

NOTES FOR ACTORS: READ BEFORE SCENARIO STARTS!!!
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\*\*\* The stage is yours. Perform IN CHARACTER with how you think the patient/bystander will actually act, do NOT overperform as this may confuse the EMT's or conflate the actual diagnosis!! \*\*\*

- **Green = Proctor Lines (This person is the grader as well!! Use the made *patient management* document to streamline EMT assessment)**

- **Cyan = Patient Acting NOTES**

- **Orange = Bystander Acting NOTES**

- The patient's name is Marcus. He is a 34 y/o unhoused male locally known for talking to himself and visiting Quargo Cafe for water.

- As Marcus, you have been shouting at the streetlights and passerby students for the past few days. You claim "*they*" have put transmitters in the lights, and the "government up-the-hill" in Lawrence Berkeley Laboratory has "*stolen my brain.*"

- By this, you mean that **you have a 2 inch laceration in length**, along your forehead, with active **venous bleeding, although profuse in amount!**

- **You have NO recollection on how you got it, you can ALSO improvise with the bystander actor with how you got it if you want!**

- Today, you have walked into Quargo Cafe, just off the intersection of Channing way and Telegraph (a very busy street), and screamed "**The lights... THEY'RE WATCHING ME**" and continued flipping over furniture and disturbing the customers

- Try pacing around rapidly (*actually* in person, around your area), as the EMT's become acquainted with you, and once they are ready to interact with you, find a corner to sit at, and mumble to yourself occasionally. **Try twitching your mouth/lips purposefully when not talking, and blinking excessively** (this is known tardive dyskinesia, a symptom of taking mental health medications)

- You are currently prescribed:

- Risperdone, aka "Risperdal" (antipsychotic)

- Chlorpromazine, aka "Thorazine" (antipsychotic)

- Paxil (an SSRI for depression)

- **YOU HAVE NOT TAKEN ANY OF THESE since your past court-ordered hospitalized detention which was last month**

- **For clarity, your AMS status is due to your lack of taking your antipsychotic medication, which has caused you to experience hallucinations and delusions (known specifically as PSYCHOSIS), your head injury is a distractive physical injury NOT related to your AMS.**

- You can **escalate the situation** to become restrained (if this happens just have them verbalize that you have been restrained AFTER THEY CALLED MEDICAL DIRECTION!!!) if the EMT's FAIL to do the following:

- Raises their voice at you

- Comes to close to you without asking for your permission

- Contradicts or plays along with your hallucinations
- If you are asked SAMPLE History questions, refer to the **Secondary Assessment** section of the chart below for your lines
- The bystander's name is Rose. She is the cafe owner and is the one who called 911.
- As Rose, you are quite extroverted, loud, and can sometimes be a little... incoherent as you have been diagnosed with anxiety and Bi-polar disorder (on the more hyperactive end of the scale today).
- As Rose, you must also act super dramatic, as if your life was on the line.
  - Make the job for the EMT's **HARDER** as you want to be the center of attention.
  - Be annoying too by remaining angry to everyone
  - Have the EMT's try and keep you calm as well!!
- **Feel free to improvise with the patient actor on how "Marcus" obtained his distracting head injury**
- **Rose must challenge the EMT's to maintain calm in their environment during patient assessment**

	<b>SCENARIO SET-UP WITH DISPATCH</b>	
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\*\*\* Once EMT's are ready, continue below in a step by step fashion, this follows DIRECTLY with the *patient management* document made for you BELOW!! Use it as a guide to assess EMT's  
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1. BMRC Unit (group #), respond to 2344 Telegraph Street — male, mid-30s, reportedly agitated, yelling, and possibly experiencing a mental health crisis. Caller states no weapons observed but scene is chaotic. Law enforcement en route.
2. You currently have the following in your medical/trauma kit
  - a. Complete oxygen setup
  - b. Soft restraints
  - c. BGL Monitor
  - d. Vital sign equipment (BP cuff, stethoscope, pulse oximeter, flashlight)

