Scenario 1 – 24 Y/O Male Opioid Overdose (Patient Wakes Up Mid-Scenario)

Scenario Set Up	**Equipment needed:** BVM, O2, Narcan, suction unit, NRB mask, AED, PPE **Proctor:** You are a 24-year-old male found unresponsive in a gas station bathroom with drug paraphernalia nearby. Initially not breathing normally. You will wake up mid-scenario after Naloxone is administered.
Dispatch	Respond to a 24-year-old male, unresponsive, possible overdose at a gas station restroom.
Scene Size Up	Pt found supine on the floor, cyanotic around the lips, surrounded by a syringe and small bag with a white substance. Scene safe, law enforcement cleared. PPE used.
Pertinent Primary Assessment Findings	**AVPU:** Unresponsive to verbal, moans to pain **AOx:** 0 ● **A:** Airway partially obstructed by vomit – suction required ● **B:** Shallow, slow respirations (6/min) ● **C:** Weak radial pulse, cool clammy skin ● **Skin:** Pale, diaphoretic, cyanotic lips ● **Pupils:** Pinpoint ● **After Narcan:** Pt becomes alert, **AOx2** (person and place), agitated but breathing adequately
Pertinent Secondary Assessment Findings	Unable to obtain full SAMPLE due to unresponsiveness. Track marks visible on the left forearm. No trauma noted. Possible fentanyl use based on baggie.
Vitals	**On scene:** HR: 54, RR: 6, BP: 100/62, SpO_2: 82%, BGL: 98 mg/dL **After O_2 + BVM:** HR: 58, RR: 10, BP: 104/66, SpO_2: 90%, BGL: 98 mg/dL **After Narcan:** HR: 72, RR: 16, BP: 112/68, SpO_2: 96%, BGL: 98 mg/dL
Treatments	● BSI/PENMAN completed ● Suction airway; assist ventilations via BVM @ 15 LPM ● Administer 2 mg IN Naloxone ● After 2 min → Pt wakes up suddenly, gasps for air, and becomes agitated/confused

	• Maintain airway, reassure pt, restrain if needed, continue monitoring • Place on NRB mask @ 15 LPM • Reassess vitals every 5 min • Rapid transport
Key Points	• Always manage airway and ventilations before Narcan • Expect agitation or withdrawal as pt regains consciousness • Reassess frequently for recurrent respiratory depression
Bonus Questions	1. **What are the signs of opioid overdose?** Slow or absent breathing, pinpoint pupils, pale or blue skin, weak pulse, and unresponsiveness. 2. **What is the mechanism of action of Naloxone?** Naloxone blocks opioid receptors in the brain, reversing the effects of opioids like respiratory depression and sedation. 3. **Why can a patient relapse into respiratory depression after Narcan wears off?** Naloxone's effects wear off faster than opioids, so when it leaves the body, the opioids can reattach to receptors and cause breathing to slow again.

Scenario 2 – 45 Y/O Male Organophosphate Poisoning (Pesticide Exposure)

Scenario Set Up	**Equipment needed:** PPE (gloves, mask, goggles), O2 NRB, decontamination supplies, suction, sheets, monitor **Proctor:** You are a 45-year-old farmer who suddenly became short of breath and dizzy after spraying insecticides. You are conscious but sweating heavily and vomiting.
Dispatch	Respond to a 45-year-old male who has become ill after working with agricultural chemicals in a field.
Scene Size Up	Pt sitting on ground near pesticides sprayer. Scene safe, but strong odor present. Law enforcement and HazMat cleared the scene. A coworker is present and provides information about the exposure.

Pertinent Primary Assessment Findings	**AVPU:** Alert but confused **AOx:** 2 (person and place only) ● **A:** Airway clear, but excess saliva noted ● **B:** RR 22, shallow; audible wheezing, frothy sputum ● **C:** HR 48, BP 90/58, weak pulse, diaphoretic ● **Skin:** Pale, sweaty; pinpoint pupils ● **Secretions:** Profuse (drool, tears)
Pertinent Secondary Assessment Findings	Because the patient is AOx2 and confused, SAMPLE information is obtained from a coworker. **S:** Nausea, vomiting, abdominal cramps, blurry vision **A:** None **M:** None **P:** Healthy prior to event **L:** This morning **E:** Spraying pesticides without respiratory protection
Vitals	**On scene:** HR 48, RR 22, BP 90/58, SpO_2 90%, BGL 102 mg/dL **After O_2:** HR 56, RR 20, BP 96/60, SpO_2 94%, BGL 102 mg/dL
Treatments	● Remove patient from exposure area ● Remove contaminated clothing; irrigate skin with water ● Apply O2 NRB @ 15 LPM ● Position for airway drainage; suction oral secretions ● Monitor vitals continuously ● Notify receiving facility: *Possible organophosphate (cholinergic) poisoning* ● Prepare for rapid transport once ALS arrives or rendezvous en route
Key Points	● Use PPE to prevent responder exposure ● Identify SLUDGE/DUMBELS symptoms ● Manage airway early due to risk of bronchorrhea and bradycardia
Bonus Questions	1. **What does DUMBELS stand for?** Diarrhea, Urination, Miosis (small pupils), Bradycardia, Emesis (vomiting), Lacrimation (tearing), and Salivation. 2. **What is the antidote for organophosphate poisoning?** Atropine and Pralidoxime (2-PAM).

