

# CULTURAL COMPETENCE C.E: MEDICAL AND TRAUMA SCENARIOS

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- Founder: T.T.P.A (Taylor's Transgender Patient Awareness LLC)
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# SCENARIOS

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- Airway
- Abdominal Pain AFAB/AMAB
  - Monitor Algorithms
- Intersex Example of HEAR report
  - Chest Pain:AMAB/AFAB
- 12-leads of acute Chest Pain of 29 Y.O. AFAB. One done as Male and one as Female
  - Orthostatic Hypotension
  - Penectomy Vaginoplasty
- Trauma Assessment on Pre-operative AFAB/AMAB- Activation of Trauma Center
  - Assault AMAB

# THINGS TO KNOW

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- Providers must always ask sex assigned at birth with Abdominal Pain and Chest Pain.
- Trans Men- Need to rule out active labor in abdominal pain.
- Trans Women- Without an Orchiectomy, providers must rule out Testicular Torsion in abdominal pain.

# THINGS TO KNOW

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- When giving the report to the hospital state: M27I enroute with a 29 y.o. Assigned Male at birth patient complaining of.....



# CHARTING A TRANSGENDER PATIENT

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- **First Name and Last Name:** The first and last name on the chart must be what is on the Government I.D. (Use the patient's chosen name during patient contact.)
- **Address:** Ask the patient for the correct address. New Oregon Licenses do not have an updated address.
- **Sex-** Use the sex marker on the Government I.D.
- For **Non-Binary** patients get a face sheet from destination hospital and use the sex that is on the face sheet. (This will not always be sex-assigned at birth.)



AIRWAY

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# CHIN AND JAW RECONTOURING NPA/OPA SIZE.

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- McKesson has sent NPA/OPA to surgeons doing the Chin and Jaw Recontouring surgeries.
- Measurement is taken prior to procedure, and given to the family or friends with the patient.
- Correct size is placed with medical history.
- This is not only for Trans Women, but for anyone who has had any type of Jaw Surgery.
- University of Washington the first to begin measuring patients.

# FIRST-RESPONDER QUESTIONS TO ASK

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- Has the Patient had a Chin or Jaw Recontouring surgery?
  - Were they measured for the correct size of NPA/OPA?
  - What are the sizes?
- 
- Have the sizes ready in case an adjunct is needed to control the airway.



# MEASURING NPA/OPA

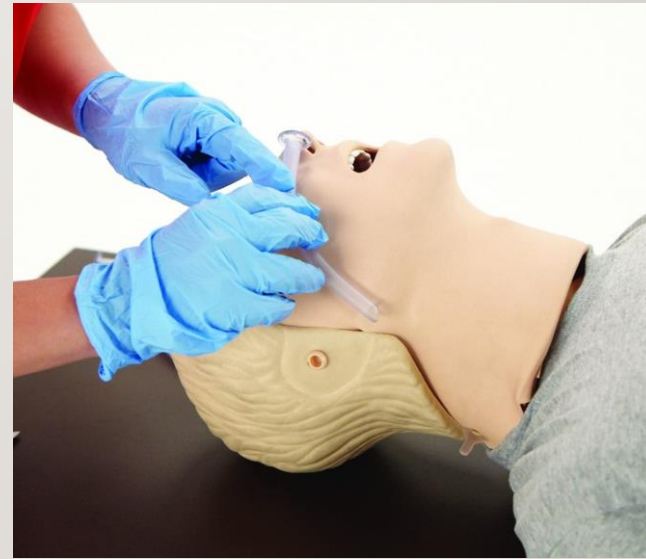
OPA

[HTTPS://WILLIAMSKEACLIMBINGPHOTOGRAPHY.COM/RESOURCES/WILDERNESS-FIRST-AID/CHAPTER-11-RESPIRATORY-EMERGENCIES-AND-AIRWAY-MANAGEMENT/](https://williamskeacimbingphotography.com/resources/wilderness-first-aid/chapter-11-respiratory-emergencies-and-airway-management/)