**This chart was modified to be used ONLY for the psychiatric/behavioral scenarios at BMRC, NOT trauma scenarios**

	Points Possible	Points Awarded
Takes or verbalizes standard precautions <ul style="list-style-type: none"> <li>- "BSI scene safety" or...</li> <li>- "Standard precautions, scene safety"</li> </ul>	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe <ul style="list-style-type: none"> <li>• "Berkeley Police Department has arrived on scene, and has ensured the scene is safe, although the patient does <b>not</b> want to be approached."</li> </ul>	1	
Determines if the call is due to a MOI or NOI (mechanism of injury vs. nature of illness)	1	
Determines the number of patients	1	
Requests additional help <b>if</b> necessary (upgrading to ALS)	1	
Considers (does NOT mean they <i>will</i> apply) stabilization of the spine	1	
<b>PRIMARY ASSESSMENT</b>		
Verbalizes BACK to the proctor the general impression <ul style="list-style-type: none"> <li>- <b>age, sex, is it a medical or trauma call, Chief Complaint that they would write on PCR, they must ask "are there any immediate life threats that I can see"</b></li> <li>- "You are presented with a mid-30's unhoused male, and notice that he is pacing and mumbling, the building has been emptied, with only the male inside. The law enforcement are located outside, awaiting your judgement."</li> <li>- "There are no immediate life-threats that you can see from outside, although that is only from a brief inspection without proper assessment"</li> </ul> <p><b>***NOTE: It is vitally important to note how the EMT's decide to enter the building to interact with the patient. There is not "right" way to do this, but encourage roleplay and ensure they maintain professionalism***</b></p>	1	
Determines AVPU (alert & orientation status, responds to verbal, responds to pain, unresponsive) <b>must give the right number!!</b>	1	

<p><b>A/Ox4 for example</b></p> <ul style="list-style-type: none"> <li>- "Marcus responds to voice; intermittently alert but seemingly distracted by hallucinations."</li> <li>- <b>Don't say out loud</b> but act out your mumbling and hallucinations, have smacking of the lips, involuntary facial movements and excessive blinking. Act out an A/Ox3 status</li> <li>- <b>Don't say out loud</b> but they are (A/Ox3), since they are aware of their surroundings, and oriented, and responding to verbal, but not cooperative!</li> </ul>		
<p><b>*** Assess airway and breathing!!! ***</b> (THIS IS NOT VITALS! They are assessing patient status to check if they require rapid transport or not!!)</p> <ul style="list-style-type: none"> <li>- Assessment of airway patency (1 pt) <ul style="list-style-type: none"> <li>- "The airway is patent, though he is talking in a pressured manner and speaking tangentially."</li> </ul> </li> <li>- Assures adequate ventilation: this is done by assessing the rate and tidal volume (1 pt) <ul style="list-style-type: none"> <li>- "Rate is 22 breaths/minute, with adequate tidal volume"</li> </ul> </li> <li>- Pulse Oximetry ("can I get O2 sats") <b>must do BEFORE initiating treatments</b> <ul style="list-style-type: none"> <li>- The Pulse Oximeter reads 97% on Room Air</li> </ul> </li> <li>- Initiates appropriate oxygen therapy, applying either NRB, Nasal cannula or BVM to maintain SpO2 above or at 94% (1 pt) <ul style="list-style-type: none"> <li>- <b>Don't say out loud</b>, but in this case, no oxygen is warranted!!!</li> </ul> </li> </ul>	3	
<p><b>*** Assess circulation ***</b> (THIS IS NOT VITALS! They should be assessing <b>briefly</b>)</p> <ul style="list-style-type: none"> <li>- Assess if there are any major bleedings or not, if there is, using direct pressure, pressure dressing or tourniquet. (1 pt) <ul style="list-style-type: none"> <li>- "There is no major bleeding that you can assess"</li> </ul> </li> <li>- Checks pulse: present/absent, fast/slow, regular/irregular, strong/weak (1 pt) <ul style="list-style-type: none"> <li>- <b>Don't say out loud</b>, but ensure the EMTs <u>physically</u> check the pulse!!! Must be radial.</li> <li>- "Radial pulse is present, beating at normal pace with strong and regular rhythm"</li> </ul> </li> <li>- Assesses the skin: color, temperature and condition, capillary refill (1 pt) <ul style="list-style-type: none"> <li>- "The color is pink, with a normal temperature and normal skin conditions"</li> <li>- <b>Ensure that the EMT's put the back of their hand over the patients forehead to check if the skin is hot</b></li> </ul> </li> </ul>	3	

