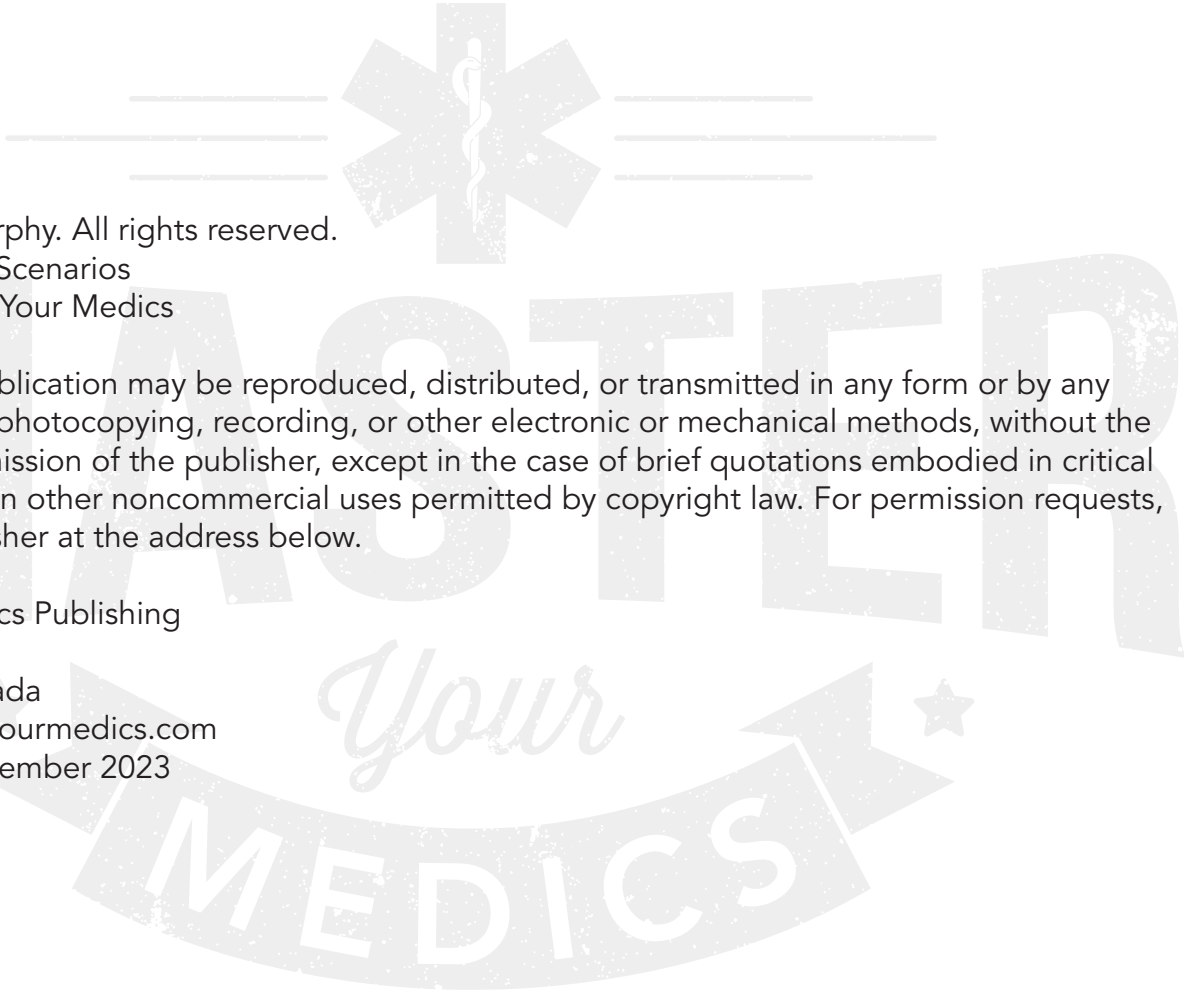


MASTER YOUR MEDICS

— FIRST EDITION —

100 PATIENT SCENARIOS

GEOFF MURPHY



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Support@Masteryourmedics.com

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AIRWAY COMPROMISE SCENARIOS

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Scenario: Foreign Body Airway Obstruction

Patient Information:

- Age: 3 years old
- Gender: Male

Moulage Required:

- Choking, cyanosis around lips

Dispatch Information:

- Caller reports a child choking after eating some small toys.

On Arrival Presentation:

- Child appears panicked, clutching throat, and unable to speak or cry.

Past Medical History:

- None

Primary Assessment Findings:

- Unable to speak or cry
- Ineffective cough, high-pitched sounds with inhalation (stridor)

Vital Signs:

- BP: Difficult to obtain due to patient's distress
- HR: 150 bpm
- RR: Difficult to assess
- SpO2: 85%
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Choking
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Small toys 10 minutes ago
- Events Leading Up: Playing with toys, suddenly began choking

EMT Level Treatment Goals:

- For a conscious child with severe airway obstruction: Back blows and chest thrusts
- Oxygen administration if obstruction is relieved
- Rapid transport

Paramedic Level Treatment Goals:

- Advanced airway management if initial maneuvers are unsuccessful
- Continuous monitoring of SpO2 and vital signs

Debrief Questions:

- Why is it crucial to differentiate between a partial and complete airway obstruction?
 - Answer: In a partial obstruction, the patient may still be able to move some air, and aggressive interventions might push the object further down. In a complete obstruction, immediate intervention is critical.
- Why is the approach to choking in children different from adults?
 - Answer: Due to anatomical differences, back blows and chest thrusts are recommended for children, while abdominal thrusts (Heimlich maneuver) are used for adults.
- What complications can arise from foreign body airway obstructions?
 - Answer: Potential complications include hypoxia, bradycardia (particularly in pediatric patients), aspiration, and injury to the airway from the foreign body or resuscitative efforts.

NOTES:

Scenario: Anaphylaxis

Patient Information:

- Age: 25 years old
- Gender: Female

Moulage Required:

- Hives, facial swelling

Dispatch Information:

- Caller reports a female having difficulty breathing after being stung by a bee.

On Arrival Presentation:

- Patient appears anxious, with widespread hives and facial swelling.

Past Medical History:

- Allergy to bee stings

Primary Assessment Findings:

- Swollen tongue and throat
- Wheezing on auscultation

Vital Signs:

- BP: 90/60 mmHg
- HR: 120 bpm
- RR: 25 breaths/min, labored
- SpO2: 90% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Difficulty breathing, hives, facial swelling
- Allergies: Bee stings
- Medications: Epinephrine auto-injector (has not used it)
- Past Medical History: Previous anaphylactic reaction to a bee sting
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Stung by a bee 15 minutes ago

EMT Level Treatment Goals:

- Assist patient with their prescribed epinephrine auto-injector
- High-flow oxygen administration
- Rapid transport

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation
- Administer epinephrine, bronchodilators, antihistamines, and steroids per protocol
- Advanced airway management if indicated
- Continuous monitoring of SpO2 and vital signs

Debrief Questions:

- Why is rapid intervention crucial in anaphylaxis?
 - Answer: Anaphylaxis can quickly progress to complete airway obstruction, severe hypotension, and cardiac arrest.
- How does epinephrine help in the management of anaphylaxis?
 - Answer: Epinephrine reverses airway swelling, promotes bronchodilation, and supports blood pressure by constricting blood vessels.
- Why might a patient with a known severe allergy not use their epinephrine auto-injector?
 - Answer: They might be in denial, not recognize the severity, be unfamiliar with how to use it, or fear using the injector.

NOTES:



Scenario: Asthma Exacerbation

Patient Information:

- Age: 17 years old
- Gender: Male

Moulage Required:

- Wheezing, use of accessory muscles to breathe

Dispatch Information:

- Caller reports a teenager having an asthma attack and difficulty breathing.

On Arrival Presentation:

- Patient appears in distress, using accessory muscles to breathe, and has audible wheezing.

Past Medical History:

- Asthma

Primary Assessment Findings:

- Audible wheezing, prolonged expiration
- Decreased breath sounds in lower lung fields

Vital Signs:

- BP: 110/70 mmHg
- HR: 105 bpm
- RR: 30 breaths/min, shallow
- SpO₂: 92% on room air
- Temperature: 98.0°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Difficulty breathing, chest tightness
- Allergies: None known
- Medications: Albuterol inhaler (used 20 minutes ago with minimal relief)
- Past Medical History: Asthma
- Last Oral Intake: Dinner 3 hours ago
- Events Leading Up: Exercising in cold air

EMT Level Treatment Goals:

- Assist patient with their prescribed inhaler if available and not recently used
- Administer oxygen and encourage patient to sit in a position of comfort
- Rapid transport if severe

Paramedic Level Treatment Goals:

- Nebulized bronchodilator treatment
- IV access and consider corticosteroids per protocol
- Continuous monitoring of SpO2 and vital signs

Debrief Questions:

- Why might cold air trigger an asthma exacerbation?
 - Answer: Cold air can cause bronchoconstriction in asthmatic individuals, leading to an exacerbation.
- How do bronchodilators help during an asthma attack?
 - Answer: Bronchodilators, like albuterol, relax the smooth muscles of the airway, leading to bronchodilation and improved airflow.
- Why is it important to monitor SpO2 during and after bronchodilator treatment?
 - Answer: It's essential to ensure the patient is improving with treatment and that oxygen saturation remains adequate. Deteriorating SpO2 might indicate a worsening condition.

NOTES:



Scenario: Epiglottitis

Patient Information:

- Age: 5 years old
- Gender: Female

Moulage Required:

- Appears ill, drooling, sitting forward ("tripod" position)

Dispatch Information:

- Caller reports a child with sudden onset difficulty breathing and drooling.

On Arrival Presentation:

- Child appears ill, sitting forward, drooling, and with muffled voice.

Past Medical History:

- None

Primary Assessment Findings:

- Stridor on inhalation, drooling, prefers sitting upright
- No coughing

Vital Signs:

- BP: 100/65 mmHg
- HR: 130 bpm
- RR: 28 breaths/min
- SpO2: 95% on room air
- Temperature: 103°F (39.4°C)

SAMPLE History Findings:

- Symptoms: Difficulty breathing, fever, drooling, muffled voice
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Refused food and drink due to pain 4 hours ago
- Events Leading Up: Symptoms started suddenly earlier in the day

EMT Level Treatment Goals:

- Stay calm and keep the child calm (crying and agitation can worsen the obstruction)
- Administer oxygen without upsetting the child
- Rapid transport; do not lay the child flat

Paramedic Level Treatment Goals:

- Be prepared for advanced airway management if the child's condition deteriorates
- Acetaminophen for fever
- Continuous monitoring of SpO2 and vital signs

Debrief Questions:

- How does epiglottitis differ from croup in presentation?
 - Answer: Both can present with stridor, but epiglottitis often has a sudden onset, high fever, drooling, and the absence of a cough. The voice might be muffled. Croup typically has a barking cough and is often preceded by cold symptoms.
- Why is it crucial not to upset or agitate a child with suspected epiglottitis?
 - Answer: Emotional upset, crying, or agitation can worsen the airway obstruction in epiglottitis
- Why might looking in the throat with a tongue depressor be contraindicated in suspected epiglottitis?
 - Answer: Manipulating the throat can cause complete airway obstruction in epiglottitis. This assessment is best left to a controlled hospital setting.

NOTES:



Scenario: Smoke Inhalation

Patient Information:

- Age: 30 years old
- Gender: Male

Moulage Required:

- Coughing, soot around nose and mouth

Dispatch Information:

- Caller reports a house fire with a male occupant who escaped but inhaled a lot of smoke.

On Arrival Presentation:

- Patient is coughing, has soot around the nose and mouth, and complains of a sore throat.

Past Medical History:

- None

Primary Assessment Findings:

- Hoarse voice, wheezing on auscultation

Vital Signs:

- BP: 120/80 mmHg
- HR: 100 bpm
- RR: 22 breaths/min
- SpO₂: 92% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Coughing, sore throat, difficulty breathing
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Dinner 1 hour ago
- Events Leading Up: Escaped from a house fire

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Monitor vital signs closely
- Rapid transport due to potential for rapid airway deterioration

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation if indicated
- Consider bronchodilators for wheezing
- Continuous monitoring of SpO₂, CO levels (if equipment available), and vital signs
- Advanced airway intervention

Debrief Questions:

- Why is high-flow oxygen crucial in smoke inhalation injuries?
 - Answer: Smoke inhalation can lead to carbon monoxide poisoning, which decreases the oxygen-carrying capacity of the blood. High-flow oxygen helps displace carbon monoxide from hemoglobin.
- What are potential complications of smoke inhalation?
 - Answer: Complications can include airway swelling, chemical burns to the airway, carbon monoxide poisoning, and cyanide poisoning.
- Why is rapid transport important even if the patient seems relatively stable initially?
 - Answer: The effects of smoke inhalation can cause delayed airway swelling and deterioration, making rapid evaluation and treatment in a hospital setting crucial.

NOTES:

CARDIAC SCENARIOS

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Scenario: Acute Myocardial Infarction (Heart Attack)

Patient Information:

- Age: 58 years old
- Gender: Male

Moulage Required:

- Pale, sweaty appearance
- Clutching chest in pain
- Dispatch Information:
- Caller reports a male complaining of chest pain and difficulty breathing.

On Arrival Presentation:

- Patient is seated on a couch, clutching his chest and appearing anxious.
- Reports sudden onset chest pain radiating to the left arm.

Past Medical History:

- Hypertension
- Diabetes Mellitus
- High cholesterol

Primary Assessment Findings:

- Alert and oriented x3
- Obvious distress with pain

Vital Signs:

- BP: 160/90 mmHg
- HR: 110 bpm
- RR: 22 breaths/min
- SpO₂: 95% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Crushing chest pain, shortness of breath
- Allergies: No known allergies
- Medications: Metformin, Lisinopril
- Past Medical History: As above
- Last Oral Intake: Breakfast 3 hours prior
- Events Leading Up: Was gardening when pain started

EMT Level Treatment Goals:

- Administer oxygen
- Place patient in a comfortable position
- Monitor vital signs closely
- Assist with nitroglycerin or aspirin if prescribed and no contraindications
- Rapid transport to a facility with cardiac capabilities

Paramedic Level Treatment Goals:

- 12-lead ECG to confirm diagnosis and identify location of MI
- IV access and fluid administration
- Administer aspirin, nitroglycerin, and fentanyl for pain relief
- Consider advanced airway management if needed
- Advanced cardiac life support (ACLS) protocols as required

Debrief Questions:

- What are the classic signs and symptoms of an acute myocardial infarction?
 - Answer: Chest pain (often described as crushing or heavy), radiation of pain to arm/jaw, shortness of breath, diaphoresis (sweating), nausea, and palpitations.
- Why is early recognition and rapid transport vital in MI patients?
 - Answer: Early recognition and treatment can minimize heart muscle damage, improving outcomes and decreasing mortality.
- What is the significance of the patient's past medical history in this scenario?
 - Answer: The patient's history of hypertension, diabetes, and high cholesterol places him at a higher risk for cardiovascular events like MI.

NOTES:

Scenario: Congestive Heart Failure (CHF) Exacerbation

Patient Information:

- Age: 72 years old
- Gender: Female

Moulage Required:

- Swollen ankles
- Labored breathing

Dispatch Information:

- Caller reports an elderly female with difficulty breathing and swollen feet.

On Arrival Presentation:

- Patient is in bed, propped up on multiple pillows, struggling to breathe.
- Reports increasing shortness of breath over the past week.

Past Medical History:

- Congestive Heart Failure
- Atrial fibrillation
- Renal insufficiency

Primary Assessment Findings:

- Alert but fatigued
- Audible wheezing

Vital Signs:

- BP: 180/100 mmHg
- HR: 110 bpm (irregular)
- RR: 28 breaths/min
- SpO₂: 88% on room air
- Temperature: 98.2°F (36.8°C)

SAMPLE History Findings:

- Symptoms: Shortness of breath, swollen ankles, fatigue
- Allergies: Sulfa drugs
- Medications: Furosemide, Warfarin, Metoprolol
- Past Medical History: As above
- Last Oral Intake: Dinner the previous night
- Events Leading Up: Increasing shortness of breath over the past week

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Position patient in a high Fowler's position (upright)
- Monitor vital signs and SpO2 closely
- Rapid transport
- Paramedic Level Treatment Goals:
- 12-lead ECG to monitor for arrhythmias
- IV access and consider diuretic administration (if protocols allow)
- Consider ASA and Nitroglycerin
- Consider CPAP
- Continuous pulse oximetry and potential non-invasive positive pressure ventilation (NIPPV) if SpO2 remains low
- Advanced airway management if required

Debrief Questions:

- What is the underlying cause of the patient's symptoms in this scenario?
 - Answer: Fluid buildup in the lungs (pulmonary edema) due to CHF exacerbation, leading to respiratory distress.
- Why is the patient's atrial fibrillation significant in this scenario?
 - Answer: Atrial fibrillation can exacerbate CHF symptoms by decreasing the heart's pumping efficiency and increasing the risk of clot formation.
- How does the medication Furosemide help patients with CHF?
 - Answer: Furosemide is a diuretic that helps remove excess fluid from the body, thereby reducing fluid buildup in the lungs and other tissues.

NOTES:

Scenario: Cardiac Arrhythmia - Ventricular Tachycardia

Patient Information:

- Age: 65 years old
- Gender: Male

Moulage Required:

- Anxious appearance

Dispatch Information:

- Caller reports a male with sudden palpitations and feeling lightheaded.

On Arrival Presentation:

- Patient is seated, appearing anxious with palpable rapid pulse.
- Reports sudden onset palpitations and lightheadedness.

Past Medical History:

- Previous myocardial infarction (heart attack)
- Coronary artery disease

Primary Assessment Findings:

- Alert and oriented x3
- Rapid and strong pulse

Vital Signs:

- BP: 90/60 mmHg
- HR: 200 bpm
- RR: 20 breaths/min
- SpO2: 97% on room air
- Temperature: 98.4°F (36.9°C)

SAMPLE History Findings:

- Symptoms: Palpitations, lightheadedness
- Allergies: Penicillin
- Medications: Aspirin, Metoprolol
- Past Medical History: As above
- Last Oral Intake: Lunch 2 hours prior
- Events Leading Up: Reading a book when symptoms started

EMT Level Treatment Goals:

- Administer oxygen
- Monitor vital signs closely
- Rapid transport
- Paramedic Level Treatment Goals:
- 12-lead ECG to confirm ventricular tachycardia
- IV access
- Consider anti-arrhythmic medications or synchronized cardioversion if unstable
- Advanced cardiac life support (ACLS) protocols

Debrief Questions:

- Why is ventricular tachycardia (VT) considered a life-threatening arrhythmia, especially in a patient with a history of myocardial infarction and coronary artery disease?
 - Answer: Ventricular tachycardia originates from the ventricles and results in a rapid heart rate that can compromise cardiac output, leading to decreased blood flow to vital organs. In patients with a history of myocardial infarction and coronary artery disease, the heart muscle may already be damaged or compromised. VT can exacerbate this, increasing the risk of cardiac arrest or progression to ventricular fibrillation, another life-threatening arrhythmia.
- What might you expect to see on a 12-lead ECG for a patient in ventricular tachycardia?
 - Answer: On a 12-lead ECG, ventricular tachycardia typically shows wide and bizarre QRS complexes occurring at a rapid rate. The rhythm may appear regular, and there will often be an absence of discernible P waves. The QRS complexes in VT are wide (>0.12 seconds) because the ventricles are activated in an abnormal sequence.
- If the patient becomes hemodynamically unstable, what is the primary treatment consideration for ventricular tachycardia?
 - Answer: If the patient with ventricular tachycardia becomes hemodynamically unstable (e.g., significantly low blood pressure, altered mental status, chest pain, heart failure), immediate synchronized cardioversion is indicated. This involves delivering a timed electric shock to the heart to restore a normal rhythm. It's crucial to ensure the defibrillator is set to "synchronized" mode to avoid the risk of inducing ventricular fibrillation.

NOTES:

Scenario: Cardiac Tamponade

Patient Information:

- Age: 58 years old
- Gender: Female

Moulage Required:

- Pale, distressed appearance

Dispatch Information:

- Caller reports a female with sudden chest pain and difficulty breathing after a minor chest injury.

On Arrival Presentation:

- Patient is lying down, appearing distressed with muffled heart sounds.
- Reports chest pain and progressive shortness of breath after accidentally being hit by a ball in the chest.

Past Medical History:

- None

Primary Assessment Findings:

- Alert but confused
- Distended neck veins

Vital Signs:

- BP: 80/50 mmHg
- HR: 120 bpm
- RR: 24 breaths/min
- SpO₂: 92% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Chest pain, difficulty breathing
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 3 hours prior
- Events Leading Up: Hit in the chest with a ball

EMT Level Treatment Goals:

- Administer oxygen
- Position patient comfortably
- Monitor vital signs closely
- Rapid transport
- Paramedic Level Treatment Goals:
- 12-lead ECG to evaluate for electrical alternans
- IV access and fluid resuscitation
- Advanced cardiac life support (ACLS) protocols

Debrief Questions:

- What are the classic signs and symptoms of cardiac tamponade?
 - Answer: Cardiac tamponade typically presents with a triad of symptoms known as Beck's triad: hypotension (low blood pressure), distended neck veins (jugular venous distention), and muffled heart sounds. Other symptoms can include tachycardia (increased heart rate) and shortness of breath.
- Why might a minor chest injury lead to cardiac tamponade in this scenario?
 - Answer: Even a minor blunt trauma to the chest can cause the pericardium (the sac surrounding the heart) to become injured and bleed. When blood accumulates in the pericardial space faster than the pericardium can stretch, it can compress the heart, preventing it from filling and pumping efficiently, leading to cardiac tamponade.
- In the context of cardiac tamponade, what is electrical alternans and why is it significant?
 - Answer: Electrical alternans refers to alternating amplitude (or height) of QRS complexes on an ECG. It's caused by the heart swinging back and forth in the accumulated fluid in the pericardial sac. The presence of electrical alternans on an ECG can be a diagnostic indicator of cardiac tamponade, though it is not always present. Recognizing this sign can aid in rapid diagnosis and treatment.

NOTES:



Scenario: Aortic Dissection

Patient Information:

- Age: 70 years old
- Gender: Male

Moulage Required:

- Pale, anxious appearance

Dispatch Information:

- Caller reports an elderly male with severe back pain and feeling faint.

On Arrival Presentation:

- Patient is lying down, appearing pale and anxious.
- Reports sudden tearing sensation in the chest and back.

Past Medical History:

- Hypertension
- Smoking

Primary Assessment Findings:

- Alert and oriented x3
- Different blood pressures in each arm

Vital Signs:

- BP (Right Arm): 160/100 mmHg
- BP (Left Arm): 110/70 mmHg
- HR: 100 bpm
- RR: 18 breaths/min
- SpO2: 96% on room air
- Temperature: 98.7°F (37.1°C)

SAMPLE History Findings:

- Symptoms: Severe back pain, tearing sensation in the chest
- Allergies: Ibuprofen
- Medications: Amlodipine
- Past Medical History: As above
- Last Oral Intake: Dinner 4 hours prior
- Events Leading Up: Sudden onset while watching TV

EMT Level Treatment Goals:

- Administer oxygen
- Monitor vital signs closely
- Rapid transport to a trauma center or hospital with cardiothoracic surgery capabilities

Paramedic Level Treatment Goals:

- 12-lead ECG to monitor for any cardiac involvement
- IV access and titrate fluids carefully
- Pain management if protocols allow
- Advanced cardiac life support (ACLS) protocols

Debrief Questions:

- What makes an aortic dissection a critical, time-sensitive emergency, and why is rapid transport to an appropriate facility essential?
 - Answer: An aortic dissection is a tear in the inner layer of the aorta, which can cause blood to flow between the layers of the aortic wall, forcing the layers apart. This condition can rapidly progress and lead to rupture of the aorta, causing life-threatening internal bleeding. Additionally, the dissection can compromise blood flow to vital organs or limbs. Rapid transport to a facility equipped to handle such emergencies, ideally a trauma center or a hospital with cardiothoracic surgery capabilities, is crucial for definitive management and surgical intervention if necessary.
- How does the finding of different blood pressures in each arm relate to the diagnosis of an aortic dissection?
 - Answer: The aorta is the main vessel that supplies blood to the body. A dissection in the aorta can lead to partial or complete occlusion of the arteries branching off from it. If the dissection involves the area near where the subclavian arteries branch off (which supply the arms), it can result in different blood pressures in each arm. This difference is a significant clinical clue that suggests the possibility of an aortic dissection.
- Why might pain management be crucial in the management of a patient with a suspected aortic dissection, and what considerations should be taken?
 - Answer: Pain can cause an increase in blood pressure and heart rate, both of which can exacerbate the dissection and potentially increase the risk of rupture. Effective pain management can help reduce this risk by keeping blood pressure and heart rate more controlled. However, care must be taken when administering pain medications, as certain drugs might drop the blood pressure too much or have other adverse effects that could complicate the patient's condition.

NOTES:

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Scenario: Ventricular Fibrillation

Patient Information:

- Age: 55 years old
- Gender: Male

Moulage Required:

- Unresponsive, pulseless

Dispatch Information:

- Caller reports a man collapsed at a gym.

On Arrival Presentation:

- Patient is unresponsive and pulseless.

Past Medical History:

- Hypertension

Primary Assessment Findings:

- No pulse, agonal breathing

Vital Signs:

- Absent

SAMPLE History Findings:

- Symptoms: Sudden collapse
- Allergies: Penicillin
- Medications: Atenolol
- Past Medical History: Hypertension
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Was running on a treadmill

EMT Level Treatment Goals:

- Start CPR immediately
- Apply AED and follow prompts

Paramedic Level Treatment Goals:

- Rapid defibrillation
- Establish IV/IO access and administer medications epinephrine, amiodarone / lidocaine
- Consider advanced airway management

Debrief Questions:

- Why is immediate defibrillation critical in ventricular fibrillation?
 - Answer: Ventricular fibrillation is a shockable rhythm. Immediate defibrillation increases the chance of restoring a perfusing rhythm and survival.
- How often should epinephrine be administered in cardiac arrest?
 - Answer: Epinephrine should be administered every 3-5 minutes during cardiac arrest.
- What are the common reversible causes of cardiac arrest?
 - Answer: The "H's and T's" - Hypoxia, Hypovolemia, Hydrogen ion (acidosis), Hyper-/Hypokalemia, Hypothermia, Toxins, Tamponade, Tension pneumothorax, Thrombosis (coronary and pulmonary).

