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| **MINIMUM EQUIPMENT** | | |
| EMS equipment and supplies | | 1st in bag, oxygen cylinder and supplies, ECG monitor |
| Props | | IV arm, refusal paperwork, bent spoon, lighter, insulin syringe |
| Medical Identification jewelry | | --- |
| **SETUP INSTRUCTIONS** | | |
| * Pt should be laying in a small area, the floor around the patient chest and head should be wet as should part of patient shirt. Spoon, lighter, and syringe should be lying in the area. | | |
| **BACKGROUND INFORMATION** | | |
| EMS System description | ALS vehicle | |
| Other personnel needed (define personnel and identify who can serve in each role) | Friend who calls 911 for unresponsive patient | |
| **MOULAGE INFORMATION** | | |
| Integumentary | Pale skin | |
| Head | --- | |
| Chest | --- | |
| Abdomen | --- | |
| Pelvis | --- | |
| Back | --- | |
| Extremities | Track marks on patient arms | |
| Age | 31 year old | |
| Weight | As found | |

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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 | 2015 hours |
| Location | One side of a residential “double” type house |
| Nature of the call | Unconscious |
| Weather | Cloudy, winter day |
| Personnel on the scene | Unconscious patient, “friend” of patient who called EMS |

**READ TO TEAM LEADER**: Medic 7 respond to Evergreen Apartments for an unconscious person, time out 2015 hours.

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| **SCENE SURVEY INFORMATION** | |
| A scene or safety consideration that must be addressed | Cluttered environment/ small space makes movement difficult. Drug paraphernalia in area. Uncapped needle that should be secured immediately. |
| Patient location | Laying on floor of shower or in toilet stall. |
| Visual appearance | Slow shallow respiration, track marks noted on arms. Pt head, upper clothing wet |
| Age, sex, weight | 31 year old, as found |
| Immediate surroundings (bystanders, significant others present) | 1 person who states they are a “friend”. Person is non-specific when answering questions. |
| Mechanism of injury/Nature of illness | Apparent overdose |

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| **PRIMARY ASSESSMENT** | |
| General impression | Unstable, reduced LOC and respirations |
| Baseline mental status | Unresponsive |
| Airway | Clear |
| Ventilation | Shallow, 6 /minute |
| Circulation | Warm skin, normal pulse strength |
| **HISTORY** (if applicable) | |
| Chief complaint | Unresponsive |
| History of present illness | Friend states “I just found patient this way.” |
| Patient responses, associated symptoms, pertinent negatives | Patient is unresponsive to painful stimulus, with snoring respirations and constricted pupils. A belt is wrapped around one arm. |
| **PAST MEDICAL HISTORY** | |
| Illnesses/Injuries | Substance abuse |
| Medications and allergies | “I don’t think so” from friend. No history per patient once awake. |
| Current health status/Immunizations (Consider past travel) | Pt admits to IV drug use. Denies attempts at self-harm. |
| Social/Family concerns | Runaway background, homeless for 3 years |
| Medical identification jewelry | --- |
| **EXAMINATION FINDINGS** | |
| Initial Vital Signs | BP: 126/80 P: 76  R: 6 Pain: ---  Temperature: 98.6  GCS: Total (E:1; V:2; M4:) |
| HEENT | --- |
| Respiratory/Chest | Clear |
| Cardiovascular | --- |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | --- |
| Musculoskeletal/Extremities | Track marks noted on arms (use clear tape on forearms and antecubital area, using a pen to create needle track marks. |
| Neurologic | --- |
| Integumentary | --- |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | SpO2 ,89% EtCO2, 44 ECG, NSR 12-lead ECG, BGL 116 |

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| **PATIENT MANAGEMENT** | | |
| Initial stabilization/  Interventions/  Treatments | | * Open and maintain airway, assist ventilations * Naloxone (IV, IM, SQ) – titrated to effect and route * **IV (possible)** |
| Additional Resources | | --- |
| Patient response to interventions | | Depending on route, patient should increase LOC from 1 – 3 minutes. Initially confused, becomes rapidly oriented and unwilling to be transported. |
| **EVENT** | | |
| When patient awakes, they admit to using heroin daily. Denies attempts at self-harm. Pt does not want assistance or transport. Pt requests EMS leave and will not agree to transport. | | |
| **REASSESSMENT** | | |
| Appropriate management | BP: 128/80 P: 88  R: 18 Pain: --- | |
| Inappropriate management | BP: 102/76 P: 58  R: 4 Pain: --- | |

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| **TRANSPORT DECISION:**  EMS should attempt to convince patient to accept transport. Consider involvement of law |
| enforcement. Verify patient is competent, understands risks of refusal of care. Complete appropriate documentation |