Voices in the Park (Active Psychosis, Cooperative but Disorganized)

35 Y/O AMS/Psychosis

Scenario Set Up	Equipment: Jump bag, has standard equipment like stethoscope, bp cuff, etc As patient: ● Occasionally mumble, laugh, or say "they're here again" or "they follow me" ● Allow EMTs to approach but side eye them and appear suspicious ● If they stay calm and respectful → start being more cooperative ● If they crowd, etc → back away and say "don't touch me" ● If EMTs rush (at your discretion), be defensive: "You're with them! Stay back!" ● If EMT's attempt to touch or physical assess without asking or explaining, flinch or step back, saying "Don't touch me"
Dispatch	Respond to public park for male "talking to himself and shouting at the air"
Scene Size Up	35 Y/O male pacing near a bench, mumbling and occasionally laughing or swatting at something unseen Bystander waves EMTs down and says "He's been here for like an hour talking to himself and yelling. He hasn't hurt anyone though" Scene is safe. PD available on request but not on scene
Pertinent Primary Assessment Findings	AXO 1 (oriented to self) A: speaking, so intact. But mumbling B: 18 HR. unlabored C: pink warm and dry. Cap refill < 2 sec

	General impression: calm but disorganized speech and paranoid
Pertinent Secondary Assessment Findings	Patient ● S: I'm fine they just keep following me and watching me ● A: Dont think so ● M: something for my nerves … I dont remember what ● P: I dont know ● L: some coffee Bystander (knows the pt from around the neighborhood): ● S: He has just been mumbling a little and shouting stuff like "they're following me" and "go away" and shooing at the air ● A: Not sure ● M: Not sure ● P: yeah he has a history of schizophrenia ● L: Dont know ● E: he has been here and shouting since I got here about 20 min ago AEIOU TIPS ● No signs of trauma ● No ETOH odor ● BGL 92 ● Pupils PERRL ● No track marks or evidence of drug use
Vitals	**Initial**: BP: 128/84 HR: 98 RR: 18 SPO2: 99 Temp: 98.4 BGL: 92

	Second (if rapport built and pt seated) BP: 124/80 HR: 80 RR: 16 SPO2: 99 Temp: 98.4 BGL: 92
Keypoints + Treatment	● Ensure scene safety and maintain calm, non-threatening demeanor ● Introduce yourself, use pt name, and keep voice low and steady ○ Get on pts level, approach gently, etc ● Respect personal space ● Avoid arguing about delusions; acknowledge feelings without agreeing ● Rule out medical causes
Bonus Questions	*Add questions about medications, treatments given, etc. for the proctor to give if there is extra time.*

PTSD/Panic Attack Scenario at Cal Memorial

24 year old male veteran suffering a panic attack.

Scenario Set Up	None required. PROCTOR: You are a 24 year old veteran who is avoiding eye contact with the EMTs, and although you're not being mean or standoffish, you may exhibit some signs of fear and nervousness, like jerking in response to loud noises, etc.
Dispatch	Respond to someone in section DD of Cal Memorial Stadium exhibiting signs of a panic attack.
Scene Size Up	The patient is sitting on a bench surrounded by family members and leaning forward.
Pertinent Primary Assessment Findings	AOx4 X - N/A A - Patent Airway B - Lund sounds clear and equal bilaterally, heightened breath rate C - Skin signs are slightly pale and diaphoretic, pulse is elevated. D - EMT's decision
Pertinent Secondary Assessment Findings	S: You see the patient sweating and bent over, the patient says they feel like they're a little out of breath and their heart is racing a bit. A - Bee stings M - None P - Patient was recently diagnosed with PTSD L - Mendoza Burrito from La Burrita E - Was attending the Cal vs. Miami game with family and upon hearing the pyrotechnics, suddenly felt scared and fearful.