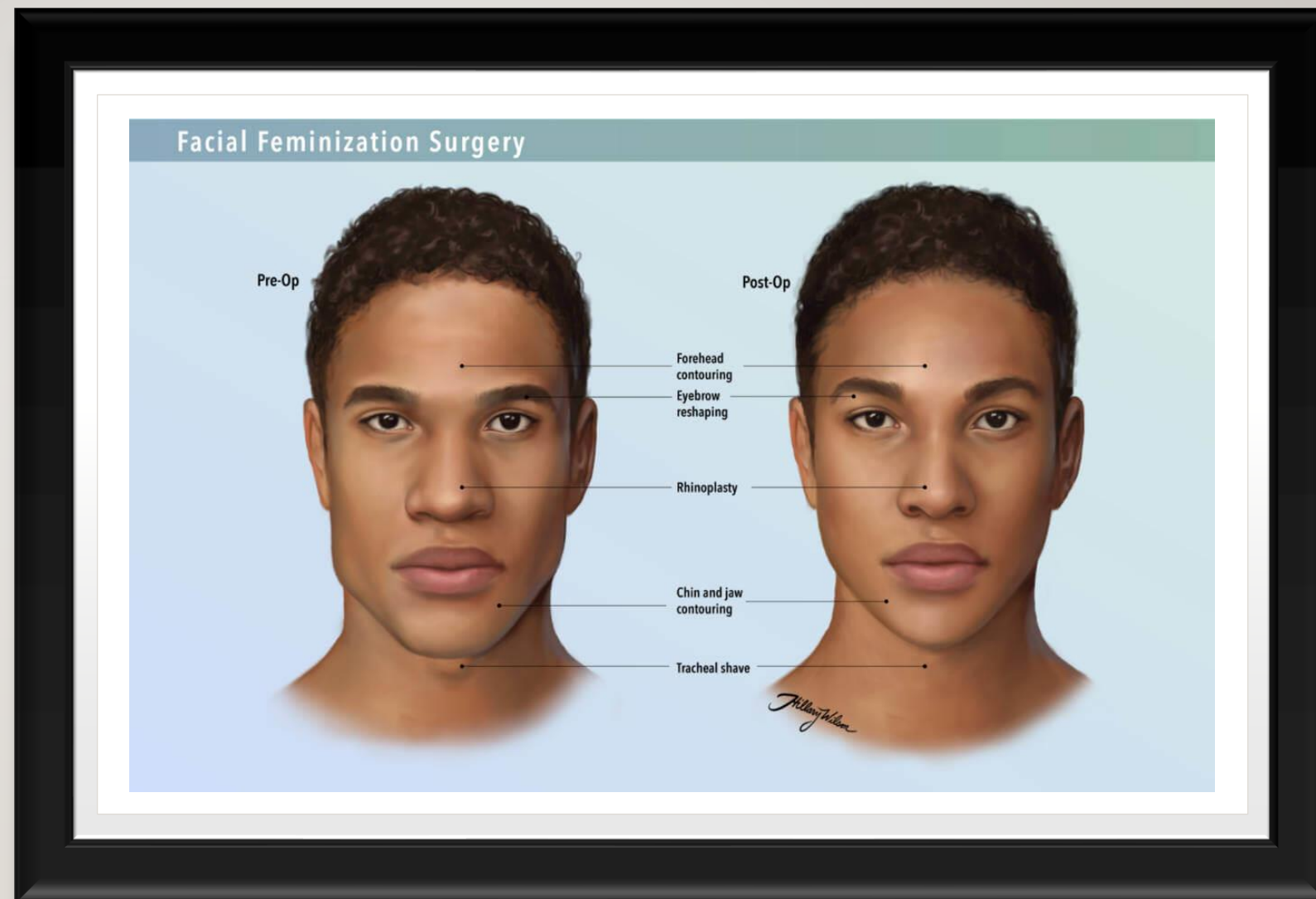
NPA

[HTTPS://WILLIAMSKEACLIMBINGPHOTOGRAPHY.COM/RESOURCES/WILDERNESS-FIRST-AID/CHAPTER-11-RESPIRATORY-EMERGENCIES-AND-AIRWAY-MANAGEMENT/](https://williamskeacimbingphotography.com/resources/wilderness-first-aid/chapter-11-respiratory-emergencies-and-airway-management/)



CHIN AND JAW RECONTOURING  
[HTTPS://WWW.HOPKINSMEDICINE.ORG/CENTER-TRANSGENDER-HEALTH/SERVICES-APPOINTMENTS/FAQ/FACIAL-GENDER-SURGERY](https://www.hopkinsmedicine.org/center-transgender-health/services-appointments/faq/facial-gender-surgery)

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# TRACHEAL SHAVE

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- Reducing or shaving the Thyroid Cartilage down to decrease the size of the Adam's apple to make the neck and throat appear more feminine.