	3. **Why must rescuers avoid direct skin contact with this patient?** Because the pesticide can be absorbed through the skin and poison the rescuer.

Scenario 3 – 20 Y/O Male Excessive Caffeine Intake

Scenario Set Up	**Equipment needed:** PPE (gloves, mask, goggles), O2 NRB, decontamination supplies, suction, sheets, monitor **Proctor:** You are a 20-year-old student who suddenly began hyperventilating and feeling very jittery after drinking a third energy drink. You are conscious .
Dispatch	Respond to a 20-year-old male who has become ill after studying in a library
Scene Size Up	Pt sitting on a chair in the library. Scene safe, with multiple energy drink bottles in front of pt. Law enforcement has arrived and cleared the scene. BSI/PENMAN complete.
Pertinent Primary Assessment Findings	**AVPU:** Alert but confused **AOx:** 3 (person, time, event only) ● **A:** Airway clear ● **B:** RR 27, shallow ● **C:** HR 170, BP 116/74, diaphoretic ● **Skin:** Red, sweaty; dilated pupils ● **Secretions:** None
Pertinent Secondary Assessment Findings	**S:** Nausea, anxiety, agitation **A:** None **M:** Procainamide **P:** Healthy prior to event **L:** 30 minutes ago, energy drinks **E:** Studying in library seated
Vitals	**On scene:** HR 170, RR 27, BP 116/74, SpO_2 87%, BGL 102 mg/dL **After O_2:** HR 150, RR 21, BP 116/74, SpO_2 95%, BGL 102 mg/dL
Treatments	● Breathing exercises with patient

	● Apply O2 NRB @ 15 LPM ● Position for airway drainage; suction oral secretions ● Monitor vitals continuously ● Notify receiving facility: *Possible caffeine poisoning* ● Transport rapidly
Key Points	● Get detailed history on patient medication ● Manage airway early due to hyperventilating
Bonus Questions	**4. What is the correct positioning for a patient feeling nauseous?** Recovery position. Left side lateral. **5. Why must rescuers administer oxygen even if pt is not hypoxic?** Because the patient is breathing out too much CO2 compared to inhaling O2, so the balance must be restored.

Scenario 4 – 28 Y/O Male Aspirin Overdose

Scenario Set Up	**Equipment needed:** PPE (gloves, mask, goggles), O2 NRB, suction, sheets, cardiac monitor, vomit basin, transport stretcher. **Proctor:** You are a 28 year old male who took "a bunch of aspirin tablets" for a very bad hangover. Now you feel dizzy, and are breathing very fast. You are conscious and able to speak, but feel very anxious.
Dispatch	Respond to a 28-year-old male who has become ill after taking medication at home.
Scene Size Up	Pt sitting on the edge of a bed, with a bottle of aspirin half tucked under the sheets. No immediate hazards. BSI/PENMAN complete.
Pertinent Primary Assessment Findings	**AVPU:** Alert but anxious **AOx:** x3 (person, place time), does not remember how many pills were taken. ● **A:** Airway clear ● **B:** RR 32, deep and rapid (Kussmaul) ● **C:** HR 118, BP 102/64, rapid pulse

	• **Skin:** Warm and flush • **Secretions:** None
Pertinent Secondary Assessment Findings	**S:** Nausea, dizziness, ringing in ears, headache, rapid Kussmaul breathing, warm/flushed skin. **A:** None **M:** Ibuprofen for pain **P:** None **L:** "A lot" of aspirin ~1 hour ago (exact # unknown) **E:** Woke up after partying hard last night, took aspirin, started to feel dizzy and breath rapidly. Called EMS after symptoms worsened
Vitals	**On scene:** HR 118, RR 32, BP 102/64, SpO_2 96%, BGL 230 mg/dL **(Misdirection for students to assume DKA)** **After O_2:** HR 110, RR 28, BP 104/66, SpO_2 99%, BGL 230 mg/dL
Treatments	• Apply O_2 via nasal cannula @ 4 LPM (avoid hyperventilation restriction) • Position pt sitting upright to ease breathing • Monitor cardiac rhythm and mental status continuously • Prepare to suction in case of vomiting • Encourage pt not to slow their breathing — this is compensatory for metabolic acidosis • Notify receiving facility: Possible salicylate (poisoning / toxicity) • Transport rapidly
Key Points	• Ringing in ears, aka Tinnitus, is a common early sign of aspirin overdose. • Monitor patient closely for seizure or altered LOC.
Bonus Questions	1. **What type of respirations are commonly seen in patients with aspirin overdose?** Kussmaul respirations. 2. **Why should you not attempt to slow the patient's breathing rate?** Rapid breathing is the body's way to compensate for metabolic acidosis (acidic blood). Slowing respirations could trap CO2 and make the acidosis worse.