How to use the scenarios:

- The following scenarios are scripts for the “patient” while practicing scenarios.

- The patient **must** read over the scenario information **prior** to starting the assessment.

- Once familiar with the scenario, the patient must do their best to act accordingly to the script.
  - For example, if the script says “Alert”, the patient should **act** alert in answering questions correctly. Do not state “Alert” when the EMT assess mental status.

- The patient **must** use the scripted information in their responses, do not add to the scenario.

- The EMT practicing should only be given information after properly stating what they are assessing or ask for specific information.

- The EMT should conduct their assessment as they would with a real patient. Practicing professionalism and competence is essential for success.

- Practicing using the time limit specified for each scenario.

- The scenarios have information in shaded boxes. This indicates information the **EMT must verbalize** to correctly perform and manage the assessment.

- The items listed in **“Treatment & Interventions”** should be initiated by the EMT. If these are not completed before giving a report, review the topics in relation to the assessment at the conclusion of the scenario.
### Patient Assessment

#### Medical or Trauma

<table>
<thead>
<tr>
<th>Description of the call (Time limits)</th>
<th>Sex of patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>The dispatch time and information of the call will be found here</td>
<td></td>
</tr>
</tbody>
</table>

#### BSI:

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Promt to be read to EMT</td>
<td>S:</td>
<td>EMT must decide</td>
<td>B:</td>
</tr>
<tr>
<td>E:</td>
<td>Promt to be read to EMT</td>
<td>x</td>
<td>Promt to be read to EMT</td>
<td>E:</td>
</tr>
<tr>
<td>N:</td>
<td>Promt to be read to EMT</td>
<td>P:</td>
<td>Promt to be read to EMT</td>
<td>L:</td>
</tr>
<tr>
<td>M:</td>
<td>EMT must decide</td>
<td>Q:</td>
<td>Promt to be read to EMT</td>
<td>L:</td>
</tr>
<tr>
<td>A:</td>
<td>EMT must decide</td>
<td>R:</td>
<td>Promt to be read to EMT</td>
<td>S:</td>
</tr>
<tr>
<td>N:</td>
<td>EMT must decide</td>
<td>S:</td>
<td>Promt to be read to EMT</td>
<td>R:</td>
</tr>
</tbody>
</table>

#### Primary

<table>
<thead>
<tr>
<th>Physical</th>
<th>EMT must determine if TX is needed and how</th>
</tr>
</thead>
<tbody>
<tr>
<td>B:</td>
<td>Head: Promt to be read to EMT</td>
</tr>
<tr>
<td>C:</td>
<td>Neck: Promt to be read to EMT</td>
</tr>
<tr>
<td>D/D:</td>
<td>Abdominal: Promt to be read to EMT</td>
</tr>
<tr>
<td>E:</td>
<td>Lower: Promt to be read to EMT</td>
</tr>
<tr>
<td>F:</td>
<td>Upper: Promt to be read to EMT</td>
</tr>
<tr>
<td>G:</td>
<td>Back: Promt to be read to EMT</td>
</tr>
</tbody>
</table>

**Indicates areas or information that must be stated by the EMT before receiving information or moving on in the assessment.**

**Indicates information in the scenario that has a footnote with further explanation.**
# Medical

**Description:** Choking (15 minute Time limit)

---

**Patient Assessment**

<table>
<thead>
<tr>
<th>#1 Medical</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BSI:** Gloves, Goggles

<table>
<thead>
<tr>
<th>P:</th>
<th>Safe</th>
<th>S:</th>
<th>Hoarseness in voice</th>
</tr>
</thead>
<tbody>
<tr>
<td>E:</td>
<td>None</td>
<td>O:</td>
<td>Sudden</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>Nothing makes it better</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of illness</td>
<td>Q:</td>
<td>I still feel like I’m choking, tightness</td>
</tr>
<tr>
<td>A:</td>
<td>No indication for ALS at this time</td>
<td>R/R:</td>
<td>Neck</td>
</tr>
<tr>
<td>N:</td>
<td>No Indication for SMR at this time</td>
<td>S:</td>
<td>7</td>
</tr>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td>T: 7 minutes</td>
</tr>
<tr>
<td>G.I.:</td>
<td>Pt standing, coughing, holding (his/her) throat</td>
<td>A/A:</td>
<td>PCN, shrimp / 59yo</td>
</tr>
<tr>
<td>L.T.:</td>
<td>Coughing and beating his chest like he is choking</td>
<td>M:</td>
<td>Epi-Pen in my bag</td>
</tr>
<tr>
<td>AVPU:</td>
<td>Alert but can barely speak</td>
<td>P:</td>
<td>None</td>
</tr>
<tr>
<td>C/C:</td>
<td>I’m choking</td>
<td>L:</td>
<td>10 min ago</td>
</tr>
<tr>
<td>A:</td>
<td>Partial obstruction → Full obstruction</td>
<td>E:</td>
<td>Grubbin’ this Lomo Saltado with my family</td>
</tr>
</tbody>
</table>

