

Brief Title Explaining (Age, Gender, Chief Complaint)

Scenario Set Up	<p><i>Equipment: What equipment is necessary for this scenario in order to treat or evaluate the patient most realistically?</i></p> <p><i>PROCTOR: How should the proctor act? Is there anything the proctor needs to know to make it more realistic? What is the scenario that led the patient to this position? Are there bystanders nearby? Who called 911? etc.</i></p>
Dispatch	<p><i>What does dispatch tell them?</i></p>
Scene Size Up	<p><i>What do the EMTs see when they arrive? Any life-threatening injuries?</i></p>
Pertinent Primary Assessment Findings	<p><i>AVPU - How alert is the patient - indicate which part of AVPU they are? A&O X _____ (Indicate what they are A&O to)</i></p> <p><i>A - describe their airway (Is it patent?)</i></p> <p><i>B - describe their breathing (Is it normal? Rate, rhythm, quality?) C - describe their circulation (Skin signs? Pulse? Cap Refill?)</i></p>
Pertinent Secondary Assessment Findings	<p><i>Indicate here the patient/proctors answers to SAMPLE questions, along with any pertinent further assessments (focused or complete physical assessments, AEIOUTIPS, OPQRST, etc.)</i></p> <p><i>A - Does the patient have allergies?</i></p> <p><i>M - What medicine is the patient taking?</i></p> <p><i>P - Does the patient have any relevant past pertinent medical history? L - What was the patient's last oral intake?</i></p> <p><i>E - What events led up to the call?</i></p>
Vitals	<p><i>Indicate the patient's vital signs-> add a second set if necessary for after initial treatment</i></p> <p><i>BP: , HR:, RR:, BGL:, SPO2: , Any other relevant vitals</i></p>
Treatments	<p><i>What treatments are necessary given the situation? List absolutely necessary interventions as well as interventions that aren't life threatening but still helpful.</i></p>
Key Points	<p><i>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.</i></p>
Bonus Questions	<p><i>Add questions about medications, treatments given, etc. for the proctor to give if there is extra time.</i></p>

Scenario 1: (42 YO F, CC AMS)

Scenario Set Up	<p><i>Equipment: blood pressure cuff</i></p> <p><i>PROCTOR: Patient to act confused (alert to verbal, A&O X2 (person, time)), ask repetitive questions (Where am I? What happened?), say that you are dizzy and nauseous. Daughter of patient called 911 after she noticed the patient acting strange after mowing the lawn outside for the last hour.</i></p>
Dispatch	<p><i>You are dispatched to the residence of a 42 YO female patient that has altered mental status. The caller reports that the patient is confused and asking repetitive questions.</i></p>
Scene Size Up	<p><i>It is 2:00 PM on a bright and sunny day. You see the patient sitting in a lawn chair on her porch with her daughter next to her. The patient appears disoriented.</i></p>
Pertinent Primary Assessment Findings	<p><i>Alert to verbal, A&O X2 (person, time)</i></p> <p><i>A - Patent.</i></p> <p><i>B - Rapid, shallow breathing (RR: 24).</i></p> <p><i>C - Skin is hot, flushed red, and dry. (Temperature: 105°F). Rapid, weak pulse (HR: 120). Blood pressure is 110/80.</i></p>
Pertinent Secondary Assessment Findings	<p><i>S- Altered mental status. Rapid, shallow breathing. Skin is hot, flushed red, and dry. Rapid weak pulse. Dizzy and nauseous.</i></p> <p><i>A- No allergies.</i></p> <p><i>M- Patient takes insulin.</i></p> <p><i>P- Patient has diabetes.</i></p> <p><i>L- The patient ate lunch at noon and had her normal insulin dose.</i></p> <p><i>E- Patient was mowing her lawn outside for the last hour.</i></p>
Vitals	<p><i>Initial: BP: 110/80, HR: 120, RR: 24, BGL: 100, SPO2: 99%, Temperature: 105°F</i></p>
Treatments	<p><i>Move patient out of the heat, rapid cooling using ice packs, rapid transport.</i></p>
Key Points	<ol style="list-style-type: none"><i>1. This condition is life threatening and urgent, so the transport decision must be Code 3.</i><i>2. Patient can be cooled by placing ice packs in armpits, groin, and neck. If water is available, patient can be sprayed with water and fanned aggressively.</i>
Bonus Questions	<p><i>Q: If the patient asks for water, would you let them drink?</i></p> <p><i>A: ALCO protocol prohibits giving water to an altered or nauseous patient. If ALS is present, they may administer fluids through IV.</i></p>