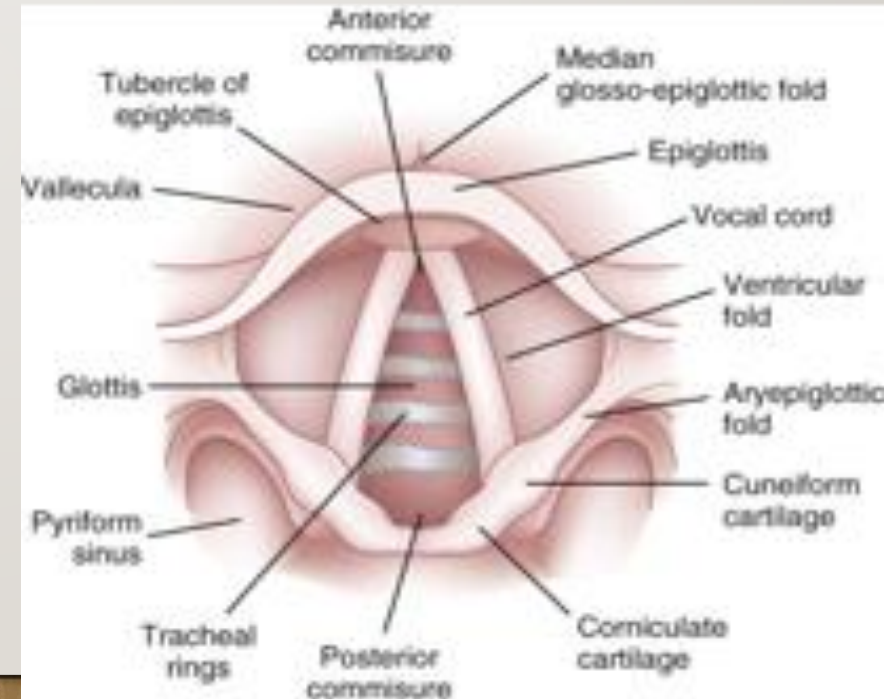


# TRACHEAL SHAVE RISKS

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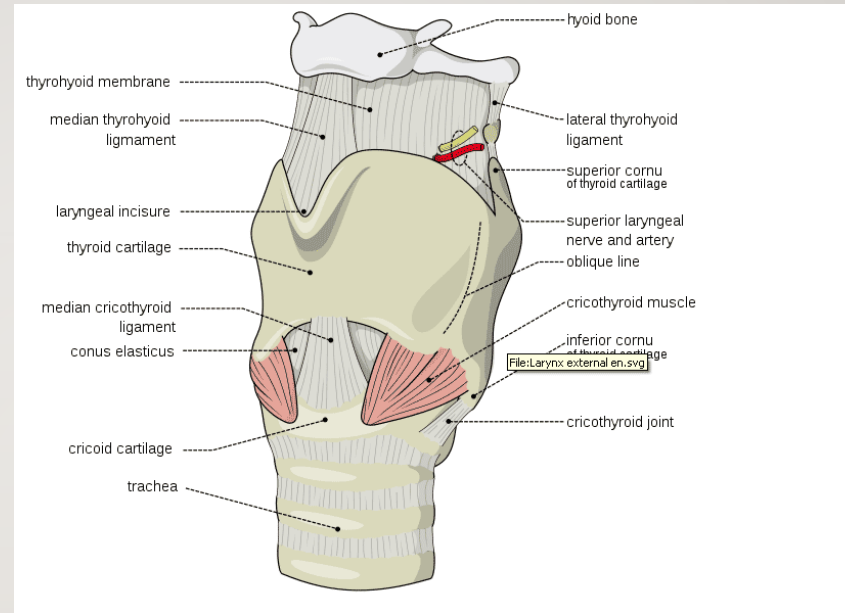
- Hoarseness and pitch drop lasting longer than 7 days could be because of Anterior Commisure Detachment (The area of the Glottis that attaches to the Thyroid Cartilage becomes detached causing scar tissue). If left untreated can result in scar tissue within 6-12 months.

(MODIFIED FROM TUCKER HM:ANATOMY OF THE LARYNX. IN TUCKER HM, EDITOR: *THE LARYNX*, ED 2, NEW YORK, 1993, THIEME MEDICAL, P 9.)





Landmarks after  
Tracheal shave are  
not altered.



[File:Larynx external  
Cricothyrotomy.gif -  
WikEM](#)

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# CRICOTHYROTOMY



# MONITORS AND ALGORITHMS

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# THINGS TO KNOW WHEN OBTAINING A 12-LEAD.

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- Ask everyone who has chest pain Sex-Assigned at birth. Eliminates the “calling out of Transgender and Non-Binary patients
- AFAB-Takes care of Transgender men, Cis-women, and Non-Binary
- AMAB- Takes care of Transgender women, Cis-men, and Non-Binary

# ZOLL M & E SERIES

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- Has GE I2SLV14 12 Lead ECG interpretive algorithm
- No age or sex criteria for STEMi/ LVH
- No need to mark sex.



# ZOLL X MONITOR/DEFIBRILLATOR

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- Invoice I2L Analysis Algorithm
- Sex-Specific criteria for LVH/STEMI
- Sex-Assigned at birth.

# LIFE PAK 15

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- University of Glasgow 12-lead analysis algorithm
- Sex-Specific criteria for LVH/STEMI
- Sex-Assigned birth

# PHILLIP MRX MONITOR/DEFIBRILLATOR

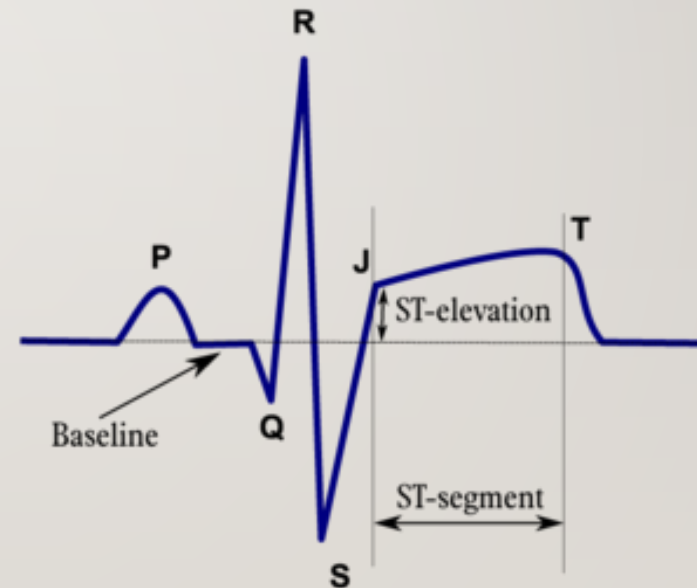
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- DXL vPHI00B ECG algorithm
- Sex-Specific Criteria for STEMI/LVH
- Sex-Assigned at birth.

# I2-LEAD

- The PQ Interval starts at the beginning of the atrial contraction and ends at the beginning of the ventricular contraction.
- QRS duration indicates how fast the ventricles depolarize
- ST Segment represents ventricular repolarization.

## ST MORPHOLOGY - ECGPEDIA



How to measure ST elevation?



# CAUSES OF ST-ELEVATION

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- The most important cause of **ST segment elevation** is **acute ischemia**. Other causes are [\[4\]](#)[\[6\]](#):
- [Early repolarization](#)
- [Acute pericarditis](#): ST elevation in all leads except aVR
- [Pulmonary embolism](#): ST elevation in V1 and aVR
- [Hypothermia](#): ST elevation in V3-V6, II, III and aVF
- [Hypertrophic cardiomyopathy](#): V3-V5 (sometimes V6)
- [High potassium \(hyperkalemia\)](#): V1-V2 (V3) The dose of Spironolactone alone can cause Hyperkalemia. (Trans Women Medication)
- [During acute neurologic events](#): all leads, primarily V1-V6
- Acute sympathetic stress: all leads, especially V1-V6
- [Brugada syndrome](#).
- [Cardiac aneurysm](#).
- [Cardiac contusion](#)
- [Left ventricular hypertrophy](#)
- [Idioventricular rhythm](#) including [paced rhythm](#)
- [ST Morphology - ECGpedia](#)