**Treatment & Interventions:**

- Encourage to cough → ABD thrust → Dislodged Shrimp
- EMT must determine if TX is needed and how
- **Physical**
- **Action:** Vasoconstrictor, Brochodilator
- **Indications:** Anaphalatic Shock
- **Contraindications:** None
- **How to administer oxygen for this patient**
- **Abdominal: How to properly deliver abdominal thrusts**
- **NRB @ 15 LPM**
- **Head:** Hives, you hear hoarseness in patient’s voice
- **Neck:** Hives, Accessory Muscle Use
- **Chest:** Hives, Accessory Muscle Use
- **How to administer oxygen for this patient**
- **Abdominal: How to properly deliver abdominal thrusts**
- **DID: None**
- **Pelvis:**
- **Lower:**
- **Upper:**
- **DID:**
- **Pelvis:**
- **E:** EMT should expose chest and neck
- **F: Signs of anaphylaxis: stridor/wheeze + hives and activate ALS**
- **G: ALS, Code 3, MAR**
- **Back:** Hives
- **EMT must give report once ALS arrives**

**Additional Information:**

- **PCN = penicillin**

---

**Still Alarm @1320:** You and your partner are on shift ordering lunch at El Pollo Inka. You suddenly hear a man choking and people yelling for help.
**Patient Assessment**

---

**Dispatch @0417: EMS 10 respond to a chest pain at a private residence, pt is located in the back guest house.**

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>S:</td>
<td>&quot;Levine’s Sign&quot;, nausea, &amp; vomiting</td>
<td>B:</td>
<td>98/60</td>
</tr>
<tr>
<td>E:</td>
<td>None</td>
<td>O:</td>
<td>Sudden</td>
<td>E:</td>
<td>PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>When I move it gets worse</td>
<td>L:</td>
<td>Clear, bilaterally</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of Illness</td>
<td>Q:</td>
<td>Elephant sitting on my chest</td>
<td>L:</td>
<td>A/O x 3</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS based off dispatch of CP</td>
<td>R/R:</td>
<td>&quot;epigastric region&quot; radiating to jaw</td>
<td>S:</td>
<td>Pale, Cool, Diaphoretic</td>
</tr>
<tr>
<td>N:</td>
<td>No Indication at this time</td>
<td>S:</td>
<td>5</td>
<td>R:</td>
<td>24 NTV</td>
</tr>
</tbody>
</table>

**Primary**

| T: | 45 min | P: | 54 weak | 60 weak |

**G.I.:** PT is sitting clutching (his / her) chest | A/A: | NKA / 74yo | Treatment & Interventions:|

**L.T.:** None | M: | **NTG, Atenolol, ASA** |

**AVPU:** Alert | P: | MI 2 yrs ago, Pacemaker, **CAD** |

**C/C:** My chest hurts, I feel super nauseated | L: | 14 hours ago | DICE, 6 |

**A:** Patent | E: | I was asleep and the pain woke me |

**Physical**

EMT must determine if TX is needed and how

**Nitroglycerin action, indications, contraindications and administration**

**Aspirin action, indications, contraindications and administration**

**How & When to reassess pain for this patient**

**Cardiogenic vs Hypovolemic shock**

**EMT must give report when ALS arrives**

**B:** Increased rate w/NTV : Sp02 95% | Head: | No signs of trauma |

**Neck:**

**C:** CRT: >2, NO Bleeding, HR: slow, Skin: Pale, cool, diaphoretic | Chest: | Zipper Scar |

**Abdominal:**

**D/D:** None | Pelvis: |

**E:** EMT should expose the chest | Lower: |

**F:** Signs of MI; ALS vs STEMI CTR ETAs | Upper: |

**G:** ALS, Code 3, STEMI | Back: |

---

**Notes:**

- **Levine’s Sign = clutching of the chest in pain**
- **CAD = Coronary Artery Disease**
- **Epigastric Region is at the midline slightly below the xiphoid process. Patient may complain of their discomfort as heart burn or nausea**
- **NTG = Nitroglycerin  ASA = Aspirin**
- **atenolol** A common blood pressure medication; it is a beta-blocker
### Patient Assessment

**Dispatch @1820:** EMS 10 Respond to Mimi’s Café for a fall. The caller stated the patient slumped over at the table for some time and now can’t really pronounce words correctly.

