67 Year old, Female w/stable angina

Scenario Set Up	**Equipment:** ● Oxygen Nasal Cannula and NRB available to use , BP cuff, Pulse Ox, Stethoscope, Aspirin , Gloves, Chair patient will be seated, Patients prescribed nitroglycerin **PROCTOR:** You are a 67-year-old female who was walking up a flight of stairs when you began experiencing chest tightness. You are alert and cooperative but slightly anxious. You answer questions clearly and are A&O x4. Chest pain improves with rest and worsens with movement. No bystanders are present; the patient called 911 herself due to concern about her symptoms.
Dispatch	Respond to a C3 medical call for a 67-year-old female feeling unwell at her residence. The patient is conscious and breathing.
Scene Size Up	The patient is seated on her dining table chair, leaning slightly forward and holding her chest. No obvious life-threatening injuries noted. The scene is safe with no MOI.
Pertinent Primary Assessment Findings	A&O X 4: Alert and orientated to person , place, time, event A - Airway Patent, Patient speaking in full sentences B - Rate: 20 , Rhythm: Regular, quality: non-labored, equal chest rise bilaterally, lungs clear C - Pulse rate: 94 bpm, Rhythm: regular, Quality: strong and palpable, skin pale, cool, and dry, cap refill <2 seconds
Pertinent Secondary Assessment Findings	**OPQRST** O- Gradual onset while walking up her flight of stairs P- worse with movement, improved while resting Q- Tightness and pressure in the chest R-mild radiation to left shoulder, resolves with rest S- 6/10 at onset, now 3/10 after resting on chair T- started around 15 minutes ago now its improving A - Penicillin M - Prescribed nitroglycerin P - Hypertension , History of smoking 5 years sober L - Ate a tuna sandwich around 2 hours ago E - Chest pain began while walking upstairs at home **Focused exam** reveals no trauma, equal chest rise, clear lung sounds, and no chest wall tenderness, finds nothing on the rest of the exam.
Vitals	BP: 138/80, HR:94 bpm, regular, RR:20 , BGL:N/A, SPO2:93% on room air, Lungs : clear bilaterally
Treatments	Position of comfort, Monitor vitals every 5 minutes, Assist with prescribed nitroglycerin if no contraindications, Administer 324mg aspirin if no contraindications, Administer oxygen via

	Nasal cannula 2-6 lpm , Rapid transport
Key Points	● Stable angina presents with chest pain and triggered by exertion relieved by rest ● OPQRST is essential for this scenario
Bonus Questions	1. When is nitroglycerin contraindicated? 2. What findings help differentiate stable angina from MI? 3. Difference between Stable and unstable?

68 YOM w/Right-Sided Congestive Heart Failure

Scenario Set Up	Equipment needed: NRB, O2 PROCTOR: You are a 68 year old male sitting upright in a recliner complaining of increasing shortness of breath and swelling in your legs over the past several days. The patient's spouse is present and called 911.
Dispatch	Respond Code 2 to a conscious 68-year-old male complaining of difficulty breathing and leg swelling
Scene Size Up	Patient sitting upright in recliner. No hazards. No signs of trauma. No life-threatening injuries noted.
Pertinent Primary Assessment Findings	AVPU**:** Alert and oriented x4 (person, place, time, event) A – Airway: Patent, patient speaking in short sentences B – Breathing: Respirations slightly labored, rate increased, shallow but adequate chest rise. C – Circulation: Skin cool, pale, slightly moist. Slightly tachycardic radial pulse. Cap refill slightly delayed. Expose Chief Complaints: Noticeable bilateral lower extremity edema.
Pertinent Secondary Assessment Findings	SAMPLE A- soymilk M- Lisinopril, Metoprolol, vitamin supplements P - History of congestive heart failure, hypertension, prior MI L - Dinner 2 hours ago E - Increasing leg swelling over 4 days, worsening shortness of breath today. Patient admits missing several doses of diuretic medication OPQRST (if asked) O- Gradual onset P- Worse when walking or lying flat, nothing makes it feel better Q- Tightness and pressure feeling in chest, no sharp pain R- Chest area with no radiation S- 5/10 discomfort T- Progressive over several days Focused Physical Examination JVD when patient reclined and distended abdomen

