

PATIENT #1

Dispatched to an ATV accident / difficulty breathing

S	CC: Difficulty Breathing 2-3 Word Sentences Some Cyanosis around Lips Holding left side – point tenderness Complaints of “broken left wrist O= accident happened 30 min ago P= activity Q= like I can’t catch my breath, ribs and wrist hurt R= no S= 7 ribs, 9 left wrist T= last 15 minutes really bad	Maintain manual C spine immobilization until FSA SpO2 88% Provide High Flow Oxygen Non-Rebreather Mask Coach for breathing if no oxygen available Assess for fractured ribs / wrist
A	Age = 45 yom Allergies = Penicillin	Have you contacted penicillin today?
M	Hand held inhaler Albuterol (as needed) Hasn’t used it since yesterday	Perhaps you should try using your inhaler?
P	History of asthma Had the flu for 3 days	
L	Had breakfast Hasn’t had a lot of water No nausea/vomiting	
E	ATV accident – “it rolled on top of me”	Treat for shock – consider requesting air ambulance Auscultate for lung sounds Consider C spine – do Focused Spinal Assessment to rule out spinal injury Verbalize splint wrist, bulky splint for ribs

Baseline Vitals:

B/P = 146/90

Pulse = strong, regular, 90 (115 after Albuterol treatment)

Respirations = 28, some wheezing (clears and goes down to 20 after Albuterol treatment)

SCTM = skin is warm, pink and dry

NOTE: What will kill my patient first here? Difficulty breathing from the asthma is to be treated first and aggressively, before considering splinting the injuries.

PATIENT #2

Dispatched to a chest pain / long fall – responders have to walk in to scene

S	<p>CC: Chest Pain (Fist-to-sternum) Fell down bank 12 feet – landed on right shoulder – some pain, “kind of dizzy” Pale skin, diaphoretic O= 45 minutes ago P= any kind of activity- had to get to the top of the bank to use my cell phone Q= like an elephant is on my chest R= radiation to middle back, right shoulder S= 9 for chest pain, shoulder 6 T= last 15 minutes really bad</p>	<p>Consider C spine immobilization – distracting pain SpO2 85% Provide High Flow Oxygen Non-Rebreather Mask Coach breathing if no oxygen available Patient in position of comfort Get AED Verbal First Aid Do not walk out</p>
A	<p>Age = 69 yom Allergies = none</p>	
M	<p>Nitroglycerin Hypertension meds Furosemide Daily aspirin – low dose</p>	<p>Have you taken your regularly prescribed medications today? Nitroglycerin only if systolic BP above 100 or strong radial pulse</p>
P	<p>History of angina Had a small stroke 2 years ago Hypertension</p>	
L	<p>Had lunch</p>	
E	<p>Was hiking and got dizzy, lost my balance and fell about 12 feet down this bank – landed on my right shoulder</p>	<p>Treat for shock – consider requesting air ambulance Consider sling-and-swathe for shoulder</p>

Baseline Vitals:

B/P = 144/92

Pulse = strong, regular, 126

Respirations = clear, 24, shallow

SCTM = skin is pale, cool and diaphoretic

NOTE: 12 feet is a significant MOI – FSA will fail due to the distracting pain of the chest pain. What will kill my patient first here? Chest pain must be considered as AMI until proven otherwise.

PATIENT #3

Dispatched to a head injury / allergic reaction

S	<p>CC: Difficulty breathing, scratching abdomen, chest and arms                  Anxious, restless                  Complains of head pain – small abrasion on left temple area, and left ankle pain (some swelling)                  Skin flushed in blotches, dry                  O= 20 minutes                  P= fell over that rock, twisted my ankle, landed on my head                  Q=Really getting hard to breathe                  R= No                  S= breathing 9, head 6                  T= 5 minutes really bad</p>	<p>Consider C spine immobilization – can clear with FSA                  SpO2 86% dropping w/ SOB (increasing after EpiPen)                  Provide High Flow Oxygen Non-Rebreather Mask                  Or coach breathing if no oxygen available)                  Auscultate for lung sounds – audible wheezing</p>
A	<p>Age = 37 yom                  Allergies = bee stings</p>	<p>Ask - do you think you could have been stung by a bee?</p>
M	<p>No medications                  “I have an Epi Pen, but I’m afraid to stick myself”</p>	<p>Assist by administering the Epi-Pen immediately</p>
P	<p>History of severe allergic reaction to bee stings</p>	
L	<p>Lunch</p>	
E	<p>Was fine until I went walking down this creek bed – I don’t know if I got stung by a bee</p>	<p>Treat for shock – consider requesting air ambulance</p>

Baseline Vitals:

B/P = 90/60

Pulse = weak, regular, 58

Respirations = 26, deep, audible wheezing

SCTM = skin is pale cool and clammy

NOTE: Is this anaphylaxis? If you are out in the wilderness, how can you tell? Remember EpiPen recommendations: skin signs WITH one of the following: ALOC, nausea, difficulty breathing. In this case – consider this to be anaphylaxis and immediately use the EpiPen.