### Notes
- **BSI:** Gloves, goggles
- **Secondary:** EMT should state to ask PT’s friend
- **Vitals:**
  - (1) 162/88
  - (2) 170/86
- **Primary:**
  - T: 10 minutes ago
  - P: 68 strong
- **G.I.:** Patient is sitting up right but (he/she) slow to tracking you as you enter the room
- **L.T.:** None
- **AVPU:** Alert but having a hard time pronouncing words
- **C/C:** I feel weak and tingling throughout my left side
- **A:** Patent
- **B:** Increased rate and shallow
- **NRB @ 15 lpm**
- **C:** CRT: >2, NO Bleeding, HR: slow, Skin: Pale, cool, diaphoretic
- **Shock Management**
  - **D/D:** Speech deficits → **“should assess for F.A.S.T.”**
  - **E:** Briefly expose the left side of body
  - **F:** Signs of stroke; ALS vs Stroke Ctr ETAs
  - **G:** ALS, Code 3, Stroke center

### Treatment & Interventions:
- **EMT must explain:**
  - how to administer oxygen for this patient
  - CVA vs TIA
  - how to assess F.A.S.T.
- **EMT must give report once ALS arrives**
- **EMT must determine if TX is needed and how to obtain information from family/friends/bystanders**

### Physical
- **Head:** difficulty speaking; slight facial droop
- **Neck:**
- **Chest:**
- **Abdominal:**
- **Pelvis:**
- **Lower:**
- **Upper:**

---

**FAST** = Cincinnati stroke scale
## Patient Assessment

### #4  Medical

**Description:** Diabetic Emergency (15 minute Time limit)  
**Sex:** M or F

---

**Dispatch @1015:** EMS 10 respond to a private residence for weakness, caller states (he / she) doesn’t “feel right”.

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>PT is weak and poor perfusion</td>
<td>B:</td>
<td>116/82</td>
<td>112/78</td>
</tr>
<tr>
<td>E:</td>
<td>Dog barking at the door</td>
<td>Gradual</td>
<td>E:</td>
<td>PEARRL</td>
<td>PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>Standing up or moving around makes it worse</td>
<td>L:</td>
<td>Clear, Bilaterally</td>
<td>Clear, Bilaterally</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of illness due to weakness</td>
<td>No energy and really thirsty</td>
<td>L:</td>
<td>A/O x 3</td>
<td>A/O x 3</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS due to weakness</td>
<td>All over</td>
<td>S:</td>
<td>Pale, Cool, Clammy</td>
<td>Pink, Cool, Dry</td>
</tr>
<tr>
<td>N:</td>
<td>No indication at this time</td>
<td>I don’t know, I just don’t feel right.</td>
<td>R:</td>
<td>10 NTV</td>
<td>12 NTV</td>
</tr>
</tbody>
</table>

### Primary

| T:   | This morning | P: | 102 weak | 94 weak |

### G.I.: After opening the door for you, the PT stumble back to the couch

| A/A: | None / 56yo | Treatment & Interventions: |

### L.T.: None

| M:   | Insulin, Lipitor | EMT needs to explain the following: |

### AVPU: Alert but slow to respond

| P:   | **“DM I”**, High Cholesterol | Indications: Low blood sugar associated with ALOC |

