

▼ Dispatch Information

PROCTOR: EMS 10, respond to a 64-year-old male patient with a history of chronic obstructive pulmonary disease (COPD) complaining of difficulty breathing.

▼ Pre-scene Action (BSI)

Student: I am wearing nonlatex gloves and safety glasses.

PROCTOR: Noted.

Critical Criteria:

- Did not take, or verbalize, body substance isolation (BSI) precautions when necessary

▼ Scene Size-up

▼ Scene Safety

Student: Is the scene safe?

PROCTOR: Yes.

▼ Mechanism of Injury/Nature of Illness

Student: What is the nature of the illness?

PROCTOR: The patient was trying to go to sleep. There is no air conditioning in the home, and the ambient temperature there has reached 94°F (34.4°C). The power went out, and the patient's home oxygen machine stopped working.

▼ Number of Patients

Student: How many patients are there?

PROCTOR: One.

▼ Additional Resources

Student: I would call for advanced life support (ALS) assistance.

PROCTOR: Noted.

▼ C-Spine Stabilization

Student: I would not stabilize the cervical spine (c-spine).

PROCTOR: Noted.

Critical Criteria:

- Did not determine scene safety

▼ Initial Assessment

▼ General Impression

Student: My general impression is that the patient's condition is unstable.

PROCTOR: Noted.

▼ Responsiveness/Level of Consciousness

Student: What is the patient's level of consciousness?

PROCTOR: Alert.

▼ Chief Complaint/Apparent Life Threats

Student: What is the patient's chief complaint?

PROCTOR: The patient is complaining of shortness of breath.

▼ Assess the Airway and Breathing

Student: Is the airway open?

PROCTOR: Yes.

▶ Assessment

Student: What are the rate and the quality of breathing?

PROCTOR: Rate: Within normal limits. Quality: Labored.

▶ Provide Oxygen

Student: I am applying oxygen with a nonbreathing mask and 100% oxygen.

PROCTOR: Noted.

▶ Ensure Adequate Ventilation

Student: The patient has adequate ventilations at this time.

PROCTOR: Noted.

▼ Assess Circulation

Student: I am assessing the patient's circulation.

PROCTOR: Noted.

▶ Assess for and Control Major Bleeding

Student: Do I find any major bleeding?

PROCTOR: No.

▶ Assess the Pulse

Student: What are the rate and the quality of pulses?

PROCTOR: Rate: Within normal limits. Quality: Normal.

▶ Assess the Skin

Student: I am assessing the skin. What are the color, temperature, and condition of the skin?

PROCTOR: Color: Pale. Temperature: Hot. Condition: Moist.

▼ Identify Priority Patients/Make Transport Decision

Student: The patient is a high priority and is a load-and-go. I will begin packaging and transport.

PROCTOR: Noted.

Critical Criteria:

- Did not provide high concentration of oxygen
- Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- Did not differentiate patient's need for transportation versus continued assessment at the scene
- Did detailed or focused history/physical examination before assessing the airway, breathing and circulation

▼ Focused History and Physical Examination/Rapid Assessment

▼ Select the Appropriate Assessment (Focused or Rapid)

Student: I am selecting the focused assessment.

PROCTOR: Noted.

▼ SAMPLE History

Student: At this time I will gather a SAMPLE history from the patient or family. What are the patient's signs and symptoms?

PROCTOR: Respiratory.

Student: Onset: What were you doing when this started?

PROCTOR: It has been going on all day.

Student: Provokes: What makes your condition worse or better?

PROCTOR: Air conditioning and oxygen make the condition better.

Student: Quality: Can you describe your pain?

PROCTOR: None.

Student: Radiates: Do you have pain anywhere else?

PROCTOR: No.

Student: Severity: On a scale of 1 to 10 with 10 being the worst possible, how would you rate your pain/distress?

PROCTOR: 2.

Student: Time: How long has this been going on?

PROCTOR: 12 hours.

Student: Interventions: Have you done anything to make this better?

PROCTOR: The patient has taken no actions.