<p>After identifying the patient condition from the Primary Assessment, the EMT's must identify if the patient is a priority and then they must make a transport decision</p> <ul style="list-style-type: none"> <li>- They can say "This patient is a priority patient and we are going to transport immediately"</li> <li>- OR they can say "This patient is not a priority patient and does not require immediate transport"</li> <li>- (this is known as <i>stay and play or load and go</i>)</li> </ul>	1	
<b>MODIFIED SECONDARY ASSESSMENT</b>		
<p><b>History of the present illness: (the types of questions depend on the situation!!! Refer to the patient actor sheet!!)</b>  <b>*** SINCE THE PATIENT IS ALTERED, EMT'S MUST DO RAPID HEAD-TO-TOE ASSESSMENT!!! Delegate history to partner!! The EMT's MUST perform DECAP-BTLS since patient is altered ***</b></p> <ul style="list-style-type: none"> <li>- <b>*Onset</b> = "what were you doing when you started experiencing these visuals or sounds? sudden or gradual?" (1 pt) <ul style="list-style-type: none"> <li>- "The... the doctors took me into a secret room upstairs... up the hill... where the government research is done." "I don't know about that gradual stuff."</li> </ul> </li> <li>- <b>*Provocation</b> = "Does anything make these hallucinations better or worse?" (1 pt) <ul style="list-style-type: none"> <li>- "Too bright... I think the lights... they're too bright"</li> </ul> </li> <li>- <b>*Quality</b> = "What are you feeling right now?" (1 pt) <ul style="list-style-type: none"> <li>- "Im thirsty... that lady didn't give me water... Do you have water?"</li> </ul> </li> <li>- <b>*Radiation</b> (THEY SHOULD NOT ASK THIS!!!) <ul style="list-style-type: none"> <li>- "What are you talking about... they got you too huh!?"</li> <li>- <b>Don't say out loud</b>, but become agitated with wrong questions, you can also escalate to restraints</li> </ul> </li> <li>- <b>*Severity</b> (THEY SHOULD NOT ASK THIS!!!) <ul style="list-style-type: none"> <li>- "Stop with these questions!!! Get away... GET AWAY!!!"</li> <li>- <b>Don't say out loud</b>, but become agitated with wrong questions, you can also escalate to restraints</li> </ul> </li> <li>- <b>*Time</b> = "How long have you had it? Is it constant or does it happen intermittently? <u>"Has this ever happened to you before, if so what treatments have you received?"</u> (1 pt) <ul style="list-style-type: none"> <li>- "Actually since... I think a year ago... those doctors... they told me to take these pills (name the list of medications you were given in the beginning)... I felt good for a little bit but my mouth kept moving so I sold 'em." "But I did have a condition.... The doctors told me I had a condition..."</li> </ul> </li> </ul>	7	

<p style="text-align: center;"><b>I don't remember it though."</b></p> <ul style="list-style-type: none"> <li>- Asks clarifying questions of the signs/ symptoms <b>related</b> to the OPQRST!! Such as <b>AEIOU-TIPS!!!</b> (2 pt) <ul style="list-style-type: none"> <li>- A = Alcohol, abuse of substances, ammonia</li> <li>- E = epilepsy, possible electrolyte imbalances, endocrine disorders</li> <li>- I = Infections, Inborn errors in metabolism</li> <li>- O = Overdose, Oxygen deficiencies</li> <li>- U = Uremia</li> <li>- T = Trauma, Tumor, Toxins</li> <li>- I = Insulin</li> <li>- P = psychiatric conditions</li> <li>- S = stroke, shock</li> </ul> </li> <li>- <b>Don't say out loud</b>, but you don't have any of these problems, except you take whatever the guy in the alley gives you for the voices, and your previous history of psychiatric problems.</li> </ul>		
<p>(S)AMPLE HISTORY (continues from first part!)</p> <ul style="list-style-type: none"> <li>- <b>*Allergies</b> = "Do you have any allergies to anything?" (1 pt) <ul style="list-style-type: none"> <li>- "I don't know"</li> </ul> </li> <li>- <b>*Medication</b> = "Are you taking any medications prescribed to you by a medical doctor? Did you take these medications today?" (1 pt) <ul style="list-style-type: none"> <li>- <b>Don't say out loud</b>; if you already told them your list of medications at any point, become agitated here. <u>If you didn't</u> say the list of meds given in the beginning (but act it as you will).</li> </ul> </li> <li>- <b>* Past pertinent medical history</b> = "Do you have any medical problems? Has this ever happened to you before? What was your treatment the last time this occurred?" (1 pt) <ul style="list-style-type: none"> <li>- "The doctor told me my brain wasn't working right... I don't remember what he was saying though..." "yeah... my momma told me I was a big trouble maker, and she's right... the court told me to go to the hospital, so yeah... happened many times... especially with those cops over there... they tied me up for just punching the wall.. I was just trying to get the rabbits out of there."</li> <li>- <b>Don't say out loud</b>, but if they laugh at any time, become agitated, and make it hard for the EMT's</li> </ul> </li> <li>- <b>*Last oral intake</b> = When was the last time you ate or drank? (1 pt) <ul style="list-style-type: none"> <li>- "I tried to get some water... but that lady didn't give me any." "No... I haven't eaten today or drank anything today."</li> </ul> </li> </ul>	5	