NOTES:

Scenario: Symptomatic Bradycardia

Patient Information:

- Age: 65 years old
- Gender: Female

Moulage Required:

- Slow, irregular pulse; shortness of breath, pale skin

Dispatch Information:

- Caller reports elderly woman feeling dizzy.

On Arrival Presentation:

- Patient is alert but reports dizziness and weakness.

Past Medical History:

- Atrial fibrillation, diabetes

Primary Assessment Findings:

- Bradycardia, irregular pulse

Vital Signs:

- BP: 80/50 mmHg
- HR: 38 bpm, irregular
- RR: 18 breaths/min
- SpO2: 96% on room air
- Temperature: 36.5°C (97.7°F)

SAMPLE History Findings:

- Symptoms: Dizziness, weakness
- Allergies: None
- Medications: Metoprolol, warfarin
- Past Medical History: Atrial fibrillation, diabetes
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Started feeling dizzy while walking

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Monitor vital signs closely
- Prepare for transport

Paramedic Level Treatment Goals:

- Establish IV access
- Consider atropine or transcutaneous pacing if patient becomes unstable
- Monitor ECG

Debrief Questions:

- Why might a patient with atrial fibrillation experience bradycardia?
 - Answer: Atrial fibrillation can sometimes be associated with a slow ventricular response, especially if the patient is on medications that slow the heart rate, like beta-blockers or calcium channel blockers.
- When is transcutaneous pacing indicated in bradycardia?
 - Answer: Transcutaneous pacing is considered when atropine is ineffective, or if the patient is hemodynamically unstable due to the bradycardia.
- How does atropine work in bradycardia?
 - Answer: Atropine blocks the action of the vagus nerve on the heart, increasing the heart rate.

NOTES:

Scenario: Acute ST-Elevation Myocardial Infarction (STEMI)

Patient Information:

- Age: 60 years old
- Gender: Male

Moulage Required:

- Clutching chest in pain

Dispatch Information:

- Caller reports a man having chest pain.

On Arrival Presentation:

- Patient reports severe chest pain radiating to the left arm.

Past Medical History:

- No known medical history

Primary Assessment Findings:

- Severe chest pain, diaphoresis

Vital Signs:

- BP: 150/90 mmHg
- HR: 85 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Severe chest pain, shortness of breath
- Allergies: None
- Medications: None
- Past Medical History: No known medical history
- Last Oral Intake: Dinner 3 hours ago
- Events Leading Up: Sudden onset of chest pain while watching TV

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Assist with nitroglycerin and aspirin if prescribed and not contraindicated
- Monitor vital signs and prepare for transport

Paramedic Level Treatment Goals:

- Perform a 12-lead ECG
- Establish IV access
- Administer nitroglycerin and aspirin if not already given and if not contraindicated
- Consider pain management with fentanyl if protocols allow
- Expedite transport to a facility with PCI capabilities

Debrief Questions:

- Why is a 12-lead ECG crucial in suspected STEMI?
 - Answer: A 12-lead ECG can confirm the diagnosis of STEMI, which requires urgent revascularization.
- What are the contraindications for nitroglycerin?
 - Answer: Hypotension, use of sildenafil (Viagra) or similar medications within the last 24-48 hours, suspected right ventricular infarction.
- Why is rapid transport to a facility with PCI (percutaneous coronary intervention) capabilities important in STEMI?
 - Answer: Time is muscle. Rapid revascularization can save heart muscle and improve outcomes.

NOTES:

Scenario: Asystole

Patient Information:

- Age: 75 years old
- Gender: Male

Moulage Required:

- Unresponsive, pulseless

Dispatch Information:

- Caller reports elderly man not breathing.

On Arrival Presentation:

- Patient is unresponsive, pulseless, and apneic.

Past Medical History:

- Chronic obstructive pulmonary disease (COPD), previous heart attack

Primary Assessment Findings:

- No signs of life, ECG shows a flatline (asystole)

Vital Signs:

- Absent

SAMPLE History Findings:

- Symptoms: Collapsed suddenly
- Allergies: None known
- Medications: Albuterol, aspirin, lisinopril
- Past Medical History: COPD, previous heart attack
- Last Oral Intake: Breakfast 5 hours ago
- Events Leading Up: Collapsed suddenly while reading

EMT Level Treatment Goals:

- Start CPR immediately
- Apply AED and follow prompts, though defibrillation is not indicated for asystole

Paramedic Level Treatment Goals:

- Continue high-quality CPR
- Establish IV/IO access and administer epinephrine
- Consider reversible causes and address as identified

Debrief Questions:

- Why is defibrillation not indicated in asystole?
 - Answer: Asystole is a non-shockable rhythm. There's no electrical activity to reset with a shock.
- What are some potential reversible causes of asystole?
 - Answer: The "H's and T's" like hypoxia, hypovolemia, hydrogen ion (acidosis), hyper-/hypokalemia, hypothermia, toxins, tamponade, tension pneumothorax, thrombosis (coronary and pulmonary).
- How often should epinephrine be administered in asystole?
 - Answer: Epinephrine should be administered every 3-5 minutes during cardiac arrest.

NOTES:

Scenario: Supraventricular Tachycardia (SVT)

Patient Information:

- Age: 40 years old
- Gender: Female

Moulage Required:

- Rapid pulse

Dispatch Information:

- Caller reports a woman with a rapid heartbeat.

On Arrival Presentation:

- Patient is alert but anxious, reporting palpitations.

Past Medical History:

- None

Primary Assessment Findings:

- Rapid, regular pulse

Vital Signs:

- BP: 110/70 mmHg
- HR: 190 bpm
- RR: 22 breaths/min
- SpO₂: 98% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Palpitations, mild shortness of breath
- Allergies: None
- Medications: None
- Past Medical History: No known medical history
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Sudden onset of palpitations while working

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Monitor vital signs and prepare for transport

Paramedic Level Treatment Goals:

- Perform a 12-lead ECG
- Vagal maneuvers
- Establish IV access and consider adenosine if stable
- If unstable, consider synchronized cardioversion

Debrief Questions:

- What are some vagal maneuvers to terminate SVT?
 - Answer: Valsalva maneuver, carotid sinus massage (with caution and not bilaterally).
- How does adenosine work in SVT?
 - Answer: Adenosine temporarily blocks AV node conduction, which can terminate reentrant rhythms like SVT.
- When would you consider synchronized cardioversion in SVT?
 - Answer: If the patient is unstable, with symptoms like severe chest pain, hypotension, or altered mental status.

NOTES:



Scenario: Post-Cardiac Arrest with ROSC

Patient Information:

- Age: 58 years old
- Gender: Male

Moulage Required:

- Pale and sweaty appearance

Dispatch Information:

- Dispatched for a reported cardiac arrest at a gym

On Arrival Presentation:

- Bystanders are performing CPR. An AED is attached and indicates “no shock advised.” The patient has agonal respirations.

Past Medical History:

- History of hypertension and high cholesterol

Primary Assessment Findings:

- After two minutes of CPR, the patient achieves ROSC with a palpable pulse but is unresponsive.

Vital Signs:

- BP: 90/60 mmHg
- HR: 80 bpm (regular rhythm)
- RR: 8 breaths/min (agonal)
- SpO₂: 88% on room air
- Temperature: 36.1°C (97°F)

SAMPLE History Findings:

- Symptoms: Initially collapsed while on the treadmill
- Allergies: No known allergies
- Medications: Amlodipine for hypertension
- Past Medical History: Hypertension, high cholesterol
- Last Oral Intake: Lunch 3 hours prior
- Events Leading Up: Collapsed while exercising, bystanders initiated CPR and applied AED

EMT Level Treatment Goals:

- Ensure high-quality post-resuscitation care: Provide oxygen, keep the patient in a supine position, and prepare for transport.
- Monitor for any changes in condition.

Paramedic Level Treatment Goals:

- Secure the airway (consider advanced airway placement if not breathing adequately)
- Administer oxygen to maintain SpO₂ >94%
- Start an IV line, consider fluid bolus if hypotensive
- Prepare for potential antiarrhythmic administration if arrhythmias develop
- Consider targeted temperature management protocols

Debrief Questions:

- Why is it crucial to continue monitoring a patient closely after achieving ROSC?
 - Answer: Post-cardiac arrest patients remain at high risk for rearrest, arrhythmias, and other complications. Continuous monitoring allows for early identification and intervention.
- What are some common post-ROSC interventions to consider?
 - Answer: Secure the airway, provide oxygen, initiate IV access, consider antiarrhythmics, targeted temperature management, and transport to an appropriate facility for post-cardiac arrest care.
- Why might targeted temperature management be beneficial after cardiac arrest?
 - Answer: Targeted temperature management can help protect the brain and other organs from ischemic injury after cardiac arrest. Cooling the body can reduce the metabolic rate and potentially limit the damage caused by the lack of oxygen during the arrest.

NOTES:

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Scenario: Asthma Exacerbation

Patient Information:

- Age: 25 years old
- Gender: Female

Moulage Required:

- Audible wheezing

Dispatch Information:

- Caller reports a female having difficulty breathing with a history of asthma.

On Arrival Presentation:

- Patient is sitting forward, using accessory muscles to breathe, and appears anxious.
- Reports tightness in the chest.

Past Medical History:

- Asthma
- Allergies to pollen

Primary Assessment Findings:

- Alert and oriented x3
- Audible wheezing on expiration

Vital Signs:

- BP: 110/70 mmHg
- HR: 115 bpm
- RR: 28 breaths/min
- SpO₂: 90% on room air
- Temperature: 98.5°F (36.9°C)

SAMPLE History Findings:

- Symptoms: Shortness of breath, chest tightness
- Allergies: Pollen
- Medications: Albuterol inhaler
- Past Medical History: Asthma
- Last Oral Intake: Lunch 3 hours prior
- Events Leading Up: Went for a walk in a park; symptoms worsened with exposure to flowering plants

EMT Level Treatment Goals:

- Administer oxygen
- Assist with patient's own Albuterol inhaler if available
- Monitor SpO₂ and encourage calm breathing
- Rapid transport

Paramedic Level Treatment Goals:

- Nebulized bronchodilator treatment (e.g., Albuterol)
- IV access
- Consider corticosteroids if protocols allow
- Monitor for respiratory failure and prepare for advanced airway management if required

Debrief Questions:

- What triggers can exacerbate asthma symptoms?
 - Answer: Common triggers include allergens (like pollen, dust mites), infections, cold air, exercise, and smoke.
- Why is monitoring SpO2 important in this patient?
 - Answer: To ensure adequate oxygenation and to monitor the effectiveness of treatment.
- What is the primary action of Albuterol?
 - Answer: Albuterol is a bronchodilator that relaxes muscles in the airways and increases airflow to the lungs.

NOTES:

Scenario: Chronic Obstructive Pulmonary Disease (COPD) Exacerbation

Patient Information:

- Age: 68 years old
- Gender: Male

Moulage Required:

- Barrel-chested appearance
- Pursed-lip breathing

Dispatch Information:

- Caller reports an elderly male with worsening shortness of breath over the past week.

On Arrival Presentation:

- Patient is seated in a chair, breathing with pursed lips, and has a productive cough.

Past Medical History:

- COPD
- 40-year smoking history

Primary Assessment Findings:

- Alert and oriented x3
- Diminished breath sounds with occasional wheezing

Vital Signs:

- BP: 140/85 mmHg
- HR: 100 bpm
- RR: 24 breaths/min
- SpO₂: 88% on room air
- Temperature: 98.2°F (36.8°C)

SAMPLE History Findings:

- Symptoms: Increasing shortness of breath, productive cough
- Allergies: None
- Medications: Tiotropium, Fluticasone/Salmeterol inhaler
- Past Medical History: COPD, smoking history
- Last Oral Intake: Breakfast 4 hours prior
- Events Leading Up: Gradual worsening over the past week, no specific trigger

EMT Level Treatment Goals:

- Administer oxygen at low flow (be cautious of high concentrations)
- Monitor SpO₂
- Assist with patient's own inhalers if available
- Rapid transport

Paramedic Level Treatment Goals:

- Nebulized bronchodilator treatment
- IV access
- Consider corticosteroids if protocols allow
- Monitor for respiratory failure and prepare for advanced airway management if required

Debrief Questions:

- Why is caution needed when administering oxygen to some COPD patients?
 - Answer: Some COPD patients retain CO₂. High concentrations of oxygen can decrease their respiratory drive, potentially leading to respiratory failure.
- What is the significance of the barrel-chested appearance in COPD patients?
 - Answer: It indicates hyperinflation of the lungs, often seen in emphysema, a component of COPD.
- Why might a COPD patient have a productive cough?
 - Answer: Chronic bronchitis, another component of COPD, leads to increased mucus production, causing a chronic, productive cough.

NOTES:

Scenario: Pulmonary Embolism

Patient Information:

- Age: 45 years old
- Gender: Female

Moulage Required:

- Pale, diaphoretic appearance

Dispatch Information:

- Caller reports a female with sudden sharp chest pain and shortness of breath.

On Arrival Presentation:

- Patient is lying down, appearing anxious and diaphoretic.
- Reports sharp, pleuritic chest pain.

Past Medical History:

- Recent surgery (knee replacement 2 weeks ago)
- Oral contraceptive use

Primary Assessment Findings:

- Alert and oriented x3
- Decreased breath sounds on the right side

Vital Signs:

- BP: 95/60 mmHg
- HR: 130 bpm
- RR: 26 breaths/min
- SpO2: 92% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Sharp chest pain, shortness of breath
- Allergies: None
- Medications: Oral contraceptives, pain medications post-surgery
- Past Medical History: Recent surgery
- Last Oral Intake: Dinner 5 hours prior
- Events Leading Up: Sudden onset while resting at home

EMT Level Treatment Goals:

- Administer oxygen
- Monitor SpO2 and vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access
- ECG monitoring for signs of right heart strain or tachyarrhythmias
- Consider fluid resuscitation if hypotensive
- Prepare for possible cardiac arrest and advanced airway management

Debrief Questions:

- What are the risk factors for pulmonary embolism present in this patient?
 - Answer: Recent surgery and oral contraceptive use are both risk factors for the development of blood clots and subsequent pulmonary embolism.
- How can a pulmonary embolism present clinically?
 - Answer: Symptoms can vary but often include sudden shortness of breath, sharp chest pain (worse with deep breathing), rapid heartbeat, and sometimes coughing up blood

NOTES:

Scenario: Pneumothorax

Patient Information:

- Age: 32 years old
- Gender: Male

Moulage Required:

- Holding the right side of the chest

Dispatch Information:

- Caller reports a male with sudden chest pain after a minor fall while cycling.

On Arrival Presentation:

- Patient is seated, holding the right side of his chest, and appears in discomfort.
- Reports sudden sharp pain on the right side after falling off his bicycle.

Past Medical History:

- None

Primary Assessment Findings:

- Alert and oriented x3
- Decreased breath sounds on the right side

Vital Signs:

- BP: 115/75 mmHg
- HR: 105 bpm
- RR: 22 breaths/min
- SpO₂: 94% on room air
- Temperature: 98.4°F (36.9°C)

SAMPLE History Findings:

- Symptoms: Sharp right-sided chest pain
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Snack 2 hours prior
- Events Leading Up: Fell off bicycle, landed on his side

EMT Level Treatment Goals:

- Administer oxygen
- Monitor SpO₂ and vital signs
- Rapid transport

Paramedic Level Treatment Goals:

- IV access
- Continuous SpO2 and ECG monitoring
- Prepare for needle decompression if signs of tension pneumothorax develop

Debrief Questions:

- What is the difference between a simple pneumothorax and a tension pneumothorax?
 - Answer: A simple pneumothorax is the presence of air in the pleural space without significant cardiovascular compromise. A tension pneumothorax results when air enters the pleural space and cannot escape, leading to increased intrathoracic pressure, which can compromise cardiac filling and function.
- What are signs of a developing tension pneumothorax?
 - Answer: Decreased or absent breath sounds on one side, distended neck veins, tracheal deviation, hypotension, and increased respiratory distress.
- Why might a minor trauma like a fall cause a pneumothorax in an otherwise healthy individual?
 - Answer: Even minor trauma can cause rupture of a small bleb or cyst on the lung surface, leading to a pneumothorax.

NOTES:



Scenario: Bronchiolitis in a Pediatric Patient

Patient Information:

- Age: 8 months
- Gender: Male

Moulage Required:

- Audible wheezing and retractions

Dispatch Information:

- Caller reports an infant with difficulty breathing and a cough for several days.

On Arrival Presentation:

- Infant appears restless, with nasal flaring, wheezing, and retractions noted.

Past Medical History:

- None

Primary Assessment Findings:

- Alert but irritable
- Audible wheezing with retractions

Vital Signs:

- BP: Not taken (often not taken in this age group unless indicated)
- HR: 160 bpm
- RR: 40 breaths/min
- SpO₂: 92% on room air
- Temperature: 100.2°F (37.9°C)

SAMPLE History Findings:

- Symptoms: Wheezing, cough, fever
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Formula 1 hour prior
- Events Leading Up: Developed cold symptoms 5 days ago, worsened over the past 2 days

EMT Level Treatment Goals:

- Administer oxygen
- Monitor SpO₂ and vital signs
- Comfort and soothe the child; consider allowing the child to remain with a parent or caregiver during transport
- Rapid transport

Paramedic Level Treatment Goals:

- Consider nebulized bronchodilator treatment if protocols allow
- IV access if necessary (often challenging in this age group, so weigh the risks and benefits)
- Continuous monitoring of SpO₂, ECG, and respiratory status

Debrief Questions:

- What is bronchiolitis and what typically causes it?
 - Answer: Bronchiolitis is an inflammation of the small airways in the lung, typically caused by a viral infection, most commonly the respiratory syncytial virus (RSV) in infants.
- Why might an infant show signs like retractions and nasal flaring with respiratory distress?
 - Answer: Infants have softer and more compliant chest walls, so they show retractions when working hard to breathe. Nasal flaring is another sign of increased work of breathing in an attempt to get more air.
- How does the approach to pediatric respiratory distress differ from that of an adult?
 - Answer: Children, especially infants, can decompensate quickly. Their anatomy and physiology differ from adults, requiring a gentler approach, often with a focus on comforting and reducing anxiety, which can exacerbate respiratory distress. The decision to insert an IV or perform other invasive procedures should be carefully weighed against the potential benefits.

NOTES:



NEUROLOGIC EMERGENCY SCENARIOS

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Scenario: Ischemic Stroke

Patient Information:

- Age: 72 years old
- Gender: Female

Moulage Required:

- Facial droop on the right side, unable to lift right arm

Dispatch Information:

- Caller reports elderly female suddenly started slurring speech and can't move her arm.

On Arrival Presentation:

- Patient seated, obvious facial droop, slurred speech, unable to lift right arm.

Past Medical History:

- Hypertension
- Type 2 diabetes

Primary Assessment Findings:

- Alert but confused
- Right-sided facial droop, slurred speech, right arm drift

Vital Signs:

- BP: 190/100 mmHg
- HR: 80 bpm
- RR: 16 breaths/min
- SpO2: 98% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Sudden onset of weakness, slurred speech
- Allergies: None
- Medications: Metformin, Lisinopril
- Past Medical History: As above
- Last Oral Intake: Breakfast 3 hours prior
- Events Leading Up: Watching TV when symptoms suddenly started

EMT Level Treatment Goals:

- Administer oxygen if SpO2 < 94%
- Monitor vital signs
- Rapid transport, notifying receiving hospital of potential stroke

Paramedic Level Treatment Goals:

- IV access
- 12-lead ECG and BGL to rule out other causes
- Continuous monitoring

Debrief Questions:

- What is the significance of the patient's hypertension in relation to her symptoms?
 - Answer: Hypertension is a significant risk factor for stroke.
- Why is rapid transport and notification of the receiving hospital crucial in suspected stroke cases?
 - Answer: Early intervention, such as clot-busting medications, can significantly improve outcomes in ischemic strokes but have a limited window of administration.
- What is the difference between an ischemic and hemorrhagic stroke?
 - Answer: Ischemic strokes are caused by a blockage in a blood vessel, while hemorrhagic strokes are caused by bleeding in or around the brain.

NOTES:

Scenario: Seizure

Patient Information:

- Age: 25 years old
- Gender: Male

Moulage Required:

- Biting on a gauze (to simulate postictal state)

Dispatch Information:

- Caller reports male patient having a seizure at a café.

On Arrival Presentation:

- Patient lying on the ground, postictal, confused, and drowsy.

Past Medical History:

- Epilepsy

Primary Assessment Findings:

- Alert but disoriented
- Slow response to verbal stimuli

Vital Signs:

- BP: 125/80 mmHg
- HR: 100 bpm
- RR: 18 breaths/min
- SpO₂: 97% on room air
- Temperature: 98.4°F (36.9°C)

SAMPLE History Findings:

- Symptoms: Witnessed seizure, now postictal
- Allergies: None
- Medications: Levetiracetam (missed dose today)
- Past Medical History: Epilepsy
- Last Oral Intake: Coffee 30 minutes prior
- Events Leading Up: Seizure started while sitting at the café

EMT Level Treatment Goals:

- Protect the patient from injury (move objects away)
- Place the patient in the recovery position post-seizure
- Administer oxygen
- Monitor vital signs
- Transport for evaluation

Paramedic Level Treatment Goals:

- IV access
- Administer anti-seizure medication if another seizure occurs
- Continuous monitoring

Debrief Questions:

- Why is it important to place the patient in the recovery position post-seizure?
 - Answer: To ensure a patent airway and prevent aspiration.
- What could be the significance of the patient missing a dose of Levetiracetam?
 - Answer: Missing a dose of an anti-seizure medication can lower the seizure threshold and precipitate a seizure event.
- Why is it not recommended to place anything in a seizing patient's mouth?
 - Answer: It poses a risk of injury to the patient or the person trying to insert the object and does not prevent biting the tongue or cheek.

NOTES:



Scenario: Meningitis

Patient Information:

- Age: 19 years old
- Gender: Male

Moulage Required:

- Neck stiffness (simulate Brudzinski's sign)

Dispatch Information:

- Caller reports a college student with a high fever, headache, and neck pain.

On Arrival Presentation:

- Patient lying in bed, photophobic, with severe headache and neck stiffness.

Past Medical History:

- None

Primary Assessment Findings:

- Alert but in pain
- Neck stiffness, photophobia

Vital Signs:

- BP: 110/70 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 103°F (39.4°C)

SAMPLE History Findings:

- Symptoms: Severe headache, fever, neck stiffness, photophobia
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Light lunch 4 hours prior
- Events Leading Up: Symptoms developed over the past 24 hours

EMT Level Treatment Goals:

- Administer oxygen if SpO2 < 94%
- Monitor vital signs
- Rapid transport with pre-notification to the hospital due to potential infectious disease

Paramedic Level Treatment Goals:

- IV access
- Administer antipyretics if protocols allow
- Continuous monitoring

Debrief Questions:

- What are some classic signs and symptoms of meningitis?
 - Answer: Fever, headache, neck stiffness (nuchal rigidity), photophobia, and sometimes a rash.
- Why is rapid transport with pre-notification crucial in suspected meningitis cases?
 - Answer: Meningitis can progress rapidly and be fatal. Early intervention with antibiotics (after obtaining necessary samples) is crucial. Pre-notification ensures isolation precautions can be taken to protect healthcare providers and other patients.
- How is meningitis typically diagnosed in the hospital?
 - Answer: Lumbar puncture (spinal tap) is commonly used to obtain cerebrospinal fluid for analysis to diagnose meningitis.

NOTES:

Scenario: Hypoglycemic Event

Patient Information:

- Age: 35 years old
- Gender: Female

Moulage Required:

- Confused appearance

Dispatch Information:

- Caller reports a female patient acting strangely and not responding appropriately.

On Arrival Presentation:

- Patient appears confused, sweating, and has tremors.

Past Medical History:

- Type 1 diabetes

Primary Assessment Findings:

- Alert but disoriented
- Diaphoretic, tremors

Vital Signs:

- BP: 100/60 mmHg
- HR: 105 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 98.0°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Confusion, tremors
- Allergies: None
- Medications: Insulin
- Past Medical History: Type 1 diabetes
- Last Oral Intake: Breakfast 5 hours prior, took insulin but forgot to eat lunch
- Events Leading Up: Acting confused for the past hour

EMT Level Treatment Goals:

- If the patient is awake and able to swallow, provide oral glucose
- Monitor vital signs
- Transport for evaluation

Paramedic Level Treatment Goals:

- IV access
- Administer IV dextrose if the patient is not improving or if unable to take oral glucose
- Continuous monitoring

Debrief Questions:

- Why might a patient with type 1 diabetes experience a hypoglycemic event?
 - Answer: Imbalances between insulin administration and food intake, increased physical activity, or other factors can lead to low blood sugar.
- How might a hypoglycemic patient present?
 - Answer: Symptoms can include confusion, diaphoresis, tremors, palpitations, and in severe cases, unconsciousness or seizures.
- Why is it crucial to ensure the patient can swallow before giving oral glucose?
 - Answer: To prevent aspiration. If the patient cannot protect their airway or swallow properly, they could aspirate the glucose.

NOTES:



Scenario: Transient Ischemic Attack (TIA)

Patient Information:

- Age: 50 years old
- Gender: Male

Moulage Required:

- Temporary right arm weakness

Dispatch Information:

- Caller reports a male patient who suddenly couldn't move his arm, but it seems to be getting better now.

On Arrival Presentation:

- Patient appears concerned but has regained movement in his arm.