# LEFT VENTRICULAR HYPERTROPHY

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- The ECG criteria for diagnosing right or left ventricular hypertrophy are very *insensitive* (i.e., sensitivity ~50%, which means that ~50% of patients with ventricular hypertrophy cannot be recognized by ECG criteria). However, the criteria are very *specific* (i.e., specificity >90%, which means if the criteria are met, it is very likely that ventricular hypertrophy is present).
- LVH Strain can mimic a STEMI.
- <https://ecg.utah.edu/lesson/8>

# CORNELL VOLTAGE CRITERIA

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- Best for bed side clinicians.
- (sensitivity = 22%, specificity = 95%)
- $S \text{ in } V3 + R \text{ in } aVL > 28 \text{ mm (men)}$
- $S \text{ in } V3 + R \text{ in } aVL > 20 \text{ mm (women)}$
- <https://ecg.utah.edu/lesson/8>

# OBTAINING A 12-LEAD ON AN INTERSEX PATIENT.

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- Obtaining a 12-lead on an Intersex patient the sex selection must be Female, due to the criteria difference of LVH/STEMI in Females/Males.
- Once the 12-lead pops a STEMI activate the Cath-Lab due to suspicion. ER will confirm acute event with troponin.



# INTERSEX ACTIVATION OF CATH-LAB

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- M271 enroute C3 with a cath-lab activation due to suspicion of a 66 y.o. Intersex patient who is experiencing acute chest pain. 12-lead done as Female, and shows T wave elevation in V2, V3, and V4. 324 aspirin given. 2 Nitro on board. 16g in the R A/C. Normal Saline running TKO. We have a 5-minute ETA any questions?



APRIL 12<sup>TH</sup>, 2019

2200

# ACUTE CHEST PAIN IN A TRANSGENDER MALE AFAB (M271)

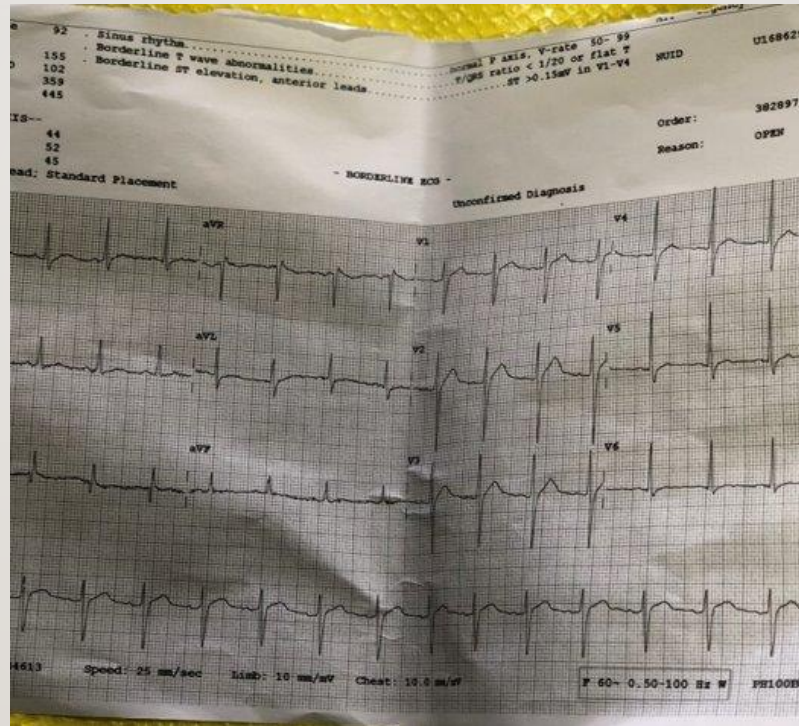
# I2-LEADS OF A TRANSGENDER MALE IN ACUTE CHEST PAIN

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- The next few slides will show the degree difference in the axis of the heart from a I2-lead done as Male and the other done as Female. Meaning the general direction of Ventricular Depolarization during Ventricular Polarization.
- This is a 29 y.o. Male who went into urgent care at Kaiser Sunnyside for acute chest pain.
- M27I was dispatched to the scene and upon arrival at the ER the second I2-lead was done.
- Both algorithms are the University of Glasgow I2-Lead Analysis Algorithm.