<ul style="list-style-type: none"> <li>- <b>*Events leading to present illness</b> = What were you doing prior to your (name the illness/ CC) (1 pt) <ul style="list-style-type: none"> <li>- Walkin'... just walkin'."</li> </ul> </li> </ul>		
<b>VITALS</b>		
<p>Check all vitals (may be done separately if you have partners while the lead is handling patient themselves)</p> <ul style="list-style-type: none"> <li>- <b>*Pulse</b> (1 pt) <ul style="list-style-type: none"> <li>- "Pulse is 118 beats per minute"</li> </ul> </li> <li>- <b>*Respiratory rate and quality</b> (1 pt) <ul style="list-style-type: none"> <li>- "Respiratory rate is still 22 breaths/minute"</li> <li>- <b>Don't say out loud</b>, but if they want the quality, have them auscultate the lungs!!! They must VERBALLY say "<i>auscultate the 2nd and 3rd intercostal spaces along the midclavicular lines, 4th and 5th intercostal spaces along the midaxillary lines, and the angles inferior to the scapula, all bilaterally</i>"</li> </ul> </li> <li>- <b>*Blood pressure</b> (1 pt) <ul style="list-style-type: none"> <li>- "Blood Pressure is 148/94"</li> </ul> </li> <li>- <b>*Skin temperature, color and condition</b> (1 pt) <ul style="list-style-type: none"> <li>- "Temperature is 99.1 degrees Fahrenheit with slight diaphoresis for skin signs"</li> </ul> </li> <li>- <b>*Pupils and pulse oximetry</b> (should have already done O2 sats before, but nice to have them again, document!!) <ul style="list-style-type: none"> <li>- "Pulse oximetry still reads 97% on Room Air"</li> </ul> </li> <li>- <b>Blood Glucose Reading via Glucometer ***This is mandatory!! As the patient is altered.***</b> <ul style="list-style-type: none"> <li>- "Glucometer reads 98 milligrams/deciliter"</li> </ul> </li> </ul>	4	
<b>REASSESSMENT</b>		
<p>The EMT must demonstrate reassessment of the patient to determine any changes in:</p> <ul style="list-style-type: none"> <li>- LOC (level of consciousness) and GCS <b>every 15 minutes in stable patients</b> or <b>every 5 minutes in unstable patients</b> or <b>as often as the patient's condition mandates!!</b></li> </ul> <p><b><u>BELOW ARE THE VITALS AFTER REASSESSMENT</u></b></p> <ul style="list-style-type: none"> <li>- <b>*Pulse</b> (1 pt) <ul style="list-style-type: none"> <li>- "Pulse is 102 beats per minute"</li> </ul> </li> <li>- <b>*Respiratory rate and quality</b> (1 pt) <ul style="list-style-type: none"> <li>- "Respiratory rate is 18 breaths/minute"</li> <li>- <b>Don't say out loud</b>, but if they want the quality, have them auscultate the lungs!!! They must VERBALLY say "<i>auscultate the 2nd and 3rd</i>"</li> </ul> </li> </ul>	1	

<p><i>intercostal spaces along the midclavicular lines, 4th and 5th intercostal spaces along the midaxillary lines, and the angles inferior to the scapula, all bilaterally”</i></p> <ul style="list-style-type: none"> <li>- <b>*Blood pressure</b> (1 pt) <ul style="list-style-type: none"> <li>- “Blood Pressure is 132/88”</li> </ul> </li> <li>- <b>*Skin temperature, color and condition</b> (1 pt) <ul style="list-style-type: none"> <li>- “Temperature is 98.9 degrees Fahrenheit, skin signs have returned to normal”</li> </ul> </li> <li>- <b>*Pupils and pulse oximetry</b> (should have already done O2 sats before, but nice to have them again, document!!) <ul style="list-style-type: none"> <li>- “Pulse oximetry still reads 99% on Room Air”</li> </ul> </li> <li>- <b>*Blood Glucose Reading via Glucometer</b> <b>***This is mandatory!! As the patient is altered.***</b> <ul style="list-style-type: none"> <li>- “Glucometer still reads 98 milligrams/deciliter”</li> </ul> </li> </ul>		
<b>VERBAL REPORT</b>		
<p>Must give a handoff to the in-hospital nurse/doctor that is receiving the patient</p> <ul style="list-style-type: none"> <li>- If the EMT is confused on how to do it, tell them how to NOT let them struggle!! <ul style="list-style-type: none"> <li>- <b>Age,</b></li> <li>- <b>Gender,</b></li> <li>- <b>Chief Complaint,</b></li> <li>- <b>HISTORY</b> of the chief complaint,</li> <li>- <b>Vital Signs,</b></li> <li>- <b>Treatments and RESPONSE</b> to treatment</li> </ul> </li> </ul>	1	

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\*\*\* The stage is yours. Perform IN CHARACTER with how you think the patient/bystander will actually act, do NOT overperform as this may confuse the EMT's or conflate the actual diagnosis!! \*\*\*

● **Green = Proctor Lines (This person is the grader as well!! Use the made *patient management* document to streamline EMT assessment)**

