

Blank Scenario Template and Guide

Brief Title Explaining (Age, Gender, Chief Complaint)

Scenario Set Up	<p><i>Equipment: What equipment is necessary for this scenario in order to treat or evaluate the patient most realistically?</i></p> <p><i>PROCTOR: How should the proctor act? Is there anything the proctor needs to know to make it more realistic? What is the scenario that led the patient to this position? Are there bystanders nearby? Who called 911? etc.</i></p>
Dispatch	<i>What does dispatch tell them?</i>
Scene Size Up	<i>What do the EMTs see when they arrive? Any life-threatening injuries?</i>
Pertinent Primary Assessment Findings	<p><i>AVPU - How alert is the patient - indicate which part of AVPU they are? A&O X _____ (Indicate what they are A&O to)</i></p> <p><i>A - describe their airway (Is it patent?)</i></p> <p><i>B - describe their breathing (Is it normal? Rate, rhythm, quality?) C - describe their circulation (Skin signs? Pulse? Cap Refill?)</i></p>
Pertinent Secondary Assessment Findings	<p><i>Indicate here the patient/proctors answers to SAMPLE questions, along with any pertinent further assessments (focused or complete physical assessments, AEIOUTIPS, OPQRST, etc.)</i></p> <p><i>A - Does the patient have allergies?</i></p> <p><i>M - What medicine is the patient taking?</i></p> <p><i>P - Does the patient have any relevant past pertinent medical history? L - What was the patient's last oral intake?</i></p> <p><i>E - What events led up to the call?</i></p>
Vitals	<p><i>Indicate the patient's vital signs-> add a second set if necessary for after initial treatment</i></p> <p><i>BP: , HR:, RR:, BGL:, SPO2: , Any other relevant vitals</i></p>
Treatments	<i>What treatments are necessary given the situation? List absolutely necessary interventions as well as interventions that aren't life threatening but still helpful.</i>

Key Points	<i>Any other information the proctor should know that the EMTs should learn by the end of the scenario or other information for the proctor to be successful.</i>
Bonus Questions	<i>Add questions about medications, treatments given, etc. for the proctor to give if there is extra time.</i>

Scenario 1

22 Y/O F w/ Hypothermia

Scenario Set Up	<p>Equipment needed: NRB, O2, blankets</p> <p>PROCTOR: You are a 22 year old female who is soaked and freezing from being out in the rain. You have slurred speech and are shaking uncontrollably. You are cooperative but slow to respond and can't answer any orientation questions beside your name. You should complain about being "so, so cold" and resist initial efforts to be moved. Other proctor is their roommate who was called to their aid from another friend.</p>
Dispatch	Respond C2 to a 22 Y/O female found on the ground. Friend on scene reports patient is soaked from the rain, shaking uncontrollably, and not making sense.
Scene Size Up	Pt sitting in pool of water on ground, balled up
Pertinent Primary Assessment Findings	<p>AVPU: A&O X 1</p> <p>A- patent w/ slurred speech</p> <p>B- rapid and shallow w/ equal chest rise</p> <p>C- skin pale, cool, wet w/ cyanosis around lips and nails– pulse is rapid and thready. Cap refill is 4 secs.</p>
Pertinent Secondary Assessment Findings	<p>(SAMPLE provided by roommate), pt unable to speak clearly</p> <p>A- "None that I know of"</p> <p>M- none</p> <p>P - none</p> <p>L - a few shots of ETOH</p> <p>E - pt. went out to party for the night while roommate stayed in, pt was underdressed for the weather and became soaked in the cold rain, she was outside for approximately 90 minutes</p>
Vitals	HR: 110 (weak, thready), RR: 24 shallow, BP:110/70, SPO2: 94%, T: 86 degrees F, PEARL
Treatments	Remove from cold environment and prevent further heat loss, remove wet clothing, dry and rewarm w/ blankets, active warming OK because responsive, administer O2, check BGL and cardiac rhythm,
Key Points	<p>Confusion and slurred speech are key signs of moderate hypothermia.</p> <p>Shivering means the body is still trying to generate heat. Keep pt protected from cold. Administer O2 if tolerated. EMTs should be gentle when handling.</p>