Past Medical History:

- Smoking
- High cholesterol

Primary Assessment Findings:

- Alert and oriented x3
- No obvious deficits, but reports transient right arm weakness

Vital Signs:

- BP: 140/90 mmHg
- HR: 85 bpm
- RR: 18 breaths/min
- SpO2: 98% on room air
- Temperature: 98.2°F (36.8°C)

SAMPLE History Findings:

- Symptoms: Sudden onset of right arm weakness, which resolved after 15 minutes
- Allergies: None
- Medications: Statins for cholesterol
- Past Medical History: As above
- Last Oral Intake: Lunch 3 hours prior
- Events Leading Up: Reading a book when the weakness started

EMT Level Treatment Goals:

- Monitor vital signs
- Rapid transport for evaluation

Paramedic Level Treatment Goals:

- IV access
- 12-lead ECG to rule out other causes
- Continuous monitoring

Debrief Questions:

- What is a TIA and how does it differ from a stroke?
 - Answer: A TIA, or “mini-stroke”, has similar symptoms to a stroke but they are temporary and usually resolve within an hour. Unlike a stroke, there’s no lasting brain damage.
- Why is it important to treat a TIA as a medical emergency?
 - Answer: A TIA is often a warning sign that a full-blown stroke may occur soon. Rapid evaluation and intervention can potentially prevent a future stroke.
- How might the patient’s history of smoking and high cholesterol contribute to his presentation?
 - Answer: Both are risk factors for atherosclerosis, which can lead to blockages in the arteries supplying the brain, resulting in TIAs or strokes.

NOTES:



Scenario: Benign Paroxysmal Positional Vertigo (BPPV)

Patient Information:

- Age: 65 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Elderly female complaining of severe dizziness

On Arrival Presentation:

- Patient is sitting on a chair, holding her head, and reports that the room feels like it's spinning. She looks nauseated.

Past Medical History:

- Hypertension

Primary Assessment Findings:

- Alert and oriented to person, place, time, and event
- Reports spinning sensation especially when changing head position

Vital Signs:

- BP: 150/90 mmHg
- HR: 85 bpm
- RR: 18 breaths/min
- SpO₂: 97% on room air
- Temperature: 36.5°C (97.7°F)

SAMPLE History Findings:

- Symptoms: Spinning sensation, nausea
- Allergies: None
- Medications: Amlodipine for hypertension
- Past Medical History: Hypertension
- Last Oral Intake: Breakfast 2 hours ago
- Events Leading Up: Woke up, turned over in bed, and felt the room spinning

EMT Level Treatment Goals:

- Keep the patient in a comfortable position
- Transport in a position that minimizes dizziness
- Monitor for potential nausea and vomiting

Paramedic Level Treatment Goals:

- Consider dimenhydrinate (Gravol) administration.
- Continuous monitoring for changes in condition or development of other neurological symptoms

Debrief Questions:

- What is BPPV and how does it differ from other causes of dizziness?
 - Answer: BPPV is a common inner ear problem that causes short, intense episodes of dizziness that may be associated with changes in head position. It differs from other causes of dizziness in that it's episodic, positionally triggered, and not associated with other neurological deficits.
- Why is it essential to differentiate BPPV from other causes of vertigo?
 - Answer: While BPPV is benign and self-limiting, other causes of vertigo can be indicative of more severe issues such as a stroke or Meniere's disease. Proper differentiation ensures appropriate treatment and management.
- What maneuvers or interventions can help with BPPV?
 - Answer: The Epley or Semont maneuvers are physical therapy techniques used to treat BPPV. They involve sequential movements of the head and body to move the calcium deposits out of the semicircular canals of the inner ear. However, these are typically performed by specialized clinicians.

NOTES:

Scenario: Status Epilepticus in a Pediatric Patient

Patient Information:

- Age: 6 years old
- Gender: Male

Moulage Required:

- Generalized tonic-clonic seizure activity

Dispatch Information:

- Dispatched for a pediatric patient with ongoing seizure activity

On Arrival Presentation:

- The child is experiencing continuous seizure activity. The mother is beside him, looking extremely distressed.

Past Medical History:

- Diagnosed with epilepsy at age 3
- Regularly takes anti-seizure medication

Primary Assessment Findings:

- No response to verbal or painful stimuli
- Generalized tonic-clonic movements observed

Vital Signs:

- BP: 90/60 mmHg
- HR: 145 bpm
- RR: 30 breaths/min with occasional apnea
- SpO₂: 92% on room air
- Temperature: 37.8°C (100°F)

SAMPLE History Findings:

- Symptoms: Continuous seizure for approximately 15 minutes
- Allergies: No known allergies
- Medications: Levetiracetam (Keppra) for epilepsy
- Past Medical History: Epilepsy
- Last Oral Intake: Breakfast 4 hours prior
- Events Leading Up: Playing with toys when he suddenly collapsed and started seizing

EMT Level Treatment Goals:

- Protect the patient from injury (move objects away, cushion the head)
- Maintain an open airway, turn the patient on his side to prevent aspiration
- Administer high-flow oxygen
- Monitor for changes in breathing and circulation

Paramedic Level Treatment Goals:

- Start an IV line
- Administer benzodiazepines (e.g., midazolam) per protocol to terminate the seizure
- Consider advanced airway management if respiratory compromise is evident
- Monitor for postictal state and other complications

Debrief Questions:

- Why is continuous seizure activity (status epilepticus) considered a medical emergency?
 - Answer: Status epilepticus can lead to significant morbidity and mortality. Continuous seizures can result in brain damage, respiratory failure, and other systemic complications.
- What is the initial medication of choice in pre-hospital management of status epilepticus?
 - Answer: Benzodiazepines, such as midazolam, diazepam, or lorazepam, are the first-line medications for status epilepticus in the pre-hospital setting.
- Why is it essential to protect the airway and turn the patient to their side during a seizure?
 - Answer: During a seizure, there's a risk of aspiration due to impaired protective reflexes. Turning the patient to the side helps in draining secretions and reducing the risk of aspiration.

NOTES:



Scenario: Severe Migraine Attack

Patient Information:

- Age: 35 years old
- Gender: Female

Moulage Required:

- Patient covering eyes or wearing sunglasses, showing sensitivity to light and sound

Dispatch Information:

- Dispatched for a patient with a severe headache

On Arrival Presentation:

- The patient is lying in a darkened room, wearing sunglasses. She reports an excruciating headache, nausea, and sensitivity to light and sound.

Past Medical History:

- Chronic migraines since her teens, usually controlled with medication

Primary Assessment Findings:

- Alert and oriented x3
- No focal neurological deficits
- Reports visual aura before the onset of the headache

Vital Signs:

- BP: 145/90 mmHg
- HR: 88 bpm
- RR: 16 breaths/min
- SpO2: 98% on room air
- Temperature: 37.0°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Severe headache, visual aura, nausea, photophobia, phonophobia
- Allergies: None
- Medications: Sumatriptan (taken 2 hours ago with no relief)
- Past Medical History: Chronic migraines, no other known medical conditions
- Last Oral Intake: Breakfast 5 hours prior
- Events Leading Up: Started with a visual aura, then headache onset, which progressively worsened

EMT Level Treatment Goals:

- Create a calm environment: Dim the lights, reduce noise, and keep the patient comfortable
- Monitor vital signs and maintain an open airway
- Transport to a medical facility for further evaluation

Paramedic Level Treatment Goals:

- Establish IV access
- Consider administering an antiemetic for nausea (e.g., ondansetron)
- Administer fluids if dehydration is suspected
- Pain management per protocol, ensuring no contraindications

Debrief Questions:

- What are some common triggers for migraines?
 - Answer: Common triggers include stress, certain foods, drinks (like red wine or caffeine), changes in sleep patterns, environmental factors like bright lights or loud noises, and hormonal changes in women.
- Why is it important to differentiate between a migraine and other causes of a headache?
 - Answer: While migraines can be debilitating, other causes of headaches, such as a brain aneurysm or a tumor, can be life-threatening. Proper assessment is crucial to ensure appropriate treatment and to rule out other potential causes.
- What are some non-pharmacological interventions EMTs can employ for migraine sufferers?
 - Answer: Creating a calming environment by dimming lights, reducing loud noises, and ensuring the patient's comfort can help. Cold packs, relaxation techniques, and keeping the patient hydrated can also be beneficial.

NOTES:

ABDOMINAL EMERGENCY SCENARIOS

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Scenario: Acute Appendicitis

Patient Information:

- Age: 21 years old
- Gender: Male

Moulage Required:

- Holding the right lower side of the abdomen

Dispatch Information:

- Caller reports a young male with severe abdominal pain.

On Arrival Presentation:

- Patient is lying on his side, holding the right lower part of his abdomen, and appears in discomfort.
- Reports gradual onset of pain that shifted from the upper abdomen to the right lower quadrant.

Past Medical History:

- None

Primary Assessment Findings:

- Alert and oriented x3
- Tenderness and guarding in the right lower quadrant

Vital Signs:

- BP: 120/80 mmHg
- HR: 100 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 100.4°F (38°C)

SAMPLE History Findings:

- Symptoms: Abdominal pain, mild nausea
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Dinner 6 hours prior
- Events Leading Up: Pain started around 10 hours ago and has progressively worsened

EMT Level Treatment Goals:

- Make the patient comfortable
- Monitor vital signs
- Rapid transport

Paramedic Level Treatment Goals:

- IV access for potential pain management if protocols allow
- Continuous monitoring of vital signs

Debrief Questions:

- What is the classic presentation of appendicitis?
 - Answer: Initial pain around the navel that later shifts to the right lower quadrant, often associated with nausea, loss of appetite, and sometimes fever.
- Why is rapid transport important for a patient suspected of having appendicitis?
 - Answer: The inflamed appendix can rupture, leading to peritonitis, sepsis, and potentially life-threatening complications. Early surgical intervention can prevent these complications.
- What are potential complications if appendicitis is left untreated?
 - Answer: Potential complications include rupture of the appendix, leading to peritonitis (inflammation of the inner lining of the abdominal wall), abscess formation, and sepsis.

NOTES:

Scenario: Ectopic Pregnancy

Patient Information:

- Age: 28 years old
- Gender: Female

Moulage Required:

- Pale appearance
- Holding the lower abdomen

Dispatch Information:

- Caller reports a female with severe lower abdominal pain and fainting.

On Arrival Presentation:

- Patient is lying down, appears pale and diaphoretic.
- Reports sudden sharp pain in the lower abdomen and feeling faint.

Past Medical History:

- None

Primary Assessment Findings:

- Alert but appears weak
- Tenderness in the lower abdomen, especially on one side

Vital Signs:

- BP: 90/50 mmHg
- HR: 120 bpm
- RR: 24 breaths/min
- SpO₂: 97% on room air
- Temperature: 98.2°F (36.8°C)

SAMPLE History Findings:

- Symptoms: Lower abdominal pain, dizziness, fainting
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 5 hours prior
- Events Leading Up: Sudden onset of pain while at home

EMT Level Treatment Goals:

- Administer oxygen
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs and ECG
- Pain Management

Debrief Questions:

- What is an ectopic pregnancy and why is it a concern?
 - Answer: An ectopic pregnancy is when a fertilized egg implants outside the uterus, most commonly in a fallopian tube. It's a concern because as the embryo grows, it can cause the tube to burst, leading to internal bleeding and potential shock.
- How might a patient with an ectopic pregnancy present?
 - Answer: Symptoms can include unilateral lower abdominal pain, vaginal bleeding, dizziness, or fainting.
- Why is rapid transport critical for suspected ectopic pregnancy patients?
 - Answer: Due to the risk of rupture and internal bleeding, which can lead to shock and be life-threatening. Early surgical intervention is often required.

NOTES:

Scenario: Gastrointestinal Bleed

Patient Information:

- Age: 65 years old
- Gender: Male

Moulage Required:

- Pale appearance
- Vomit basin with “coffee ground” vomitus (can use coffee grounds and water for simulation)

Dispatch Information:

- Caller reports an elderly male vomiting dark material and feeling weak.

On Arrival Presentation:

- Patient is seated, appears pale, and has a basin with dark, coffee-ground-like vomitus.
- Reports feeling weak and lightheaded.

Past Medical History:

- Peptic ulcer disease
- Aspirin therapy for cardiovascular disease

Primary Assessment Findings:

- Alert but appears weak
- Pale conjunctiva

Vital Signs:

- BP: 100/60 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO₂: 96% on room air
- Temperature: 98.0°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Vomiting, weakness, lightheadedness
- Allergies: None
- Medications: Aspirin, Omeprazole
- Past Medical History: Peptic ulcer disease
- Last Oral Intake: Lunch 4 hours prior
- Events Leading Up: Felt nauseous and then began vomiting dark material

EMT Level Treatment Goals:

- Administer oxygen
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs and ECG
- Consider nasogastric tube if protocols allow

Debrief Questions:

- What does “coffee ground” vomitus indicate?
 - Answer: It suggests the presence of old blood in the vomit, which is typically indicative of an upper gastrointestinal bleed.
- How might regular aspirin therapy contribute to this patient’s presentation?
 - Answer: Aspirin can cause or exacerbate gastrointestinal bleeding due to its antiplatelet effects, which inhibit clot formation.
- Why is fluid resuscitation crucial in patients with gastrointestinal bleeding?
 - Answer: Blood loss can lead to hypovolemia and shock. Fluid resuscitation helps maintain blood pressure and perfusion to vital organs.

NOTES:

Scenario: Cholecystitis (Gallbladder Inflammation)

Patient Information:

- Age: 45 years old
- Gender: Female

Moulage Required:

- Holding the right upper side of the abdomen

Dispatch Information:

- Caller reports a female with severe right-sided abdominal pain.

On Arrival Presentation:

- Patient is lying on her side, clutching the right upper part of her abdomen, and appears in discomfort.
- Reports sharp, cramping pain in the right upper quadrant that started after eating a greasy meal.

Past Medical History:

- Obesity
- Multiple episodes of similar but milder pain in the past

Primary Assessment Findings:

- Alert and oriented x3
- Tenderness in the right upper quadrant

Vital Signs:

- BP: 130/85 mmHg
- HR: 100 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 99.5°F (37.5°C)

SAMPLE History Findings:

- Symptoms: Right upper quadrant pain, nausea
- Allergies: None
- Medications: Over-the-counter pain relievers
- Past Medical History: Previous similar episodes, obesity
- Last Oral Intake: Fried chicken dinner 3 hours prior
- Events Leading Up: Pain started about an hour after eating

EMT Level Treatment Goals:

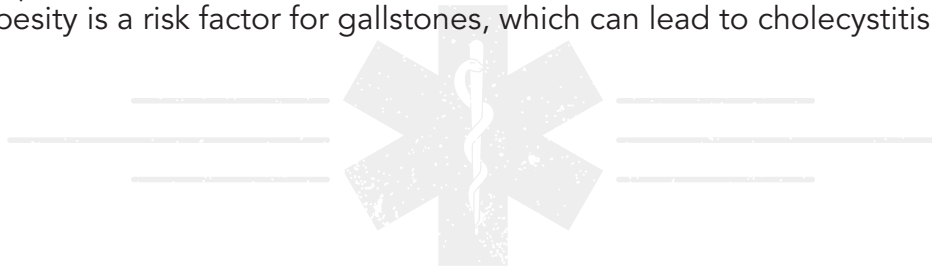
- Make the patient comfortable
- Monitor vital signs
- Rapid transport

Paramedic Level Treatment Goals:

- IV access for potential pain management if protocols allow
- Continuous monitoring of vital signs

Debrief Questions:

- What is cholecystitis and what commonly causes it?
 - Answer: Cholecystitis is inflammation of the gallbladder, often caused by a gallstone blocking the cystic duct, preventing bile from exiting the gallbladder.
- Why might a greasy or fatty meal exacerbate the symptoms of cholecystitis?
 - Answer: Fatty foods trigger the gallbladder to contract to release bile, which helps digest fats. If there's a blockage, this contraction can cause pain.
- How might this patient's obesity have contributed to her condition?
 - Answer: Obesity is a risk factor for gallstones, which can lead to cholecystitis.

NOTES:

Scenario: Diverticulitis

Patient Information:

- Age: 60 years old
- Gender: Male

Moulage Required:

- Holding the lower left side of the abdomen

Dispatch Information:

- Caller reports an elderly male with abdominal pain and fever.

On Arrival Presentation:

- Patient is seated, clutching the lower left part of his abdomen, and appears flushed.
- Reports a few days of increasing pain and bloating.

Past Medical History:

- Hypertension
- Known diverticulosis

Primary Assessment Findings:

- Alert and oriented x3
- Tenderness and warmth in the left lower quadrant

Vital Signs:

- BP: 135/90 mmHg
- HR: 95 bpm
- RR: 18 breaths/min
- SpO₂: 98% on room air
- Temperature: 100.8°F (38.2°C)

SAMPLE History Findings:

- Symptoms: Left lower quadrant pain, bloating, fever
- Allergies: Penicillin
- Medications: Lisinopril for hypertension
- Past Medical History: Hypertension, diverticulosis
- Last Oral Intake: Soup 5 hours prior
- Events Leading Up: Pain and bloating started a few days ago and has been worsening

EMT Level Treatment Goals:

- Make the patient comfortable
- Monitor vital signs
- Rapid transport

Paramedic Level Treatment Goals:

- IV access
- Continuous monitoring of vital signs
- Consider fluid resuscitation if the patient appears dehydrated

Debrief Questions:

- What is diverticulitis?
 - Answer: Diverticulitis is inflammation or infection of small pouches (diverticula) that can form in the walls of the intestines, primarily the colon.
- How does diverticulitis differ from diverticulosis?
 - Answer: Diverticulosis refers to the presence of the pouches (diverticula) in the colon. Diverticulitis is when these pouches become inflamed or infected.
- Why is it important to note the patient's allergy to penicillin in this scenario?
 - Answer: If diverticulitis is suspected, antibiotics are a common treatment. Knowing the patient's allergies ensures appropriate antibiotic selection.

NOTES:

Scenario: Hyperemesis Gravidarum in a Pregnant Patient

Patient Information:

- Age: 28 years old
- Gender: Female

Moulage Required:

- Pale complexion, signs of dehydration

Dispatch Information:

- Caller reports a pregnant woman who can't stop vomiting.

On Arrival Presentation:

- Patient is lying in bed, visibly weak, and has vomited multiple times.

Past Medical History:

- No significant history other than current pregnancy

Primary Assessment Findings:

- Dry mucous membranes, sunken eyes, and rapid pulse

Vital Signs:

- BP: 90/50 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 37.1°C (98.8°F)

SAMPLE History Findings:

- Symptoms: Severe nausea and vomiting for the past three days
- Allergies: None
- Medications: Prenatal vitamins
- Past Medical History: Healthy with no known issues
- Last Oral Intake: Tried to drink water an hour ago but vomited
- Events Leading Up: Started feeling nauseous a few days ago; vomiting has worsened

EMT Level Treatment Goals:

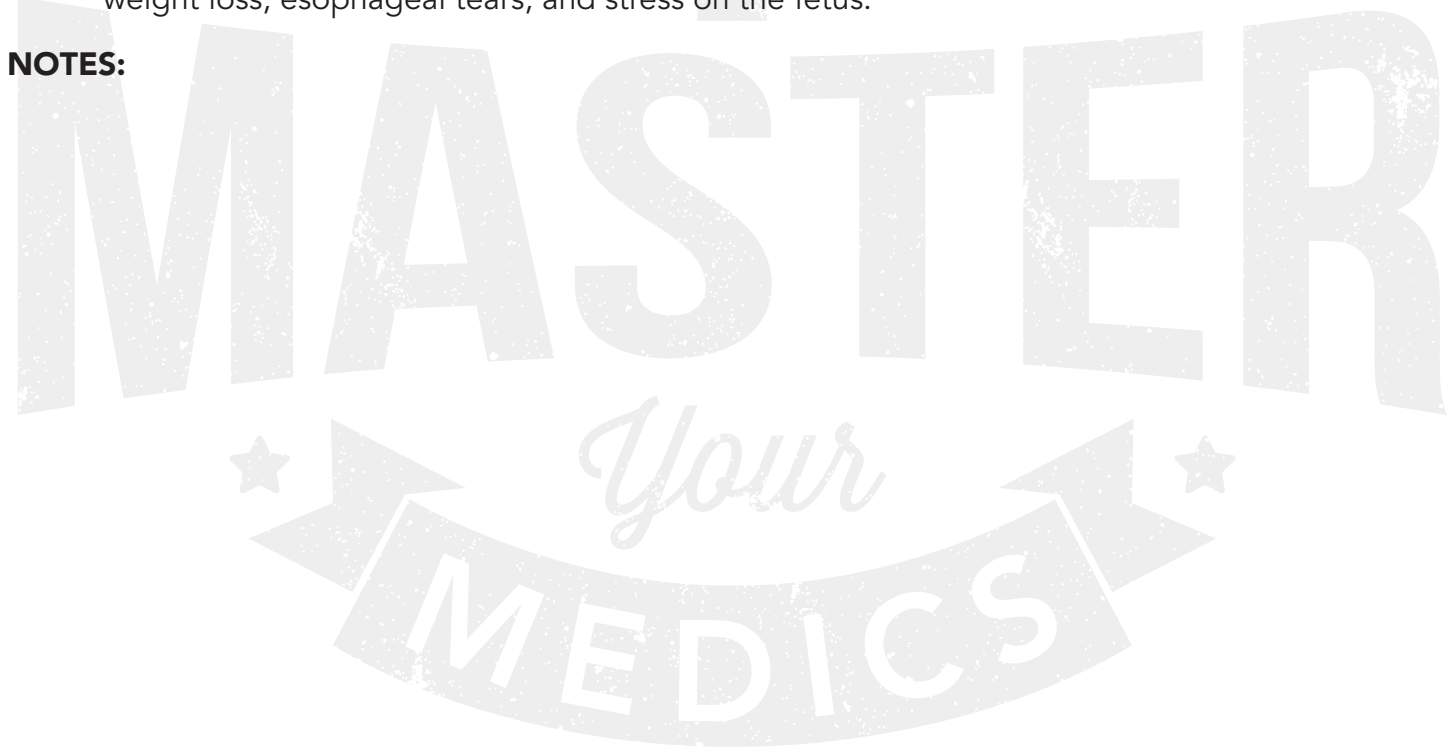
- Place the patient in a comfortable position
- Administer supplemental oxygen if indicated
- Rapid transport, considering the patient's dehydration and potential effects on the fetus

Paramedic Level Treatment Goals:

- IV access with isotonic fluids
- Consider antiemetics as per protocol and with medical control guidance, ensuring safety for the fetus
- Continuous monitoring of vital signs, especially focusing on fetal well-being if equipment and training permit

Debrief Questions:

- What is hyperemesis gravidarum, and how does it differ from morning sickness?
 - Answer: Hyperemesis gravidarum is a severe, persistent nausea and vomiting during pregnancy that can lead to dehydration and weight loss. Unlike morning sickness, which is mild and often subsides after the first trimester, hyperemesis gravidarum can persist and be much more severe.
- Why is hydration important in these patients?
 - Answer: Dehydration can have detrimental effects on both the mother and the fetus, including reduced placental blood flow.
- What other potential complications can arise from severe vomiting in pregnant patients?
 - Answer: Complications can include electrolyte imbalances, nutritional deficiencies, weight loss, esophageal tears, and stress on the fetus.

NOTES:

Scenario: Gastroenteritis in a Pediatric Patient

Patient Information:

- Age: 4 years old
- Gender: Male

Moulage Required:

- Pale complexion, signs of dehydration

Dispatch Information:

- Parent reports their child has been vomiting and can't keep anything down.

On Arrival Presentation:

- Child is lying on the couch, lethargic, with a bucket nearby.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Dry mucous membranes, capillary refill of 3 seconds, and cool extremities

Vital Signs:

- BP: 85/45 mmHg
- HR: 130 bpm
- RR: 24 breaths/min
- SpO2: 97% on room air
- Temperature: 38.3°C (100.9°F)

SAMPLE History Findings:

- Symptoms: Nausea, vomiting, and mild diarrhea
- Allergies: None
- Medications: None
- Past Medical History: Healthy with no known issues
- Last Oral Intake: Tried to drink juice 30 minutes ago but vomited
- Events Leading Up: Started feeling ill yesterday, vomiting has been persistent since this morning

EMT Level Treatment Goals:

- Place the child in a comfortable position, considering the parent's presence for comfort
- Administer supplemental oxygen if indicated
- Rapid transport due to dehydration risks in pediatric patients

Paramedic Level Treatment Goals:

- IV or IO access with isotonic fluids, considering smaller volumes due to the pediatric nature
- Consider antiemetics as per protocol and with medical control guidance
- Continuous monitoring of vital signs

Debrief Questions:

- Why are pediatric patients at higher risk for dehydration from vomiting and diarrhea?
 - Answer: Children have a higher body surface area to volume ratio, leading to quicker fluid loss. Their reserve is also lower, so they dehydrate faster.
- How might the treatment approach differ between pediatric and adult patients in this scenario?
 - Answer: Pediatric patients often require different fluid volumes, medication dosages (weight-based), and may need IO access if IV access is challenging.
- Why is it essential to consider the child's emotional well-being in this scenario?
 - Answer: Children can become more distressed in unfamiliar and uncomfortable situations. Keeping them calm and comforted can make assessment and treatment easier and more effective. The presence of a parent or familiar caregiver can be invaluable.

NOTES:

ENDOCRINE EMERGENCY SCENARIOS

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Scenario: Diabetic Ketoacidosis (DKA)

Patient Information:

- Age: 29 years old
- Gender: Female

Moulage Required:

- Fruity (acetone) breath odor

Dispatch Information:

- Caller reports a female patient with rapid breathing and confusion.

On Arrival Presentation:

- Patient appears lethargic, breathing rapidly, with a noticeable fruity breath odor.

