Scenario 1: Motor Vehicle Collision

Equipment: tourniquet, dressing, shears, O2, C-collar
Proctor: Proctor is in pain and confused. Nearby bystanders who witnessed the collision called 911.

Setting: 22 yr old male driver, confused from blood loss and in significant pain. Patient is stuck in the car seat. You were driving to work when another car ran a red light and t-boned you.

Dispatch: Respond to emergency traffic to a motor vehicle collision, car versus car.

Scene Size up: Police are on scene and scene is safe. Bystanders cleared by police. Life threat: Deep laceration in left thigh, heavy arterial bleeding.

Primary Assessment:

- ***AVPU:*** AOx3 (not alert)
- Airway: Patient is yelling in pain
- Breathing: shallow, rapid (30 times per min), speaking in short sentences
- Circulation: pale, cool, diaphoretic, rapid pulse (130 times per time), massive hemorrhage from left leg

Secondary Assessment:

S: “I can’t feel my left leg”, hemorrhage in left leg, chest pain from impact w/ steering wheel
A: none
M: none
P: none
L: cup of coffee and muffin at approx 8:00
E: patient was driving to work as normal

Minor cuts and contusions found on the chest and head. Left leg arterial bleed

Vitals:

- HR: 130 times per minute
- BP: 100/60
- RR: 30
- BGL: 102 mg/dl, normal
- SPO2: 92%
- Lungs: Clear, equal, bilateral
- Pupils: PERRL

2nd set of vitals:

- HR: 104 bpm
- BP: 106/68
- RR: 20

- BGL: 102 mg/dl, normal
- SPO2: 96%
- Lungs: clear, equal, bilateral
- Pupils: PERRL

Treatments:

- Hemorrhage - direct pressure. Doesn't control the bleeding so apply a tourniquet
- Circulation - keep warm
- Breathing - Provide oxygen w/ NRB 12-15lpm
- Possible whiplash/spinal injury: C-collar
- Rapid extraction from the car. Immobilized on the backboard due to MOI and loss of feeling in left leg.

Key Points:

- Life-threatening hemorrhage is also the top priority
- Tourniquet placement

Bonus Question: How many inches above the injury do you place the tourniquet? And where would you not want to place it?

Scenario 2: Gunshot Wound

Equipment: dressing, occlusive dressing/chest seal, O2
Proctor: Proctor is in pain and drifting in and out of consciousness.
Setting: 34 yr old female, anxious from blood loss and in significant pain. Patient is lying supine on her lawn. She was watering her plants when she was shot in a drive by. Neighbors called 911 when they heard gunshots and saw patient bleeding out on her lawn
Dispatch: Respond to emergency traffic to a 34 yr old female with multiple GSWs to the chest and armpit.
Scene Size up: Police on scene. Scene is safe. No bystanders. Life threat: GSW in anterior right of the chest, sucking chest wound.

Primary Assessment:

- ***AVPU:*** AOx2 (patient groans at trap pinch)
- Airway: When you inspect, the patient coughs up blood. Patent after suctioning and place OPA
- Breathing: shallow, rapid (26 times per min), bubbling sound from GSW
- Circulation: pale, cool, diaphoretic, rapid pulse (122 times per time)

Secondary Assessment:

S: stated above
A: Pollen (but it's winter, so no issues here)
M: Metformin
P: none
L: Pizza at 6:00PM
E: Patient was watering her plants

Vitals:

- HR: 122 times per minute, strong but rapid
- BP: 104/72
- RR: 26
- BGL: 100mg/dl, normal
- SPO2: 94%
- Lungs: Clear, equal, bilateral
- Pupils: PERRL

2nd set of vitals:

- HR: 110 bpm
- BP: 104/72
- RR: 20
- BGL: 104 mg/dl, normal
- SPO2: 95%
- Lungs: clear, equal, bilateral
- Pupils: PERRL

Treatments:

- Sucking chest wound - 3-sided occlusive dressing
- Hemorrhage - direct pressure. Since GSW in armpit is a junctional area pack with dressing
- Circulation - keep warm
- Breathing - Provide oxygen w/ NRB 12-15lpm
- Possible spinal injury; altered mental status, fell after being shot: C-collar

Key Points:

- Sucking chest wound is an open pneumothorax, which is the primary life threat. Must be treated immediately w/ occlusive dressing

Bonus Question: Why is it important to use a 3-sided occlusive dressing instead of sealing all 4 sides of the sucking chest wound? What complications can occur if the dressing is fully sealed?

Scenario 3: Fall

Equipment: dressing to control minor bleeding
Proctor: Proctor is in pain and causing a scene.

Setting: 19 yr old female, alert, and conscious. Patient is lying supine in front of MLK, screaming for help. She was walking out of MLK and slipped on the steps, falling about 4 feet and faceplanting. Bystanders called 911 when they saw her fall and blood all over her face.

Dispatch: Respond to a 19 yr old female outside MLK Student Union that fell.

Scene Size up: Scene is safe, but there is a crowd around the patient. Life threat: None apparent

Primary Assessment:

- ***AVPU:*** AOx4
- Airway: patent
- Breathing: normal
- Circulation: pink, warm, dry, normal pulse

Secondary Assessment:

S: stated above
A: Peas
M: Adderall
P: none
L: Rainbow Sorbet Celsius 30 minutes ago
E: Skipped a step on stairs and fell

Vitals:

- HR: 62 times per minute, strong but rapid
- BP: 114/82
- RR: 20
- BGL: 100mg/dl, normal
- SPO2: 96%
- Lungs: Clear, equal, bilateral
- Pupils: PERRL

2nd set of vitals:

- HR: 62 bpm
- BP: 114/82
- RR: 20
- BGL: 100 mg/dl, normal
- SPO2: 96%
- Lungs: clear, equal, bilateral
- Pupils: PERRL

Treatments:

- Contusion to forehead
- Nosebleed: position her sitting while leaning forward slightly, tell to breath through mouth, pinch nostrils
- Abrasions on chin, knuckles
- Possible spinal injury: C-collar
- Provide emotional support for patient in clear distress

Key Points:

- Treat all patients with same level of care
- Assess for more serious injuries (e.g. spinal injury) even if no apparent life threats and patient is alert and talking

Bonus Question: What potential airway complications should you anticipate in a patient who has sustained facial trauma from falling face-first, and how would you manage them?