Student: Allergies?

PROCTOR: No allergies.

Student: Medications?

PROCTOR: Home oxygen, inhaler, and other unknown.

Student: Pertinent past medical history?

PROCTOR: COPD.

Student: Last oral intake?

PROCTOR: 5 hours ago.

Student: Events leading up to the incident?

PROCTOR: The patient was hot in his home and wants to go to the hospital.

▼ **Perform Focused Physical Examination**

Student: I am performing the focused physical examination.

PROCTOR: Noted.

Student: I am assessing the chest for DCAP-BTLS.

PROCTOR: Noted.

Student: What do I see when I look at the chest?

PROCTOR: There are no obvious injuries.

Student: Is the chest symmetric?

PROCTOR: Yes.

Student: When I touch the chest, do I feel crepitus or a flail segment?

PROCTOR: No.

Student: Are lung sounds present in all fields?

PROCTOR: Lung sounds are diminished due to COPD with wheezing on expiration.

Student: Do I hear any sucking sounds from the chest?

PROCTOR: No.

▼ **Baseline Vital Signs**

Student: What are the patient's baseline vital signs, including blood pressure, pulse, respirations, pulse oximetry, and level of consciousness?

PROCTOR: Blood pressure, 142/84 mm Hg; pulse rate, 88 beats/min; respirations, 20 breaths/min; pulse oximetry reading, 96%; and the patient is alert.

▼ **Interventions**

Student: I will apply oxygen and assist the patient with his inhaler.

PROCTOR: Noted.

ALS Student: I will apply basic life support (BLS) interventions, plus the following: establish IV access, perform cardiac monitoring, obtain a 12-lead ECG, and follow local protocol, including bronchodilator treatment if allowed.

ALS Proctor: Noted. The cardiac monitor shows normal sinus rhythm.

▼ **Reevaluate Transport Decision**

Student: The patient is a load-and-go due to the nature of the illness.

PROCTOR: Noted.

▼ **Detailed Physical Examination**

Possible Answer #1

Student: I would not do a detailed physical exam.

PROCTOR: Noted. (Go to "Radio Report.")

Possible Answer #2

Student: I am conducting the detailed physical exam. I am looking for DCAP-BTLS. This acronym stands for deformities, contusions, abrasions, punctures, penetrations, paradoxical motion in the chest, and burns, tenderness, lacerations, and swelling.

PROCTOR: Noted. The detailed physical exam will be performed during transport.

▶ **Assess the Head**

Student: I am assessing the head. Do I find any DCAP-BTLS? Do I find any evidence of Battle's sign or raccoon eyes?

PROCTOR: No.

▶ **Inspect and Palpate the Head and Ears**

Student: I am assessing the head and ears.

PROCTOR: There are no obvious injuries.

▶ **Assess the Eyes**

Student: I am assessing the eyes. Are the pupils equal, round, and regular in size, and react properly to light (PEARRL)?

PROCTOR: They are PEARRL.

▶ **Assess the Facial Area Including Oral and Nasal Areas**

Student: I am assessing the face, nose, and mouth. Do I see any discharge or hear any obstructions?

PROCTOR: No.

▶ **Assess the Neck**

▶ **Inspect and Palpate the Neck**

Student: I am assessing the neck for DCAP-BTLS.

PROCTOR: There are no obvious injuries.

▶ **Assess for Jugular Vein Distention**

Student: Do I find any jugular vein distention (JVD)?

PROCTOR: No.

▶ **Assess for Tracheal Deviation**

Student: Do I see any tracheal deviation?

PROCTOR: No.

▶ **Assess the Chest**

Student: I am assessing the chest for DCAP-BTLS.

PROCTOR: Noted.

▶ **Inspect**

Student: What do I see when I look at the chest?

PROCTOR: There are no obvious injuries.

Student: Is the chest symmetric?

PROCTOR: Yes.

▶ **Palpate**

Student: When I touch the chest, do I feel crepitus or a flail segment?

PROCTOR: No.