● **Cyan = Patient Acting NOTES**

- The patient's name is Margo. She is a 22 y/o female attending UC Berkeley, double majoring in chemical engineering and microbiology
- As Margo, you are known to have a "Type A" personality with extremely high perfectionistic ideals. You are part of a family of doctors and there are high expectations on you to also go become not *just* a doctor, but a physician scientist (MD/PhD). As such, you are also **not** previously diagnosed with any mental disorders as you have taken it upon yourself to presume a "perfect daughter" role.
  - As a downside, you typically self-harm, by cutting yourself horizontally along the upper thigh once "things get too stressful."
  - **As the actor, you can choose to make this an active venous bleed to challenge the EMT's on arrival!!**
- Today, you have decided that your current 3.88 GPA is not going to cut it for your future career, and feel as though you are a disappointment to your family and ancestors. As such, **you have attempted suicide by taking 80 tablets of xanax** (a benzodiazepine that acts as an antianxiety medication) that you got "from a friend".
  - **DO NOT tell the EMT's that you have taken 80 tablets, instead lead them into having a conversation with you, until Margo feels comfortable enough to share that you have attempted suicide!!**
- **You are still conscious but called 911 due to a change of heart.**
  - You claim to be struggling to breath, and feel drowsy
- Try leaning against the wall while sitting on the floor
  - Pretend that you are against a bed while on your bedroom floor.
  - Try to sound tired
- Have a flat affect (meaning monotone voice) to mimic the lack of wanting to be alive.
  - **Slowly** as you are being examined by EMT's, begin showing the following (try doing this BEFORE the end of the EMT assessment)
    - Start bobbing your head, as if it is too difficult to keep your head up
    - Start swaying side to side as if you may tip over (at some point lay on the floor to indicate that you have become unconscious)
- If you are asked SAMPLE History questions BEFORE you decide to decompensate, refer to the **Secondary Assessment** section of the chart below for your lines! You can decide to decompensate at any moment though.

<b>SCENARIO SET-UP WITH DISPATCH</b>
--------------------------------------

\*\*\* Once EMT's are ready, continue below in a step by step fashion, this follows DIRECTLY with the *patient management* document made for you BELOW!! Use it as a guide to assess EMT's  
\*\*\*

1. BMRC Unit (group #), respond to 2400 Durant Avenue — female, early-20s, reportedly experiencing a mental health crisis. Caller states she requires immediate aid, but will not elaborate. Law enforcement en route.
  
2. You currently have the following in your medical/trauma kit
  - a. Complete oxygen setup
  - b. Soft restraints
  - c. BGL Monitor
  - d. Vital sign equipment (BP cuff, stethoscope, pulse oximeter, flashlight)

***This chart was modified to be used ONLY for the psychiatric/behavioral scenarios at BMRC, NOT trauma scenarios***

	Points Possible	Points Awarded
Takes or verbalizes standard precautions <ul style="list-style-type: none"> <li>- "BSI scene safety" or...</li> <li>- "Standard precautions, scene safety"</li> </ul>	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe <ul style="list-style-type: none"> <li>• "Berkeley Police Department has arrived on scene due to concerns of safety, and has ensured the scene is safe, they are also in the room with you and the patient"</li> </ul>	1	
Determines if the call is due to a MOI or NOI (mechanism of injury vs. nature of illness)	1	
Determines the number of patients	1	
Requests additional help <b>if</b> necessary (upgrading to ALS)	1	
Considers (does NOT mean they <i>will</i> apply) stabilization of the spine	1	
<b>PRIMARY ASSESSMENT</b>		
Verbalizes BACK to the proctor the general impression <ul style="list-style-type: none"> <li>- <b>age, sex, is it a medical or trauma call, Chief Complaint that they would write on PCR, they must ask "are there</b></li> </ul>	1	