	Bilateral edema on mid-calf
Vitals	HR: 104, RR: 22, BP:162/94, SPO2: 91%, EYES: PEARLL Lung-Sound: bilateral clear
Treatments	Keep pt in upright position, administer O2 via NRB @ 15 LPM
Key Points	*Any other information the proctor should know that the EMTs should learn by the end of the scenario or other information for the proctor to be successful.*
Bonus Questions	*Add questions about medications, treatments given, etc. for the proctor to give if there is extra time.*

Cardica Scenario Template and Guide

65 y/o male complaining of difficulty breathing & chest pain.

Scenario Set Up	*NRB. Nitroglycerin. Aspirin.* *PROCTOR:* You are a 65 year old male with a history of myocardial infarction. You are having difficulty breathing so your son/daughter answers many of the questions. You are quite anxious because you feel like you cannot breathe well. May also present as mildly agitated.
Dispatch	You are dispatched to a home where the caller's 65 y/o father is having chest pain and difficulty breathing.
Scene Size Up	The patient is sitting on the edge of the bed with hands on knees, clearly labored breathing (accessory breathing) and looking distressed. CCT are pale, cool, and clammy.
Pertinent Primary Assessment Findings	A&O X 4 **A** - Airway is patent. **B** - >20 breaths per minute (rapid), regular, labored, oxygen sats are 89%; observe accessory breathing (*EMT should begin administering oxygen via NRB at this point*) Lung Sounds - crackles/rales **C** - CCT - pale, cool, clammy/diaphoretic HR - rapid & irregular (ex. 140) Blood Sweep - No blood or physical injuries. May observe swelling of the pts ankles/feet. Cap Refill is delayed.
Pertinent Secondary Assessment Findings	**OPQRST** O - Began having difficulty breathing and chest pain about an hour ago. P - Easier to breathe when sitting up. When lying down, difficulty breathing is much worse. Q - Difficulty breathing with some "squeezing" chest pain R - Some pain in chest & difficulty breathing. Does not move/radiate. S - 8/10, "I can't breathe dammit, aren't you going to do something?" T - Began about an hour ago. **SAMPLE** S - some swelling in pt ankles, JVD, accessory breathing observed, pt again

	complains of difficulty breathing and some chest pain A - NKDA. M - daily 81mg aspirin, enalapril (Vasotec), nitroglycerin P - Pt had a heart attack (myocardial infarction) a year ago. L - last in was ~2 hours ago, last out was ~1.5 hours ago & normal E - “Hanging out watching Sunday football like I always do, why are you even asking me all these questions? Aren’t you going to do something?” (son/daughter confirms that he was sitting in bed watching tv)
Vitals	*BP: 160/110 , HR: 160, RR: 24, BGL: normal, SPO2: 92%*
Treatments	Aspirin (3x 81mg since patient has already taken their daily 81mg dose) Oxygen - NRB since the patient is conscious.. Nitroglycerin - prescribed, assist pt in administering. Position of comfort - sitting up to enable ease of breathing
Key Points	EMT should have the impression that pt has congestive heart failure (CHF) which is causing the chest pain, difficulty breathing, dependent edema & JVD.
Bonus Questions	<u>Do you suspect left or right sided congestive heart failure?</u> Both. <u>What are left-side CHF signs & symptoms?</u> Left-side CHF often leads the right-side CHF. Left-side symptoms included dyspnea, crackles/rales lung sounds (i.e pulmonary edema) <u>What are right-side CHF signs & symptoms?</u> Right-side CHF symptoms include dependent edema and JVD. <u>BONUS: What OUT-OF-SCOPE treatment would a PARAMEDIC recommend if present?</u> CPAP.