment Findings	AVPU - A&O x 0 - unresponsive but groaning in pain A - not patent or maintainable (soot around nose and mouth, stridor and hoarseness) B - respiratory rate 30, shallow, poor quality tidal volume, SpO2 88% on room air C - heart rate 124 weak and thready, blood pressure 92/56 mmHg, cap refill more than 3 seconds, burns to chest, arms, and face - swelling and dry skin, skin discoloration (black, white, yellow areas)
Pertinent Secondary Assessment Findings	(SAMPLE provided by neighbor), patient unable to speak O - found unconscious in the kitchen, most likely cooking P - cannot respond but when groans with movement Q - full thickness burns unable to feel pain, withdraws from painful stimulus on non-burned areas R - in obvious discomfort S - unable to answer T - neighbor reports he noticed smoke from the house approx 45 mins ago

	S - unconscious, visible burns A - no known allergies M - none P - none L - approx 2 hours ago after catching up with neighbor E - kitchen fire, found unconscious Focused assessment on lungs: accessory muscle use, nasal flaring, soot around nose and mouth, diminished breath sounds and stridor Focused assessment on burns ● Anterior chest: full thickness burns (charred, leathery skin) ● Arms: circumferential full thickness burns ● Face: partial thickness burns that are red and blistered
Vitals	<u>Initial vitals:</u> HR: 124 bpm BP: 92/56 mmHg RR: 30 and shallow SpO2: 88% on room air Cap refill: greater than 3 seconds Temp: 96.8 degrees F Blood glucose level: 78 mg/dL <u>Second vitals:</u> HR: 110 bpm BP: 104/64 RR: 24 breaths per minute SpO2: 95% on high flow O2

	Temp: 97.1 degrees F Cap refill: around 2 seconds Blood glucose level: 85 mg/dL GCS: 10
Treatments	Keep patient in position of comfort, administer high flow O2 at 15 L/min via BVM, suction if needed for soot, possible need for OPA if there is airway obstruction, remove burned clothing (but don't pull off stuck fabric), cover burns with dry, sterile dressings, elevate burned limbs by 30 degrees, cover with dry sheet and apply blanket, keep ambulance warm, rapid transport to burn center, reassess vitals every 5-10 mins
Key Points	Keep patient in position of comfort and be aware that burned victims are at high risk for infections, hypothermia, hypovolemia and shock. Assess patient with rapid trauma head to toe exam, reassess every 5-10 minutes due to altered levels of consciousness and meets burn center criteria, rapid transport.
Bonus Questions	How does altered mental status affect burn management? A: it impairs the reflexes we do to protect our airway which can increase the potential for airway obstruction (unable to cough or gag), can lead to vomit or secretions Why is airway management a priority here? A: burns can cause rapid swelling and obstruction (be aware of need for OPA/NPA) Why does this patient meet burn center criteria? A: full thickness burns greater than 10% TBSA, burns to face, hands and chest, suspected inhalation of soot, altered mental status

Drowning Scenario

8 year old male, near drowning at neighborhood pool

Scenario Set Up	Equipment: BVM with pediatric mask, NRB, high-flow O_2, suction, towel/blankets, thermometer, c-collar (pediatric) PROCTOR: You are at a neighborhood pool. Play the role of a panicked parent who pulled your 8-year-old son from the water and called 911. Be distraught but answer questions about what happened.
Dispatch	Respond to a 8 year old male involved in a near drowning incident, ALOC
Scene Size Up	Patient found lying supine on pool deck. There is a crowd of concerned people surrounding him and his guardian.
Pertinent Primary Assessment Findings	AVPU - Responds only to painful stimuli A & O X 0 (verbal attempts are inadequate) A - airway is not clear due to vomitous secretions (needs suction) B - Rapid, shallow, irregular, 8 rpm C - Pulse is 58bpm, cap refill is ~3 seconds, skin is cool, pale, and diaphoretic
Pertinent Secondary Assessment Findings	Sample provided by parent S - lethargic, coughing, confused A - allergic to bees M - none P - No L - Lunch a couple hours ago E - The patient was playing in the pool and lost hold of his floatie, after failing to tread water he was submerged for about 1-2 minutes before being noticed by his parents and pulled out. He was unconscious for a couple seconds and regained consciousness but altered.
Vitals	Initial vitals: BP:80/48, HR:58, RR:6, BGL:100, SPO2:85% Temperature: 97 F, lung sounds: crackles Secondary vitals: BP:102/64, HR:67, RR:18, BGL:102, SPO2:94% Temperature: 98.2 F, lung sounds: improved

Treatments	• Shock treatment (POWR): Position of comfort, high flow O2 via BVM, keep warm, rapid transport • Airway management (suction, O2) • Keep warm and dry (blanket/towel, remove wet clothing) to prevent hypothermia
Key Points	Airway and ventilation are the highest priorities in near-drowning. Keep the child warm and reassess frequently, as pulmonary complications can appear hours after the event. Rapid transport and ALS handoff are essential.
Bonus Questions	What post-rescue complication should EMTs monitor for? → Pulmonary edema/acute respiratory distress syndrome due to lung injury from aspiration or water inhalation. What should you do if the patient becomes breathless and pulseless during care? → Begin high-quality CPR immediately and follow pediatric cardiac arrest protocols. What is the appropriate BVM ventilation rate for an 8-year-old child? → 10–15 breaths per minute with visible chest rise.