### C/C: I feel so weak, I can barely get up

| L:   | Lunch Yesterday | Contraindications: Cant follow commands |

### A: Patent

| E:   | I woke up like this, no energy | How they would provide oxygen |

### Physical

| Head: | Indications: Low blood sugar associated with ALOC |

### Neck: **NRB @ 15 LPM**

| Contraindications: Cant follow commands |

### Chest: CRT <2sec; No bleeding; HR: rapid/weak

| Skins: pale, cool, clammy | How they would provide oxygen |

### Shock management

| Abdominal: | When they would reassess blood glucose levels |

### D/D: Pt cant stand on his own

| Pelvis: | EMT must give report once ALS arrives |

### E: Expose head to rule out trauma

| Lower: | |

### F: should decreased mental status and check blood sugar, ALS vs M.A.R. ETAs

| Upper: | |

### G: ALS, Code 3, M.A.R.

**“DM I”** Diabetes Mellitus: Type 1
**Patient Assessment**

**Dispatch @1600: EMS 10 respond to a local convenience store for a 24 yo male in respiratory distress.**

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>Pt has poor respirations</td>
<td>B:</td>
<td>130/98</td>
<td>138/92</td>
</tr>
<tr>
<td>E:</td>
<td>Busy parking lot</td>
<td>Sudden</td>
<td>E:</td>
<td>PEARRL</td>
<td>PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>Leaning forward helps</td>
<td>L:</td>
<td>A/O x 3</td>
<td>A/O x 3</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of illness</td>
<td>Ike I cant get air out</td>
<td>L:</td>
<td>Wheezing</td>
<td>Clear</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS due to resp. distress</td>
<td>Chest/moves to throat</td>
<td>S:</td>
<td>Pale, Warm, Dry</td>
<td>Pink, warm, dry</td>
</tr>
<tr>
<td>N:</td>
<td>No indication at this time</td>
<td>6</td>
<td>R:</td>
<td>32 Labored</td>
<td>24 NTV</td>
</tr>
</tbody>
</table>

**Primary**

| T: | 10 min ago | P: | 94 S/R | 116 S/R |

**G.I.:** Pt is sitting in a chair tripoddling

**A/A:** None / 24yo

**L.T.:** None

**AVPU:** Alert

**M:** Albuterol, Mens One-A-Day

**A:** Patent

**C/C:** I can’t really breath, chest feels real tight

**R/R:** Chest/moves to throat

**E:** I was running to work so I wouldn’t be late

**Treatment & Interventions:**

EMT needs to explain the following:

- **Physical:** EMT must determine if TX is needed and how
- **B:** Rapid w/audible wheezes
- **Head:** Indications: difficulty breathing with wheezes
- **NRB @ 15 LPM**
- **Neck:** Contraindications: Can’t follow simple commands, exceeded Rx
- **C:** CRT <2 sec; No Bleeding; HR s/r
- **Chest:** Normal. No Rash or trauma
- **Abdominal:** How they would provide oxygen
- **D/D:** None
- **Pelvis:**
- **E:** Expose the chest
- **Lower:**
- **F:** high priority patient, NRB due to resp. distress; ALS vs Hosp ETAs
- **Upper:**
- **G:** ALS, CODE 3, M.A.R.

**Back:** EMT must give report once ALS arrives
**Patient Assessment**

<table>
<thead>
<tr>
<th>#6</th>
<th>Medical</th>
</tr>
</thead>
</table>

**Dispatch @1230**: EMS 10 respond to the county fair for a female in respiratory distress.

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>S:</td>
<td>Possible anaphylaxis</td>
<td>B:</td>
<td>92/46</td>
</tr>
<tr>
<td>E:</td>
<td>102 degrees</td>
<td>O:</td>
<td>Sudden</td>
<td>E:</td>
<td>PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>It gets worse by the second</td>
<td>L:</td>
<td>Wheezes, Stridor</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of illness</td>
<td>O:</td>
<td>Hard to breath in</td>
<td>L:</td>
<td>A/O x 3</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS due to resp. distress</td>
<td>R/R: Throat</td>
<td>S: Urticaria</td>
<td>Flushed</td>
<td></td>
</tr>
<tr>
<td>N:</td>
<td>No indication at this time</td>
<td>S:</td>
<td>10</td>
<td>R:</td>
<td>30 Labored</td>
</tr>
</tbody>
</table>

**Primary**

| T: 20 min | P: 96 weak | 112 bounding |

**G.I.:**

- Pt is leaning on rail holding her throat, struggling to breath
  - A/A: Peanuts / 30yo

**L.T.:**

- Respiratory Compromise
  - M: Epi-Pen, **Lipitor**

**AVPU:**

- Alert
  - P: High cholesterol

**C/C:**

- My throat is itchy and I feel like its closing (with stridor)
  - L: Someone gave me a deep fried snack. I didn’t know it was a snickers bar.

**A:**

- Audible Stridor
  - E: we just stopped for a snack

**Physical**

**EMT must determine if TX is needed and how**

**Treatment & Interventions:**

- Epinephrine administration
  - DICE, 6 Rights
  - Action: Vasoconstrictor, Bronchodilator

**B:**

- Rapid, Labored; Wheezing
  - Head:
  - Indications: Anaphylactic Shock
  - Contraindications: None

**C:**

- CRT: > 2; No bleeding; HR: rapid/weak
  - Skin: flushed w/urticaria
  - Chest: Hives
  - How to treat shock for this patient

**Signs of anaphylactic shock**

**D/D:**

- None

**E:**

- Expose neck and chest
  - Lower:

**F:**

- Suspect anaphylaxis, ALS vs Hosp ETAs
  - Upper:

**G:**

- ALS, CODE 3, M.A.R.
  - Back:

****Lipitor**“ Common medication for high cholesterol
## Patient Assessment

**Dispatch @0130:** EMS 10 respond to a music festival for an unresponsive patient.

### Description: Overdose (15 minute limit)

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>EMT should ask friends for history</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>S:</td>
<td>Pt has poor respirations, possible od</td>
<td>B:</td>
<td>106/54</td>
<td>112/60</td>
</tr>
<tr>
<td>E:</td>
<td>Extremely low lighting</td>
<td>O:</td>
<td>Unable to obtain</td>
<td>E:</td>
<td>Pinpoint</td>
<td>PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>Unable to obtain</td>
<td>L:</td>
<td>A/O x 0</td>
<td>A/O x 2</td>
</tr>
<tr>
<td>M:</td>
<td>Nature of illness at this time, based on call type</td>
<td>Q:</td>
<td>Unable to obtain</td>
<td>L:</td>
<td>Diminished</td>
<td>Clear bilaterally</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS due to unresponsive</td>
<td>R/R:</td>
<td>Unable to obtain</td>
<td>S:</td>
<td>Pale, Warm, Dry</td>
<td>Pale, Warm, Dry</td>
</tr>
<tr>
<td>N:</td>
<td>Bring SMR due to unresponsiveness</td>
<td>S:</td>
<td>Unable to obtain</td>
<td>R:</td>
<td>6 Shallow</td>
<td>12 NTV</td>
</tr>
<tr>
<td>Primary</td>
<td>T:</td>
<td></td>
<td>Found 11 min ago</td>
<td>P:</td>
<td>116 weak</td>
<td>112 S/R</td>
</tr>
</tbody>
</table>

### G.I.: PT is propped up against a wall not moving, appears to be breathing. Security found friends of the patient and "they're on scene"

### L.T.: M: Unavailable

### AVPU: Responds to pain (grunts)

### C/C: Possible OD

### A: Patent

### B: Very slow and very shallow

### BVM @ 15 LPM

### C: CRT <2sec; No Bleeding; HR weak; Skins: Pale, cool, diaphoretic

**Shock Management**

<table>
<thead>
<tr>
<th>D/D:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>E:</td>
<td>EMT states what to expose</td>
</tr>
<tr>
<td>F:</td>
<td>EMT states field impression</td>
</tr>
<tr>
<td>G:</td>
<td>EMT states transport decision</td>
</tr>
</tbody>
</table>

**Treatment & Interventions:**

- EMT must explain the following:
  - Signs of opiate overdose
  - Naloxone administration --> 2mg IN or IM

**Physical:**

- EMT must determine if TX is needed and how

- Naloxone actions, indications, contraindications

**Personal:**

- How to administer oxygen for this patient

- How to obtain information from family/friends/bystanders

---

This scenario requires at least 3 students: 1 EMT, 1 Friend of the Patient, 1 Patient

*Friend on scene* If asked what happened: "we've been drinking all day and then my friend shot up some heroin. We were just sitting down for a bit and he just passed out." *EMT can rule out trauma*
Patient Assessment

Dispatch @1350: EMS 10 respond to 24 Hour Fitness for a female complaining of abdominal pain. She stated she is bleeding.

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>S: Vaginal bleeding, signs of hypovolemic shock</td>
<td>B: 100/72</td>
<td>88/64</td>
<td></td>
</tr>
<tr>
<td>E:</td>
<td>none</td>
<td>O: sudden</td>
<td>E: PEARRL</td>
<td>PEARRL</td>
<td></td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P: standing up makes it worse</td>
<td>L: A/O x3</td>
<td>A/O x3</td>
<td></td>
</tr>
<tr>
<td>M:</td>
<td>nature of illness</td>
<td>Q: really bad cramps, a sharp pain comes and goes</td>
<td>L: Clear bilaterally</td>
<td>Clear bilaterally</td>
<td></td>
</tr>
<tr>
<td>A:</td>
<td>no indication at this time</td>
<td>R/R: R Abdomen and pelvic region</td>
<td>S: Pale, Cool, diaphoretic</td>
<td>Pale, cool, clammy</td>
<td></td>
</tr>
<tr>
<td>N:</td>
<td>No indication at this time</td>
<td>S: 9</td>
<td>R: 28 shallow</td>
<td>20 NTV</td>
<td></td>
</tr>
</tbody>
</table>

