

## **Scenarios Modules 2, 3, & 4**

### **Baseline Vital Signs and SAMPLE History**

You have responded to a 34-year-old patient who was in-line skating and fell. The patient has scrapes on both knees and is bleeding from an open fracture of the left ulna. While controlling the bleeding, you begin asking SAMPLE history questions. When you ask about pertinent past history, the patient tells you that he is HIV positive but asks you not to tell anyone. The patient is currently quite healthy and does not want others to know. The patient is also afraid that if you tell the hospital, his insurance carrier will find out.

Would you record this information and/or pass it on to the hospital? Why or why not?

### **Lifting and Moving Patients**

You are working transfers and are assigned to transport a 43-year-old man from his home to the hospital for admission. His bedroom is on the second floor, and the stairway has two turns in it that require you to lift the stretcher above the railing to make the turn. When you enter the bedroom, you find that the patient appears to weigh over 400lb. He has pneumonia and is being hospitalized for treatment. The patient has been able to get up and use the restroom, but only with difficulty. Besides you and your partner, his caretaker, who is of average size, and the patient's 65-year-old mother are present. Protocols are very clear that the patient is to be moved on the stretcher and at no time should walk. It appears to you that the patient is too large to get down the stairs on the stretcher but that, given enough time, he could walk down the stairs. No other units are available at this time.

How would you deal with this situation? Would you go against protocol? Why or why not? How long would you wait for assistance?

### **Airway**

You are working a motor vehicle crash, and your patient is unresponsive but breathing and has a pulse. You have her head stabilized and are controlling bleeding on an open fracture of her clavicle. A paramedic comes to assist you and decides to intubate the patient. The paramedic's technique appears somewhat clumsy, but being a rookie, you just do what you are told. Your partner needs some help with extrication of other patients, and the paramedic tells you to go. At the hospital, you find out that your original patient died and that the endotracheal tube had been removed before she got to the hospital. You suspect that the patient was improperly intubated.

Who would you tell about this problem and your suspicions?

### **Patient Assessment**

You and your partner arrive at the scene of a single-car rollover accident. You are first on the scene and find five victims. As you approach the vehicle, you stop at a patient who was thrown from the vehicle. This patient (patient A) has a weak pulse and irregular breathing and is missing about a third of her skull, with obvious brain damage. You continue to the car and find the driver (patient B) holding his arm, which is obviously fractured at midshaft humerus and is very painful. The next two patients are in the back seat. An approximately 10-year-old boy (patient C) is unresponsive, and you can hear gurgling sounds when he breathes in. The other passenger in the back seat (patient D) is an elderly woman with an open fracture of her femur, which is bleeding profusely. The last patient is an infant (patient E), who has somehow become trapped under the front seat of the car. The infant is not making any noise and is not moving, but you are unable to access it quickly to check pulse or breathing. You complete your initial patient assessment and find no significant problems other than the ones listed above. Just you and your partner are present.

In what order would you treat these patients, and why? Justify the order for each patient

### **Communications and Documentation**

A lawsuit has been filed against you, your partner, and the ambulance service that you work for. It alleges negligence for your treatment of a 15-year-old patient. When your run report is pulled, it is incomplete, and your notes are very sketchy. You were providing patient care, and your partner filled out the report, but both of you signed it, as is normal protocol. In reviewing the case, you and your partner remember many of the issues differently from one another.

How would you come to agreement on what was done? Would you complete the report now? What other records may be available to help clear up your differences? How could this have been prevented?

### **General Pharmacology**

You respond to a 34-year-old patient who is complaining of a diabetic problem. When you enter the apartment, you find it to be very messy and dirty. The smell is difficult to bear and is a mixture of urine, body odor, and something rotting. You find the patient on the couch and immediately notice large ulcers and dead tissue on her feet. The patient is less than alert but not unconscious and is able to communicate in slow, slurred speech. She confirms that she is diabetic and says that she has been taking her insulin. You ask to see it, and she tells you it is in a drawer in the kitchen. When you open the drawer, you find many medications, including insulin and syringes. While looking for the most recent insulin, you notice about 30 bottles, most empty, of different painkillers. All of these are dated within the last three months and about half of them are prescribed by one physician; the others are from different physicians.

Why might the patient have so many empty bottles of pain medication? Would you report this? If so, to whom? Was it appropriate to look at the other medications when you asked only about the insulin? Why or why not? Would this affect how you thought of the patient? Would this change how you treat the patient?

### **Respiratory Emergencies**

You are returning from lunch when you hear the dispatch of another unit to a drowning at an apartment complex about half a block away from where you are. You "jump" the call and turn into the complex. You arrive at the pool as the rescuers hand out an 18-month-old child. The child is cyanotic and unresponsive. You find a pulse but no breathing. Your partner has a child about that same age and is shaken by this call. Just before transport, the child "crashes," losing its pulse also. Even with the best care you could provide, the child does not make it. Now you are back on duty, your partner is barely functioning, and when you close your eyes, you can see the child and the look on your partner's face as you took control of the scene. There are about 6 hours left in your shift.

Would you stay on duty? What would you do to help your partner? What would you do to help yourself?

### **Cardiovascular Emergencies**

You are first on scene at a cardiac arrest involving a 65-year-old woman. You have initiated CPR while your partner is setting up the AED. Another squad arrives, and one of the older members takes over breaths without saying anything to you. You immediately start counting out loud and on three, the other member gives a breath. You pause long enough for the air to go in and mention that it is supposed to be after the fifth compression. The other member laughs and says, "This ain't no book. Out here, we breathe when it's convenient."

How would you deal with this person both during patient care and afterward?