Scenario 2: 27 yom; CC of burning pain in wrist

Scenario Set Up	<p><i>Equipment:</i> epipen</p> <p><i>PROCTOR:</i> The setting is in the mountains where our patient is backpacking. A bystander called 911 because they saw this guy who got bit by a snake. Pt appears anxious.</p>
Dispatch	Responding to a male bit by a snake
Scene Size Up	The pt is tracking you; you see breathing but pt is coughing; skin is diaphoretic. You do not see any pooling blood, just some vomit lying on the ground. Pt is walking around anxiously. The bystander killed the snake and presents it to you.
Pertinent Primary Assessment Findings	<p>A&O X 4</p> <p>A - patent</p> <p>B - wheezing lung sounds, coughing and fast with adequate depth while taking lung sounds you notice hives on chest</p> <p>C - sweaty, pulse feels slow</p> <p>D - pupils equal and reactive to light</p> <p>E - you see the marks of a snake bite, swelling, and bruising on pt's left wrist</p>
Pertinent Secondary Assessment Findings	<p>A- no known drug allergies</p> <p>M- none</p> <p>P- none</p> <p>L- a sandwich few hours prior</p> <p>O - snake bite</p> <p>P - none</p> <p>Q - burning</p> <p>R - from left wrist to shoulder</p> <p>S - 8 out of 10 (later 7 out of 10 during transport)</p> <p>T - throbbing constantly</p>
Vitals	On scene: BP: 96/54, HR:60, RR:28, BGL:wnl, SPO2: 89, GCS (E4,V4,M6), pain 8/10

	<p>Post epi and O2: BP: 112/68, HR:90, RR:20, BGL:wnl, SPO2: 94, GCS (E4,V4,M6), pain 7/10</p>
Treatments	<ul style="list-style-type: none"> - O2 nrb 10lpm - Epi 0.3mg, EMTs should verbalize drug dose, indications/ integrity, concentration/ contraindications, expiry, route of entry - clean bite area with cool wet cloth
Key Points	<p>Need to scan for signs of anaphylaxis given moi.</p>
Bonus Questions	<p>How can you track how the swelling is proceeding? Mark with pen</p> <p>Venomous snake bites are rarely fatal, T/F? True</p> <p>How can you stop the venom from spreading? Supine positioning, keep still</p> <p>How can you tell if a snake bite is venomous? The bite mark will be 2 small puncture wounds</p>

19 YO Female Caught in Apartment Kitchen Fire

Scenario Set Up	<p><i>Equipment: EMS Bag, O2, burn dressings, sterile saline, gloves, pulse oximeter, blood pressure cuff, maybe a glucometer, and towels.</i></p> <p><i>PROCTOR: The proctor is in pain, clutching their left forearm and chest. They are alert but visibly in pain. The girl was cooking in her apartment and burned herself with oil from the stove in a fire. Her roommate called 911.</i></p>
Dispatch	<p><i>Responding to a 19 YO female with burns from a kitchen fire. The patient is conscious and breathing with her roommate calling 911.</i></p>
Scene Size Up	<p><i>Scene is safe, burned frying pan, smoke smell, clutching left arm and chest with red blisters. No immediate life threats other than burns.</i></p>
Pertinent Primary Assessment Findings	<p><i>AVPU - How alert is the patient - indicate which part of AVPU they are? A&O X 4 (Indicate what they are A&O to)</i></p> <p><i>A - patent, no soot</i></p> <p><i>B - Slightly rapid, 22 BR, lung sounds clear</i></p> <p><i>C - Radial pulse is strong and rapid, HR 110, skin is warm, cap refill is 2 seconds, and partial thickness burns with blistering.</i></p>
Pertinent Secondary Assessment Findings	<p><i>The left forearm is partial thickness, and the upper chest has a small area of redness. 8-10% burned.</i></p> <p><i>A – Allergies</i> <i>No known allergies.</i></p> <p><i>M – Medications</i> <i>None.</i></p> <p><i>P – Past Medical History</i> <i>No major medical problems.</i></p> <p><i>L – Last Oral Intake</i> <i>Dinner about 1 hour ago.</i></p> <p><i>E – Events Leading Up</i> <i>“I was cooking dinner, and the grease started smoking. I tried to move the pan, and it splashed on me. A small fire started but was put out. ”</i></p>

Vitals	<i>BP: 138/86 HR: 110 RR: 22 BGL: 105 SPO2: 98% Pain: 8/10</i>
Treatments	<i>Administer high-flow oxygen via non-rebreather, cool the burns with sterile saline or clean water, remove jewelry or restrictive clothing, cover burns with sterile dry dressings, monitor vitals, and transport to burn center. Maybe elevate the burned limb, no ice!</i>
Key Points	<i>Burn percentage, monitoring for shock, cooling, and covering.</i>
Bonus Questions	<i>What are the three classifications of burns? Why should ice not be applied directly to burns?</i>