Past Medical History:

- Type 1 diabetes

Primary Assessment Findings:

- Alert but fatigued
- Kussmaul breathing, dry skin

Vital Signs:

- BP: 110/70 mmHg
- HR: 110 bpm
- RR: 30 breaths/min
- SpO2: 98% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Fatigue, increased thirst, frequent urination, rapid breathing
- Allergies: None
- Medications: Insulin (has not taken a dose for 2 days due to running out)
- Past Medical History: Type 1 diabetes
- Last Oral Intake: Water 1 hour prior
- Events Leading Up: Symptoms worsening over the past 48 hours

EMT Level Treatment Goals:

- Administer oxygen
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs and blood glucose levels

Debrief Questions:

- What is diabetic ketoacidosis (DKA) and how does it develop?
 - Answer: DKA is a severe complication of diabetes that occurs when the body produces high levels of blood acids called ketones. It develops when the body cannot produce enough insulin, leading to a breakdown of fat as a fuel source and producing ketones.
- Why might a fruity (acetone) breath odor be present in DKA?
 - Answer: The fruity breath odor is due to elevated ketone levels, specifically acetone, which is exhaled.
- Why is it important to rapidly transport and treat DKA patients?
 - Answer: DKA can progress to life-threatening complications, including severe dehydration, electrolyte imbalance, and coma. Early intervention with fluids, electrolyte correction, and insulin is crucial.

NOTES:

Scenario: Hyperosmolar Hyperglycemic State (HHS)

Patient Information:

- Age: 60 years old
- Gender: Male

Moulage Required:

- Severe dehydration (e.g., sunken eyes)

Dispatch Information:

- Caller reports an elderly male patient acting confused and very weak.

On Arrival Presentation:

- Patient appears severely dehydrated, confused, and weak.

Past Medical History:

- Type 2 diabetes

Primary Assessment Findings:

- Alert but disoriented
- Dry, warm skin, weak pulse

Vital Signs:

- BP: 90/60 mmHg
- HR: 115 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: 98.0°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Confusion, weakness, increased thirst, decreased urination
- Allergies: None
- Medications: Metformin
- Past Medical History: Type 2 diabetes
- Last Oral Intake: Unknown
- Events Leading Up: Gradual onset over the past week

EMT Level Treatment Goals:

- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs and blood glucose levels

Debrief Questions:

- How does hyperosmolar hyperglycemic state (HHS) differ from DKA?
 - Answer: Both are complications of diabetes characterized by hyperglycemia. However, HHS typically occurs in type 2 diabetics and lacks significant ketoacidosis seen in DKA. HHS patients often have more profound dehydration and higher blood glucose levels.
- Why might an HHS patient appear severely dehydrated?
 - Answer: The body tries to get rid of the excess glucose through increased urination, leading to significant fluid loss and dehydration.
- What are the main goals of treatment for HHS?
 - Answer: Fluid resuscitation, correction of electrolyte imbalances, and gradually lowering blood glucose levels.

NOTES:

Scenario: Hypothyroidism/Cretinism in a Newborn

Patient Information:

- Age: 3 weeks old
- Gender: Female

Moulage Required:

- Jaundiced appearance, lethargy

Dispatch Information:

- Caller reports a newborn appearing yellow and not feeding well.

On Arrival Presentation:

- Baby appears lethargic, with a noticeable yellow tint to the skin.

Past Medical History:

- None (newborn)

Primary Assessment Findings:

- Lethargic, poor muscle tone, cool skin

Vital Signs:

- BP: 60/40 mmHg
- HR: 85 bpm
- RR: 30 breaths/min
- SpO₂: 95% on room air
- Temperature: 96.5°F (35.8°C)

SAMPLE History Findings:

- Symptoms: Lethargy, poor feeding, jaundice
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: 6 hours prior
- Events Leading Up: Mother noticed increasing lethargy and poor feeding over several days

EMT Level Treatment Goals:

- Keep the baby warm
- Administer oxygen if SpO₂ < 94%
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- Consider IV access if dehydration is suspected
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- How does congenital hypothyroidism (cretinism) present in newborns?
 - Answer: It can present with jaundice, lethargy, poor feeding, constipation, large tongue, and poor muscle tone.
- Why is early detection and treatment crucial in congenital hypothyroidism?
 - Answer: Early treatment with thyroid hormone replacement can prevent intellectual disability and ensure normal growth and development.
- How is congenital hypothyroidism typically diagnosed and treated?
 - Answer: It's often detected through newborn screening tests. Treatment involves lifelong thyroid hormone replacement therapy.

NOTES:

Scenario: Addisonian Crisis

Patient Information:

- Age: 45 years old
- Gender: Male

Moulage Required:

- Fatigue, abdominal pain

Dispatch Information:

- Caller reports a male with severe weakness and abdominal pain.

On Arrival Presentation:

- Patient appears fatigued, in pain, and is vomiting.

Past Medical History:

- Addison's disease

Primary Assessment Findings:

- Alert but weak
- Abdominal pain, vomiting, and hypotension

Vital Signs:

- BP: 80/50 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 99.5°F (37.5°C)

SAMPLE History Findings:

- Symptoms: Weakness, abdominal pain, vomiting
- Allergies: None
- Medications: Hydrocortisone (missed last two doses)
- Past Medical History: Addison's disease
- Last Oral Intake: Breakfast 5 hours prior
- Events Leading Up: Symptoms started after missing medication

EMT Level Treatment Goals:

- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Consider steroids if protocols allow and if the patient's medication history is confirmed
- Continuous monitoring of vital signs

Debrief Questions:

- What is an Addisonian crisis?
 - Answer: It's an acute adrenal failure and is a medical emergency. It can occur in patients with Addison's disease and is characterized by hypotension, abdominal pain, vomiting, and confusion.
- Why might missing doses of hydrocortisone lead to an Addisonian crisis?
 - Answer: Patients with Addison's disease lack adequate adrenal hormone production. Missing replacement doses can lead to dangerously low levels, precipitating a crisis.
- What is the primary treatment for an Addisonian crisis?
 - Answer: Rapid fluid resuscitation and administration of corticosteroids.

NOTES:

Scenario: Thyroid Storm

Patient Information:

- Age: 40 years old
- Gender: Female

Moulage Required:

- Tremors, sweating

Dispatch Information:

- Caller reports a female with a rapid heartbeat and shaking.

On Arrival Presentation:

- Patient appears agitated, sweating profusely, with noticeable hand tremors.

Past Medical History:

- Hyperthyroidism

Primary Assessment Findings:

- Alert but anxious
- Tremors, tachycardia, and hyperthermia

Vital Signs:

- BP: 140/90 mmHg
- HR: 150 bpm
- RR: 24 breaths/min
- SpO2: 99% on room air
- Temperature: 102°F (38.9°C)

SAMPLE History Findings:

- Symptoms: Tremors, palpitations, anxiety
- Allergies: None
- Medications: Methimazole (anti-thyroid drug)
- Past Medical History: Hyperthyroidism
- Last Oral Intake: Lunch 3 hours prior
- Events Leading Up: Acute onset over the past few hours

EMT Level Treatment Goals:

- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Consider beta-blockers if protocols allow
- Continuous monitoring of vital signs and ECG

Debrief Questions:

- What is a thyroid storm and how does it present?
 - Answer: It's a life-threatening exacerbation of hyperthyroidism. Symptoms include severe tachycardia, fever, tremors, and altered mental status.
- Why is rapid transport and aggressive treatment important in thyroid storm?
 - Answer: Without prompt treatment, thyroid storm can lead to heart failure, multiple organ damage, and death.
- How might the patient's history of hyperthyroidism have contributed to this presentation?
 - Answer: If the patient's hyperthyroidism was not adequately controlled or if they missed doses of anti-thyroid medications, they could be at risk for developing a thyroid storm.

NOTES:

Scenario: Severe Hypoglycemia in a Type 1 Diabetic

Patient Information:

- Age: 24 years old
- Gender: Male

Moulage Required:

- Pale, sweaty appearance

Dispatch Information:

- Caller reports a young male patient acting confused and sweating profusely.

On Arrival Presentation:

- Patient appears dazed, sweating, with poor coordination and slurred speech.

Past Medical History:

- Type 1 diabetes

Primary Assessment Findings:

- Alert but confused
- Cool, clammy skin

Vital Signs:

- BP: 100/60 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 98°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Confusion, sweating, shaking
- Allergies: None
- Medications: Insulin (last dose taken 2 hours ago)
- Past Medical History: Type 1 diabetes
- Last Oral Intake: Skipped breakfast
- Events Leading Up: Woke up late, took insulin, and rushed to work without eating breakfast

EMT Level Treatment Goals:

- If the patient is alert and able to swallow, provide oral glucose or sugary drink
- Monitor vital signs closely
- Rapid transport if no improvement

Paramedic Level Treatment Goals:

- IV access and administer dextrose if the patient is not improving or unable to take oral glucose
- Continuous monitoring of vital signs and blood glucose levels

Debrief Questions:

- Why is it important to quickly treat hypoglycemia?
 - Answer: Prolonged hypoglycemia can lead to unconsciousness, seizures, and brain damage. Rapid correction can prevent these complications.
- How might the patient's actions (taking insulin and skipping breakfast) have contributed to this episode?
 - Answer: Insulin lowers blood glucose levels. By taking insulin and not eating, the patient likely caused an excessive drop in his blood glucose, leading to hypoglycemia.
- What should be the follow-up care for this patient after initial treatment?
 - Answer: After initial treatment and stabilization, the patient should consume a longer-acting carbohydrate source (like a sandwich) to prevent recurrent hypoglycemia. The patient should also be educated on the importance of balancing insulin doses with food intake.

NOTES:

ELECTROLYTE IMBALANCE SCENARIOS

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Scenario: Hyperkalemia

Patient Information:

- Age: 65 years old
- Gender: Male

Moulage Required:

- None

Dispatch Information:

- Dispatched for a patient with weakness and irregular heartbeat

On Arrival Presentation:

- Patient appears fatigued, reports general weakness, and feels occasional “skipped beats” in his chest

Past Medical History:

- Chronic kidney disease, hypertension

Primary Assessment Findings:

- Mild confusion
- Muscle twitching and weakness

Vital Signs:

- BP: 115/75 mmHg
- HR: 52 bpm (bradycardia)
- RR: 16 breaths/min
- SpO₂: 98% on room air
- Temperature: 36.7°C (98.1°F)

SAMPLE History Findings:

- Symptoms: Fatigue, muscle weakness, palpitations
- Allergies: None
- Medications: Lisinopril, metoprolol, and potassium supplements
- Past Medical History: Chronic kidney disease, hypertension
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Gradual onset of symptoms over the past two days

EMT Level Treatment Goals:

- Monitor airway, breathing, and circulation
- Obtain a 12-lead ECG if equipment and training allow
- Rapid transport to a medical facility

Paramedic Level Treatment Goals:

- 12-lead ECG will likely show peaked T-waves, prolonged PR interval, and widened QRS complex
- Administer calcium gluconate or calcium chloride per protocol to stabilize cardiac membranes
- Consider sodium bicarbonate administration to shift potassium intracellularly

Debrief Questions:

- Why is hyperkalemia particularly concerning for cardiac function?
 - Answer: High levels of potassium can disrupt the electrical activity of the heart, potentially leading to arrhythmias or cardiac arrest.
- How might chronic kidney disease contribute to hyperkalemia?
 - Answer: The kidneys play a crucial role in regulating potassium levels. In chronic kidney disease, the kidneys' ability to excrete potassium may be impaired, leading to accumulation in the bloodstream.
- Why might calcium be administered in the setting of hyperkalemia?
 - Answer: Calcium can help stabilize the cardiac membranes and counteract the cardiac effects of elevated potassium levels.

NOTES:

Scenario: Hyponatremia

Patient Information:

- Age: 23 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Dispatched for a patient post-marathon with altered mental status

On Arrival Presentation:

- Patient is confused, exhibiting seizure-like activity

Past Medical History:

- Healthy, avid runner

Primary Assessment Findings:

- Altered mental status
- Seizure activity

Vital Signs:

- BP: 110/70 mmHg
- HR: 90 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: 37.2°C (99°F)

SAMPLE History Findings:

- Symptoms: Confusion, seizures
- Allergies: None
- Medications: None
- Past Medical History: Healthy
- Last Oral Intake: Consumed large amounts of water after completing a marathon
- Events Leading Up: Ran a marathon, consumed significant water post-race, started feeling "off," then seizure onset

EMT Level Treatment Goals:

- Protect the patient from injury during seizures
- Monitor airway, breathing, and circulation
- Administer oxygen as necessary
- Rapid transport to a medical facility

Paramedic Level Treatment Goals:

- Protect airway; consider advanced airway if prolonged seizures or inadequate ventilation
- IV access with isotonic fluids (e.g., normal saline) to correct sodium levels slowly
- Benzodiazepines (e.g., lorazepam) for seizure control if required

Debrief Questions:

- How might excessive water intake post-marathon contribute to hyponatremia?
 - Answer: Consuming large amounts of water without adequate sodium replacement can dilute sodium in the bloodstream, leading to hyponatremia.
- Why is it important to correct sodium levels slowly in the case of chronic hyponatremia?
 - Answer: Rapid correction of chronic hyponatremia can lead to osmotic demyelination syndrome, a serious condition that can result in permanent brain damage.
- Apart from seizures, what are other potential symptoms or complications of hyponatremia?
 - Answer: Symptoms can range from mild to severe and include headache, nausea, vomiting, muscle cramps, fatigue, confusion, and in severe cases, coma or brain herniation.

NOTES:

Scenario: Hypercalcemia

Patient Information:

- Age: 70 years old
- Gender: Male

Moulage Required:

- None

Dispatch Information:

- Dispatched for an elderly male feeling weak and lethargic

On Arrival Presentation:

- Patient is drowsy and complains of constipation and stomach pain

Past Medical History:

- History of lung cancer

Primary Assessment Findings:

- Dry mucous membranes
- Decreased skin turgor

Vital Signs:

- BP: 135/85 mmHg
- HR: 95 bpm
- RR: 20 breaths/min
- SpO2: 95% on room air
- Temperature: 36.8°C (98.2°F)

SAMPLE History Findings:

- Symptoms: Fatigue, constipation, stomach pain, frequent urination
- Allergies: None
- Medications: Pain medications for cancer treatment
- Past Medical History: Lung cancer, osteoporosis
- Last Oral Intake: A light breakfast
- Events Leading Up: Progressive fatigue over the past week, worsening constipation

EMT Level Treatment Goals:

- Monitor airway, breathing, and circulation
- Keep the patient comfortable
- Rapid transport to a medical facility

Paramedic Level Treatment Goals:

- IV access with isotonic fluids
- Monitor for cardiac arrhythmias

Debrief Questions:

- Why might a patient with lung cancer develop hypercalcemia?
 - Answer: Certain types of cancer, including lung cancer, can produce substances that increase calcium levels in the blood.
- How does hypercalcemia affect the kidneys?
 - Answer: High calcium levels can lead to dehydration by causing increased urination. Over time, this can lead to kidney stones or even kidney failure.
- What are some common symptoms of hypercalcemia?
 - Answer: Symptoms of hypercalcemia can include fatigue, weakness, constipation, nausea, stomach pain, frequent urination, confusion, and in severe cases, cardiac arrhythmias or coma.

NOTES:

Scenario: Hypokalemia

Patient Information:

- Age: 45 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Dispatched for a patient with muscle cramps and weakness

On Arrival Presentation:

- Patient complains of severe muscle cramps, especially in her legs, and overall weakness

Past Medical History:

- Diuretic therapy for hypertension

Primary Assessment Findings:

- Muscle twitching and cramps
- Possible mild cardiac palpitations

Vital Signs:

- BP: 110/70 mmHg
- HR: 100 bpm
- RR: 16 breaths/min
- SpO2: 99% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Muscle cramps, weakness, occasional palpitations
- Allergies: None
- Medications: Hydrochlorothiazide (a diuretic)
- Past Medical History: Hypertension
- Last Oral Intake: Dinner the previous night
- Events Leading Up: Noticed muscle cramps and weakness after starting her new medication

EMT Level Treatment Goals:

- Monitor airway, breathing, and circulation
- Reassure the patient and transport to a medical facility

Paramedic Level Treatment Goals:

- 12-lead ECG may show flattened T-waves, presence of U-waves, and possible ST-segment depression
- IV access and administration of potassium chloride (if within scope and protocol)

Debrief Questions:

- How might diuretics like hydrochlorothiazide lead to hypokalemia?
 - Answer: Diuretics increase urine production, which can result in increased excretion of potassium, leading to hypokalemia.
- Why is it crucial to monitor the cardiac rhythm in patients with hypokalemia?
 - Answer: Low potassium levels can disrupt the electrical activity of the heart, potentially leading to dangerous arrhythmias.
- What dietary advice might be given to a patient on diuretics to prevent hypokalemia?
 - Answer: Consuming potassium-rich foods like bananas, oranges, and potatoes can help maintain potassium levels. However, patients should always discuss dietary changes with their physician.

NOTES:

Scenario: Hypomagnesemia

Patient Information:

- Age: 58 years old
- Gender: Male

Moulage Required:

- None

Dispatch Information:

- Dispatched for a patient with tremors and confusion

On Arrival Presentation:

- Patient exhibits hand tremors and seems confused

Past Medical History:

- Alcoholism

Primary Assessment Findings:

- Tremors, especially in the hands
- Hyperactive reflexes

Vital Signs:

- BP: 140/90 mmHg
- HR: 110 bpm
- RR: 20 breaths/min
- SpO2: 97% on room air
- Temperature: 36.9°C (98.4°F)

SAMPLE History Findings:

- Symptoms: Tremors, confusion
- Allergies: None
- Medications: None
- Past Medical History: Alcoholism
- Last Oral Intake: Alcohol the previous night
- Events Leading Up: Has been trying to reduce alcohol intake, noticed tremors worsening

EMT Level Treatment Goals:

- Monitor airway, breathing, and circulation
- Reassure the patient
- Transport to a medical facility

Paramedic Level Treatment Goals:

- IV access and administer magnesium sulfate if within scope and protocol
- Monitor for cardiac arrhythmias

Debrief Questions:

- How is alcoholism related to hypomagnesemia?
 - Answer: Chronic alcohol consumption can lead to decreased absorption of magnesium from the intestines and increased excretion from the kidneys.
- Why might a patient with hypomagnesemia exhibit tremors and hyperactive reflexes?
 - Answer: Magnesium plays a role in neuromuscular transmission. Low levels can result in increased nerve excitability, leading to symptoms like tremors and hyperreflexia.
- How can hypomagnesemia affect cardiac function?
 - Answer: Magnesium plays a crucial role in cardiac electrical activity. Hypomagnesemia can lead to arrhythmias, especially torsades de pointes, a specific type of ventricular tachycardia.

NOTES:

OVERDOSE SCENARIOS

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Scenario: Opioid Overdose

Patient Information:

- Age: 24 years old
- Gender: Male

Moulage Required:

- Pinpoint pupils, slow respiratory rate

Dispatch Information:

- Caller reports an unresponsive individual with shallow breathing.

On Arrival Presentation:

- Patient is unresponsive, with infrequent and shallow respirations.

Past Medical History:

- History of substance abuse

Primary Assessment Findings:

- Pinpoint pupils, slow respiratory rate

Vital Signs:

- BP: 90/60 mmHg
- HR: 55 bpm
- RR: 6 breaths/min
- SpO2: 88% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Found unresponsive by a friend
- Allergies: None known
- Medications: Unknown
- Past Medical History: Substance abuse
- Last Oral Intake: Unknown
- Events Leading Up: Friend found him unresponsive with a used syringe nearby

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Assist ventilations with a bag-valve mask

Paramedic Level Treatment Goals:

- IV or IO access
- Administer naloxone
- Continue ventilatory support and oxygenation

Debrief Questions:

- How do opioids lead to respiratory depression?
 - Answer: Opioids act on the central nervous system and depress the respiratory centers in the brain, leading to decreased respiratory drive.
- Why is naloxone effective in treating opioid overdose?
 - Answer: Naloxone is an opioid antagonist, meaning it blocks the opioid receptors and reverses the effects of the opioid.
- If the patient wakes up agitated after naloxone administration, what should be the approach?
 - Answer: Ensure personal safety and the safety of the patient. Speak calmly, try to reorient the patient, and explain the situation. Sometimes, patients can become agitated or combative after naloxone administration due to sudden withdrawal.

NOTES:

Scenario: Benzodiazepine Overdose

Patient Information:

- Age: 50 years old
- Gender: Female

Moulage Required:

- Slurred speech, drowsiness

Dispatch Information:

- Caller reports a woman acting “drunk” but hasn’t been drinking.

On Arrival Presentation:

- Patient is drowsy, slurring words, with poor coordination.

Past Medical History:

- Anxiety disorder

Primary Assessment Findings:

- CNS depression, slurred speech

Vital Signs:

- BP: 110/70 mmHg
- HR: 70 bpm
- RR: 12 breaths/min
- SpO2: 96% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Drowsiness, confusion
- Allergies: None known
- Medications: Diazepam for anxiety
- Past Medical History: Anxiety disorder
- Last Oral Intake: Unknown
- Events Leading Up: Found by a family member acting unusually drowsy

EMT Level Treatment Goals:

- Place in recovery position to prevent aspiration
- Administer supplemental oxygen
- Monitor airway and breathing

Paramedic Level Treatment Goals:

- IV access
- Consider administration of flumazenil, but with caution due to seizure risk
- Monitor for respiratory depression

Debrief Questions:

- How do benzodiazepines lead to CNS depression?
 - Answer: Benzodiazepines enhance the effect of the neurotransmitter GABA, leading to sedative, hypnotic, anxiolytic, and muscle relaxant properties.
- What are the risks associated with flumazenil administration?
 - Answer: Flumazenil can precipitate seizures, especially in chronic benzodiazepine users or in patients with co-ingestions of seizure-threshold-lowering drugs.
- What differentiates benzodiazepine overdose from alcohol intoxication?
 - Answer: While both can present with CNS depression and similar symptoms, history is crucial. Additionally, benzodiazepine overdose may lack the smell of alcohol, and pinpoint pupils are more common with benzodiazepine overdose.

NOTES:



Scenario: Acetaminophen Overdose

Patient Information:

- Age: 19 years old
- Gender: Female

Moulage Required:

- Pale, jaundiced appearance

Dispatch Information:

- Caller reports a teenager who may have taken too many pain pills.

On Arrival Presentation:

- Patient is alert but appears pale and slightly jaundiced.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Jaundice, mild confusion

Vital Signs:

- BP: 105/65 mmHg
- HR: 85 bpm
- RR: 16 breaths/min
- SpO2: 98% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Nausea, feeling unwell
- Allergies: None
- Medications: Over-the-counter pain relievers
- Past Medical History: Healthy
- Last Oral Intake: Dinner last night
- Events Leading Up: Took a large number of acetaminophen pills following a breakup

EMT Level Treatment Goals:

- Supportive care
- Rapid transport due to potential liver damage

Paramedic Level Treatment Goals:

- IV access
- Consider activated charcoal if ingestion was within the past hour and the patient is alert
- Transport to a facility capable of administering N-acetylcysteine (NAC)

Debrief Questions:

- How does acetaminophen cause toxicity?
 - Answer: In overdose, the liver's pathways to metabolize acetaminophen become saturated, leading to the production of a toxic metabolite that can cause liver damage.
- Why is N-acetylcysteine (NAC) important in acetaminophen overdose?
 - Answer: NAC acts as a precursor for glutathione, which helps detoxify the harmful metabolite of acetaminophen, thus preventing or reducing liver damage.
- What are the potential long-term effects of an acetaminophen overdose?
 - Answer: If not treated promptly, acetaminophen overdose can lead to irreversible liver damage, liver failure, and even death.

NOTES:



Scenario: Antidepressant Overdose

Patient Information:

- Age: 35 years old
- Gender: Male

Moulage Required:

- Agitated, tremors

Dispatch Information:

- Caller reports a man acting erratically and “shaking.”

On Arrival Presentation:

- Patient is agitated, with tremors, dilated pupils, and rapid heart rate.

Past Medical History:

- Depression

Primary Assessment Findings:

- Agitation, tremors, dilated pupils

Vital Signs:

- BP: 140/90 mmHg
- HR: 120 bpm
- RR: 20 breaths/min
- SpO2: 97% on room air
- Temperature: 38.5°C (101.3°F)

SAMPLE History Findings:

- Symptoms: Tremors, agitation, hallucinations
- Allergies: None
- Medications: SSRI antidepressants
- Past Medical History: Depression
- Last Oral Intake: Unknown
- Events Leading Up: Has been more depressed recently, bottle of pills found empty by a family member

EMT Level Treatment Goals:

- Maintain a calm environment
- Administer supplemental oxygen
- Monitor airway and breathing

Paramedic Level Treatment Goals:

- IV access
- Consider benzodiazepines for extreme agitation
- Continuous monitoring of vital signs and ECG for arrhythmias

Debrief Questions:

- What is serotonin syndrome, and why can it result from an overdose of SSRI antidepressants?
 - Answer: Serotonin syndrome occurs due to an excess of serotonin in the CNS. SSRI overdose can increase serotonin levels, leading to symptoms like agitation, tremor, hyperthermia, and even seizures.
- Why are benzodiazepines preferred for extreme agitation in serotonin syndrome?
 - Answer: Benzodiazepines can reduce the excessive CNS stimulation without affecting serotonin levels.
- What other drugs or combinations can lead to serotonin syndrome?
 - Answer: Other drugs include MAO inhibitors, certain pain medications, illicit drugs like MDMA, and even some over-the-counter cough medicines. The risk increases when these are combined with SSRIs or taken in overdose.

NOTES:

Scenario: Cocaine Overdose

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Sweating, agitated

Dispatch Information:

- Caller reports a man acting paranoid and “overheated.”