▶ **Auscultate**

Student: Are lung sounds present in all fields?

PROCTOR: Lung sounds are diminished due to COPD with wheezing on expiration.

Student: Do I hear any sucking sounds from the chest?

PROCTOR: No.

▶ **Assess the Abdomen/Pelvis**

▶ **Assess the Abdomen**

Student: I am assessing the abdomen for DCAP-BTLS. I am assessing all four quadrants. Do I find any problems?

PROCTOR: No.

▶ **Assess the Pelvis**

Student: I am assessing the pelvis for DCAP-BTLS. Is the pelvis stable?

PROCTOR: Yes.

▶ **Assess the Genitalia/Perineum as Needed (Verbalize in Training)**

Student: I am assessing the genitalia/perineum as necessary for DCAP-BTLS.

PROCTOR: The area is unremarkable.

▶ **Assess the Extremities**

▶ **Inspect**

Student: I am assessing the lower and upper extremities for DCAP-BTLS. Do I find anything?

PROCTOR: No.

▶ **Palpate**

Student: Do I feel anything unusual?

PROCTOR: No.

▶ **Assess Motor, Sensory, and Circulatory Function**

Student: I am checking for DCAP-BTLS, motor and sensory function, and pulses. Right leg?

PROCTOR: Negative DCAP-BTLS. Motor and sensory functions are present. Pulses are present.

Student: Left leg?

PROCTOR: Negative DCAP-BTLS. Motor and sensory functions are present. Pulses are present.

MEDICAL

CASE 83

Student: Right arm?

PROCTOR: Negative DCAP-BTLS. Motor and sensory functions are present. Pulses are present.

Student: Left arm?

PROCTOR: Negative DCAP-BTLS. Motor and sensory functions are present. Pulses are present.

▶ Assess the Posterior

Student: We will not check the back.

PROCTOR: Noted.

▶ Manage Secondary Injuries/Wounds

Student: I would direct my partner to monitor the airway and pulse oximetry.

PROCTOR: Noted.

▶ Reassess Interventions

Student: I will reassess my interventions: airway, breathing, oxygen, and inhaler.

PROCTOR: Noted.

ALS Student: I will reassess BLS interventions, plus the following: IV access, cardiac monitor, 12-lead ECG, and local protocol.

ALS Proctor: Noted. The cardiac monitor shows normal sinus rhythm.

Critical Criteria:

- Did not obtain medical direction or verbalize standing orders for medical interventions
- Administered a dangerous or inappropriate intervention
- Did not ask questions about the present illness
- Did not differentiate patient's need for transportation versus continued assessment at the scene

▼ Radio Report

(Provided by the student.)

PROCTOR: Noted.

▼ Ongoing Assessment

▼ Repeat the Initial Assessment

Student: I will repeat the initial assessment.

PROCTOR: Noted. (Reflected in "Repeat Vital Signs.")

▼ Repeat Vital Signs

Student: I will reassess vital signs and mental status.

PROCTOR: Blood pressure, 138/80 mm Hg; pulse rate, 82 beats/min; respirations, 16 breaths/min; pulse oximetry reading, 97%; and the patient is alert.

Student: The vital signs have not changed significantly.

PROCTOR: Noted.

▼ Check Interventions

Student: I will check my interventions: oxygen and inhaler.

PROCTOR: Noted.

ALS Student: I will check BLS interventions, plus the following: IV access, cardiac monitor, 12-lead ECG, and local protocol.

ALS Proctor: Noted. The cardiac monitor shows normal sinus rhythm.

▼ Repeat the Focused Assessment

Student: I will repeat the focused assessment.

PROCTOR: Noted.

Critical Criteria:

- Did not obtain medical direction or verbalize standing orders for medical interventions
- Administered a dangerous or inappropriate intervention

▼ Handoff Report to Emergency Department Staff

Student: There was no change during transport.

PROCTOR: Noted.

▼ Critical Criteria

(Inform the student of items missed, if any.)

Pass Fail Date: _____

Proctor Comments: _____