# TRANSGENDER MALE ECG DONE AS AMAB

- P=44
- 
- QRS= 52
- 
- T=45

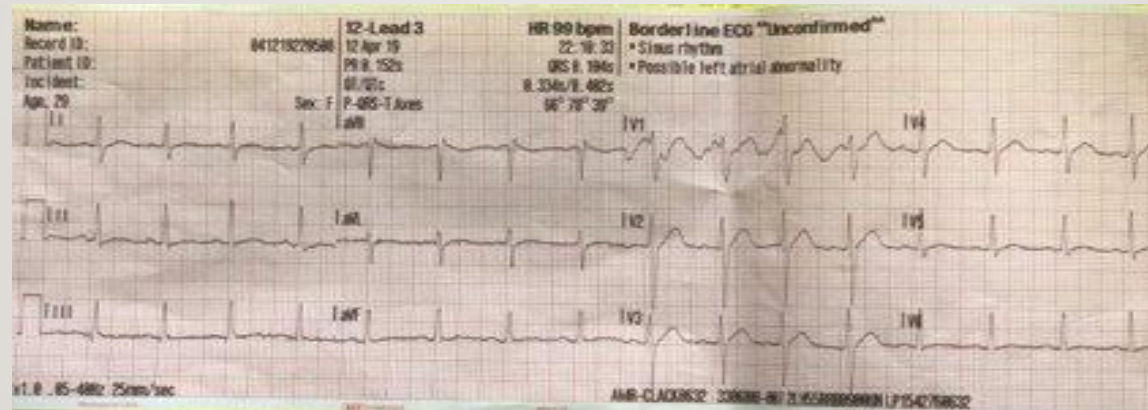




# TRANSGENDER MALE ECG DONE AS AFAB

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- P= 66
- QRS=78
- T= 39





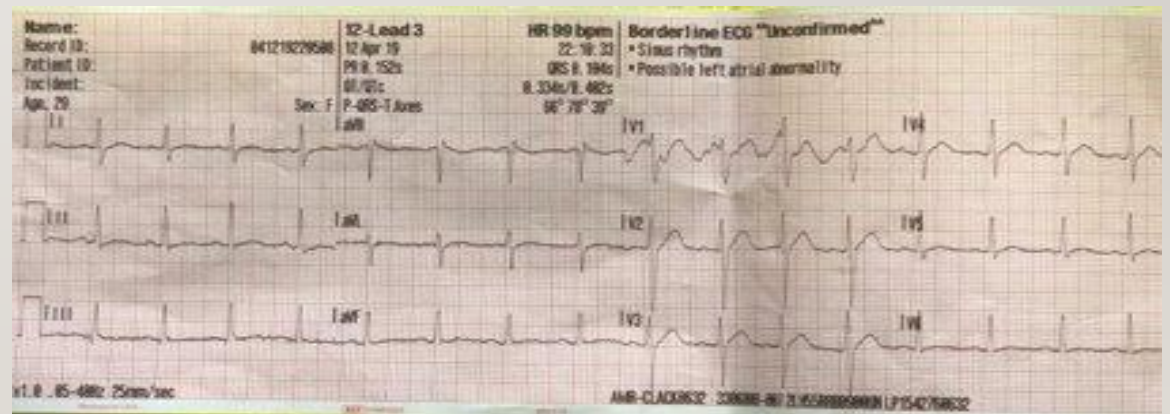
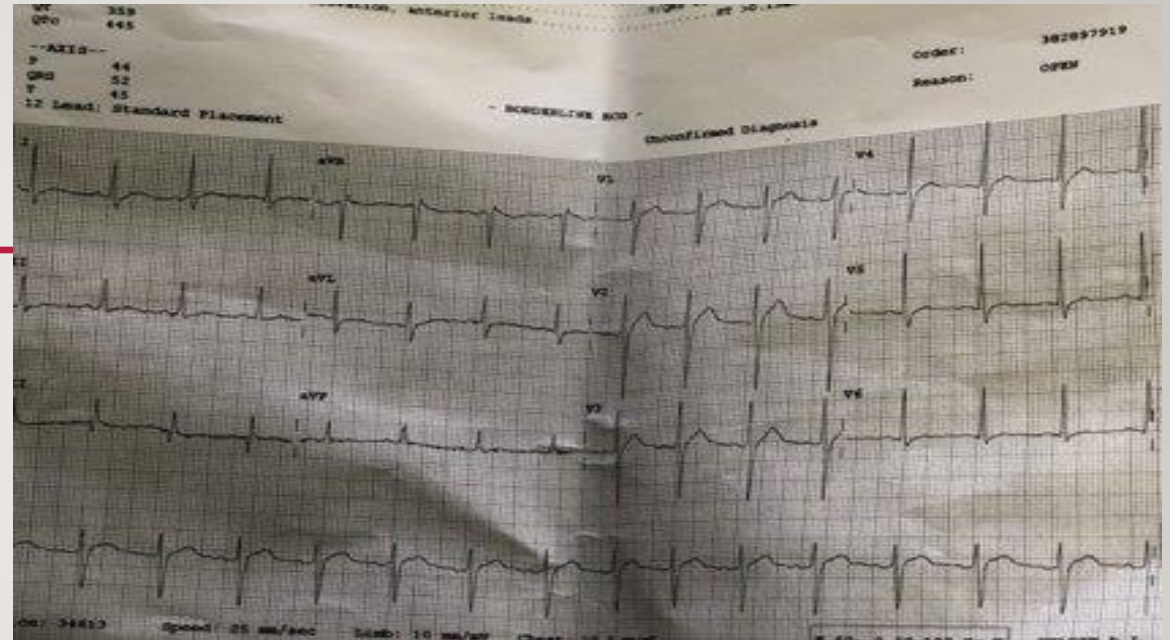
P= 22 degrees

QRS= 26 degrees

T= 6 degrees

AFAB axis of the P,  
QRS is greater than  
AMAB.

While the T wave axis  
is greater in AMAB  
than AFAB.



The background of the image is a dark blue field filled with numerous out-of-focus, glowing blue circles of varying sizes, creating a bokeh effect. In the foreground, a row of five small, dark-colored Diya lamps sits on a dark, reflective surface. Each lamp contains a lit wick, and their bright orange-yellow flames are clearly visible. The light from the flames is reflected on the surface below them, creating a series of vertical orange streaks. A semi-transparent dark blue rectangular box is positioned in the center of the image, containing the text 'CHEST PAIN-AMAB' in white, bold, sans-serif capital letters. A thin, solid blue horizontal line is located directly beneath the text.

# CHEST PAIN-AMAB



# CHEST PAIN AMAB

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- Dispatched to a 45 y.o. female complaining of chest pain.
  - Patient is sitting in the employee lounge at work.
- Working in the warehouse when she started to feel discomfort in her chest.