On Arrival Presentation:

- Patient is agitated, sweating profusely, complaining of chest pain.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Hyperthermia, agitation, chest pain

Vital Signs:

- BP: 180/110 mmHg
- HR: 140 bpm
- RR: 24 breaths/min
- SpO2: 95% on room air
- Temperature: 39.7°C (103.5°F)

SAMPLE History Findings:

- Symptoms: Chest pain, hyperthermia, agitation
- Allergies: None
- Medications: None
- Past Medical History: No significant history
- Last Oral Intake: Unknown
- Events Leading Up: Attended a party where he may have used cocaine

EMT Level Treatment Goals:

- Calm the patient and reduce external stimuli
- Administer supplemental oxygen
- Monitor airway and breathing

Paramedic Level Treatment Goals:

- IV access
- Administer benzodiazepines for extreme agitation and hypertension
- Continuous monitoring of vital signs and ECG for arrhythmias

Debrief Questions:

- Why can cocaine lead to hyperthermia?
 - Answer: Cocaine can increase metabolic rate and impair the body's ability to dissipate heat, leading to hyperthermia.
- What cardiovascular effects can cocaine have?
 - Answer: Cocaine can cause vasoconstriction, increased heart rate, hypertension, and can predispose to arrhythmias and myocardial ischemia.
- Why is rapid cooling important in hyperthermic patients?
 - Answer: Prolonged hyperthermia can lead to multi-organ dysfunction, rhabdomyolysis, and even death.

NOTES:

Scenario: Acute Alcohol Withdrawal

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Tremors (observable shaking of the hands)
- Sweaty and flushed appearance

Dispatch Information:

- Dispatched for a male patient experiencing tremors and agitation.

On Arrival Presentation:

- Patient is visibly agitated, hands shaking, sweating profusely.
- He appears anxious and reports hearing sounds that aren't there (auditory hallucinations).

Past Medical History:

- Chronic alcoholism; recently tried to quit drinking on his own.

Primary Assessment Findings:

- Agitation
- Tremors, especially in the hands
- Auditory hallucinations
- Hyperactive reflexes

Vital Signs:

- BP: 160/100 mmHg
- HR: 120 bpm
- RR: 24 breaths/min
- SpO2: 98% on room air
- Temperature: 38.5°C (101.3°F)

SAMPLE History Findings:

- Symptoms: Tremors, agitation, auditory hallucinations, sweating.
- Allergies: None known.
- Medications: None.
- Past Medical History: Chronic alcoholism.
- Last Oral Intake: Last drink was two days ago.
- Events Leading Up: Patient decided to quit drinking cold turkey two days ago after a decade of heavy daily alcohol consumption.

EMT Level Treatment Goals:

- Ensure safety – patients can be unpredictable and may need soft restraints if they become combative.
- Monitor airway, breathing, and circulation.
- Reassure and calm the patient.
- Rapid transport to a medical facility.

Paramedic Level Treatment Goals:

- IV access with isotonic fluids.
- Administer benzodiazepines (like diazepam or lorazepam) as per protocol for agitation and to prevent progression to severe withdrawal symptoms like seizures.
- Continuous monitoring, including cardiac monitoring for arrhythmias.

Debrief Questions:

- Why is acute alcohol withdrawal potentially life-threatening?
 - Answer: Acute alcohol withdrawal can lead to severe symptoms such as seizures, severe agitation, hallucinations, and even delirium tremens, which can be fatal if not treated appropriately. The risk of injury also increases due to altered mental status and agitation.
- How do benzodiazepines help in the management of alcohol withdrawal?
 - Answer: Benzodiazepines help reduce the severity of withdrawal symptoms by depressing the central nervous system. They can reduce agitation, prevent seizures, and decrease the progression to more severe forms of withdrawal such as delirium tremens.
- What is the significance of the patient's decision to quit "cold turkey" without medical supervision?
 - Answer: Quitting alcohol abruptly, especially after prolonged heavy use, can trigger severe withdrawal symptoms. Gradual tapering or medical supervision with appropriate medications is recommended for chronic alcohol users to prevent severe withdrawal symptoms.

NOTES:

TRAUMA SCENARIOS

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Scenario: Fall with Open Head Injury

Patient Information:

- Age: 52 years old
- Gender: Male

Moulage Required:

- Bleeding laceration on the forehead
- Bruising around both eyes

Dispatch Information:

- Caller reports a male who fell from a ladder and hit his head.

On Arrival Presentation:

- Patient is lying on the ground, conscious but disoriented, with an obvious bleeding laceration on the forehead.

Past Medical History:

- Hypertension

Primary Assessment Findings:

- Open, bleeding wound on the forehead
- Pupils unequal with the left pupil larger than the right
- Slow verbal responses

Vital Signs:

- BP: 180/100 mmHg
- HR: 55 bpm
- RR: 14 breaths/min, shallow
- SpO2: 97% on room air
- Temperature: 98°F (36.7°C)

SAMPLE History Findings:

- Symptoms: Disorientation, headache
- Allergies: None
- Medications: Lisinopril for hypertension
- Past Medical History: Hypertension
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Fell from a 10-foot ladder

EMT Level Treatment Goals:

- Manual stabilization of the cervical spine
- Control bleeding with sterile dressings without applying excessive pressure
- Administer supplemental oxygen
- Rapid transport due to potential intracranial injury

Paramedic Level Treatment Goals:

- Maintain cervical spine precautions
- IV access and fluid resuscitation if indicated
- Consider advanced airway management if patient deteriorates
- Continuous monitoring of vital signs and neurological status

Debrief Questions:

- Why might unequal pupils be concerning after a head injury?
 - Answer: Unequal pupils can indicate increased intracranial pressure or brain herniation, especially if associated with changes in consciousness or vital signs.
- What is Cushing's triad and how does it relate to this scenario?
 - Answer: Cushing's triad consists of hypertension, bradycardia, and irregular respirations. It suggests increased intracranial pressure. The patient's elevated BP and decreased heart rate could be early signs of this.
- Why is it important to avoid excessive pressure when dressing an open head wound?
 - Answer: Applying excessive pressure might exacerbate an underlying brain injury or increase intracranial pressure.

NOTES:



Scenario: Blunt Force Trauma from Assault

Patient Information:

- Age: 29 years old
- Gender: Female

Moulage Required:

- Swelling and bruising on the left side of the face
- Blood from the nose and mouth

Dispatch Information:

- Caller reports a female assaulted with a baseball bat to the head.

On Arrival Presentation:

- Patient is semi-conscious, groaning with visible facial injuries.

Past Medical History:

- None

Primary Assessment Findings:

- Significant swelling on the left side of the face
- Blood coming from the nose and mouth
- GCS score of 10 (E3, V2, M5)

Vital Signs:

- BP: 95/65 mmHg
- HR: 110 bpm
- RR: 18 breaths/min
- SpO2: 95% on room air
- Temperature: 98.6°F (37°C)

SAMPLE History Findings:

- Symptoms: Altered consciousness
- Allergies: Penicillin
- Medications: Birth control pills
- Past Medical History: None
- Last Oral Intake: Dinner 2 hours ago
- Events Leading Up: Assaulted with a baseball bat to the head

EMT Level Treatment Goals:

- Manual stabilization of the cervical spine
- Suction airway as needed
- Administer supplemental oxygen
- Rapid transport with continuous monitoring

Paramedic Level Treatment Goals:

- Maintain cervical spine precautions
- IV access and fluid resuscitation
- Consider advanced airway management based on the patient's airway and breathing status
- Continuous monitoring of vital signs and neurological status

Debrief Questions:

- Why is cervical spine stabilization crucial in a patient with head trauma?
 - Answer: Any significant head trauma can be associated with cervical spine injuries. Movement can exacerbate spinal cord injuries.
- What considerations should be made for airway management in this patient?
 - Answer: The patient may have facial fractures or dental injuries. Suctioning may be needed due to blood in the airway. Advanced airway management should be approached with caution due to potential cervical spine involvement.
- Why is rapid transport prioritized over extensive on-scene treatment in severe head trauma?
 - Answer: Severe head trauma patients benefit from the advanced capabilities of a trauma center, including imaging and surgical intervention. Delays on scene might worsen outcomes.

NOTES:

Scenario: Severe Traumatic Brain Injury

Patient Information:

- Age: 44 years old
- Gender: Male

Moulage Required:

- Significant head wound with active bleeding, possibly bone fragments visible
- Bruising around eyes and behind the ears (raccoon eyes and Battle's sign)

Dispatch Information:

- Dispatched for a motor vehicle collision with a pedestrian involved

On Arrival Presentation:

- The patient is found lying on the road, approximately 10 feet from the point of impact. He is unresponsive, with snoring respirations.

Past Medical History:

- None known at the scene

Primary Assessment Findings:

- Unresponsive to verbal and painful stimuli
- Snoring respirations
- Pupils unequal (left pupil larger and non-reactive)

Vital Signs:

- BP: 170/95 mmHg
- HR: 58 bpm (bradycardia)
- RR: 8 breaths/min (hypoventilation)
- SpO2: 88% on room air
- Temperature: Not assessed on scene

SAMPLE History Findings:

- Symptoms: Unconsciousness following a motor vehicle collision
- Allergies: Unknown
- Medications: Unknown
- Past Medical History: Unknown
- Last Oral Intake: Not known
- Events Leading Up: Struck by a vehicle while crossing the road

EMT Level Treatment Goals:

- Manual stabilization of the cervical spine
- Open and maintain the airway (consider jaw-thrust maneuver)
- Administer high-flow oxygen
- Control bleeding from the head wound with sterile dressings
- Rapid transport due to the nature of injury

Paramedic Level Treatment Goals:

- Advanced airway management, if needed (e.g., intubation, supraglottic airway)
- IV/IO access and fluid resuscitation if indicated
- Monitor for signs of increasing intracranial pressure (e.g., Cushing's triad: hypertension, bradycardia, irregular respirations)
- Consider administration of mannitol or hypertonic saline if signs of herniation are present and local protocols allow

Debrief Questions:

- Why are snoring respirations concerning in a traumatic brain injury?
 - Answer: Snoring respirations can indicate a partially obstructed airway, often due to the tongue or other soft tissues. In a TBI, it can also suggest a loss of protective reflexes and a need for immediate airway interventions.
- What significance do the findings of unequal pupils and bradycardia hold in this context?
 - Answer: Unequal pupils (especially when one is dilated and non-reactive) and bradycardia in the setting of a TBI suggest increasing intracranial pressure and potential brain herniation. These are critical findings that necessitate immediate intervention and rapid transport.
- Why is it essential to stabilize the cervical spine in trauma patients with a suspected head injury?
 - Answer: Traumatic events that cause head injuries can also cause neck injuries. Protecting the cervical spine helps prevent potential exacerbation of spinal cord injuries.

NOTES:

Scenario: Penetrating Chest Injury from Stabbing

Patient Information:

- Age: 34 years old
- Gender: Male

Moulage Required:

- Single knife wound to the left anterior chest

Dispatch Information:

- Caller reports a male who has been stabbed in the chest during a street altercation.

On Arrival Presentation:

- Patient is conscious but anxious, holding a cloth to the bleeding wound.

Past Medical History:

- None

Primary Assessment Findings:

- Penetrating knife wound to the left anterior chest, near the heart
- Decreased breath sounds on the left side

Vital Signs:

- BP: 90/60 mmHg
- HR: 130 bpm
- RR: 24 breaths/min, shallow
- SpO2: 94% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Chest pain, difficulty breathing
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Lunch 3 hours ago
- Events Leading Up: Stabbed during a street altercation

EMT Level Treatment Goals:

- Apply an occlusive dressing to the wound to prevent air from entering the pleural space
- Administer supplemental oxygen
- Rapid transport

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation if indicated
- Continuous monitoring of vital signs and SpO2
- Be prepared for needle decompression if tension pneumothorax develops

Debrief Questions:

- Why is an occlusive dressing important for penetrating chest injuries?
 - Answer: It prevents outside air from entering the pleural space and causing a pneumothorax or exacerbating an existing one.
- How might a tension pneumothorax present in a trauma patient?
 - Answer: Symptoms can include severe respiratory distress, decreased or absent breath sounds on the affected side, tracheal deviation away from the injury, distended neck veins, and shock.
- When might needle decompression be indicated?
 - Answer: It's indicated for tension pneumothorax when there are signs of respiratory distress and hemodynamic compromise. Rapid decompression can be life-saving.

NOTES:

Scenario: Flail Chest from Motor Vehicle Accident

Patient Information:

- Age: 50 years old
- Gender: Female

Moulage Required:

- Multiple bruises on the chest and abdomen

Dispatch Information:

- Caller reports a motor vehicle accident with a female passenger showing severe chest injuries.

On Arrival Presentation:

- Patient is in visible pain, with an area of the chest wall moving paradoxically.

Past Medical History:

- Osteoporosis

Primary Assessment Findings:

- Paradoxical chest wall movement suggesting flail chest
- Crepitus felt on palpation of the chest

Vital Signs:

- BP: 105/70 mmHg
- HR: 95 bpm
- RR: 22 breaths/min
- SpO2: 92% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Chest pain, difficulty breathing
- Allergies: None
- Medications: Calcium supplements, vitamin D
- Past Medical History: Osteoporosis
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Involved in a high-speed motor vehicle accident

EMT Level Treatment Goals:

- Provide supplemental oxygen
- Stabilize the flail segment with bulky dressings if causing significant distress
- Rapid transport

Paramedic Level Treatment Goals:

- IV access and pain management
- Consider positive pressure ventilation if patient becomes hypoxic or respiratory distress worsens
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- How does a flail chest occur, and why is it concerning?
 - Answer: A flail chest occurs when a segment of the rib cage becomes detached from the rest of the chest wall. This can impair ventilation and lead to underlying lung injuries.
- Why might positive pressure ventilation be beneficial for flail chest patients?
 - Answer: Positive pressure can help stabilize the flail segment and improve oxygenation by expanding the injured lung.
- How might the patient's history of osteoporosis have contributed to the injury pattern?
 - Answer: Osteoporosis weakens bones, making them more susceptible to fractures. Even minor trauma can cause significant fractures in osteoporotic patients.

NOTES:

Scenario: Commotio Cordis from Sports Injury

Patient Information:

- Age: 16 years old
- Gender: Male

Moulage Required:

- None specific, patient in sports attire

Dispatch Information:

- Caller reports a teenager collapsed after being struck in the chest with a baseball.

On Arrival Presentation:

- Patient is unresponsive, pulseless, and apneic.

Past Medical History:

- None

Primary Assessment Findings:

- No signs of life
- No obvious external injuries

Vital Signs:

- BP: Not palpable
- HR: Not palpable
- RR: Absent
- SpO2: Not obtained
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Sudden collapse
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Struck in the chest by a baseball while at bat

EMT Level Treatment Goals:

- Immediate CPR
- Use of an AED as soon as available

Paramedic Level Treatment Goals:

- Advanced life support, including intubation and IV access
- Administer appropriate medications per cardiac arrest protocol
- Continuous monitoring and rapid transport once ROSC (return of spontaneous circulation) is achieved

Debrief Questions:

- What is commotio cordis, and why is it a critical emergency?
 - Answer: Commotio cordis is a sudden cardiac arrest caused by a blunt impact to the chest over the heart during a vulnerable phase of the cardiac cycle. It's often fatal without immediate treatment.
- Why is the use of an AED crucial in commotio cordis?
 - Answer: The heart may go into ventricular fibrillation, a shockable rhythm. Immediate defibrillation can restore a normal heartbeat.
- How might protective gear, like chest protectors in sports, reduce the risk of commotio cordis?
 - Answer: While they can't eliminate the risk entirely, chest protectors can dissipate the force of the impact and reduce the chance of it striking the heart during the vulnerable phase of the cardiac cycle.

NOTES:

Scenario: Blunt Abdominal Injury from a Motorcycle Accident

Patient Information:

- Age: 28 years old
- Gender: Male

Moulage Required:

- Road rash on arms and legs, distended abdomen

Dispatch Information:

- Caller reports a motorcycle vs. car accident with one rider down.

On Arrival Presentation:

- Patient is lying on the ground, complaining of severe abdominal pain.

Past Medical History:

- None

Primary Assessment Findings:

- Abdomen is distended and rigid
- Bruising starting to appear over the lower abdomen

Vital Signs:

- BP: 100/70 mmHg
- HR: 115 bpm
- RR: 20 breaths/min, shallow
- SpO2: 97% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe abdominal pain, feeling "full"
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Struck by a car while riding his motorcycle

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Immobilize the patient on a long spine board
- Rapid transport due to potential internal bleeding

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation if indicated
- Pain management
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why might a distended and rigid abdomen indicate a serious injury after trauma?
 - Answer: These signs often indicate internal bleeding or a ruptured organ, leading to blood or other fluids filling the abdominal cavity.
- How might bruising (contusion) over the abdomen provide clues about the mechanism of injury?
 - Answer: Bruising might indicate the area of impact and can provide insights into potential underlying injuries.
- Why is rapid transport crucial for suspected internal bleeding?
 - Answer: Only surgical intervention can stop internal bleeding. Rapid transport to a trauma center is essential to give the patient the best chance of survival.

NOTES:

Scenario: Penetrating Injury from a Stabbing

Patient Information:

- Age: 23 years old
- Gender: Female

Moulage Required:

- Knife still impaled in the left upper quadrant of the abdomen

Dispatch Information:

- Caller reports a female has been stabbed during a domestic dispute.

On Arrival Presentation:

- Patient is awake, anxious, with a knife impaled in the abdomen.

Past Medical History:

- None

Primary Assessment Findings:

- Knife impaled in the left upper quadrant
- Minimal external bleeding, but potential for significant internal injury

Vital Signs:

- BP: 105/65 mmHg
- HR: 110 bpm
- RR: 18 breaths/min
- SpO2: 98% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Sharp abdominal pain at the site of the knife
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Dinner 1 hour ago
- Events Leading Up: Stabbed during a dispute

EMT Level Treatment Goals:

- Do not remove the impaled object
- Stabilize the knife in place with bulky dressings
- Administer supplemental oxygen and rapid transport

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation if indicated
- Pain management
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why shouldn't the impaled knife be removed in the field?
 - Answer: Removing the knife can cause more damage and uncontrolled bleeding. The knife might also be acting as a plug to prevent excessive bleeding.
- How should the impaled object be managed during transport?
 - Answer: The object should be stabilized using bulky dressings to prevent it from moving, which can cause further injury.
- Why is it crucial to obtain a thorough history from penetrating trauma patients?
 - Answer: It helps to determine the potential depth and angle of injury, which can provide insights into which organs might be injured.

NOTES:

Scenario: Crush Injury from Industrial Accident

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Obvious deformity and bruising over the lower abdomen and pelvis

Dispatch Information:

- Caller reports an industrial worker was trapped between machinery.

On Arrival Presentation:

- Patient is in significant pain, immobilized on the ground.

Past Medical History:

- None

Primary Assessment Findings:

- Deformity and bruising over the lower abdomen and pelvis
- Pain on palpation, pelvis feels unstable

Vital Signs:

- BP: 95/60 mmHg
- HR: 120 bpm
- RR: 24 breaths/min
- SpO2: 96% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe pelvic pain, feeling “crushed”
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Lunch 4 hours ago
- Events Leading Up: Trapped between heavy machinery

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Immobilize the pelvis using a pelvic binder or sheet
- Rapid transport due to potential internal bleeding and pelvic fracture

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation
- Pain management
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why are pelvic fractures a significant concern in trauma?
 - Answer: The pelvis has large blood vessels, and fractures can lead to massive internal bleeding.
- How can a pelvic binder or sheet help in managing pelvic injuries?
 - Answer: They stabilize the pelvis, reducing the movement of fractured bone fragments and potentially controlling bleeding.
- Why is rapid transport especially crucial for crush injuries?
 - Answer: Crush injuries can lead to a range of complications, from internal bleeding to crush syndrome, which can result in renal failure and cardiac disturbances.

NOTES:

Scenario: Abdominal Evisceration from a Glass Shard

Patient Information:

- Age: 26 years old
- Gender: Male

Moulage Required:

- Large laceration in the abdomen with protruding bowel loops

Dispatch Information:

- Caller reports a male who fell through a glass door and has severe abdominal injuries.

On Arrival Presentation:

- Patient is lying on the ground, conscious but pale, with a visible evisceration of the bowel.

Past Medical History:

- None

Primary Assessment Findings:

- Large laceration in the mid-abdomen with visible and vulnerable bowel loops
- Patient is guarding the wound with his hands

Vital Signs:

- BP: 90/55 mmHg
- HR: 115 bpm
- RR: 22 breaths/min, shallow
- SpO2: 98% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe abdominal pain, feeling “everything coming out”
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 2 hours ago
- Events Leading Up: Fell through a glass door

EMT Level Treatment Goals:

- Gently cover the eviscerated organs with a sterile moist dressing (saline-soaked gauze)
- Place an occlusive dressing (like plastic wrap) over the moist dressings to keep the area moist and prevent further contamination
- Administer supplemental oxygen and rapid transport

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation
- Administer pain management as needed
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why is it important to keep the eviscerated organs moist?
 - Answer: Keeping the organs moist prevents them from drying out, which can cause tissue damage. Using a moist dressing helps preserve the tissue until surgical repair can be done.
- Why is an occlusive dressing used over the moist dressings?
 - Answer: The occlusive dressing helps retain moisture and also prevents further contamination of the exposed organs from the environment.
- How should the patient be positioned during transport if possible?
 - Answer: The patient should be positioned supine with the knees slightly flexed if it doesn't cause more pain. This position can help reduce tension on the eviscerated organs.

NOTES:

Scenario: Pelvic Fracture from a Fall from Height

Patient Information:

- Age: 45 years old
- Gender: Male

Moulage Required:

- General signs of trauma (abrasions, dirt) on body, especially on the lower extremities

Dispatch Information:

- Caller reports a construction worker fell from scaffolding.

On Arrival Presentation:

- Patient is on the ground, conscious, and complaining of severe pelvic pain. He's unable to move his legs.

Past Medical History:

- No significant medical history

Primary Assessment Findings:

- Patient is in severe pain, especially when the pelvis is palpated
- Pelvis feels unstable and "crunchy" on gentle palpation

Vital Signs:

- BP: 85/50 mmHg
- HR: 120 bpm
- RR: 24 breaths/min
- SpO2: 96% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe pelvic pain, inability to move legs
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Snack 1 hour ago
- Events Leading Up: Fell from scaffolding at a height of approximately 15 feet

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Stabilize the pelvis using a pelvic binder or a sheet tied around the pelvis
- Careful spinal precautions due to the mechanism of injury
- Rapid transport due to potential internal bleeding

Paramedic Level Treatment Goals:

- IV access and fluid resuscitation
- Administer pain management as needed
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why is a suspected pelvic fracture a significant concern in trauma patients?
 - Answer: The pelvis has major blood vessels, and fractures can lead to massive internal bleeding. Also, the pelvis provides structural support; fractures can be very painful and disabling.
- How can a pelvic binder or sheet help in the management of a suspected pelvic fracture?
 - Answer: A binder or sheet can help stabilize the fracture, reducing pain and potentially controlling bleeding.
- Why are spinal precautions important in a fall from a significant height?
 - Answer: Falls from height can generate forces that injure the spine. Maintaining spinal precautions can prevent potential exacerbation of a spinal injury.

NOTES:

Scenario: Femur Fracture from a Soccer Game

Patient Information:

- Age: 17 years old
- Gender: Male

Moulage Required:

- Deformity and swelling of the mid-thigh region

Dispatch Information:

- Caller reports a teenager injured during a soccer game.

On Arrival Presentation:

- Patient is on the ground holding his thigh, in visible pain.

Past Medical History:

- Asthma

Primary Assessment Findings:

- Obvious deformity and swelling in the mid-thigh region
- Distal pulses, sensation, and movement are intact

Vital Signs:

- BP: 110/70 mmHg
- HR: 100 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe thigh pain after a tackle
- Allergies: None
- Medications: Albuterol inhaler for asthma
- Past Medical History: Asthma
- Last Oral Intake: Water 10 minutes ago
- Events Leading Up: Was tackled during a soccer game

EMT Level Treatment Goals:

- Immobilize the leg using a traction splint
- Administer supplemental oxygen if needed
- Transport with continuous monitoring

Paramedic Level Treatment Goals:

- IV access for potential pain management
- Administer pain medication as per protocol
- Continuous monitoring of vital signs and distal neurovascular status

Debrief Questions:

- Why is it important to check distal pulses, sensation, and movement in a long bone injury?
 - Answer: It assesses the integrity of the vascular and neural structures distal to the injury. A compromised pulse may indicate vascular injury, and changes in sensation or movement can indicate nerve damage.
- How does a traction splint help in the management of a femur fracture?
 - Answer: The traction splint helps realign the femur and reduces pain. It also minimizes further injury to muscles, blood vessels, and nerves.
- Why might a patient with a femur fracture experience shock?
 - Answer: The femur is a large bone with a significant blood supply. A fracture can result in substantial blood loss into the thigh, leading to shock.

NOTES:

Scenario: Humerus Fracture from a Fall

Patient Information:

- Age: 65 years old
- Gender: Female

Moulage Required:

- Deformity and bruising of the upper arm

Dispatch Information:

- Caller reports an elderly female fell in her garden.

On Arrival Presentation:

- Patient is sitting on a chair, holding her arm, with visible distress.

Past Medical History:

- Osteoporosis, hypertension

Primary Assessment Findings:

- Obvious deformity and bruising in the upper arm
- Arm appears shorter and is rotated

Vital Signs:

- BP: 140/85 mmHg
- HR: 85 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe arm pain after falling on it
- Allergies: None
- Medications: Calcium supplements, vitamin D, and lisinopril for hypertension
- Past Medical History: Osteoporosis, hypertension
- Last Oral Intake: Breakfast 2 hours ago
- Events Leading Up: Fell while gardening

EMT Level Treatment Goals:

- Immobilize the arm using a sling and swathe
- Administer supplemental oxygen if needed
- Gentle transport with continuous monitoring

Paramedic Level Treatment Goals:

- IV access for potential pain management
- Administer pain medication as per protocol
- Continuous monitoring of vital signs and distal neurovascular status

Debrief Questions:

- How might the patient's history of osteoporosis have contributed to the injury?
 - Answer: Osteoporosis weakens bones, making them more susceptible to fractures. Even minor trauma can cause significant fractures in osteoporotic patients.
- Why is immobilization important in managing long bone fractures?
 - Answer: Immobilization reduces pain, prevents further injury to the surrounding tissues, and can minimize the risk of converting a closed fracture to an open one.
- What complications should be monitored for in patients with humerus fractures?
 - Answer: Complications can include vascular injuries, nerve injuries (especially the radial nerve in humerus fractures), compartment syndrome, and secondary injuries from sharp bone ends.