Primary

<table>
<thead>
<tr>
<th>G.I.:</th>
<th>PT is sitting in chair crying, guarding her ABD</th>
<th>A/A: NKA / 24yo</th>
<th>Treatment &amp; Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.T.:</td>
<td>None</td>
<td>M: none</td>
<td>EMT must explain:</td>
</tr>
<tr>
<td>AVPU:</td>
<td>Alert</td>
<td>P: none</td>
<td>pertinent negatives:</td>
</tr>
<tr>
<td>C/C:</td>
<td>&quot;My stomach starting hurting just as I got to the gym. I went to the bathroom to change clothes and started bleeding&quot;</td>
<td>L: juice about 3 hours ago, I'm on a cleanse</td>
<td>When was your last menstrual period? &quot;3 months ago&quot;</td>
</tr>
<tr>
<td>A:</td>
<td>Patent</td>
<td>E: I just got to the gym, I haven't started working out</td>
<td></td>
</tr>
</tbody>
</table>

Physical

EMT must determine if TX is needed and how

<table>
<thead>
<tr>
<th>B:</th>
<th>Rapid and shallow; speaking in 2-3 words per breath</th>
<th>Head:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRB @ 15 LPM</td>
<td>Neck:</td>
<td></td>
</tr>
<tr>
<td>C:</td>
<td>CRT: &gt;2, NO active Bleeds, HR: rapid, Skin: Pale, cool, diaphoretic</td>
<td>Chest:</td>
</tr>
<tr>
<td>Shock Management</td>
<td>Abdominal: R side of ABD = guarding; tenderness</td>
<td></td>
</tr>
<tr>
<td>D/D:</td>
<td>none</td>
<td>Pelvis: blood stained shorts; no signs of trauma</td>
</tr>
<tr>
<td>E:</td>
<td>expose abdomen</td>
<td>Lower:</td>
</tr>
<tr>
<td>F:</td>
<td>high priority patient; signs of shock; ALS vs M.A.R. ETAs</td>
<td>Upper:</td>
</tr>
<tr>
<td>G:</td>
<td>ALS, Code 3, M.A.R.</td>
<td>Back:</td>
</tr>
</tbody>
</table>

EMT must give report once ALS arrives
# 9  
Trauma  
Description: Gun Shot wound (15 minute Time limit)  
Sex: Male

**Dispatch @2258:** EMS 10 respond to J's Liquor for shots fired, it was reported there is a man down.

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe, PD has secured the scene</td>
<td>S:</td>
<td>GSW, ALOC</td>
<td>B:</td>
<td>92/64 90/60</td>
</tr>
<tr>
<td>E:</td>
<td>Large crowd</td>
<td>O:</td>
<td>Unable to obtain</td>
<td>E:</td>
<td>PEARRL PEARRL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>Unable to obtain</td>
<td>L:</td>
<td>A/O x 0 A/O x 0</td>
</tr>
<tr>
<td>M:</td>
<td>Mechanism of injury</td>
<td>Q:</td>
<td>Unable to obtain</td>
<td>L:</td>
<td>Diminished on left Diminished on left</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS</td>
<td>R/R:</td>
<td>Unable to obtain</td>
<td>S:</td>
<td>Pale, cool, diaphoretic Pale, cool, diaphoretic</td>
</tr>
<tr>
<td>N:</td>
<td>Bring SMR due to man down</td>
<td>S:</td>
<td>Unable to obtain</td>
<td>R:</td>
<td>agonal agonal</td>
</tr>
</tbody>
</table>

**Primary**

| A: |  | T: | Unable to obtain | P: | 58 60 |

**G.I.:**  
**PT is sitting slumped over against the building**

**L.T.:**  
You see a bullet hole lower left chest

**AVPU:**  
Withdraws to painful stimulus

**C/C:**  
ALOC w/GSW

**A:**  
Secretions in the mouth

**Suction needed**  
Physical  
EMT must determine if TX is needed and how

**B:**  
Agonal Breaths

**BVM @ 15 LPM W/OPA**

**C:**  
CRT: >2, No active bleeds, HR: slow,  
Skin: Pale, cool, diaphoretic

**Shock Management**

**D/D:**  
None

**E:**  
Expose the whole body

**F:**  
High priority patient; Interventions provided;  
ALS vs Hosp ETAs

**G:**  
ALS, Code 3, Level I Trauma

**How to administer oxygen for this patient**

**How to identify sucking chest wound**

**How to apply a chest seal**

**How to identify Tension Pneumothorax**

**General Impression** EMT should lay the patient supine
Patient Assessment

<table>
<thead>
<tr>
<th># 10</th>
<th>Trauma</th>
<th>Description: Cheerleading Accident (15 minute limit)</th>
<th>Sex: Female</th>
</tr>
</thead>
</table>

