28-Year-Old Male – Unresponsive, Possible Opioid Overdose

Scenario Set Up	Equipment Needed: BVM with O_2 at 15 L/min, Suction unit, OPA/NPA, Pulse oximeter, Glucometer, Blood pressure cuff and stethoscope, Naloxone (4 mg) PPE: gloves, eye protection *PROCTOR:* Patient found supine in gas station bathroom, drug paraphernalia visible (syringe, spoon). Bystander: store clerk who called 911 after finding patient locked in restroom, not breathing normally. Patient position: slumped against wall, head forward. Proctor should simulate slow respirations and groaning when airway is opened. ALS backup is available but not yet on scene.
Dispatch	Respond for an unresponsive male, possible overdose at the 76 Gas Station
Scene Size Up	Scene is safe, PD confirms no hazards. One patient, male, 28 years old, supine on floor. No active bleeding or trauma visible. Paraphernalia (needle, spoon) nearby. Appears cyanotic around lips, shallow breathing. Bystander states: "He's been in there about 15 minutes. I knocked, no answer, called 911."
Pertinent Primary Assessment Findings	AVPU - Unresponsive to verbal; withdraws from painful stimulus A - Partially obstructed (snoring). Opens with head-tilt chin lift. Gurgling present. B - Very shallow, irregular respirations, poor chest rise. 82%O2 C - Weak, slow radial pulse; skin cool and clammy; HR 52
Pertinent Secondary Assessment Findings	*Indicate here the patient/proctors answers to SAMPLE questions, along with any pertinent further assessments (focused or complete physical assessments, AEIOUTIPS, OPQRST, etc.)* S - Unresponsive, pinpoint pupils, shallow breathing A - Unknown M - Unknown, but paraphernalia found nearby P - Unknown L - Unknown E - Bystander reports patient was in restroom for 15 minutes before being found

Vitals	BP: 96/50 and post-Narcan 110/70; HR: 50 and post-Narcan 80; RR: 6 and post-Narcan 14; spO2: 82% and post-Narcan 98%; BGL: 102 and stayed the same post-Narcan
Treatments	Airway management – head-tilt, OPA, suction as needed. Assist ventilations with BVM + O_2 @ 15 L/min. Administer Intranasal Naloxone 4 mg (2 mg per nostril). Continue BVM until respirations improve. Monitor for combative behavior post-reversal. Reassess vitals every 3–5 min. Transport with ALS for continued monitoring and possible repeat dosing.
Key Points	Always manage airway first
Bonus Questions	What are the routes and dose ranges for Naloxone under ALCO protocol?

4-Year-Old Male – Iron Tablet Ingestion

Scenario Set Up	Equipment needed: NRB, O2 PROCTOR: Mother called 911 after child swallowed several iron pills. Child is conscious, crying intermittently, sitting on mother's lap. Open pill bottle and scattered tablets visible. Child is crying and won't respond to EMT, mother is anxious but cooperative.
Dispatch	Respond to a 4-year-old boy who may have swallowed several iron tablets about 15 minutes ago.
Scene Size Up	Mother and child seated on couch. Additional resources: poison control
Pertinent Primary Assessment Findings	AVPU: Alert and crying A- Patent, no obstructions B- Non-labored, RR 20/min, lungs clear C- Strong radial pulse, HR 118, cap refill <2 sec, skin warm/pink
Pertinent Secondary Assessment Findings	(SAMPLE provided by parent), pt unable to speak S - Ingested ~6–8 iron tablets (65 mg each) A- None M- None P - None L - Peanut butter sandwich 1 hour ago for lunch E - Mother found open bottle, pills scattered — ingestion ~15 minutes ago
Vitals	HR: 118, RR: 20, BP:94/58, SPO2: 99%, T: 98
Treatments	Contact poison control to confirm activated charcoal is NOT for iron ingestion, don't induce vomiting, O2 with NRB, monitor airway, transport rapidly and bring medication bottle. En route: patient begins to vomit small amount of brown fluid → suction airway, continue O_2, and reassess vitals.
Key Points	Iron doesn't bind to charcoal.
Bonus Questions	Why is activated charcoal ineffective for iron poisoning?

45-Year-Old Male – Organophosphate Poisoning

Scenario Set Up	Equipment needed: NRB, O2, PPE (eye protection and gloves), disposable bag for contaminated clothing PROCTOR: Patient is a farmer spraying insecticide (malathion) in a greenhouse. Found by coworker confused, vomiting, drooling, and weak. Strong "garlic" odor present (key indicator of organophosphate exposure). HazMat must declare the scene safe before EMTs enter the cold zone. Coworker available to provide history; can hand off medication bottle if asked. Proctor should simulate copious secretions, SLUDGEM symptoms, and confusion.
Dispatch	Respond to a 45-year-old male, confused and vomiting in a field.
Scene Size Up	Await HazMat clearance, they cleared it. Additional resources: HazMat, ALS, Medical Control
Pertinent Primary Assessment Findings	AVPU: Responds to verbal but confused A- Partially obstructed by secretions; audible gurgling. Requires suction and manual airway control. B- Rate 28/min, labored, gurgling sounds. SpO_2 86% on room air → improves to 95% with high-flow O_2. C- Pulse 48 bpm (bradycardia), weak, skin pale/cool/diaphoretic. Strong radial pulse, HR 118, cap refill <2 sec, skin warm/pink TRANSPORT PRIORITY: LOAD AND GO! Airway compromise and toxin exposure
Pertinent Secondary Assessment Findings	S - Confusion, drooling, vomiting, tearing, urination, diarrhea. A- None M- None P - Healthy, no cardiac or respiratory issues L - Ate breakfast 2 hours ago – eggs and sausage burrito E - Spraying insecticide (malathion) inside greenhouse before collapse; coworker smelled strong chemical odor. Physical Exam: Pinpoint pupils (miosis); Excessive secretions (saliva, tears); Nausea/vomiting SLUDGEM symptoms present:

	S: Salivation L: Lacrimation U: Urination D: Defecation G: GI upset E: Emesis M: Miosis
Vitals	HR: 60, RR: 28, BP: 100/70, SPO2:86% → 95% with O2, T: 98
Treatments	Scene safety confirmed by HazMat. Remove contaminated clothing, double-bag for disposal. Suction airway for excessive secretions. Administer high-flow O_2 via NRB (15 L/min). Contact Medical Control & ALS for medication direction. ALS can come and give their medications for organophosphate poisoning Continuous monitoring: HR, RR, secretions, mental status, SpO_2. Transport rapidly once stable.
Key Points	Scene safety first!! Expect SLUDGEM symptoms in all organophosphate cases. Transport even if patient improves – rebound toxicity possible
Bonus Questions	What does SLUDGEM stand for?