<p><b>any immediate life threats that I can see”</b></p> <ul style="list-style-type: none"> <li>- “There are no immediate life-threats, although that is only from a brief inspection without proper assessment”</li> </ul>		
<p>Determines AVPU (alert &amp; orientation status, responds to verbal, responds to pain, unresponsive) <b>must give the right number!! A/Ox4 for example</b></p> <ul style="list-style-type: none"> <li>- “Margo is alert oriented to you and your team, you noticed that she <i>was</i> speaking with an officer on scene before you entered the room.”</li> <li>- <b>Don't say out loud</b> but they are (A/Ox4), since they are aware of their surroundings, oriented, and responding to verbal.</li> </ul>	1	
<p><b>*** Assess airway and breathing!!! ***</b> (THIS IS NOT VITALS! They are assessing patient status to check if they require rapid transport or not!!)</p> <ul style="list-style-type: none"> <li>- Assessment of airway patency (1 pt) <ul style="list-style-type: none"> <li>- “The airway is patent, though she is talking in a pressured manner and speaking slowly.”</li> </ul> </li> <li>- Assures adequate ventilation: this is done by assessing the rate and tidal volume (1 pt) <ul style="list-style-type: none"> <li>- “Rate is 10 breaths/minute, with inadequate tidal volume</li> </ul> </li> <li>- Pulse Oximetry (“can I get O2 sats”) <b>must do BEFORE initiating treatments</b> <ul style="list-style-type: none"> <li>- The Pulse Oximeter reads 89% on Room Air</li> </ul> </li> <li>- Initiates appropriate oxygen therapy, applying either NRB, Nasal cannula or BVM to maintain SpO2 above or at 94% (1 pt) <ul style="list-style-type: none"> <li>- <b>Don't say out loud</b>, but in this case, they <b>MUST</b> apply NRB at maximum flow-rate, 15 liters/minute</li> </ul> </li> </ul>	3	
<p><b>*** Assess circulation ***</b> (THIS IS NOT VITALS! They should be assessing <b>briefly</b>)</p> <ul style="list-style-type: none"> <li>- Assess if there are any major bleedings or not, if there is, using direct pressure, pressure dressing or tourniquet. (1 pt) <ul style="list-style-type: none"> <li>- “There is no major bleeding that you can assess”</li> </ul> </li> <li>- Checks pulse: present/absent, fast/slow, regular/irregular, strong/weak (1 pt) <ul style="list-style-type: none"> <li>- <b>Don't say out loud</b>, but ensure the EMTs <u>physically</u> check the pulse!!! Must be radial. <ul style="list-style-type: none"> <li>- “Radial pulse is present, beating at a slower pace than normal with weak and regular rhythm”</li> </ul> </li> </ul> </li> <li>- Assesses the skin: color, temperature and condition, capillary refill (1 pt)</li> </ul>	3	

<ul style="list-style-type: none"> <li>- “The color is pink, with a cooler temperature than normal and normal skin conditions”</li> <li>- Ensure that the EMT’s put the back of their hand over the patients forehead to check if the skin is hot</li> </ul>		
<p>After identifying the patient condition from the Primary Assessment, the EMT’s must Identify if the patient is a priority and then they must make a transport decision</p> <ul style="list-style-type: none"> <li>- They can say “This patient is a priority patient and we are going to transport immediately”</li> <li>- OR they can say “This patient is not a priority patient and does not require immediate transport”</li> <li>- (this is known as <i>stay and play or load and go</i>)</li> </ul>	1	
<b>MODIFIED SECONDARY ASSESSMENT</b>		
<p><b>History of the present illness: (the types of questions depend on the situation!!! Refer to the patient actor sheet!!)</b>  <b>*** SINCE THE PATIENT IS ALTERED, EMT'S MUST DO RAPID HEAD-TO-TOE ASSESSMENT!!! Delegate history to partner!! The EMT's MUST perform DECAP-BTLS since patient is altered ***</b></p> <ul style="list-style-type: none"> <li>- <b>*Onset</b> = “What were you doing when you started experiencing shortness of breath? sudden or gradual?” (1 pt) <ul style="list-style-type: none"> <li>- <b>Don’t say out loud</b>, but improvise!!! However, mention that you started noticing this gradually. Remember to have the EMT’s engage in conversation with you until Margo (the character) feels comfortable to share deeper information</li> </ul> </li> <li>- <b>*Provocation</b> = “Does anything make the breathing better or worse?” (1 pt) <ul style="list-style-type: none"> <li>- “Sitting up...yeah”</li> </ul> </li> <li>- <b>*Quality</b> = “What are you feeling right now?” (1 pt) <ul style="list-style-type: none"> <li>- “Tired, just really tired.”</li> </ul> </li> <li>- <b>*Radiation</b> (THEY SHOULD NOT ASK THIS!!!) <ul style="list-style-type: none"> <li>- “What are you talking about, I mean my breath is still in my lungs.”</li> <li>- <b>Don’t say out loud</b>, but become annoyed with wrong questions</li> </ul> </li> <li>- <b>*Severity</b> <ul style="list-style-type: none"> <li>- <b>IF THEY GAVE OXYGEN:</b> “I feel less light-headed for sure.”</li> <li>- <b>IF THEY DID NOT GIVE OXYGEN:</b> “It’s getting worse... I can’t... I...” <b>PASS OUT!! Do not engage in any other questioning if they did not give oxygen beforehand, your acting is done here!</b></li> </ul> </li> <li>- <b>* (ONLY IF THEY GAVE OXYGEN BEFOREHAND) Time =</b></li> </ul>	7	