PATIENT #4

Dispatched to a heat related illness / motorcycle accident

S	CC: complaints of right knee and ankle pain, also lethargic, complaining of thirst, dizziness, nausea/vomiting Skin ashen, pale, cold and clammy O= about half an hour ago P= laid motorcycle down – hit some gravel Q= knee really hurts – sharp stabbing pain R= knee down to ankle S= 10 T= bad when it happened	Consider C spine immobilization until FSA – can clear Remove leather clothes, cool SpO2 97% No supplemental oxygen needed Monitor breathing/ O2 sat Cold packs, water or ice
A	Age = 30yom Allergies = none known	
M	No medications	
P	none	
L	He ate breakfast this morning	
E	He was riding motorcycle on mountain roads Hot, humid day – wearing black leather pants, boots, jacket, gloves and helmet	Aggressively cool by any means possible Treat for shock – consider requesting air ambulance

Baseline Vitals:

B/P = 90/54

Pulse = 110 strong

Respirations = 18, deep

SCTM = skin is pale, cold and very wet

NOTE: what will kill my patient first here? Heat related illness can progress to heat stroke if not treated aggressively. The patient had a helmet so no head injury, but C spine needs to be considered. Skin signs are pointing to shock – is this from HRI or the accident? Does it matter?

PATIENT #5

Dispatched to a traumatic injury in a campground

S	CC: Man who is holding a large knife impaled in his thigh, says he lost a lot of blood Shaky, weak and very thirsty, blurred vision, headache Skin is pale, cool and dry Pupils PERRL O= happened about 30 minutes ago P= got in a fight Q= sharp, <i>stabbing</i> R= all through his leg S= 20 T= really bad for the last 5 or so minutes	SpO2 89% Provide high flow Oxygen - NRM Watch airway, breathing Cut away clothing Stabilize knife, control bleeding Watch for shock
A	Age = 37 yom Allergies= none	
M	Insulin injection once each day – has NOT had injection today	
P	Type I diabetes since age 6	
L	Had lunch, just a couple of beers	Has eaten but NOT taken his insulin – possible hyperglycemia
E	Traumatic injury, possibility of internal bleeding No insulin – with eating and alcohol intake – may have hyperglycemia with the trauma	Place in shock position – monitor for shock Consider air ambulance

Baseline Vitals:

B/P = 220/90

Pulse = 100, normal

Respirations = 26, normal

SCTM = skin is pale, cool and dry

NOTE: Does having hyperglycemia affect what we would do for this patient? Can we do anything about hyperglycemia in the field? Not really – we must treat the symptoms, and get this patient to advanced care (a hospital) as soon as possible. Remember – what will kill my patient FIRST here? Bleeding, not the possible hyperglycemia, is the most threat to his life.

PATIENT #6

Dispatched to a crush injury. You see a 28-year-old male lying on the ground, holding his right leg – no blood seen. Skin is pale and clammy.  
 ABC intact, LOC Alert & Oriented X 4

**SAMPLE HISTORY**

**CRITIAL CRITERIA**

S	Man who is holding his left upper leg, in great pain, tells you that a tree he was falling knocked him down and fell on his leg, examine to find a closed mid-shaft femur fracture. Difficulty breathing, Skin is pale, clammy Pupils PERRL O= accident happened about 1 hour ago P= crush injury – don't touch my leg!!! Q= horrible, intense pain R= up the leg to the pelvis and lower back S= 20! T= last ten minutes is really bad	SpO2 90% Provide high flow Oxygen Non rebreather mask Coach breathing if no oxygen available Watch airway, breathing Watch for shock Take C Spine precautions-fails FSA due to distracting injury
A	Age = 28 Allergies = morphine	Ask; have you contacted morphine today? Pass this information to ALS
M	Allergy medications (over-the-counter meds)	
P	Just got out of the hospital for pneumonia	
L	Breakfast	
E	Crush injury to left femur	Rapid head-to-toe exam Trauma to left femur, place in shock position – monitor for shock Difficult evacuation – how would you stabilize this patient? Request air ambulance

Baseline Vitals:

B/P = 130/98  
 Pulse = 133, thready  
 Respirations = 30, shallow  
 SCTM = skin is pale, clammy

NOTE: What will kill my patient first? Shock or the difficulty breathing from the previous pneumonia? Certainly, the possible hypovolemic shock from blood loss will kill this patient first.

PATIENT #7

Dispatched to a possible snake bite.  
 You see a 23-year-old female, in panic, waving her right hand in the air.  
 ABC intact, LOC Alert & Oriented X 4

**SAMPLE HISTORY**

**CRITIAL CRITERIA**

S	Patient (in panic) complaining of pain to the right hand, some chest pain and difficulty breathing, two “fang marks” seen on right hand Skin pale, cool and clammy Pupils PERRL O= accident happened about 20 minutes ago P= I don’t know what kind of snake Q= sharp pain through my right hand and pressure in my chest R= to between the shoulder blades S= 10 T= it’s getting harder to breathe	SpO2 – 97% dropping to 90% Watch airway, breathing Provide Oxygen by cannula, then Non rebreather mask if needed Coach breathing if no oxygen available Control bleeding, cover and bandage bite site Watch for shock Consider Benadryl
A	Age = 23 Allergies = peanuts, eggs and penicillin	Ask – have you contacted any of these today? Patient states she had a cookie at breakfast that may have had peanuts
M	Has an Epi-Pen but not with her	
P	Had a bad allergic reaction to eggs two months ago	Hand and lower arm beginning to swell
L	Ate breakfast	
E	Snake bite – possible allergic reaction to peanuts	Focused exam Possible serious envenomation – pain in chest, with difficulty breathing Splint arm, keep at level of heart, Rapid transport- consider air ambulance

Baseline Vitals:

B/P = 160/94 second reading: 90/P  
 Pulse = 100, pounding  
 Respirations = 48, panic, becoming labored with wheezing  
 SCTM = skin is pale, cool and clammy

NOTE: What will kill my patient first? Where is the difficulty breathing coming from? If someone had an Epi-Pen, would you use it?