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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder, airway management equipment (BLS and ALS), ECG monitor, suction unit, soft suction catheter, IV setup |
| Props | | DNR Form, Medication List, Transfer Paperwork, trach tube, Foley bag, yellow liquid to simulate urine, shaving foam/plastic bag to simulate airway secretions |
| Medical Identification jewelry | | Care Facility ID Band |
| **SETUP INSTRUCTIONS** | | |
| * The scene should be a long-term care facility with the patient supine in a medical bed. The patient has a tracheostomy and a foley catheter in place. * Standard task trainers should be available, Skills to be performed during the scenario include: establishing an IV line, airway suctioning and replacement of a tracheostomy tube * A bed that holds the patient * An area designated as the ambulance passenger compartment | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS vehicle | |
| Other personnel needed (define personnel and identify who can serve in each role) | Facility transfer staff (RN, LVN) | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Hot, dry skin | |
| Head | --- | |
| Neck | Tracheostomy tube | |
| Chest | --- | |
| Abdomen | --- | |
| Pelvis | --- | |
| Back | Bandages covering decubitus ulcer stage 3 on sacrum | |
| Extremities | --- | |
| Age | 68 | |
| Weight | 140 lbs. | |

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| **DISPATCH INFORMATION** (Specific script for each scenario; Must be read over radio, telephone or in such a way that the candidate cannot look at the Examiner as he/she reads the dispatch information) | |
| Dispatch time | 1604 |
| Location | Skilled Nursing Facility |
| Nature of the call | 68 year old male with altered mental status |
| Weather | Sunny |
| Personnel on the scene | Facility staff (LVN/RN) |

**READ TO TEAM LEADER**: Medic 12 respond to [123 Healthy Ln] for [altered mental status, 68 year old male, time out [1604].

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Transferring nurse and patient paperwork must be located (simulated in the hallway – waiting just outside exam room and will enter upon request) |
| Patient location | Skilled nursing facility |
| Visual appearance | Flushed, eyes are closed, patient does not track movement upon EMS entry, tracheostomy in place |
| Age, sex, weight | 68, Male, 63kg |
| Immediate surroundings (bystanders, significant others present) | See visual appearance |
| Mechanism of injury/Nature of illness | Altered Mental Status |

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| **PRIMARY ASSESSMENT** | |
| General impression | Supine, eyes closed, unmoving, no response to EMS entry, skin is flushed |
| Baseline mental status | Pt baseline = alert, non-verbal, interacts appropriately; Today – patient squints eyes and withdraws to painful stimuli, progressive decline since yesterday when he was sleepy all day. Incomprehensible sounds. |
| Airway | Tracheostomy in place |
| Ventilation | RR 24 shallow |
| Circulation | Skin is flushed, hot, and dry / Radial pulses present, equal, tachycardia 110 |
| **HISTORY** (if applicable) | |
| Chief complaint | Per nurse – AMS since yesterday, increased secretions that have been managed appropriately |
| History of present illness | Fever since yesterday – trying to manage with ibuprofen, last temp 101.4 thirty minutes ago which was the highest, MD ordered transfer to ED for evaluation. Hands student transfer packet including post-it with last VS at 1500 |
| Patient responses, associated symptoms, pertinent negatives | --- |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Afib, DM, MS, HTN, OA, Hypothyroid, Respiratory Arrest, Tracheostomy Tube, Foley Catheter, Renal Dysfunction, Pneumonia, Fractured Hip, Decubitus Ulcers: stage 3 sacral, stage 2 right heel, stage 4 right ischium, UTI, Cholecystectomy |
| Medications and allergies | Albuterol, Augmentin (Discontinued), Celebrex, Cipro (discontinued), Diltiazem, Ferrous Sulfate, Glipizide, Glucophage, Levaquin, Norvasc, Oxygen, Propafenone, Simvastatin, Synthroid  NKDA |
| Current health status/Immunizations (Consider past travel) | --- |
| Social/Family concerns | --- |
| Medical identification jewelry | SNF ID bracelet on patient |
| **EXAMINATION FINDINGS \*\*only abnormal physical findings are listed** | |
| Initial Vital Signs | BP: 90/70 P: 110  R: 24  SpO2: 96% room air  EtCO2: 35 mmHg Pain: ---  Temperature: 101.9  GCS: Total (2; 2; 4: [squints to pain instead of opens]) |
| HEENT | Tracheostomy with thick yellow mucous |
| Respiratory/Chest | Rhonchi bilaterally |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | Foley with cloudy yellow urine |
| Musculoskeletal/Extremities | --- |
| Neurologic | --- |
| Integumentary | Stage 3 sacral decubitus ulcer bandaged |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 96% via trach EtCO2 poor waveform, low reading ECG Sinus Tachycardia 110  12-lead ECG same  BGL 104 |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * IV * Fluid bolus, up to 1 liter NS/LR * BP 110/70, 104, RR 24 |
| Additional Resources | | NA |
| Patient response to interventions | | Heart rate decreases to 100, BP rises to 108/84 |
| **EVENT** | | |
| **At 11 minutes**: Gurgling heard, sputum production at trach opening. Moaning stops.  SPO2 falls to 90%, HR 140, RR 38. EtCO2 – 30 mmHg  Student reassesses – observes sputum – remove trach, and/ or suction  If suction applied within 4 minutes – SPO2 96%, RR 24, HR 110  If not corrected within 4 minutes (15 minutes into event) – RR – 0, SPO2 84% | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 110/70 P: 110  R: 24 Pain: ---  SpO2 rises to 98% | |
| Inappropriate management | BP: 80/60 🡪 Not able to ascertain P: 140 🡪 30  R: 38 🡪 0 Pain: ---  SpO2 🡪 unable to determine | |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode. |
| Transport should be emergent to the closest hospital for an unstable patient – signs of altered mental status, tachycardia, and possible sepsis |