NOTES:

BURN SCENARIOS

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Scenario: Thermal Burn

Patient Information:

- Age: 30 years old
- Gender: Male

Moulage Required:

- Second-degree burns on the right arm and hand

Dispatch Information:

- Report of an individual who sustained a burn from a stovetop

On Arrival Presentation:

- Patient is in obvious pain with blistered and reddened skin on the right arm and hand

Past Medical History:

- None

Primary Assessment Findings:

- Obvious skin damage with blisters and reddening. The patient reports pain.

Vital Signs:

- BP: 115/70 mmHg
- HR: 100 bpm
- RR: 18 breaths/min
- SpO2: 98% on room air
- Temperature: 37.2°C (99°F)

SAMPLE History Findings:

- Symptoms: Pain, burning sensation
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Accidentally touched a hot stovetop

EMT Level Treatment Goals:

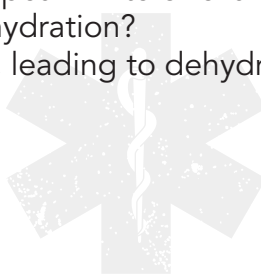
- Remove the patient from the source of the burn
- Cover the burn with sterile non-adhesive dressings
- Administer oxygen if signs of respiratory distress are present

Paramedic Level Treatment Goals:

- Administer pain relief if needed
- Start an IV line for hydration

Debrief Questions:

- Why is it crucial to avoid using adhesive dressings on burns?
 - Answer: They can stick to the burn and cause further injury when removed.
- How do you differentiate between first, second, and third-degree burns?
 - Answer: First-degree burns involve only the outer layer of skin (red and painful). Second-degree burns affect both the outer and underlying skin layer, causing pain, redness, swelling, and blisters. Third-degree burns affect the deepest layers of skin and underlying tissues and may appear white or charred.
- Why might burns result in a need for hydration?
 - Answer: Burns can cause fluid loss, leading to dehydration and potential complications.

NOTES:



Scenario: Lightning Strike Victim

Patient Information:

- Age: 27 years old
- Gender: Female

Moulage Required:

- “Feathering” or Lichtenberg figures (branching burn patterns) on the skin, singed clothing

Dispatch Information:

- Dispatched for a person struck by lightning at a local park

On Arrival Presentation:

- The patient is found lying supine on the ground, unresponsive, with bystanders attempting CPR. There’s a noticeable burnt odor.

Past Medical History:

- Unknown at the scene

Primary Assessment Findings:

- Unresponsive to verbal and painful stimuli
- Absent pulse and respirations

Vital Signs:

- BP: Not detectable
- HR: Absent
- RR: Absent
- SpO2: Not obtainable
- Temperature: Not assessed on scene

SAMPLE History Findings:

- Symptoms: Sudden collapse following lightning strike
- Allergies: Unknown
- Medications: Unknown
- Past Medical History: Unknown
- Last Oral Intake: Not known
- Events Leading Up: Was standing under a tree during a thunderstorm, witnessed lightning strike

EMT Level Treatment Goals:

- Begin high-quality CPR immediately
- Apply AED and follow prompts
- Protect the patient from the environment, especially if the storm is ongoing

Paramedic Level Treatment Goals:

- Advanced cardiac life support (ACLS) protocols if indicated by patient condition
- Intubate or use supraglottic airway devices if prolonged resuscitation is anticipated
- Establish IV/IO access and administer drugs per ACLS protocol
- Rapid transport to an emergency facility with pre-arrival notification due to the high-risk nature of the call

Debrief Questions:

- What is unique about the burn pattern often seen in lightning strike victims?
 - Answer: Lightning strike victims often display “feathering” or Lichtenberg figures. These are branching, fern-like burn patterns on the skin.
- Why is it vital to begin resuscitation efforts immediately in lightning strike victims?
 - Answer: Lightning strikes can cause a transient cardiac arrest, especially asystole or ventricular fibrillation. Immediate resuscitation can lead to a higher chance of return of spontaneous circulation (ROSC) in these patients.
- What are some of the long-term complications associated with lightning injuries?
 - Answer: While many lightning strike victims may suffer from burns or direct injury, there are also long-term complications to consider. These can include neurological deficits, memory problems, sleep disturbances, chronic pain, and psychological effects such as PTSD.

NOTES:

Scenario: Chemical Burn

Patient Information:

- Age: 45 years old
- Gender: Female

Moulage Required:

- Chemical burns on the face and neck

Dispatch Information:

- Chemical spill on a worker at a cleaning facility

On Arrival Presentation:

- Patient is anxious with obvious skin irritation on the face and neck, and chemical fumes are present.

Past Medical History:

- Asthma

Primary Assessment Findings:

- Skin irritation, difficulty breathing, and wheezing

Vital Signs:

- BP: 105/65 mmHg
- HR: 110 bpm
- RR: 24 breaths/min
- SpO2: 92% on room air
- Temperature: 36.8°C (98.2°F)

SAMPLE History Findings:

- Symptoms: Skin irritation, difficulty breathing
- Allergies: None
- Medications: Albuterol inhaler
- Past Medical History: Asthma
- Last Oral Intake: Lunch 1 hour ago
- Events Leading Up: Chemical spill while working

EMT Level Treatment Goals:

- Remove the patient from the source of the chemical
- Begin flushing the affected area with copious amounts of water
- Administer oxygen

Paramedic Level Treatment Goals:

- Monitor airway closely
- Administer nebulized bronchodilators if wheezing persists
- Establish IV access

Debrief Questions:

- Why is it essential to remove the patient from the source of the chemical immediately?
 - Answer: Continued exposure can lead to further injury or inhalation of toxic fumes.
- How long should you continue to flush a chemical burn with water?
 - Answer: It's recommended to flush the area with water for at least 20 minutes, but the duration can vary based on the chemical involved.
- What complications can arise from chemical burns?
 - Answer: Potential complications include skin damage, scarring, infections, and inhalation injuries if toxic fumes are present.

NOTES:

Scenario: Carbon Monoxide Poisoning

Patient Information:

- Age: 50 years old
- Gender: Female

Moulage Required:

- Cherry-red skin coloration

Dispatch Information:

- Alarm activation due to possible carbon monoxide leak in a residence

On Arrival Presentation:

- Patient is drowsy with a headache and confusion.

Past Medical History:

- None

Primary Assessment Findings:

- Altered mental status, cherry-red skin coloration

Vital Signs:

- BP: 90/60 mmHg
- HR: 105 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air (but remember CO poisoning can lead to falsely elevated SpO2 readings)
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Dizziness, headache, nausea
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Woke up feeling unwell with a headache

EMT Level Treatment Goals:

- Remove the patient from the environment immediately
- Administer high-flow oxygen

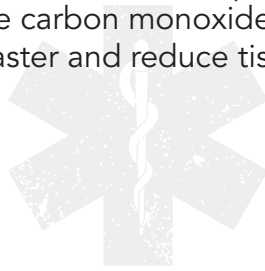
Paramedic Level Treatment Goals:

- Monitor for arrhythmias
- Start an IV line and administer fluids if hypotensive

Debrief Questions:

- Why might a pulse oximeter give a falsely elevated reading in CO poisoning?
 - Answer: Carbon monoxide binds to hemoglobin, creating carboxyhemoglobin. Pulse oximeters can't differentiate between carboxyhemoglobin and oxyhemoglobin, leading to falsely elevated SpO2 readings.
- What is the significance of the cherry-red skin coloration in CO poisoning?
 - Answer: It's a result of the high levels of carboxyhemoglobin in the blood.
- Why is it crucial to administer high-flow oxygen in CO poisoning?
 - Answer: Oxygen helps displace the carbon monoxide from the hemoglobin, allowing the body to eliminate it faster and reduce tissue hypoxia.

NOTES:



ENVIRONMENTAL EMERGENCIES SCENARIOS

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Scenario: Heat Stroke

Patient Information:

- Age: 35 years old
- Gender: Male

Moulage Required:

- Flushed, hot, and dry skin

Dispatch Information:

- Collapsed runner at a marathon

On Arrival Presentation:

- Patient is unresponsive, hot to the touch with dry skin, and rapid breathing.

Past Medical History:

- None

Primary Assessment Findings:

- Absence of sweating, hot and dry skin

Vital Signs:

- BP: 90/50 mmHg
- HR: 130 bpm
- RR: 30 breaths/min
- SpO2: 95% on room air
- Temperature: 41°C (105.8°F)

SAMPLE History Findings:

- Symptoms: Collapse, confusion before collapsing
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Water 1 hour ago during the race
- Events Leading Up: Running a marathon in hot weather

EMT Level Treatment Goals:

- Move patient to a cooler environment
- Remove excess clothing
- Apply cool packs to the groin, armpits, and neck
- Administer oxygen as needed

Paramedic Level Treatment Goals:

- Start IV with normal saline and consider administering it cold
- Rapid transport to a hospital

Debrief Questions:

- How does heat stroke differ from heat exhaustion?
 - Answer: Heat stroke is a life-threatening condition where the body's temperature regulation fails, leading to a temperature above 40°C (104°F). It's characterized by CNS dysfunction and hot, dry skin. Heat exhaustion is milder, with symptoms like heavy sweating, weakness, and muscle cramps.
- Why is the absence of sweating a significant sign in heat stroke?
 - Answer: It indicates that the body's thermoregulation and sweating mechanisms have failed, making it a sign of a severe condition.
- Why might rapid cooling techniques be avoided?
 - Answer: Over-aggressive cooling can lead to shivering, which can generate more heat. It's crucial to cool the patient effectively but not induce other problems.

NOTES:

Scenario: Hypothermia

Patient Information:

- Age: 62 years old
- Gender: Female

Moulage Required:

- Pale and cold skin

Dispatch Information:

- Elderly woman found outside in the snow

On Arrival Presentation:

- Patient is drowsy, shivering, and has slurred speech.

Past Medical History:

- Alzheimer's disease

Primary Assessment Findings:

- Shivering, cold to the touch, impaired coordination

Vital Signs:

- BP: 90/60 mmHg
- HR: 50 bpm
- RR: 14 breaths/min
- SpO2: 93% on room air
- Temperature: 33°C (91.4°F)

SAMPLE History Findings:

- Symptoms: Drowsiness, confusion
- Allergies: None
- Medications: Donepezil
- Past Medical History: Alzheimer's disease
- Last Oral Intake: Unknown
- Events Leading Up: Wandered outside during a snowstorm

EMT Level Treatment Goals:

- Remove wet clothing and cover with dry, warm blankets
- Administer warm oxygen if available
- Protect from the wind and further cold exposure

Paramedic Level Treatment Goals:

- Warm IV fluids
- Monitor for arrhythmias

Debrief Questions:

- Why is it crucial to handle hypothermia patients gently?
 - Answer: Cold hearts are irritable and more susceptible to ventricular fibrillation. Rough handling can induce this deadly rhythm.
- What are the potential cardiovascular complications of hypothermia?
 - Answer: Bradycardia, atrial fibrillation, and ventricular fibrillation can occur.
- Why might some hypothermia patients appear deceased?
 - Answer: Profound hypothermia can lead to decreased consciousness, very slow pulse, and shallow breathing, mimicking death. The saying goes, "They're not dead until they're warm and dead."

NOTES:

Scenario: Drowning

Patient Information:

- Age: 7 years old
- Gender: Male

Moulage Required:

- Wet clothing, possible cyanosis

Dispatch Information:

- Child pulled from a pool

On Arrival Presentation:

- Patient is coughing, vomiting water, and appears distressed.

Past Medical History:

- None

Primary Assessment Findings:

- Rales on lung auscultation, altered mental status

Vital Signs:

- BP: 100/65 mmHg
- HR: 120 bpm
- RR: 30 breaths/min
- SpO2: 89% on room air
- Temperature: 35.5°C (95.9°F)

SAMPLE History Findings:

- Symptoms: Difficulty breathing, altered mental status
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Fell into a pool unsupervised

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Position patient on their side to drain water
- Monitor closely during transport

Paramedic Level Treatment Goals:

- Advanced airway management if indicated
- Continuous pulse oximetry monitoring
- Consider IV fluids for hypotension

Debrief Questions:

- What is the primary cause of death in drowning?
 - Answer: Hypoxia or lack of oxygen to the brain.
- Why might a drowning patient vomit?
 - Answer: Water and other fluids can be aspirated into the lungs and stomach. The body may reflexively try to clear the stomach.
- Why is it essential to monitor drowning victims closely, even if they initially appear well?
 - Answer: Secondary drowning or dry drowning can occur, where inflammation from aspirated water leads to pulmonary edema hours after the incident.

NOTES:

Scenario: Snakebite

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Two puncture wounds on the ankle

Dispatch Information:

- Reported snakebite in a hiking area

On Arrival Presentation:

- Patient is anxious, reporting pain and swelling at the bite site.

Past Medical History:

- None

Primary Assessment Findings:

- Two distinct puncture wounds with surrounding edema and erythema

Vital Signs:

- BP: 115/70 mmHg
- HR: 100 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Pain, swelling, anxiety
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Snack 1 hour ago
- Events Leading Up: Bitten while hiking

EMT Level Treatment Goals:

- Keep the patient calm and still
- Immobilize the affected limb
- Mark the leading edge of swelling or discoloration

Paramedic Level Treatment Goals:

- Monitor for systemic effects
- Administer pain relief if needed
- Rapid transport to a facility with antivenom

Debrief Questions:

- Why is it essential to keep the patient calm and still after a snakebite?
 - Answer: Increased heart rate and movement can spread the venom faster.
- Why is tourniquet application not recommended for snakebites?
 - Answer: It can concentrate the venom, leading to increased local tissue damage.
- How can identifying or describing the snake be helpful?
 - Answer: It can help in determining the appropriate antivenom and predict possible systemic effects.

NOTES:

Scenario: Altitude Sickness

Patient Information:

- Age: 29 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Illness reported at a high-altitude hiking camp

On Arrival Presentation:

- Patient complains of headache, nausea, and dizziness.

Past Medical History:

- None

Primary Assessment Findings:

- General malaise, ataxia

Vital Signs:

- BP: 110/70 mmHg
- HR: 90 bpm
- RR: 20 breaths/min
- SpO2: 92% on room air
- Temperature: 36.5°C (97.7°F)

SAMPLE History Findings:

- Symptoms: Headache, nausea, dizziness, shortness of breath with exertion
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Ascended a mountain over the past two days

EMT Level Treatment Goals:

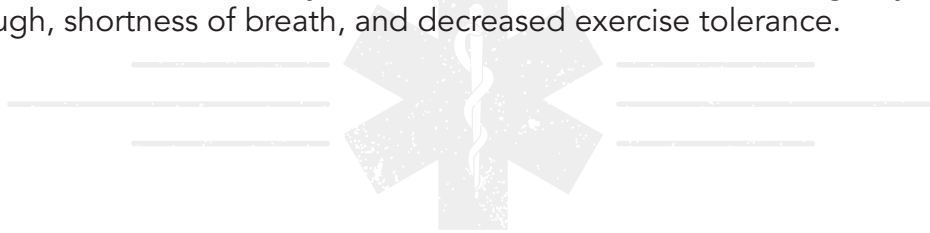
- Administer oxygen
- Encourage fluid intake
- Begin descent to a lower altitude if possible

Paramedic Level Treatment Goals:

- Monitor for signs of high altitude pulmonary edema (HAPE) or high altitude cerebral edema (HACE)
- Consider medications like acetazolamide or dexamethasone if indicated

Debrief Questions:

- How can altitude sickness be prevented?
 - Answer: Gradual ascent, acclimatization, staying hydrated, and medications like acetazolamide can help.
- What are the dangers of high altitude cerebral edema (HACE)?
 - Answer: It's a life-threatening condition where swelling occurs in the brain due to altitude. Symptoms include headache, ataxia, and altered mental status.
- How does high altitude pulmonary edema (HAPE) present?
 - Answer: HAPE is characterized by the accumulation of fluid in the lungs. Symptoms include cough, shortness of breath, and decreased exercise tolerance.

NOTES:

Scenario: Decompression Sickness ("The Bends")

Patient Information:

- Age: 28 years old
- Gender: Male

Moulage Required:

- Patient in wet diving suit, possible skin rash or mottling

Dispatch Information:

- Diver complaining of joint pain and difficulty breathing after surfacing

On Arrival Presentation:

- Patient is anxious, complaining of sharp pain in his shoulder and elbow joints. He mentions he feels short of breath and has a rash on his chest.

Past Medical History:

- None

Primary Assessment Findings:

- Joint pain, especially in the shoulders and elbows
- Rash on the chest
- Slight wheezing on auscultation

Vital Signs:

- BP: 110/75 mmHg
- HR: 95 bpm
- RR: 24 breaths/min
- SpO₂: 92% on room air
- Temperature: 36.8°C (98.2°F)

SAMPLE History Findings:

- Symptoms: Joint pain, rash, difficulty breathing
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Breakfast before the dive
- Events Leading Up: Diver surfaced too quickly from a depth of 30 meters.

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Keep patient in a supine position
- Transport to a facility with hyperbaric capabilities

Paramedic Level Treatment Goals:

- Administer IV fluids
- Continue high-flow oxygen
- Consider pain management depending on severity

Debrief Questions:

- Why is oxygen administration crucial in decompression sickness?
 - Answer: Oxygen can help reduce the size of nitrogen bubbles in the bloodstream and increase the amount of dissolved oxygen in the blood, assisting tissue recovery.
- How does decompression sickness occur?
 - Answer: Decompression sickness happens when a diver ascends too quickly, and nitrogen gas, which was dissolved in the bloodstream at depth, comes out of solution and forms bubbles in the blood and tissues. These bubbles can block blood vessels and cause tissue injury.
- Why is transportation to a facility with hyperbaric capabilities necessary?
 - Answer: Hyperbaric oxygen therapy is the primary treatment for decompression sickness. It involves breathing pure oxygen in a pressurized room or chamber, which increases the amount of oxygen the blood can carry, reducing the size of the nitrogen bubbles and helping to restore normal circulation.

NOTES:

INFECTIOUS DISEASE OR SEPSIS SCENARIOS

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Scenario: Pneumonia Leading to Sepsis

Patient Information:

- Age: 75 years old
- Gender: Male

Moulage Required:

- Productive cough, flushed appearance

Dispatch Information:

- Caller reports an elderly male with difficulty breathing and fever.

On Arrival Presentation:

- Patient seated, appears fatigued, coughing with yellow sputum.

Past Medical History:

- Chronic obstructive pulmonary disease (COPD)

Primary Assessment Findings:

- Alert but fatigued
- Productive cough, crackles heard on left lung

Vital Signs:

- BP: 90/50 mmHg
- HR: 115 bpm
- RR: 28 breaths/min
- SpO2: 89% on room air
- Temperature: 102°F (38.9°C)

SAMPLE History Findings:

- Symptoms: Cough, fever, fatigue, difficulty breathing
- Allergies: None
- Medications: Albuterol inhaler
- Past Medical History: COPD
- Last Oral Intake: Toast and tea 6 hours prior
- Events Leading Up: Cough and fever worsening over the past week

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Nebulized bronchodilator treatment if protocols allow
- Consider Antibiotics if protocols allow
- Continuous monitoring of SpO₂, ECG, and vital signs

Debrief Questions:

- How can pneumonia lead to sepsis?
 - Answer: If an infection like pneumonia is not contained by the body's immune response, it can spread into the bloodstream, leading to sepsis.
- Why is rapid transport and aggressive treatment important in septic patients?
 - Answer: Sepsis can rapidly progress to septic shock, which has a high mortality rate. Early intervention with fluids and antibiotics can significantly improve outcomes.
- How might the patient's COPD have contributed to his current condition?
 - Answer: COPD patients have compromised lung function, which makes them more susceptible to respiratory infections like pneumonia.

NOTES:

Scenario: Meningococcal Meningitis in a College Student

Patient Information:

- Age: 20 years old
- Gender: Female

Moulage Required:

- Rash (petechiae) on extremities

Dispatch Information:

- Caller reports a college student with a high fever, headache, and a rash.

On Arrival Presentation:

- Patient lying in bed, photophobic, with severe headache and a purplish rash on her arms.

Past Medical History:

- None

Primary Assessment Findings:

- Alert but in pain
- Neck stiffness, photophobia, petechial rash

Vital Signs:

- BP: 90/60 mmHg
- HR: 120 bpm
- RR: 22 breaths/min
- SpO₂: 97% on room air
- Temperature: 104°F (40°C)

SAMPLE History Findings:

- Symptoms: Severe headache, fever, neck stiffness, photophobia, rash
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Water 4 hours prior
- Events Leading Up: Symptoms developed rapidly over the past 24 hours

EMT Level Treatment Goals:

- Administer oxygen if SpO₂ < 94%
- Monitor vital signs
- Rapid transport with pre-notification to the hospital due to potential infectious disease

Paramedic Level Treatment Goals:

- IV access
- Administer antipyretics if protocols allow
- Continuous monitoring

Debrief Questions:

- What are some classic signs and symptoms of meningococcal meningitis?
 - Answer: Fever, headache, neck stiffness (nuchal rigidity), photophobia, and a petechial rash.
- Why is rapid transport with pre-notification crucial in suspected meningitis cases?
 - Answer: Meningococcal meningitis can progress rapidly and be fatal. Early intervention with antibiotics is crucial. Pre-notification ensures isolation precautions can be taken to protect healthcare providers and other patients.
- Why is a petechial rash concerning in this context?
 - Answer: A petechial rash in the context of fever and other signs of meningitis can indicate meningococcal disease, which can rapidly progress to severe sepsis and be fatal.

NOTES:



Scenario: Tuberculosis (TB) in a Homeless Individual

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Chronic cough, weight loss

Dispatch Information:

- Caller reports a male with a chronic cough and appearing very thin.

On Arrival Presentation:

- Patient appears emaciated, coughing persistently.

Past Medical History:

- Homelessness

Primary Assessment Findings:

- Alert but fatigued
- Persistent cough, wheezing heard bilaterally

Vital Signs:

- BP: 100/70 mmHg
- HR: 90 bpm
- RR: 24 breaths/min
- SpO₂: 94% on room air
- Temperature: 100.5°F (38.1°C)

SAMPLE History Findings:

- Symptoms: Persistent cough, weight loss, night sweats
- Allergies: None
- Medications: None
- Past Medical History: None known
- Last Oral Intake: Unknown
- Events Leading Up: Chronic symptoms, worsening over months

EMT Level Treatment Goals:

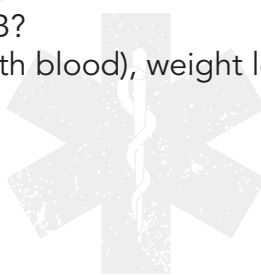
- Administer oxygen if SpO₂ < 94%
- Monitor vital signs
- Transport with a mask on the patient to prevent potential spread of disease

Paramedic Level Treatment Goals:

- IV access if necessary
- Continuous monitoring of SpO2 and vital signs

Debrief Questions:

- Why is tuberculosis (TB) a concern in the homeless population?
 - Answer: Congregate settings like shelters can facilitate the spread of TB. Additionally, many homeless individuals have comorbidities or conditions that can compromise their immune system, making them more susceptible.
- Why is it important to place a mask on a patient suspected of having TB?
 - Answer: TB is spread through airborne droplets. A mask can help prevent the spread to healthcare providers and others.
- What are some classic symptoms of TB?
 - Answer: Persistent cough (often with blood), weight loss, night sweats, and fatigue.

NOTES:



Scenario: Sepsis from a Urinary Tract Infection (UTI)

Patient Information:

- Age: 80 years old
- Gender: Female

Moulage Required:

- Appears fatigued

Dispatch Information:

- Caller reports an elderly female feeling weak with a known UTI.

On Arrival Presentation:

- Patient bed-bound, appears fatigued and confused.

Past Medical History:

- Dementia
- History of recurrent UTIs

Primary Assessment Findings:

- Alert but confused
- Warm to the touch, dry skin

Vital Signs:

- BP: 85/50 mmHg
- HR: 115 bpm
- RR: 24 breaths/min
- SpO₂: 95% on room air
- Temperature: 101.5°F (38.6°C)

SAMPLE History Findings:

- Symptoms: Confusion, fatigue
- Allergies: None
- Medications: Donepezil for dementia
- Past Medical History: Dementia, recurrent UTIs
- Last Oral Intake: Unknown
- Events Leading Up: Caregiver noticed increased confusion and weakness over the past day

EMT Level Treatment Goals:

- Administer oxygen if SpO₂ < 94%
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs

Debrief Questions:

- Why are elderly patients, especially those with dementia, at risk for UTIs?
 - Answer: Reduced mobility, incomplete bladder emptying, and the use of catheters can predispose elderly individuals to UTIs. Dementia can complicate early detection as symptoms may be attributed to the dementia itself.
- How can a UTI lead to sepsis?
 - Answer: If a UTI is not treated promptly, the infection can spread to the bloodstream, leading to sepsis.
- Why might sepsis present as confusion in elderly patients?
 - Answer: Elderly individuals often have atypical presentations of illnesses. Instead of the classic symptoms of sepsis, they may simply present with confusion or altered mental status.

NOTES:

Scenario: Necrotizing Fasciitis (Flesh-Eating Disease)

Patient Information:

- Age: 55 years old
- Gender: Male

Moulage Required:

- Red, swollen, and painful leg with a blackened area

Dispatch Information:

- Caller reports a male with a severely swollen leg and intense pain.

On Arrival Presentation:

- Patient lying down, in severe pain, with an obviously swollen, discolored leg.

