

[MONDAY] Trauma Care Scenarios

21 YOM w/ E Scooter Collision (laceration + obvious arm deformity)

Scenario Set Up	<p>You are a 21-year-old male who was rushing to class on an electric scooter while rushing to class, hit a pile of rocks, and flew off. You landed in the middle of a busy intersection in front of MLK Union, and are screaming in pain. You have a deep, spurting laceration to your right thigh with significant bleeding and an obvious deformity to your left forearm.</p> <p>Traffic is actively passing and creating a dangerous scene and a crowd has gathered.</p>
Dispatch	Respond C3 to electric scooter collision
Scene Size Up	Pt laying in the middle of a busy road, screaming in pain.
Pertinent Primary Assessment Findings	<p>AVPU - Alert A&O X 4</p> <p>X - spurting red blood from right thigh (if EMT applies pressure – bleeding does not stop with direct pressure)</p> <p>A - patent, talking and screaming</p> <p>B - rapid but not labored @ 26, clear bilateral lung sounds</p> <p>C - Skin signs – pale, cool, diaphoretic. Pulse – rapid and weak</p> <p>Cap refill - 3 seconds</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>A - none</p> <p>M - none</p> <p>P - none</p> <p>L - breakfast bagel on the way to class</p> <p>E - “I was riding my scooter because I was late to class, and suddenly I hit a rock and flew into the street. I was wearing a helmet though!”</p>

	<p>OPQRST – right thigh O – When I hit the ground P – Hurts more when you touch it Q – Sharp and burning R – stays right here in my thigh S – “10!! It HURTS” T – the longer it bleeds the worse it hurts</p> <p>Head to Toe</p> <ul style="list-style-type: none"> - Severe deformity in left arm - Right thigh – 6-7 cm deep laceration, spurting bright-red blood - CSM intact - Everything else normal
Vitals	<p><i>Indicate the patient's vital signs-> add a second set if necessary for after initial treatment</i></p> <p>BP: 118/80, HR: 129 , RR: 26 , BGL: 106, SPO2: 96</p>
Treatments	<ul style="list-style-type: none"> - Scene safety – verbalize traffic control - C-spine protection - Direct pressure + tourniquet application to thigh - Oxygen via NRB - Splinting of forearm - Rapid transport/treatment for shock (position of comfort, oxygen, regulated temperature via blanket) - Reassess vitals every 5 mins
Key Points	<ul style="list-style-type: none"> - Massive hemorrhage control takes priority over splinting - High speed ejection – spinal precautions - Always check CSM before + after splinting - Do not delay transport
Bonus Questions	<ul style="list-style-type: none"> - Where does bright red, spurting blood originate from? – Arteries - What would bleeding from the veins present as? — darker red, oozing blood - What documentation is critical when using a tourniquet? – Time tourniquet was applied

24 YOF Unconscious - Fall from Ladder

Scenario Set Up	<p>Equipment: backboard, C-collar, O2, NRB, tourniquet, pressure dressings</p> <p>PROCTOR: Pt is found face down in a garden. A neighbor called 911 after seeing her fall off a 10ft ladder while cleaning gutters.</p>
Dispatch	Respond to a 24-year-old female, unconscious after a fall from a ladder.
Scene Size Up	Pt prone in dirt, ladder tilted against the house. No immediate threats.
Pertinent Primary Assessment Findings	<p>AVPU - P (painful stimuli only - moans)</p> <p>X - spurting red blood from right forearm (if EMT applies pressure – bleeding does not stop with direct pressure)</p> <p>A - airway patent but snoring (consider OPA/NPA)</p> <p>B - rapid/shallow (24/min)</p> <p>C - pale/cool/clammy. weak radial pulse, cap refill 3 sec</p>
Pertinent Secondary Assessment Findings	<p>A - unknown by neighbor</p> <p>M - unknown by neighbor</p> <p>P - unknown by neighbor</p> <p>L - breakfast 2 hrs ago</p> <p>E - falling from the ladder</p> <p>Cannot obtain OPQRST</p> <p>H2T</p> <ul style="list-style-type: none"> ● large frontal hematoma, sluggish pupils <ul style="list-style-type: none"> ○ has coup-contrecoup injury ● assume C-spine tenderness, no JVD or trac dev ● CSM: distal pulses present but weak
Vitals	<p>BP: 90/60 (decreases as scenario continues → decompensated shock)</p> <p>HR: 110</p> <p>RR: 24</p> <p>SpO2: 91%</p>
Treatments	<ul style="list-style-type: none"> ● C-spine stabilization (immediate!) ● apply tourniquet to right arm (direct pressure failed) ● high-flow O2 via NRB (15 LPM)

	<ul style="list-style-type: none"> ● rapid transport/treatment for shock (BLOT - position of comfort, oxygen, regulated temperature via blanket) ● reassess vitals every 5 mins
Key Points	<ul style="list-style-type: none"> ● the patient fell vertically, which is an indicator for potential spinal injury (axial loading) ● must verbalize the decision to use a backboard versus just a C-collar based on ALCO (check CSM before and after immobilization) ● if arterial bleed is present, it must be addressed before airway/breathing
Bonus Questions	<p>The patient has Coup-Contrecoup injuries. Can you explain what that means?</p> <ul style="list-style-type: none"> ● coup: brain hits the front of the skull (initial impact) ● contrecoup: brain rebounds and hits the opposite side (back of skull) <p>Based on ALCO trauma triage, is this a Red or Yellow patient? Red</p> <p>According to the ALCO protocol, what are three high-risk factors that would automatically require SMR (spinal restriction) for this pt?</p> <ul style="list-style-type: none"> ● high MOI (fall from >3 ft) ● AMS ● potential axial loading (vertical nature of fall → compressive force)