# CHEST PAIN-AMAB

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- 45 y.o Female
- Sex Assigned at birth: Male
- Medications: Estrogen, Spironolactone, Finasteride
- Allergic to PCN
- Chest Pain for 1 hour
- Monitor- Hyperkalemic rhythm- No P waves, Widened QRS Complex Peaked T waves, Prolonged P-R Interval
- 16 G R A/C
- Administered 10% Calcium Gluconate IV over 5 minutes- No change in rhythm
- B.P. 170/88
- P-180
- GCS=15
- En Route to hospital 10mg of Albuterol via Nebulizer
- 50 mEq Sodium Bicarbonate IV
- 30 minute ETA



# REPORT TO NURSE

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- Ex: Jessica is a 45 y.o. assigned male at Birth whose 12-lead showed Hyperkalemia and is symptomatic
  - Last set of V.S.
  - Allergies to Penicillin

# CHARTING THIS PATIENT

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- Name and Sex on Government I.D.
- Transgender listed in medical history
- Narrative: EX:C3 to chest Pain. Upon arrival, found a 45 y.o. Assigned male at Birth experiencing chest pain. Billing information reflects the Name and sex on Government I.D.

The background of the image features two lit Diya lamps. One lamp is in the foreground, slightly to the left, with a warm orange glow. The other is in the background, also to the left, slightly out of focus. The rest of the background is a solid dark blue. A black rectangular box is positioned on the right side of the image, containing the text 'CHEST PAIN AFAB' in white, uppercase letters. A thin yellow horizontal line is located below the text.

**CHEST PAIN AFAB**

# CHEST PAIN AFAB

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- Dispatched to 74 y.o. Male with acute onset of chest pain.
  - Patient is sitting on chair pale and clammy.
    - Has had one M.I. in the past
      - Feels the same
    - Testosterone for 50 years



# CHEST PAIN-AFAB

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- Allergies to Sulfa
- Acute onset of chest pain
- Radiating down left arm
  - 10/10 pain
- When obtaining 12-lead ask Sex assigned at Birth
  - AFAB
- 12-lead show T wave elevation is V2,V3 and V4
- 324 ASA given
- 3 Nitro No relief
- 18 G R A/C
- 2 Liters O2 w/ Sat of 96%
- 12-lead transmitted to MP
  - Sugar-108
- Activate the Cath-Lab- 12 minute ETA

# REPORT TO NURSE

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EX: 74 y.o. Assigned Female at Birth who is experiencing acute onset of chest pain. 12-lead showed STEMI. The patient has had an M.I. prior, and it feels the same.

- Latest V.S. and interventions done
  - Allergies to Sulfa

# CHARTING THIS PATIENT

---

- Name and Sex marker on Government I.D.
  - Transgender listed in medical history
- Narrative Ex: C3 to chest pain. Upon arrival, found a 74 y.o. assigned female at birth experiencing acute radiating chest pain. 12-lead showed STEMI.



The background is a dark, abstract composition featuring vibrant, blurred light trails in shades of orange, yellow, and blue. On the left side, a large, semi-circular architectural structure is visible, illuminated with a warm, golden light. The overall effect is one of dynamic movement and modern design.

# ORTHOSTATIC HYPOTENSION

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# ORTHOSTATIC HYPOTENSION

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- Dispatched to a 45 y.o trans women who stood up from her chair and fell to the ground.
- Patient is sitting up leaning on her desk.
- Patient is taking Finasteride, Spironolactone, and Estrogen.
- Allergies- PCN, and Sulfa.

# ORTHOSTATIC HYPOTENSION

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- B.P.=80/60
- Pulse =120
- O2 Sat= 96% Room Air
- 12-Lead= Tachy
- 18g Right A/C
- Fluid TKO
- 4 Liters of O2

# REPORT TO NURSE

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- Legal name change on all documents
- Has been to the hospital since Legal Name Change

A dragonfly is perched on a dark, silhouetted branch in the upper right quadrant of the image. The background is a dark blue night sky filled with numerous small, glowing yellow-green fireflies. A semi-transparent dark grey rectangular box is positioned in the center of the image, containing the text 'ABDOMINAL PAIN AFAB' in white, bold, sans-serif capital letters. A thin blue horizontal line is located directly beneath the text.

# ABDOMINAL PAIN AFAB



# ABDOMINAL PAIN-AFAB

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- 33 Y.O Transgender Male
- Testosterone- 10 years, went off to conceive a baby with partner
- Nine months pregnant-second pregnancy/ No complications
- Water Broke baby is crowning as crew walks in

# ABDOMINAL PAIN-AFAB

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## PATIENT: AYDEN

- B.P= 160/98
- Pulse= 124 Normal Sinus on the monitor
- Oxygen Sats= 98% Room Air
- GCS=15
- 18G R A/C

## BABY-JOSHUA

- Heart Rate- Over 100
- Respiratory Effort-Good, Crying
- Muscle Tone-Active Motion
- Reflex-Cough or Sneeze
- Color- Completely Pink
- APGAR score- 10
- 15 minute ETA

# TURN OVER TO NURSE

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- Ex: This is Ayden who was assigned female at birth who was in active labor upon our arrival.
  - Give latest set of vital signs for the patient and baby
    - NKDA
    - Second Birth

# CHARTING THIS PATIENT

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- Legal name has been changed on all documents.
  - Transgender listed in Medical History.
    - Chart as any AFAB child-birth.



# ABDOMINAL PAIN AMAB

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# ABDOMINAL PAIN AMAB

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- Dispatched to a 50 y.o. female who was playing softball and was hit in the scrotum with the ball during a game.
- Patient is laying on the couch in moderate distress.