<p>“How long have you had it? Is it constant or does it happen intermittently? <u>“Has this ever happened to you before, if so what treatments have you received?”</u> (1 pt)</p> <ul style="list-style-type: none"> <li>- <b>Don’t say out loud, but IMPROVISE!</b></li> </ul> <p>- Asks clarifying questions of the signs/ symptoms <b>related</b> to the OPQRST!! Such as <b>AEIOU-TIPS!!!</b> (2 pt)</p> <ul style="list-style-type: none"> <li>- A = Alcohol, abuse of substances, ammonia</li> <li>- E = epilepsy, possible electrolyte imbalances, endocrine disorders</li> <li>- I = Infections, Inborn errors in metabolism</li> <li>- O = Overdose, Oxygen deficiencies</li> <li>- U = Uremia</li> <li>- T = Trauma, Tumor, Toxins</li> <li>- I = Insulin</li> <li>- P = psychiatric conditions</li> <li>- S = stroke, shock</li> </ul> <ul style="list-style-type: none"> <li>- <b>Don’t say out loud, but you don’t have any of these problems, except you did take xanax give to you by your friend, it is up to you to share how much.</b></li> </ul>		
<p>(S)AMPLE HISTORY (continues from first part!)</p> <ul style="list-style-type: none"> <li>- <b>*Allergies</b> = “Do you have any allergies to anything?” (1 pt) <ul style="list-style-type: none"> <li>- <b>“Yea, Im allergic to bees, and shellfish and gluten”</b></li> </ul> </li> <li>- <b>*Medication</b> = “Are you taking any medications prescribed to you by a medical doctor? Did you take these medications today?” (1 pt) <ul style="list-style-type: none"> <li>- <b>Don’t say out loud, IMPROVISE, you have a history of not wanting to seem imperfect, why need a doctor? You are not taking any medications however.</b></li> </ul> </li> <li>- <b>* Past pertinent medical history</b> = “Do you have any medical problems? Has this ever happened to you before? What was your treatment the last time this occurred?” (1 pt) <ul style="list-style-type: none"> <li>- <b>“No”</b></li> </ul> </li> <li>- <b>*Last oral intake</b> = When was the last time you ate or drank? (1 pt) <ul style="list-style-type: none"> <li>- <b>Don’t say out loud, IMPROVISE</b></li> </ul> </li> <li>- <b>*Events leading to present illness</b> = What were you doing prior to your (name the illness/ CC) (1 pt) <ul style="list-style-type: none"> <li>- <b>Don’t say out loud, IMPROVISE</b></li> </ul> </li> </ul>	5	
<b>VITALS</b>		
<p>Check all vitals (may be done separately if you have partners while the lead is handling patient themselves)</p> <ul style="list-style-type: none"> <li>- <b>*Pulse</b> (1 pt) <ul style="list-style-type: none"> <li>- <b>“Pulse is 72 beats per minute”</b></li> </ul> </li> <li>- <b>*Respiratory rate and quality</b> (1 pt)</li> </ul>	4	

<ul style="list-style-type: none"> <li>- <b>“Respiratory rate is still 13 breaths/minute</b></li> <li>- <b>Don’t say out loud</b>, but if they want the quality, have them auscultate the lungs!!! They must VERBALLY say <i>“auscultate the 2nd and 3rd intercostal spaces along the midclavicular lines, 4th and 5th intercostal spaces along the midaxillary lines, and the angles inferior to the scapula, all bilaterally”</i></li> <li>- <b>*Blood pressure (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Blood Pressure is 100/70”</b></li> </ul> </li> <li>- <b>*Skin temperature, color and condition (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Temperature is 94.6 degrees Fahrenheit with slight diaphoresis for skin signs”</b></li> </ul> </li> <li>- <b>*Pupils and pulse oximetry</b> (should have already done O2 sats before, but nice to have them again, document!!) <ul style="list-style-type: none"> <li>- <b>“Pulse oximetry still reads 92% on Room Air”</b></li> </ul> </li> <li>- <b>*Blood Glucose Reading via Glucometer</b> This is not mandatory, but if they ask for it give it. UNLESS Margo becomes altered before this section, then it is MANDATORY <ul style="list-style-type: none"> <li>- <b>“Glucometer reads 98 milligrams/deciliter”</b></li> </ul> </li> </ul>		
<b>REASSESSMENT</b>		
<p>The EMT must demonstrate reassessment of the patient to determine any changes in:</p> <ul style="list-style-type: none"> <li>- LOC (level of consciousness) and GCS <b>every 15 minutes in stable patients</b> or <b>every 5 minutes in unstable patients</b> or <b>as often as the patient’s condition mandates!!</b></li> </ul> <p><b><u>BELOW ARE THE VITALS AFTER REASSESSMENT</u></b></p> <ul style="list-style-type: none"> <li>- <b>*Pulse (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Pulse is 68 beats per minute”</b></li> </ul> </li> <li>- <b>*Respiratory rate and quality (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Respiratory rate is 13 breaths/minute</b></li> <li>- <b>Don’t say out loud</b>, but if they want the quality, have them auscultate the lungs!!! They must VERBALLY say <i>“auscultate the 2nd and 3rd intercostal spaces along the midclavicular lines, 4th and 5th intercostal spaces along the midaxillary lines, and the angles inferior to the scapula, all bilaterally”</i></li> </ul> </li> <li>- <b>*Blood pressure (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Blood Pressure is 110/80”</b></li> </ul> </li> <li>- <b>*Skin temperature, color and condition (1 pt)</b> <ul style="list-style-type: none"> <li>- <b>“Temperature is 95 degrees Fahrenheit, skin signs have returned to normal”</b></li> </ul> </li> <li>- <b>*Pupils and pulse oximetry</b> (should have already done O2</li> </ul>	1	