Dispatch @1937: EMS 10 respond to a high school football stadium for a fall. FAMILY IS ON SCENE

### BSI:

- **Gloves, Goggles**
- **Secondary**
- **EMT should ask family for the following**
- **Vitals**
- | P: | S: | B: | L: |
- | SAFE | UNRESPONSIVE, SHOLDER DEFORMITY | 128/70 | A/0 X 0 |
- | E: | O: | E: | L: |
- | LARGE CROWD OF SPECTATORS | "she fell quickly, hit her head and was out" | UNEQUAL | CLEAR BILATERALLY |
- | N: | P: | L: | R/R: |
- | 1 | UNABLE TO OBTAIN | A/0 X 0 | UNABLE TO OBTAIN |
- | M: | Q: | M: | Q: |
- | MECHANISM OF INJURY | UNABLE TO OBTAIN | CLEAR BILATERALLY | CLEAR BILATERALLY |
- | A: | R/R: | S: | R: |
- | NO INDICATION AT THIS TIME | UNABLE TO OBTAIN | UNABLE TO OBTAIN | SHALLOW |
- | N: | S: | R: | 28 |
- | YES DUE TO FALL | UNABLE TO OBTAIN | SHALLOW |

### Primary:

- **T: UNABLE TO OBTAIN**

### G.I.:

- **PT IS PRONE**

### L.T.:

- APPEARS TO NOT BE MOVING

### AVPU:

- **UNRESPONSIVE**
- EMT should activate ALS
- **UNRESPONSIVE**

### C/C:

- CRT: <2, NO Bleeding, HR: RAPID, Skin: PALE, COOL, DRY

### C:

- **SHOCK MANAGEMENT**

### D/D:

- **DEFORMITY IN THE RIGHT SHOULDER**

### E:

- EXPOSE THE WHOLE PATIENT

### F:

- **HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETA**

### G:

- **ALS, CODE 3, LEVEL I TRAUMA**

---

**PRONE** EMT SHOULD HAVE A PARTNER HOLD C-SPINE TO LOG-ROLL BEFORE ASSESSING RESPONSIVENESS
<table>
<thead>
<tr>
<th><strong>Dispatch:</strong> EMS 10 RESPOND TO AVE C IN REDONDO BEACH FOR A FALL. THE PATIENT'S SIGNIFICANT OTHER IS ON SCENE</th>
</tr>
</thead>
</table>

### BSI:
- Gloves, Goggles

### Secondary
- EMT SHOULD ASK SIGNIFICANT OTHER FOR FOLLOWING INFORMATION

<table>
<thead>
<tr>
<th><strong>Vitals</strong></th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P:</strong></td>
<td>SAFE</td>
<td><strong>S:</strong> UNRESPONSIVE, SIGNS OF HYPOVOLEMIC SHOCK</td>
</tr>
<tr>
<td><strong>E:</strong></td>
<td>Bystanders and Traffic</td>
<td><strong>O:</strong> IT ALL HAPPENED SO FAST</td>
</tr>
<tr>
<td><strong>N:</strong></td>
<td>1</td>
<td><strong>P:</strong> UNABLE TO OBTAIN</td>
</tr>
<tr>
<td><strong>M:</strong></td>
<td>MECHANISM OF INJURY</td>
<td><strong>Q:</strong> UNABLE TO OBTAIN</td>
</tr>
<tr>
<td><strong>A:</strong></td>
<td>NO INDICATION AT THIS TIME</td>
<td><strong>R/R:</strong> UNABLE TO OBTAIN</td>
</tr>
<tr>
<td><strong>N:</strong></td>
<td>YES DUE TO FALL</td>
<td><strong>S:</strong> UNABLE TO OBTAIN</td>
</tr>
</tbody>
</table>

### Primary
- **T:** 4 MINUTES
- **P:** 110 strong | 116 strong

### G.I.:
- ELDERLY (M / F) LYING SUPINE AT THE BOTTOM OF THE STAIRCASE
- A/A: MORPHINE / 62yo

### L.T.:
- NONE
- **COUMADIN, METFORMIN**

### AVPU:
- **UNRESPONSIVE**
- EMT should activate ALS
- **T:** 4 MINUTES
- **P:** **TIA, DM II**

### C/C:
- UNRESPONSIVE
- **L:** breakfast 5 hours ago
- How to apply oxygen for this patient

### A:
- BROKEN TEETH
- **E:** exercising on stairs
- How to prioritize injuries

### REMOVE OBSTRUCTIONS
- Physical
- EMT must determine if TX is needed and how
- How to obtain information from family/friends/bystanders