# ABDOMINAL PAIN-AMAB

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- 50 y.o. female
- Takes Estrogen, Spironolactone, Finasteride
- Abdominal Pain for 4 hours
- B.P. 188/96
- P. 140
- GCS=15
- I6G R A/C
- 100 mcg of Fentanyl
- 20 minute ETA

# ABDOMINAL PAIN- AMAB

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- Patient has just moved back home and hasn't been to the hospital destination since childhood.
- Since the patient hasn't been to this hospital since legal transition, prior name must be obtained to obtain a complete medical history.



# REPORT TO NURSE

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- EX: This is Janice, an assigned male at Birth who has had abdominal and scrotum pain for four hours. Pain started after being hit in the scrotum by a ball playing softball.
  - NKDA
  - Latest V.S.

# CHARTING THIS PATIENT

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- Has had a Legal Name Change
- All Government documents are changed





# PENECTOMY VAGINOPLASTY

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# PENECTOMY VAGINOPLASTY THINGS TO KNOW

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- Hospital that did the Surgery.
  - Name of the surgeon.
  - Has family or friend contacted the surgeon.
- If the family can't get ahold of the surgeon, give the hospital the surgeon's name so they can contact them.
  - Appropriate destination is the hospital that performed the surgery.
  - If the patient is unstable, go to the closest hospital for stabilization.



# ABDOMINAL PAD TO CONTROL BLEEDING

[HTTP://STORE.TECHLINETECHNOLOGIESINC.COM/CONTENT/ASSETS/34/344165/NAR\\_PRODUCTS/CAT/30-0109\\_A.JPG](http://store.techlinetechnologiesinc.com/content/assets/34/344165/NAR_PRODUCTS/CAT/30-0109_A.JPG)

DO NOT USE THIS TO CONTROL BLEEDING



[HTTPS://GOMEDICALONLINE.COM/PRODUCTS/ABD-PADS-5-X-9-STERILE](https://gomedicalonline.com/products/abd-pads-5-x-9-sterile)



# PENECTOMY VAGINOPLASTY

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- 24 y.o. female
- Surgery 3 days prior
- Went to the bathroom and felt a rip and heard blood splashing into the toilet
- Surgery done at OHSU

# PENECTOMY VAGINOPLASTY

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- Meds- Estrogen, Spironolactone, Finasteride
  - NKDA
- Abdominal pad used to control bleeding. Bled through
  - Second abdominal pad being used
- B.P. 94/40
- P. 100
- GCS=15
- 2 liters O2 Nasal Cannula 100% O2 SAT
- 18 G R A/C Saline bag TKO goal to get pressure at or a little above 100
  - Transport to OHSU
  - ETA 25 minutes

# REPORT TO NURSE

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- EX: This is Tiffany, who is a 24 y.o. Assigned male at birth who three days prior had a Penectomy Vaginoplasty. Tonight, the patient went to the bathroom and felt a rip and heard a splash.
- Give surgeons name, and whether or not they have been notified of complication.
  - NKDA
  - Tell registration patient has had her name and sex legally changed.



# CHARTING THIS PATIENT

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- Use name and sex on Government I.D.
- Transgender, Penectomy Vaginoplasty listed in medical history
- Narrative Ex:C3 to a bleeding problem. Upon arrival, found a 24 y.o. Assigned male at birth patient who had a Penectomy Vaginoplasty three days prior. Pt stated that she was sitting on the toilet and felt a rip and heard a splash in the bowl. The bleeding had not stopped before EMS's arrival.



A green Tyrannosaurus Rex is shown in a lush, sun-dappled forest. The dinosaur is positioned in the center-right of the frame, facing left with its mouth open, revealing sharp teeth. Sunlight filters through the dense canopy of tall trees, creating a hazy, ethereal atmosphere. In the foreground, there are large, green ferns. A semi-transparent black rectangular box is overlaid on the lower half of the image, containing white text.

# TRAUMA ASSESSMENT OF A PRE- OPERATIVE NON-BINARY AFAB

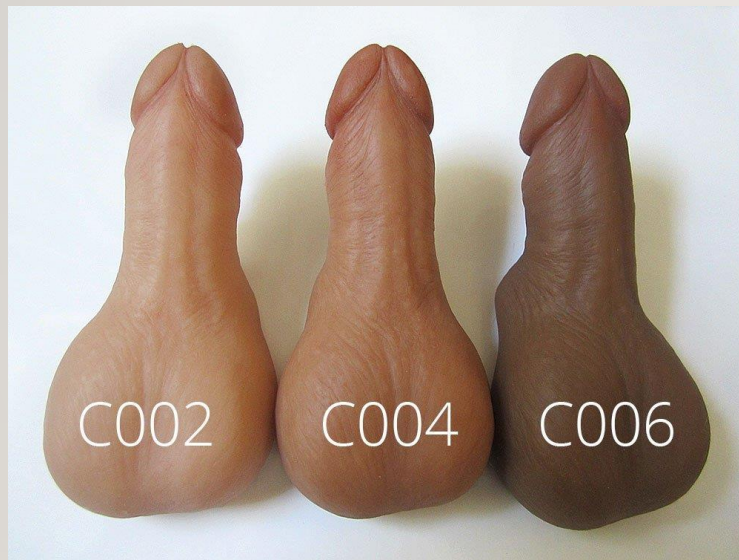
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# ITEMS FOUND WHEN DOING A TRAUMA ASSESSMENT

[HTTPS://TRANSTHETICS.COM/PRODUCT/EZP-STP/](https://transthetics.com/products/EZP-STP/) © 2018 TRANSTHETICS

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# TRAUMA- AFAB NON-BINARY PATIENT

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- Dispatched to Motorcycle vs Vehicle
- Motorcycle vs truck traveling on highway. Truck pulled out in front and they hit by driver side wheel.
  - 18 y.o. Non-Binary
  - Speed-70 MPH
  - Flew 50 ft