Bonus Questions	What if pt was found unconscious? How does treatment plan differ? Why should pt be handled with care? How does alcohol affect the pt's response to the cold?
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Scenario 2

19 Y/O M w/ Snake Bite

Scenario Set Up	<p>Equipment needed: NRB, O2</p> <p>PROCTOR: You are a 19 year old male and that has been bitten by a rattlesnake. Be anxious with significant pain.</p>
Dispatch	Respond C2 to a 19 Y/O male on Big C trail with possible rattlesnake bite
Scene Size Up	Pt sitting against a tree, right leg extended, you do not see a snake and there is one bystander with him
Pertinent Primary Assessment Findings	<p>AVPU: A&O X 4 - "I think a rattlesnake bit me!"</p> <p>A- patent</p> <p>B- rapid but unlabored</p> <p>C- rapid and strong pulse, skin pale, cool and diaphoretic</p>
Pertinent Secondary Assessment Findings	<p>O - right as pt felt the bite</p> <p>P - moving leg at all makes it hurt more</p> <p>Q - intense, hot, burning pain</p> <p>R - burning seems to be spreading, weird tingling and numbness moving up leg</p> <p>S - 8/10</p> <p>T - 10 minutes ago</p> <p>A- peanuts</p> <p>M- none</p> <p>P - none</p> <p>L - water and granola bar an hour ago</p> <p>E - pt tried to take a shortcut up to Big C</p> <p>DCAPBTLS - minor scrapes normal from hiking - snakebite is on lower right leg with two clear puncture marks, bleeding with swelling around site, site tender to touch, CMS intact and tingling reported</p>
Vitals	HR: 118 (strong, regular), RR: 22, BP:140/90, SPO2: 98%, PEARL
Treatments	<p>Confirm that the scene is safe (there is no snake), calm and reassure the pt, direct pressure, cover open wound, do not elevate the extremity (ALCO protocol), remove any constricting items, gently wash the area with cool, wet cloth, priority transport - transport immediately, contact medical director to figure out where to</p>

	transport for antivenom, treat for shock
Key Points	DO NOT apply tourniquet, ice, cut, or suction wound, absolutely make sure that the snake is not still there - but can try to identify it,
Bonus Questions	Why is applying a tourniquet for a rattlesnake bite dangerous? What are other signs of a reaction to a snake bite?

Scenario 3

20 Y/O M w/ Hyperthermia

Scenario Set Up	Equipment needed: NRB, O2 PROCTOR: You are a 20 year old male college athlete. You were running when you started feeling dizzy and nauseous. Next thing you know is that your legs were giving out on you before another teammate found you. Proctor should be confused and irritable and you do not know who, or what happened.
Dispatch	Respond C2 to a 20 Y/O M for syncopal episode (fainting)
Scene Size Up	Pt laying on the ground, confused and irritable with really red skin.
Pertinent Primary Assessment Findings	AVPU: Verbal but is combative and disoriented A- patent B- rapid and deep C- rapid and bounding, skin is flushed, hot and dry to the touch
Pertinent Secondary Assessment Findings	A- Stanford M- none P - none L - light lunch a few hours ago, consistently drinking water during practice E - pt engaged in strenuous running for over an hour on a very hot day
Vitals	HR: 140 (strong, bounding), RR: 28, BP:138/84, SPO2: 97%, PEARL, BGL 112 mg/dL, T: 115 degrees F
Treatments	Move to cool environment, place in supine with legs elevated, loosen/remove clothing, administer O2, fan pt, give water, immediate/priority transport
Key Points	Take BGL to rule out hypoglycemia, AMS and hot, dry skin (heatstroke rather than heat exhaustion),
Bonus Questions	How is heat stroke different from heat exhaustion? Why do we place cold packs on neck, groin, and armpits? Why is pt's skin hot and dry in classic heatstroke?