Past Medical History:

- Diabetes mellitus

Primary Assessment Findings:

- Alert but in severe pain
- Swollen left leg with areas of necrosis and blistering

Vital Signs:

- BP: 90/55 mmHg
- HR: 120 bpm
- RR: 22 breaths/min
- SpO₂: 96% on room air
- Temperature: 103°F (39.4°C)

SAMPLE History Findings:

- Symptoms: Leg pain, swelling, fever
- Allergies: None
- Medications: Metformin for diabetes
- Past Medical History: Diabetes mellitus
- Last Oral Intake: Breakfast 7 hours prior
- Events Leading Up: Small cut on leg 3 days ago, rapidly worsening pain and swelling over the past 24 hours

EMT Level Treatment Goals:

- Administer oxygen if SpO₂ < 94%
- Monitor vital signs closely
- Rapid transport

Paramedic Level Treatment Goals:

- IV access with fluid resuscitation
- Continuous monitoring of vital signs

Debrief Questions:

- What is necrotizing fasciitis and why is it a medical emergency?
 - Answer: Necrotizing fasciitis is a fast-spreading bacterial infection of the tissue beneath the skin and surrounding muscles. It's a medical emergency because it can rapidly lead to tissue death and systemic sepsis.
- How might the patient's diabetes have contributed to his condition?
 - Answer: Diabetes can impair the immune system, making individuals more susceptible to infections. It can also reduce blood flow, slowing wound healing and increasing the risk of severe infections.
- What are the key interventions for necrotizing fasciitis in a hospital setting?
 - Answer: Rapid surgical debridement of the affected tissue, broad-spectrum intravenous antibiotics, and aggressive supportive care are key interventions.

NOTES:

OBSTETRICAL SCENARIOS

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Scenario: Imminent Delivery

Patient Information:

- Age: 28 years old
- Gender: Female

Moulage Required:

- Baby's head crowning

Dispatch Information:

- Caller reports a woman in labor and feels the baby coming.

On Arrival Presentation:

- Patient is in obvious distress, stating, "The baby is coming now!"

Past Medical History:

- No complications during pregnancy

Primary Assessment Findings:

- Baby's head crowning

Vital Signs:

- BP: 120/80 mmHg
- HR: 100 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Contractions 2 minutes apart, feeling of pressure
- Allergies: None
- Medications: Prenatal vitamins
- Past Medical History: No complications during pregnancy
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Water broke 2 hours ago, contractions rapidly intensified

EMT Level Treatment Goals:

- Prepare for delivery on scene
- Support the mother during delivery
- Ensure the baby's airway is clear post-delivery

Paramedic Level Treatment Goals:

- Prepare for potential complications, like breech presentation or cord prolapse
- Administer supplemental oxygen to the mother if needed
- Continuous monitoring of both mother and baby

Debrief Questions:

- Why is it important to clear the baby's airway immediately after delivery?
 - Answer: Clearing the baby's airway ensures effective breathing and oxygenation, preventing potential complications like hypoxia.
- How do you manage a cord wrapped around the baby's neck?
 - Answer: If the cord is loose, it can be gently slipped over the baby's head. If tight, it should be clamped in two places and cut between the clamps to free the baby.
- How do you position the mother for delivery in an emergency setting?
 - Answer: The mother should be on her back with knees bent and legs apart. The hips should be elevated using blankets or pillows, and the legs should be supported.

NOTES:

Scenario: Ectopic Pregnancy

Patient Information:

- Age: 24 years old
- Gender: Female

Moulage Required:

- Pale appearance, abdominal tenderness

Dispatch Information:

- Caller reports a woman with severe abdominal pain.

On Arrival Presentation:

- Patient is pale, with acute abdominal pain, especially on one side.

Past Medical History:

- None

Primary Assessment Findings:

- Severe abdominal tenderness, signs of shock

Vital Signs:

- BP: 90/60 mmHg
- HR: 110 bpm
- RR: 22 breaths/min
- SpO2: 96% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe abdominal pain, dizziness
- Allergies: None
- Medications: None
- Past Medical History: No significant history
- Last Oral Intake: Lunch 3 hours ago
- Events Leading Up: Missed period, positive home pregnancy test a week ago

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Rapid transport due to potential internal bleeding

Paramedic Level Treatment Goals:

- IV access, isotonic fluids
- Monitor for signs of worsening shock

Debrief Questions:

- What is an ectopic pregnancy?
 - Answer: An ectopic pregnancy is when a fertilized egg implants outside of the uterus, most commonly in a fallopian tube.
- Why is an ectopic pregnancy life-threatening?
 - Answer: As the fertilized egg grows, it can cause the fallopian tube to rupture, leading to internal bleeding.
- How do you differentiate between ectopic pregnancy and other causes of abdominal pain?
 - Answer: History is crucial. Risk factors include previous ectopic pregnancies, fallopian tube surgeries, or pelvic inflammatory disease. Symptoms often include sharp, unilateral abdominal pain, vaginal bleeding, and signs of pregnancy.

NOTES:

Scenario: Postpartum Hemorrhage

Patient Information:

- Age: 30 years old
- Gender: Female

Moulage Required:

- Heavy vaginal bleeding

Dispatch Information:

- Caller reports a woman who just gave birth is bleeding heavily.

On Arrival Presentation:

- Patient appears weak, with heavy vaginal bleeding.

Past Medical History:

- Gave birth 2 hours ago at home

Primary Assessment Findings:

- Heavy vaginal bleeding, signs of shock

Vital Signs:

- BP: 80/50 mmHg
- HR: 125 bpm
- RR: 24 breaths/min
- SpO2: 95% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Heavy vaginal bleeding post-delivery
- Allergies: None
- Medications: None
- Past Medical History: No complications during pregnancy
- Last Oral Intake: Dinner 5 hours ago
- Events Leading Up: Unplanned home birth, everything seemed fine initially

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Rapid transport due to potential life-threatening blood loss

Paramedic Level Treatment Goals:

- IV access, isotonic fluids
- Monitor for signs of worsening shock

Debrief Questions:

- What are common causes of postpartum hemorrhage?
 - Answer: The most common cause is uterine atony, where the uterus doesn't contract adequately after birth. Other causes include retained placental fragments and lacerations.
- How can you manage postpartum hemorrhage in the prehospital setting?
 - Answer: While definitive treatment is in the hospital, prehospital providers can apply gentle uterine massage and place a pad to absorb blood. Administering IV fluids and oxygen can support the patient.
- Why is rapid transport crucial in postpartum hemorrhage?
 - Answer: Postpartum hemorrhage can lead to life-threatening blood loss quickly, and definitive interventions, like medications or surgery, may be needed urgently.

NOTES:

Scenario: Preeclampsia

Patient Information:

- Age: 27 years old
- Gender: Female

Moulage Required:

- Swollen hands and face, headache

Dispatch Information:

- Caller reports a pregnant woman with a severe headache and difficulty seeing.

On Arrival Presentation:

- Patient complains of a severe headache, visual disturbances, and nausea.

Past Medical History:

- 32 weeks pregnant

Primary Assessment Findings:

- Hypertension, edema of the hands and face

Vital Signs:

- BP: 160/110 mmHg
- HR: 90 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Severe headache, visual disturbances, swelling in the hands and face
- Allergies: None
- Medications: Prenatal vitamins
- Past Medical History: First pregnancy, no complications so far
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Woke up with swelling and developed a headache

EMT Level Treatment Goals:

- Position patient in left lateral recumbent position
- Administer supplemental oxygen
- Rapid transport due to potential complications

Paramedic Level Treatment Goals:

- IV access
- Monitor for signs of eclampsia (seizures)
- Continuous monitoring of vital signs

Debrief Questions:

- How does preeclampsia differ from eclampsia?
 - Answer: Preeclampsia involves hypertension and organ dysfunction in a pregnant woman, while eclampsia includes the onset of seizures.
- Why is the left lateral recumbent position recommended for pregnant patients?
 - Answer: This position helps relieve pressure on the inferior vena cava, improving venous return and therefore cardiac output.
- What are the potential complications of preeclampsia?
 - Answer: If not managed, preeclampsia can progress to eclampsia, HELLP syndrome, placental abruption, and other severe complications.

NOTES:



Scenario: Breech Presentation

Patient Information:

- Age: 32 years old
- Gender: Female

Moulage Required:

- Baby's buttocks or feet presenting first

Dispatch Information:

- Caller reports a woman in labor, and it looks like the baby is coming feet first.

On Arrival Presentation:

- Patient in distress, with the baby's feet visible.

Past Medical History:

- No complications during pregnancy

Primary Assessment Findings:

- Breech presentation

Vital Signs:

- BP: 110/70 mmHg
- HR: 95 bpm
- RR: 20 breaths/min
- SpO2: 99% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Contractions, pressure
- Allergies: None
- Medications: Prenatal vitamins
- Past Medical History: No complications during pregnancy
- Last Oral Intake: Lunch 5 hours ago
- Events Leading Up: Labor started suddenly, breech presentation noticed

EMT Level Treatment Goals:

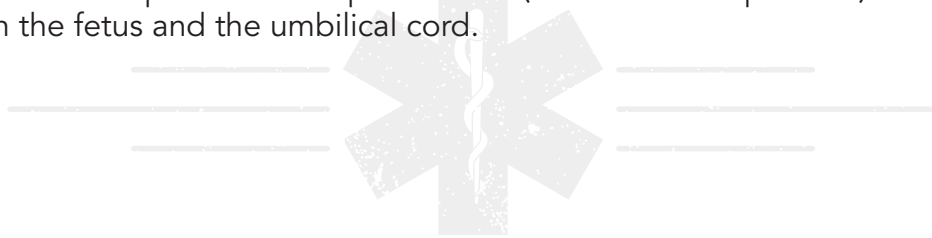
- Do not attempt to push the baby back in
- Administer supplemental oxygen
- Rapid transport

Paramedic Level Treatment Goals:

- Prepare for potential complications during delivery
- Monitor both mother and baby closely

Debrief Questions:

- Why is breech presentation a concern during delivery?
 - Answer: In breech presentations, there's an increased risk of cord prolapse, head entrapment, and birth injuries.
- What should you do if the umbilical cord becomes visible or palpable?
 - Answer: If the cord is prolapsed, it's essential to push the presenting part away from the cord to prevent occlusion and expedite transport.
- How should the patient be positioned during transport with a breech presentation?
 - Answer: Position the patient with hips elevated (knees to chest position) to reduce pressure on the fetus and the umbilical cord.

NOTES:

Scenario: Eclampsia with Seizure

Patient Information:

- Age: 29 years old
- Gender: Female

Moulage Required:

- Generalized tonic-clonic seizure activity, facial and hand swelling

Dispatch Information:

- Caller reports a pregnant woman having a seizure.

On Arrival Presentation:

- Patient is in a postictal state following a witnessed generalized seizure. She is confused and has noticeable swelling of the face and hands.

Past Medical History:

- 36 weeks pregnant
- Diagnosed with preeclampsia 1 week ago

Primary Assessment Findings:

- Postictal confusion, hypertensive, facial and hand edema

Vital Signs:

- BP: 175/115 mmHg
- HR: 100 bpm
- RR: 20 breaths/min
- SpO₂: 95% on room air
- Temperature: 37.5°C (99.5°F)

SAMPLE History Findings:

- Symptoms: Had a sudden, severe headache followed by a seizure
- Allergies: None known
- Medications: Prenatal vitamins, labetalol (for preeclampsia)
- Past Medical History: First pregnancy, diagnosed with preeclampsia
- Last Oral Intake: Breakfast 3 hours ago
- Events Leading Up: Complained of a severe headache and then had a seizure

EMT Level Treatment Goals:

- Ensure a patent airway and administer supplemental oxygen
- Position the patient on her left side
- Monitor vital signs and prepare for rapid transport

Paramedic Level Treatment Goals:

- IV access
- Administer a magnesium sulfate
- Administer Benzodiazepines if seizures persist
- Continuously monitor for further seizures and other complications
- Ensure fetal monitoring if available

Debrief Questions:

- What differentiates eclampsia from preeclampsia?
 - Answer: Preeclampsia involves high blood pressure and organ dysfunction in a pregnant woman, while eclampsia includes the onset of seizures in addition to the features of preeclampsia.
- Why is magnesium sulfate administered in eclampsia?
 - Answer: Magnesium sulfate acts as an anticonvulsant, reducing the risk of further seizures in eclamptic patients.
- What are the potential complications of eclampsia for both the mother and the fetus?
 - Answer: For the mother, complications include cerebral hemorrhage, renal failure, liver rupture, and HELLP syndrome. For the fetus, complications include placental abruption, intrauterine growth restriction, and premature birth.

NOTES:



NEONATAL RESUSCITATION SCENARIOS

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Scenario: Meconium Aspiration

Patient Information:

- Age: Newborn (few minutes old)
- Gender: Male

Moulage Required:

- Cyanosis, meconium-stained amniotic fluid

Dispatch Information:

- Home birth, baby not breathing well

On Arrival Presentation:

- Baby is limp, not crying, and has poor respiratory effort.

Past Medical History:

- Full-term pregnancy, no known complications

Primary Assessment Findings:

- Poor tone, weak cry, decreased respiratory effort

Vital Signs:

- HR: 90 bpm
- RR: Irregular, decreased effort
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Poor respiratory effort post-birth
- Allergies: None
- Medications: None
- Past Medical History: Full-term, no prenatal complications
- Last Oral Intake: Breastfed attempt immediately post-birth
- Events Leading Up: Baby was born at home, with meconium-stained amniotic fluid

EMT Level Treatment Goals:

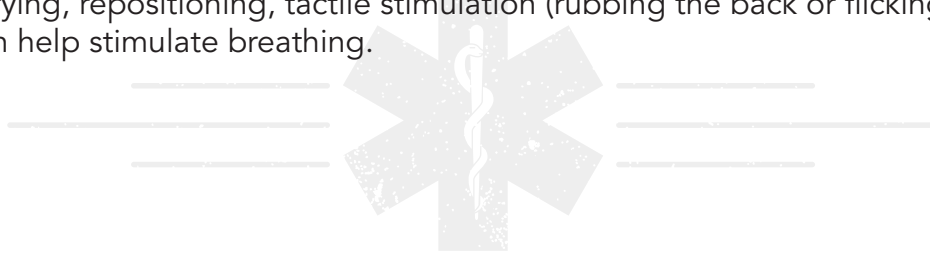
- Dry, stimulate, and reposition the baby
- Suction the airway if thick meconium is present
- Provide supplemental oxygen

Paramedic Level Treatment Goals:

- Consider intubation if meconium is present and baby is not vigorous
- Positive pressure ventilation if heart rate is below 100 bpm or if there's poor respiratory effort

Debrief Questions:

- Why is meconium-stained amniotic fluid a concern?
 - Answer: Meconium aspiration can block the baby's airways leading to respiratory distress or even a syndrome called Meconium Aspiration Syndrome (MAS).
- When should you intubate a neonate in the context of meconium aspiration?
 - Answer: Intubation is considered if the baby is not vigorous (i.e., poor muscle tone, heart rate below 100 bpm, or depressed respiratory effort) and meconium is present.
- What interventions can help stimulate a neonate's breathing efforts?
 - Answer: Drying, repositioning, tactile stimulation (rubbing the back or flicking the soles of the feet) can help stimulate breathing.

NOTES:

Scenario: Preterm Birth with Respiratory Distress

Patient Information:

- Age: Newborn (few minutes old)
- Gender: Female

Moulage Required:

- Small size for gestational age, signs of respiratory distress

Dispatch Information:

- Preterm labor at 32 weeks, baby just delivered

On Arrival Presentation:

- Baby is crying but has rapid and shallow respirations.

Past Medical History:

- Born at 32 weeks gestation

Primary Assessment Findings:

- Rapid respirations, intercostal retractions

Vital Signs:

- HR: 145 bpm
- RR: 70 breaths/min
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Rapid respirations post-birth
- Allergies: None
- Medications: None
- Past Medical History: Born at 32 weeks
- Last Oral Intake: None
- Events Leading Up: Premature birth at home

EMT Level Treatment Goals:

- Warm, dry, and stimulate the baby
- Provide supplemental oxygen

Paramedic Level Treatment Goals:

- Positive pressure ventilation if respiratory distress continues or worsens
- Consider CPAP if available and trained to use

Debrief Questions:

- Why are preterm neonates at increased risk for respiratory distress
 - Answer: Preterm neonates often have underdeveloped lungs and may lack sufficient surfactant, leading to conditions like Respiratory Distress Syndrome (RDS).
- Why is maintaining warmth crucial in neonates?
 - Answer: Neonates, especially preterm ones, have a limited ability to regulate their body temperature. Hypothermia can exacerbate respiratory distress and lead to other complications.
- What is the role of surfactant in the lungs?
 - Answer: Surfactant reduces the surface tension within the alveoli, preventing them from collapsing and aiding in gas exchange.

NOTES:

Scenario: Neonatal Sepsis

Patient Information:

- Age: 3 days old
- Gender: Male

Moulage Required:

- Lethargy, poor feeding

Dispatch Information:

- Mother concerned baby is not feeding well and feels warm

On Arrival Presentation:

- Baby is lethargic and has poor muscle tone.

Past Medical History:

- Full-term birth, vaginal delivery

Primary Assessment Findings:

- Lethargy, poor responsiveness

Vital Signs:

- HR: 205 bpm
- RR: 50 breaths/min, shallow
- Temperature: 38.5°C (101.3°F)

SAMPLE History Findings:

- Symptoms: Lethargy, poor feeding for past 12 hours
- Allergies: None
- Medications: None
- Past Medical History: Unremarkable vaginal delivery
- Last Oral Intake: Breastfed poorly 6 hours ago
- Events Leading Up: Gradual onset of lethargy and decreased feeding

EMT Level Treatment Goals:

- Maintain warmth
- Monitor vital signs and prepare for transport

Paramedic Level Treatment Goals:

- Consider IV or IO access
- Administer fluids if signs of shock are present

Debrief Questions:

- Why are neonates at a higher risk for sepsis?
 - Answer: Neonates have an immature immune system, making them more susceptible to infections.
- What are common signs of neonatal sepsis?
 - Answer: Lethargy, poor feeding, fever or hypothermia, respiratory distress, and irritability.
- How does neonatal sepsis differ from sepsis in adults in terms of presentation?
 - Answer: While adults often present with clear signs of infection, neonates may have non-specific symptoms like feeding difficulties, temperature instability, or lethargy.

NOTES:

Scenario: Congenital Heart Defect

Patient Information:

- Age: 5 days old
- Gender: Female

Moulage Required:

- Cyanosis, especially in the extremities

Dispatch Information:

- Mother reports baby turning blue

On Arrival Presentation:

- Baby has central and peripheral cyanosis.

Past Medical History:

- Full-term birth, no complications noted at birth

Primary Assessment Findings:

- Cyanosis, especially of the lips and extremities

Vital Signs:

- HR: 165 bpm
- RR: 55 breaths/min
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Cyanosis noticed during feeding
- Allergies: None
- Medications: None
- Past Medical History: Full-term birth, no complications
- Last Oral Intake: Breastfed 1 hour ago
- Events Leading Up: Noticed cyanosis during feeding

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Monitor vital signs and prepare for transport

Paramedic Level Treatment Goals:

- Consider IV or IO access
- Administer prostaglandin E1 if available and trained to do so, to keep the ductus arteriosus open

Debrief Questions:

- Why might a congenital heart defect not be noticed immediately at birth?
 - Answer: Some congenital heart defects, especially those dependent on the ductus arteriosus, might not present until the ductus begins to close several days after birth.
- What is the role of prostaglandin E1 in congenital heart defects?
 - Answer: Prostaglandin E1 can keep the ductus arteriosus open, which may be crucial for oxygenation in certain congenital heart defects.
- Why is supplemental oxygen alone often insufficient for cyanosis due to congenital heart defects?
 - Answer: The cyanosis is often due to a structural issue in the heart that prevents proper oxygenation of the blood, not a lack of available oxygen.

NOTES:

Scenario: Neonatal Jaundice

Patient Information:

- Age: 4 days old
- Gender: Male

Moulage Required:

- Yellowing of the skin and eyes

Dispatch Information:

- Mother concerned about yellow discoloration of baby's skin

On Arrival Presentation:

- Baby is alert but has noticeable jaundice.

Past Medical History:

- Full-term birth, breastfed

Primary Assessment Findings:

- Jaundice of the skin and sclera

Vital Signs:

- HR: 155 bpm
- RR: 40 breaths/min
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Yellowing of skin and eyes noticed earlier in the day
- Allergies: None
- Medications: None
- Past Medical History: Full-term birth, breastfed
- Last Oral Intake: Breastfed 2 hours ago
- Events Leading Up: Mother noticed jaundice

EMT Level Treatment Goals:

- Monitor vital signs
- Prepare for transport

Paramedic Level Treatment Goals:

- Consider IV access if baby appears dehydrated or ill
- Monitor for signs of acute bilirubin encephalopathy

Debrief Questions:

- What is the most common cause of neonatal jaundice?
 - Answer: Physiological jaundice due to the immature liver's inability to process bilirubin efficiently.
- Why can breastfeeding lead to jaundice?
 - Answer: Breastfeeding jaundice can occur in the first week of life due to suboptimal milk intake leading to dehydration and increased bilirubin. There's also breast milk jaundice which can occur later and is related to substances in the breast milk that inhibit bilirubin metabolism.
- Why is it important to address severe neonatal jaundice promptly?
- Answer: Extremely high levels of bilirubin can lead to acute bilirubin encephalopathy and kernicterus, which can result in permanent brain damage.

NOTES:

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Scenario: Febrile Seizure

Patient Information:

- Age: 18 months
- Gender: Female

Moulage Required:

- Twitching extremities, signs of postictal state

Dispatch Information:

- Caller reports a child is having a seizure.

On Arrival Presentation:

- Child is postictal, drowsy, and not responding to stimuli appropriately.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Warm to touch, signs of recent seizure activity

Vital Signs:

- BP: 80/40 mmHg
- HR: 130 bpm
- RR: 24 breaths/min
- SpO2: 95% on room air
- Temperature: 39.5°C (103.1°F)

SAMPLE History Findings:

- Symptoms: Seizure lasting about 2 minutes
- Allergies: None
- Medications: None
- Past Medical History: Healthy with no known issues
- Last Oral Intake: Breakfast 2 hours ago
- Events Leading Up: Woke up from a nap with a high fever, then had a seizure

EMT Level Treatment Goals:

- Place the child in a safe position to prevent injury
- Administer supplemental oxygen
- Cool the child using tepid water and remove excess clothing

Paramedic Level Treatment Goals:

- IV access, considering fluid resuscitation if indicated
- Continuous monitoring of vital signs and SpO2
- Consider antipyretics as per protocol

Debrief Questions:

- What is a febrile seizure, and what causes it?
 - Answer: A febrile seizure is a convulsion in a child triggered by a fever. It's typically caused by a rapid rise in temperature.
- Why is rapid cooling important in febrile seizures?
 - Answer: Cooling can help reduce the child's fever, potentially preventing further seizures.
- Are febrile seizures typically indicative of an underlying neurological disorder?
 - Answer: No, febrile seizures are not usually associated with any long-term neurological effects or underlying disorders. They're relatively common in young children.

NOTES:

Scenario: Asthma Exacerbation

Patient Information:

- Age: 8 years old
- Gender: Male

Moulage Required:

- Audible wheezing, use of accessory muscles

Dispatch Information:

- Caller reports child having difficulty breathing.

On Arrival Presentation:

- Child is sitting upright, appears in distress, and has difficulty speaking in full sentences.

Past Medical History:

- Asthma

Primary Assessment Findings:

- Audible wheezing, prolonged expiratory phase

Vital Signs:

- BP: 95/60 mmHg
- HR: 145 bpm
- RR: 40 breaths/min
- SpO2: 89% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Increased wheezing and shortness of breath for the past 4 hours
- Allergies: None
- Medications: Albuterol inhaler
- Past Medical History: Diagnosed with asthma at age 3
- Last Oral Intake: Lunch 3 hours ago
- Events Leading Up: Playing outside, then started wheezing

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Assist with patient's own albuterol inhaler

Paramedic Level Treatment Goals:

- Nebulized bronchodilator treatment, like albuterol
- IV access, considering corticosteroids if severe
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why is it important to have the child sit upright during an asthma exacerbation?
 - Answer: Sitting upright can help maximize lung expansion and improve air exchange.
- How do bronchodilators help in asthma?
 - Answer: They relax the muscles around the airways, allowing them to open up and improve airflow.
- Why might playing outside have triggered this child's asthma?
 - Answer: Environmental allergens, pollen, or exercise can trigger asthma in some individuals.

NOTES:

Scenario: Anaphylaxis from a Bee Sting

Patient Information:

- Age: 5 years old
- Gender: Female

Moulage Required:

- Widespread hives, facial swelling

Dispatch Information:

- Caller reports child was stung by a bee and is now having difficulty breathing.

On Arrival Presentation:

- Child has widespread hives, facial and tongue swelling, and appears in distress.

Past Medical History:

- No known allergies, first-time bee sting

Primary Assessment Findings:

- Stridor, increased work of breathing, widespread hives

Vital Signs:

- BP: 80/50 mmHg
- HR: 150 bpm
- RR: 35 breaths/min
- SpO2: 90% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Sudden onset of hives, swelling, and difficulty breathing after a bee sting
- Allergies: None known
- Medications: None
- Past Medical History: No significant history
- Last Oral Intake: Snack 1 hour ago
- Events Leading Up: Playing in a park, felt a sting, then symptoms started

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Rapid transport, considering the progressive nature of anaphylaxis

Paramedic Level Treatment Goals:

- Administer epinephrine IM as per protocol
- IV access, considering antihistamines and corticosteroids
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why is epinephrine the first-line treatment for anaphylaxis?
 - Answer: Epinephrine reverses the life-threatening symptoms of anaphylaxis by constricting blood vessels, increasing heart output, and relaxing the airways.
- How can anaphylaxis present differently in children compared to adults?
 - Answer: While the general symptoms are similar, children might be less able to articulate their symptoms. They might complain of a “funny feeling,” dizziness, or abdominal pain.
- Why is rapid transport essential in anaphylactic reactions?
 - Answer: Anaphylaxis can progress rapidly and become fatal. Even after initial improvement with epinephrine, there’s a risk for biphasic anaphylaxis, where symptoms return.