### B:
- ADEQUATE RATE W/NTV
- Head: abrasions on left side of face
- Neck: none
- Importance of medical history and medications for this patient
- How to identify hemorrhagic shock

### C:
- CRT: <2, NO Bleeding, HR: FAST, Skin: PALE, COOL, CLAMMY
- Chest: none
- Abdominal: none

### D/D:
- ANKLE AND WRIST
- Pelvis: none

### E:
- EXPOSE THE WHOLE PATIENT
- Lower: r ankle deformity

### F:
- HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETA
- Upper: L wrist deformity

### G:
- ALS, CODE 3, LEVEL I TRAUMA
- Back: abrasions and contusions

---

**TIA** Transient Ischemic Attacks ("Mini strokes")

**DM II** Diabetes Mellitus Type 2

**Coumadin** Common blood thinner

**Metformin** Diabetic medication
**Patient Assessment**

### Description: Explosion (15 minute time limit)

Dispatch @1345: EMS 10 respond to an explosion at a welding site. The patient was exposed to flames, reported by the supervisor.

<table>
<thead>
<tr>
<th>BSI:</th>
<th>Gloves, Goggles</th>
<th>Secondary</th>
<th>EMT should ask supervisor for any information on the patient</th>
<th>Vitals</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Safe</td>
<td>S:</td>
<td>unresponsive, burns</td>
<td>B:</td>
<td>110/64</td>
<td>116/70</td>
</tr>
<tr>
<td>E:</td>
<td>Heavy equipment, flammable hazards, trip hazards</td>
<td>O:</td>
<td>unable to obtain</td>
<td>E:</td>
<td>Unequal</td>
<td>UNEQUAL</td>
</tr>
<tr>
<td>N:</td>
<td>1</td>
<td>P:</td>
<td>unable to obtain</td>
<td>L:</td>
<td>A/O X 0</td>
<td>A/O X 0</td>
</tr>
<tr>
<td>M:</td>
<td>Mechanism of injury</td>
<td>Q:</td>
<td>unable to obtain</td>
<td>L:</td>
<td>CLEAR BILATERALLY</td>
<td>CLEAR BILATERALLY</td>
</tr>
<tr>
<td>A:</td>
<td>Activate ALS</td>
<td>R/R:</td>
<td>unable to obtain</td>
<td>S:</td>
<td>PALE, HOT, DRY</td>
<td>PALE, HOT, DRY</td>
</tr>
<tr>
<td>N:</td>
<td>Bring SMR due explosion</td>
<td>S:</td>
<td>unable to obtain</td>
<td>R:</td>
<td>8 SHALLOW</td>
<td>10 SHALLOW</td>
</tr>
</tbody>
</table>

### Primary

T: "I heard a loud bang about 12 minutes ago"

### G.I.: Patient laying on (his/her) side with helmet on and clothes intact

### L.T.: None

### AVPU: Unresponsive

### C/C: UNRESPONSIVE W/ BURNS AND SOOT AROUND MOUTH

### A: PATIENT BUT SHOULD SUSPECT UNSTABLE AIRWAY DO TO POSSIBLE FLAME INHALATION

### EMT must explain:

**TREATMENT & INTERVENTIONS**

**HOW TO ADMINISTER OXYGEN FOR THIS PATIENT**

**HOW TO TREAT THERMAL BURNS: REMOVE FROM ENVIRONMENT, REMOVE CLOTHING OR OBJECT, THEN COOL EFFECTED AREA**

**HOW TO ADMINISTER OXYGEN FOR THIS PATIENT**

**HOW TO TREAT THERMAL BURNS: REMOVE FROM ENVIRONMENT, REMOVE CLOTHING OR OBJECT, THEN COOL EFFECTED AREA**

**HOW TO TREAT THERMAL BURNS: REMOVE FROM ENVIRONMENT, REMOVE CLOTHING OR OBJECT, THEN COOL EFFECTED AREA**

### B: SLOW AND SHALLOW

### EMT must determine if TX is needed and how

**EMT must determine if TX is needed and how**

**EMT must determine if TX is needed and how**

### BVM @ 15 LPM W/NPA

### C: CRT: >2, NO Bleeding, HR: SLOW, Skin: PALE, HOT, DRY

### D/D: NONE

### E: EXPOSE THE WHOLE PATIENT

### F: HIGH PRIORITY PATIENT; INTERVENTIONS PROVIDED; ALS VS HOSP ETAs

### G: ALS, Code 3, Level I trauma

### Treatment & Interventions:

**EMT must give report once ALS arrives**