<p>sats before, but nice to have them again, document!!)</p> <ul style="list-style-type: none"> <li>- "Pulse oximetry still reads 92% on Room Air"</li> </ul> <p>- <b>*Blood Glucose Reading via Glucometer</b> This is mandatory!! As the patient is altered.</p> <ul style="list-style-type: none"> <li>- "Glucometer still reads 98 milligrams/deciliter"</li> </ul>		
<b>VERBAL REPORT</b>		
<p>Must give a handoff to the in-hospital nurse/doctor that is receiving the patient</p> <ul style="list-style-type: none"> <li>- If the EMT is confused on how to do it, tell them how to NOT let them struggle!! <ul style="list-style-type: none"> <li>- <b>Age,</b></li> <li>- <b>Gender,</b></li> <li>- <b>Chief Complaint,</b></li> <li>- <b>HISTORY</b> of the chief complaint,</li> <li>- <b>Vital Signs,</b></li> <li>- <b>Treatments and RESPONSE</b> to treatment</li> </ul> </li> </ul>	1	

# Psychiatric Emergency Scenario #3

## 18 YOF, Panic Attack

Scenario Set Up	<p><b>Equipment:</b> Oxygen is NOT indicated in this scenario. Students will need a blood pressure cuff, stethoscope, and pulse oximeter.</p> <p>The patient is an 18 YOF Berkeley student experiencing an anxiety attack in her dorm room. She is seated on the floor, visibly distressed after recently failing an organic chemistry exam and having an argument with her boyfriend. The patient should appear anxious, tearful, and overwhelmed, with rapid breathing, clutching her chest, and repeatedly stating that she “can’t breathe.” She may have trembling hands, a shaky voice, and difficulty focusing on questions. There are no bystanders, the patient called 911.</p>
Dispatch	18 YOF, complaining of difficulty breathing
Scene Size Up	<ul style="list-style-type: none"> <li>● Scene is safe</li> <li>● Patient found sitting on the ground, no bystanders</li> <li>● No obvious trauma</li> <li>● Patient appears distressed and breathing very fast</li> </ul>
Pertinent Primary Assessment Findings	<p>AO×4</p> <p><b>A</b> - Patent, speaking but in short bursts</p> <p><b>B</b> - 27 breaths/min, shallow. Normal lung sounds. SPO2 95%</p> <p><b>C</b> - Warm skin, under 2 seconds cap refill, pulse: 115 regular</p>
Pertinent Secondary Assessment Findings	<p>S-Difficulty breathing, chest pain</p> <p>A- No known allergies</p> <p>M - Ativan, but did not take today</p> <p>P - History of panic attacks</p> <p>L - Coffee and a yogurt bowl</p> <p>E - Failed her exam and got into a fight with her boyfriend</p> <p>(For chest pain)</p> <p>O- “It started suddenly after I got my exam grade and started arguing with my</p>

	<p>boyfriend.”</p> <p>P- Slightly better when someone reassures her or coaches her breathing</p> <p>Q- “It feels tight and squeezing, like pressure in my chest”</p> <p>R- Does not radiate, only in chest</p> <p>S- 5/10, more of a tight feeling</p> <p>T- About 10 minutes ago</p>
Vitals	BP: 128/78 , HR: 115, RR: 27 (rapid, shallow);, BGL: 98, SPO2: 95%
Treatments	<ul style="list-style-type: none"> <li>- Reassure patient</li> <li>- Calm coaching of breathing</li> <li>- Position of comfort</li> <li>- Monitor vitals</li> </ul>
Key Points	Oxygen is NOT indicated: SpO2 is adequate. With hyperventilation suspect hypocapnia (low CO2). It is better to coach a patient with their breathing instead of resorting to oxygen.
Bonus Questions	1. Why is oxygen not indicated for this patient?