NOTES:

Scenario: Near Drowning

Patient Information:

- Age: 3 years old
- Gender: Male

Moulage Required:

- Wet clothing, pale and cyanotic appearance

Dispatch Information:

- Caller reports a child was found in a pool and is not breathing.

On Arrival Presentation:

- Child is unresponsive, shallow breathing, and has a weak pulse.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Slow respiratory rate, weak central pulse, signs of hypothermia

Vital Signs:

- BP: 70/40 mmHg
- HR: 80 bpm
- RR: 8 breaths/min
- SpO₂: 85% on room air
- Temperature: 34°C (93.2°F)

SAMPLE History Findings:

- Symptoms: Found unresponsive in a pool
- Allergies: None
- Medications: None
- Past Medical History: No significant history
- Last Oral Intake: Breakfast 4 hours ago
- Events Leading Up: Was playing near the pool, then found submerged

EMT Level Treatment Goals:

- Start with rescue breaths
- Administer high-flow oxygen
- Rapid transport, ensuring the child is kept warm

Paramedic Level Treatment Goals:

- Advanced airway management if necessary
- IV access with warmed isotonic fluids
- Continuous monitoring of vital signs, SpO₂, and temperature

Debrief Questions:

- Why is hypothermia a concern in near-drowning incidents?
 - Answer: Water, especially in pools, can rapidly draw heat away from the body, leading to hypothermia, which can exacerbate the child's condition.
- How can drowning lead to hypoxia, and what are its consequences?
 - Answer: Submersion prevents breathing, leading to hypoxia. Prolonged lack of oxygen can cause brain damage and affect other organs.
- Why is it essential to keep the child warm during transport?
 - Answer: Hypothermia can slow the metabolic processes necessary for recovery and can also coagulopathies, further complicating the clinical picture.

NOTES:

Scenario: Accidental Poisoning

Patient Information:

- Age: 4 years old
- Gender: Female

Moulage Required:

- Empty pill bottle nearby

Dispatch Information:

- Caller reports child might have swallowed some pills.

On Arrival Presentation:

- Child is drowsy, with pinpoint pupils.

Past Medical History:

- No significant history

Primary Assessment Findings:

- Drowsiness, pinpoint pupils, decreased respiratory rate

Vital Signs:

- BP: 90/55 mmHg
- HR: 90 bpm
- RR: 12 breaths/min
- SpO2: 94% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Drowsiness after possibly ingesting unknown pills
- Allergies: None
- Medications: Unknown pills (bottle found nearby)
- Past Medical History: No significant history
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Found with an empty pill bottle

EMT Level Treatment Goals:

- Administer supplemental oxygen
- Rapid transport with continuous monitoring

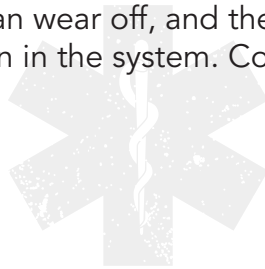
Paramedic Level Treatment Goals:

- IV access
- Consider administering naloxone if opioid ingestion is suspected
- Continuous monitoring of vital signs and SpO2

Debrief Questions:

- Why are pinpoint pupils indicative of possible opioid overdose?
 - Answer: Opioids can cause miosis, or pinpoint pupils, which is a classic sign of opioid overdose.
- How does naloxone work in opioid overdoses?
 - Answer: Naloxone is an opioid antagonist. It binds to opioid receptors in the brain, reversing the effects of the opioid.
- Why is it essential to transport even if the child seems to improve after naloxone administration?
 - Answer: The effects of naloxone can wear off, and the child might re-enter an overdosed state if the ingested opioids remain in the system. Continuous monitoring in a hospital setting is essential.

NOTES:



SHOCK SCENARIOS

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Scenario: Decompensated Septic Shock

Patient Information:

- Age: 72 years old
- Gender: Male

Moulage Required:

- Pale, cool, clammy skin

Dispatch Information:

- Fever and confusion reported by nursing home staff

On Arrival Presentation:

- Patient is confused, febrile, and has decreased urine output.

Past Medical History:

- Diabetes, hypertension

Primary Assessment Findings:

- Altered mental status, rapid and weak pulse

Vital Signs:

- BP: 80/50 mmHg
- HR: 125 bpm
- RR: 24 breaths/min
- SpO₂: 90% on room air
- Temperature: 39°C (102.2°F)

SAMPLE History Findings:

- Symptoms: Confusion, fever, decreased urine output
- Allergies: Penicillin
- Medications: Metformin, lisinopril
- Past Medical History: Diabetes, hypertension
- Last Oral Intake: Breakfast 8 hours ago
- Events Leading Up: Patient had a cough and fever for 3 days, worsened today

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Monitor vital signs and prepare for rapid transport

Paramedic Level Treatment Goals:

- Establish IV access, administer isotonic fluids
- Consider vasopressors if available and trained to use

Debrief Questions:

- What are common sources of infection leading to septic shock in the elderly?
 - Answer: Urinary tract infections, pneumonia, and skin infections are common sources.
- Why might the elderly present atypically with infections?
 - Answer: The elderly may not mount a fever response and instead may show signs of confusion or altered mental status.
- What is the role of fluids in treating septic shock?
 - Answer: Fluids can help improve perfusion and support blood pressure in septic patients.

NOTES:

Scenario: Decompensated Hemorrhagic Shock from Trauma

Patient Information:

- Age: 30 years old
- Gender: Female

Moulage Required:

- Bleeding from a deep laceration on the leg

Dispatch Information:

- Motor vehicle accident, one patient with severe bleeding

On Arrival Presentation:

- Patient is pale, anxious, and complaining of dizziness.

Past Medical History:

- None

Primary Assessment Findings:

- Rapid and weak pulse, cool skin

Vital Signs:

- BP: 70/40 mmHg
- HR: 140 bpm
- RR: 28 breaths/min
- SpO2: 95% on room air
- Temperature: Not obtained

SAMPLE History Findings:

- Symptoms: Dizziness, anxiety, weakness
- Allergies: None
- Medications: None
- Past Medical History: No known medical history
- Last Oral Intake: Lunch 2 hours ago
- Events Leading Up: Car accident, sustained leg injury

EMT Level Treatment Goals:

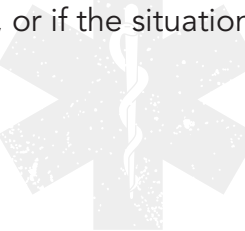
- Control bleeding using direct pressure and bandaging
- Administer high-flow oxygen
- Monitor vital signs and prepare for rapid transport

Paramedic Level Treatment Goals:

- Establish IV access, administer isotonic fluids
- Consider tourniquet if bleeding is not controlled
- Administer blood if available

Debrief Questions:

- What are signs of decompensated shock in trauma patients?
 - Answer: Rapid and weak pulse, hypotension, altered mental status, and cool clammy skin.
- Why is it critical to control bleeding in trauma patients?
 - Answer: Uncontrolled bleeding can lead to hypovolemia, decreased tissue perfusion, and ultimately organ failure and death.
- When should a tourniquet be considered?
 - Answer: A tourniquet should be considered when direct pressure fails to control life-threatening extremity bleeding, or if the situation doesn't allow for prolonged direct pressure.

NOTES:



Scenario: Decompensated Anaphylactic Shock

Patient Information:

- Age: 22 years old
- Gender: Male

Moulage Required:

- Hives, facial swelling

Dispatch Information:

- Patient with difficulty breathing after eating at a restaurant

On Arrival Presentation:

- Patient is wheezing with swollen lips and hives on the chest.

Past Medical History:

- Allergy to peanuts

Primary Assessment Findings:

- Wheezing on auscultation, swollen face

Vital Signs:

- BP: 65/35 mmHg
- HR: 130 bpm
- RR: 26 breaths/min, wheezing
- SpO₂: 88% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Difficulty breathing, hives, facial swelling
- Allergies: Peanuts
- Medications: None
- Past Medical History: Peanut allergy
- Last Oral Intake: Dinner at a restaurant 30 minutes ago
- Events Leading Up: Ate at a restaurant and started feeling symptoms

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Monitor vital signs and prepare for rapid transport

Paramedic Level Treatment Goals:

- Establish IV access
- Administer epinephrine, antihistamines, and corticosteroids
- Consider advanced airway management if respiratory distress worsens

Debrief Questions:

- Why is anaphylactic shock life-threatening?
 - Answer: Anaphylaxis can lead to airway swelling, severe bronchoconstriction, and vascular collapse due to massive histamine release.
- What is the first-line treatment for anaphylactic shock?
 - Answer: Epinephrine is the first-line treatment as it counteracts many of the effects of histamine release.
- Why might someone with a known allergy not recognize an exposure?
 - Answer: Cross-contamination or hidden ingredients in food can expose individuals to allergens they weren't aware of.

NOTES:



Scenario: Decompensated Cardiogenic Shock

Patient Information:

- Age: 65 years old
- Gender: Female

Moulage Required:

- Pale, cool, clammy skin

Dispatch Information:

- Shortness of breath and chest pain reported

On Arrival Presentation:

- Patient is dyspneic, complaining of chest pain radiating to the left arm.

Past Medical History:

- Previous heart attack, hypertension

Primary Assessment Findings:

- Crackles in lungs, jugular venous distension

Vital Signs:

- BP: 80/50 mmHg
- HR: 50 bpm, irregular
- RR: 28 breaths/min
- SpO₂: 89% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Chest pain, shortness of breath, fatigue
- Allergies: Sulfa drugs
- Medications: Aspirin, metoprolol
- Past Medical History: Myocardial infarction 2 years ago, hypertension
- Last Oral Intake: Dinner 3 hours ago
- Events Leading Up: Onset of chest pain while watching TV

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Monitor vital signs and prepare for rapid transport
- Assist with nitroglycerin or aspirin if prescribed and not contraindicated

Paramedic Level Treatment Goals:

- Establish IV access
- Administer nitroglycerin, considering the patient's blood pressure
- Consider pacing or drugs for significant bradycardia

Debrief Questions:

- What distinguishes cardiogenic shock from other types of shock?
 - Answer: Cardiogenic shock is due to the heart's inability to pump effectively, often due to myocardial damage.
- Why is nitroglycerin used cautiously in cardiogenic shock?
 - Answer: While nitroglycerin can help relieve cardiac workload, it can also drop the blood pressure further in a hypotensive patient.
- Why might a patient with cardiogenic shock be bradycardic?
 - Answer: The heart's damaged muscle may not conduct electrical impulses effectively, leading to arrhythmias like bradycardia.

NOTES:



Scenario: Decompensated Neurogenic Shock

Patient Information:

- Age: 40 years old
- Gender: Male

Moulage Required:

- Paralysis below the waist

Dispatch Information:

- Fall from a ladder, patient unable to move legs

On Arrival Presentation:

- Patient is alert but reports inability to feel or move his legs.

Past Medical History:

- None

Primary Assessment Findings:

- Paralysis and lack of sensation below the waist, priapism

Vital Signs:

- BP: 85/50 mmHg
- HR: 55 bpm
- RR: 20 breaths/min
- SpO2: 98% on room air
- Temperature: 36.5°C (97.7°F)

SAMPLE History Findings:

- Symptoms: Paralysis, loss of sensation below the waist, hypotension
- Allergies: None
- Medications: None
- Past Medical History: None
- Last Oral Intake: Lunch 4 hours ago
- Events Leading Up: Fall from a 20-foot ladder

EMT Level Treatment Goals:

- Administer high-flow oxygen
- Immobilize the spine
- Monitor vital signs and prepare for rapid transport

Paramedic Level Treatment Goals:

- Establish IV access, administer isotonic fluids
- Consider vasopressors if available and trained to use

Debrief Questions:

- What differentiates neurogenic shock from other types of shock?
 - Answer: Neurogenic shock results from a disruption of the autonomic pathways in the spinal cord, leading to loss of sympathetic tone, vasodilation, and hypotension.
- Why might a patient with neurogenic shock have bradycardia?
 - Answer: Loss of sympathetic tone can lead to unopposed vagal activity, resulting in bradycardia.
- Why is spinal immobilization important in potential neurogenic shock cases?
 - Answer: Immobilization prevents further injury to the spinal cord and any potential worsening of the patient's condition.

NOTES:

PSYCHOLOGICAL EMERGENCY SCENARIOS

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Scenario: Acute Panic Attack

Patient Information:

- Age: 26 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Difficulty breathing reported by the caller

On Arrival Presentation:

- Patient is hyperventilating, appearing anxious, and stating she feels like she's dying.

Past Medical History:

- Anxiety disorder

Primary Assessment Findings:

- Rapid breathing, tremors

Vital Signs:

- BP: 135/85 mmHg
- HR: 110 bpm
- RR: 30 breaths/min
- SpO2: 99% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Rapid breathing, feeling of impending doom
- Allergies: None
- Medications: Alprazolam (as needed)
- Past Medical History: Anxiety disorder
- Last Oral Intake: Breakfast 2 hours ago
- Events Leading Up: Stressful phone call with family

EMT Level Treatment Goals:

- Calm reassurance
- Encourage slow, controlled breathing
- Monitor vital signs

Paramedic Level Treatment Goals:

- Same as EMT
- Consider assisting with patient's own anxiety medication if prescribed and not contraindicated

Debrief Questions:

- How can a panic attack mimic more severe conditions?
 - Answer: Symptoms like chest pain, palpitations, and shortness of breath can resemble conditions like heart attacks or respiratory issues.
- What is a key distinguishing factor in recognizing a panic attack?
 - Answer: The presence of intense fear or discomfort, especially a feeling of impending doom, in the absence of a clear physical threat.
- How can reassurance benefit a patient experiencing a panic attack?
 - Answer: Reassurance can help decrease the anxiety and fear, often helping to break the cycle of panic.

NOTES:

Scenario: Suicidal Ideation

Patient Information:

- Age: 45 years old
- Gender: Male

Moulage Required:

- None

Dispatch Information:

- Despondent individual reported by a coworker

On Arrival Presentation:

- Patient is tearful and states he doesn't see a point in living anymore.

Past Medical History:

- Depression, previous suicide attempt

Primary Assessment Findings:

- Tearful, despondent, but cooperative

Vital Signs:

- BP: 125/80 mmHg
- HR: 75 bpm
- RR: 16 breaths/min
- SpO2: 98% on room air
- Temperature: 36.7°C (98°F)

SAMPLE History Findings:

- Symptoms: Feeling hopeless, wanting to end his life
- Allergies: None
- Medications: Fluoxetine
- Past Medical History: Depression, past suicide attempt
- Last Oral Intake: Lunch 3 hours ago
- Events Leading Up: Recent divorce, job loss

EMT Level Treatment Goals:

- Establish rapport and ensure patient's safety
- Monitor patient closely, never leave them alone
- Transport for psychiatric evaluation

Paramedic Level Treatment Goals:

- Same as EMT

Debrief Questions:

- Why is it essential never to leave a suicidal patient alone?
 - Answer: They may act on their thoughts or impulses, leading to self-harm or suicide.
- How can open, non-judgmental communication benefit a patient with suicidal ideation?
 - Answer: It can provide a sense of understanding and support, potentially decreasing the immediate risk.
- Why is transport to a facility for psychiatric evaluation crucial?
 - Answer: Professionals can assess the risk, provide appropriate interventions, and ensure the patient's safety.

NOTES:

Scenario: Acute Psychosis

Patient Information:

- Age: 32 years old
- Gender: Female

Moulage Required:

- Disheveled appearance

Dispatch Information:

- Agitated individual reported by store manager

On Arrival Presentation:

- Patient is shouting about seeing shadows and hearing voices telling her to “act.”

Past Medical History:

- Schizophrenia

Primary Assessment Findings:

- Agitated, hallucinating

Vital Signs:

- BP: 140/90 mmHg
- HR: 105 bpm
- RR: 18 breaths/min
- SpO2: 97% on room air
- Temperature: 37°C (98.6°F)

SAMPLE History Findings:

- Symptoms: Seeing shadows, hearing voices
- Allergies: Penicillin
- Medications: Risperidone (unsure of last dose)
- Past Medical History: Schizophrenia
- Last Oral Intake: Unknown
- Events Leading Up: Became agitated in a store

EMT Level Treatment Goals:

- Calm reassurance
- Safe transport with continuous monitoring
- Minimize stimuli

Paramedic Level Treatment Goals:

- Consider sedation if patient becomes a danger to self or others

Debrief Questions:

- What challenges can be encountered when managing a patient with acute psychosis?
 - Answer: Patients may be unpredictable, possibly aggressive, and may not comprehend reality.
- Why is minimizing stimuli beneficial?
 - Answer: Reducing stimuli can help decrease agitation and confusion in the patient.
- How can an EMT ensure their safety when dealing with an agitated patient?
 - Answer: Always maintain an escape route, work in pairs, and be aware of the patient's body language.

NOTES:

Scenario: Post-Traumatic Stress Disorder (PTSD) Flashback

Patient Information:

- Age: 28 years old
- Gender: Male

Moulage Required:

- None

Dispatch Information:

- Distressed veteran reported by a friend

On Arrival Presentation:

- Patient appears fearful and states he feels like he's back in the war zone.

Past Medical History:

- PTSD

Primary Assessment Findings:

- Fearful, re-experiencing traumatic event

Vital Signs:

- BP: 130/85 mmHg
- HR: 95 bpm
- RR: 20 breaths/min
- SpO2: 99% on room air
- Temperature: 36.9°C (98.4°F)

SAMPLE History Findings:

- Symptoms: Flashbacks, intense fear
- Allergies: None
- Medications: Paroxetine
- Past Medical History: PTSD from military service
- Last Oral Intake: Breakfast 5 hours ago
- Events Leading Up: Watching a war movie

EMT Level Treatment Goals:

- Calm reassurance
- Remove from triggering environment if possible
- Monitor vital signs

Paramedic Level Treatment Goals:

- Same as EMT
- Consider Sedation

Debrief Questions:

- What triggers might induce a PTSD flashback?
 - Answer: Loud noises, certain visuals, or anything reminiscent of the traumatic event can be triggers.
- Why is understanding and empathy essential when dealing with PTSD patients?
 - Answer: Recognizing their distress and being understanding can help them feel safe and supported.
- How can removal from a triggering environment help?
 - Answer: It can help end the flashback and bring the patient back to the present.

NOTES:

Scenario: Delirium

Patient Information:

- Age: 78 years old
- Gender: Female

Moulage Required:

- None

Dispatch Information:

- Confused elderly woman reported by her daughter

On Arrival Presentation:

- Patient is disoriented, fluctuating between drowsiness and agitation.

Past Medical History:

- Dementia, hypertension

Primary Assessment Findings:

- Fluctuating consciousness, disoriented

Vital Signs:

- BP: 165/95 mmHg
- HR: 90 bpm
- RR: 18 breaths/min
- SpO2: 96% on room air
- Temperature: 38.5°C (101.3°F)

SAMPLE History Findings:

- Symptoms: Sudden onset confusion
- Allergies: Sulfa drugs
- Medications: Donepezil, amlodipine
- Past Medical History: Dementia, hypertension
- Last Oral Intake: Lunch 4 hours ago
- Events Leading Up: Daughter found her confused after returning from work

EMT Level Treatment Goals:

- Ensure patient's safety
- Monitor vital signs
- Transport for evaluation

Paramedic Level Treatment Goals:

- Rule out other causes of altered mental status (e.g., hypoglycemia, hypoxia)
- Consider sedation if patient becomes a danger to self or others

Debrief Questions:

- How does delirium differ from dementia?
 - Answer: Delirium has a sudden onset and is usually reversible, while dementia is a gradual decline in cognitive function.
- What are potential causes of delirium in the elderly?
 - Answer: Infections, medications, metabolic abnormalities, and dehydration are common causes.
- How can the EMT or paramedic ensure their safety when dealing with a delirious patient?
 - Answer: Use calm communication, have adequate help, and be aware of the patient's behavior to anticipate potential aggression.

NOTES:

Scenario: Excited Delirium

Patient Information:

- Age: 32 years old
- Gender: Male

Moulage Required:

- Agitated appearance, disheveled clothing, sweating

Dispatch Information:

- Dispatched for an agitated male causing a disturbance at a local store

On Arrival Presentation:

- The man is pacing back and forth, shouting unintelligibly. He exhibits incredible strength when store employees try to calm him. He seems impervious to pain and is sweating profusely.

Past Medical History:

- Unknown to the responders at the time of initial contact

Primary Assessment Findings:

- Extremely agitated and combative
- Rapid speech and appears paranoid
- Elevated heart rate and breathing

Vital Signs:

- BP: Unable to obtain due to agitation
- HR: Estimated >140 bpm by palpation
- RR: Rapid and deep, estimated >30 breaths/min
- SpO2: Unable to obtain due to agitation
- Temperature: Feels hot to touch, estimated >38.5°C (101.3°F)

SAMPLE History Findings:

- Symptoms: Agitation, combativeness, paranoia, sweating
- Allergies: Unknown
- Medications: Unknown
- Past Medical History: Unknown at scene
- Last Oral Intake: Unknown
- Events Leading Up: Store employees report the man suddenly started causing a disturbance

EMT Level Treatment Goals:

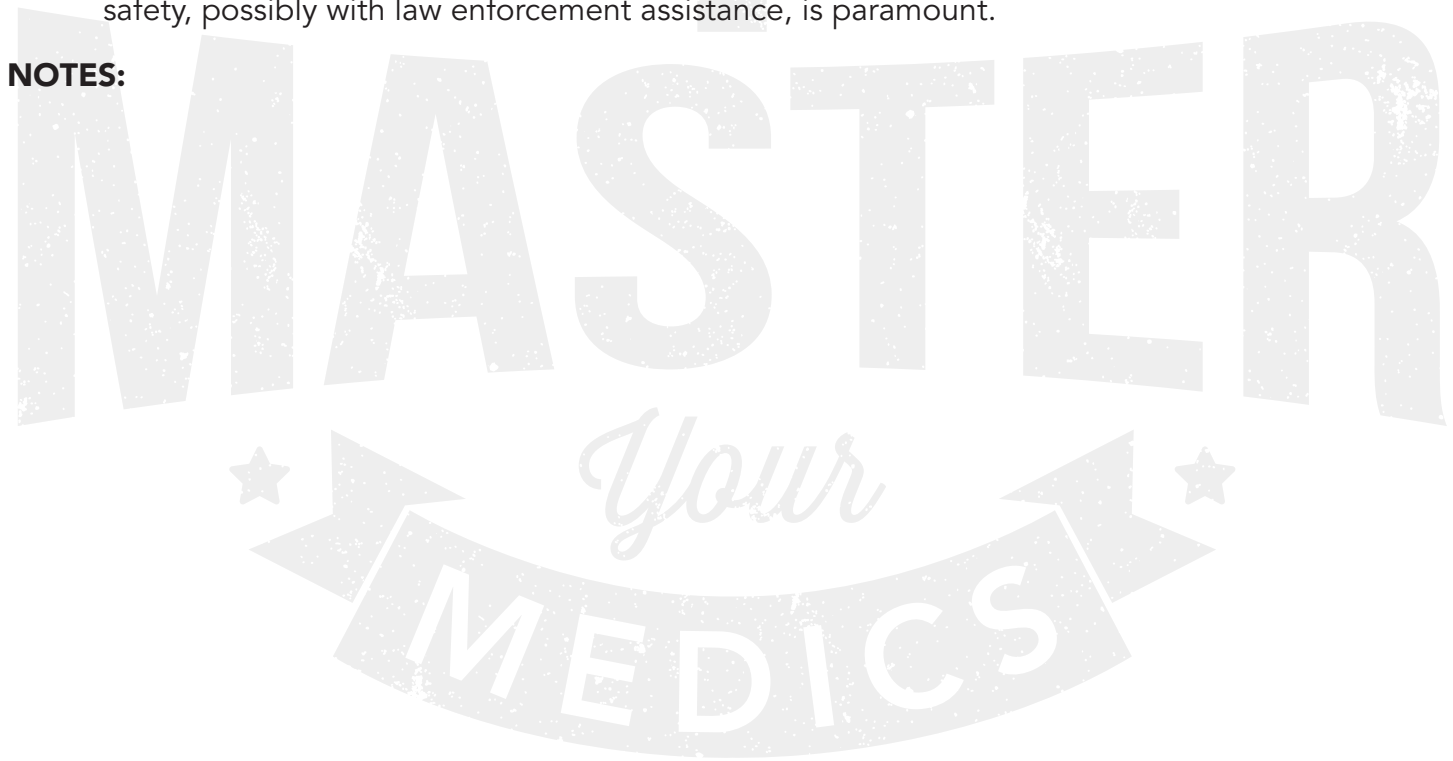
- Ensure scene safety; consider law enforcement assistance
- Attempt verbal de-escalation techniques
- Protect the patient from self-harm
- Be prepared to manage sudden cardiac or respiratory arrest

Paramedic Level Treatment Goals:

- If the patient's safety or the safety of the crew is at risk, consider chemical sedation per protocol (e.g., midazolam, ketamine, haldol)
- Monitor cardiac rhythm and be prepared for defibrillation
- Maintain airway and provide oxygen as necessary
- Rapid transport to an emergency facility with pre-arrival notification due to the high-risk nature of the call

Debrief Questions:

- Why is excited delirium considered a medical emergency?
 - Answer: Excited delirium can lead to sudden cardiac arrest, respiratory failure, hyperthermia, and rhabdomyolysis. These patients are at high risk for sudden death.
- What are some signs and symptoms of excited delirium?
 - Answer: Extreme agitation, combativeness, superhuman strength, insensitivity to pain, rapid breathing, sweating, elevated body temperature, and rapid or irregular heartbeat.
- Why is scene safety particularly important in excited delirium calls?
 - Answer: Patients experiencing excited delirium can be unpredictably violent and pose a significant threat to themselves, bystanders, and medical personnel. Ensuring scene safety, possibly with law enforcement assistance, is paramount.

NOTES:



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