# TRAUMA-AFAB NON-BINARY PATIENT

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- Has Binder On
- Helmet cracked and has scrapes from impact with cement
  - Road rash on right shoulder down right flank
- B.P. 110/58
- P.180
- GCS=3
- O2 98% with 7 tube, 2l at the teeth
  - Bi-lateral Femur Fractures
  - Right Sided rib fractures
- No Lungs sounds on the right, Diminished on the left side
  - Full c-spine
  - Two 16 g I.V. in the A/C
- Trauma Band 476182 ETA 15 minutes

# REPORT TO TRAUMA TEAM

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- . EX: This is Jayden, trauma band number 476182, an 18 y.o. Assigned Female at Birth who struck a truck at 70 MPH on their motorcycle. Jayden was found 50 feet from impact.
  - Last set of V.S. and injuries
- Let Registration know that the Government I.D. shows X as sex marker, but the insurance card shows F. They will have to put the sex of this patient as F for billing insurance.

# CHARTING THIS PATIENT

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- Use name on Government I.D. for sex use the sex marker that is on their insurance card.
- Non-Binary listed in medical history (might have to hit other and type in Non-Binary)
  - Trauma band number 476182.
- Government I.D. has the sex marker of X, but insurance has a sex marker of F. For billing purposes, the sex reflected for this patient F.
  - Information about sex marker obtained from a Non-Binary billing supervisor at Providence Portland.



# TRAUMA ASSESSMENT OF A PRE- OPERATIVE TRANSGENDER FEMALE

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## ITEMS FOUND WHEN DOING TRAUMA ASSESSMENT AMAB

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- Breast Forms in the Bra
- [www.topnewscorner.com](http://www.topnewscorner.com)

## ITEMS FOUND WHEN DOING TRAUMA ASSESSMENT AMAB

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- Surgical tape can be used to tape phallus to buttocks
- Duck tape has been used in place of surgical tape
- Do not pull off tape
- Check for Priapism during trauma assessment. (Look Imbetween the buttocks)
- [https://www.etsy.com/listing/591272331/ultimate-hiding-gaff-with-tucking-ring?ref=landingpage\\_similar\\_listing\\_top-1&frs=1](https://www.etsy.com/listing/591272331/ultimate-hiding-gaff-with-tucking-ring?ref=landingpage_similar_listing_top-1&frs=1)

# TRAUMA AMAB

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- Dispatched to Auto Ped.
- Walking across the cross walk when motorist didn't stop.
  - Hit at 35 MPH.
- Hair and skin in the broken windshield class.
  - Dent on the hood of car.
  - Flew 5 ft after impact.
- No feeling below the waist.

# TRAUMA-TRANSGENDER FEMALE

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- 20 y.o. AMAB
- Just starting transition- No medications
  - No PMHX/ Allergies
- Two 14 G in both A/C
- B.P. 98/60
- P- 180
- GCS=8
- 6.5 tube 21 at the teeth BVM High Flo-O2
  - Hematoma above Left eye
  - L Femur Fracture
  - Unstable pelvis
  - L Tib/Fib open fracture
  - No left side lung sounds
  - Full C-Spine
- Trauma Band- 455126 10 minute ETA to trauma center



# TRAUMA TEAM TURN-OVER

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- Use the name the patient goes by: This is Brianna who is a 20 y.o. Assigned male at birth who was hit by a car in the crosswalk. Trauma band number 455126
  - Last set of V.S.
  - No Allergies
  - Positive Priapism. (Phallus must be felt to confirm Priapism.)
- Let registration know that she has not legally changed name or sex.

# CHARTING THIS PATIENT

---

- Name and sex on Government I.D.
  - Transgender listed in Medical History
- 
- Narrative:C3 to trauma. Upon arrival, found a 20 y.o.Assigned male at Birth who was struck by a car.Trauma band number 455126.
- 
- The patient has not legally changed their Name. Billing and Insurance information reflects the information that is on the Government I.D..



A person's hand is shown lighting a large, glowing paper lantern. The lantern is made of a translucent, crinkled paper and is suspended by a string. A small flame is visible at the bottom of the lantern. In the background, numerous other similar lanterns are floating in the dark night sky, creating a dense field of light. The overall scene is warm and atmospheric.

# ASSAULT-AMAB

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# ASSAULT AMAB

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- Dispatched to 23 y.o. female assaulted after clubbing.
- Friend stated a group of men started yelling racial slurs. (She is African American.)
  - Patient was hit with a bat several times in the head, chest, and stomach.
  - Found patient laying on the concrete unconscious.



# ASSAULT AMAB

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- B.P. = 150/100
- Pulse=88
- GCS=8
- Oxygen Sat= 88%
- 14 g R A/C
- 16 g L A/C
- Intubated with 6.5 tube 21 at the teeth. High Flow BVM at 15Liters
- No lung sounds on the Left
- Diminished on the Right.
- Bruising on chest
- Both eyes swollen shut with bruising.
- Trauma Band 338169

# REPORT TO TRAUMA TEAM

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- This is a 23 Assigned Male at Birth who was assaulted after Leaving the club.
- Trauma band Number: 338169
- Targeted for being a trans women of color. Group of men yelling racial slurs.
- NKDA
- Meds- Estrogen, Spironolactone, and Finasteride.

# CHARTING THIS PATIENT

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- No Legal Name Change Yet, or Sex Marker Changed. Use what's on Government I.D.

# CONTACT INFORMATION

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- Contact Info- Email- [Tsprecher@proton.me](mailto:Tsprecher@proton.me)
- Cell phone- 503-939-1031
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