Vitals	P: 120 BPM R: 27 B: 140/88 E: PERRL L: Clear and equal bilaterally L: A/Ox4 S: 95% on room air, 99% if they gave O2 OR helped calm the patient down S: A bit pale and diaphoretic S: 80 mg/dl G: Should be 15, but have EMT determine
Treatments	Manage and monitor the patient's condition and the safety of the scene, provide the patient with reassurement, or coach the patient's breathing. Jumping straight to oxygen wouldn't be a bad thing (particularly a nasal cannula), but ideally the EMTs should try to coach the patient through the panic attack verbally.
Key Points	Ideally allow the EMT to learn how to practice coaching a patient's breathing through a panic attack versus reaching immediately for the imaginary O2 tank.
Bonus Questions	Talk with the EMT about box breathing or other preferred breathing exercises to work through with patients.

Confused at Bus Stop (AMS - Medical vs. Psych vs. Trauma)

40 Y/O M AMS

Scenario Set Up	Equipment: jump bag, includes material like pulse ox, O2 tank, bandages, glucometer, etc As pt, be uncooperative and slur speech Bystander called 911, but does not know pt If EMTs start treating this like a psych call, pt becomes progressively less responsive, speech slows even more, eyes glaze
Dispatch	Bus stop for middle aged man “acting strange and stumbling around”. Bystanders report he’s disoriented and talking to himself
Scene Size Up	Location: Public bus stop. Bystander who called 911 present. Scene is safe Bystander (wave down EMTs): He’s been here for like 20 minutes. He keeps mumbling and walking in circles around the curb. I'm not sure but I think he might’ve hit his head or something Empty water bottle nearby. Mild odor of alcohol but not overwhelming **(red herring, this is not the pts but do not mention to EMTs)**
Pertinent Primary Assessment Findings	AXO1 (oriented to person) X: Small abrasion on right temple. Scabbed and partially healed. No swelling, no active bleeding. Appears to be several days old A: Patent but mumbling B: Rapid. 24 RR, shallow C: HR 110, skin pale, cool, slightly clammy General impression: altered, uncooperative

Pertinent Secondary Assessment Findings	Patient (be uncooperative and have EMTs to really get the answer out of you. Slur speech) ● S: I'm fine. I'm just…cant think straight. Everyone's staring at me" ● A: I don't think so ● M: Insulin but I think I took that earlier ● P: T2DM ● L: just a coffee earlier I didnt eat anything today ● E: Was heading home and I got a little dizzy Tell EMTs as yourself/proctor if asked: ● A: You see an empty water bottle that has a faint smell of alcohol on the street. ○ If EMTs ask: Odor is NOT coming from pt breath ● E: No. pt did not experience seizure before arriving on scene ● I: Yes. pt takes insulin ● O: No ● U: No ● T: No. If EMTs focus on trauma and access wound carefully, tell them "you notice the wound is scabbed and dry – looks like it's a few days old" ● I: No infections ● P: Unclear **– this is for the EMTs to figure out** ● S: Unclear ○ Pt is a bit shocky BUT pt is hypoglycemic and hence can mimic compensated shock. Treating for shock will slightly stabilize and raise BP but wont fix root cause. If EMTs conduct stroke test: ● F: no drooping ● A: no drooping ● S: yes slurring ● T: about 20 minutes ago for slurring Bystander ● Does not know pt or any info
Vitals	Initial: ● BP: 94/60 ● HR: 120 ● RR: 24 ● SPO2: 96% ● BGL: 36 **(provide only if asked)** ● Temp: 98 Secondary (**if oral glucose is provided, if not provide similar vitals.**

	Treating for shock will slightly improve bp): ● BP: 110/70 ● HR: 90 ● RR: 18 ● SPO2: 98 ● AXO improves to 3. More cooperative, no more slurring of speech
Outcomes	**If BGL checked early** → hypoglycemia recognized, treat with oral glucose; pt improves **If only psych is focused** → pt deteriorates; becomes more diaphoretic; seizes **If they suspect trauma:** → can access for head injury; minor abrasion; no deformity
Treatments	Check glucose early for ANY AMS Consider O2, oral glucose if alert enough
Key Points	● AMS can appear psychiatric but can also be medical. Always access AEIOU-TIPS before saying psych ● Hypoglycemia can mimic shock and anxiety – cool skin, tachy, slurred speech ● Minor trauma findings can distract. Assess whether injuries are acute or old ● Check glucose early ● Treating symptoms (O2, positioning, etc) may help temporarily, but definitive care depends on identifying cause