

# Scenario 1

4 YOF w/ Epiglottitis

Scenario Set Up	Equipment needed: NRB, O2  PROCTOR: You are a 4 year old child and are also having trouble breathing so you don't give many answers but rather the mother (proctor #2) does. Be shy towards the EMTs unless they make a real effort to distract or entertain.
Dispatch	Respond C2 to a child w/respiratory problems.
Scene Size Up	Pt sitting on chair, presenting in tripod position
Pertinent Primary Assessment Findings	A- stridor, salivating B- dyspneic C- skin is pink, dry, hot to touch
Pertinent Secondary Assessment Findings	(SAMPLE provided by parent), pt unable to speak A- peanuts M- none, never even been vaccinated P - none L - 2 hour ago E - pt was fine a few hours ago at school, mother just noticed
Vitals	HR: 150, RR: 28, BP:110/70, SPO2: 91%, T: 104 degrees F
Treatments	Keep pt in tripod position, administer O2 via NRB @ 15 LPM
Key Points	Keep pt as still as possible, and do not inspect airway. Administer O2 if tolerated. Do not lay the pt down.
Bonus Questions	What is epiglottitis usually caused by? (A: bacterial infection that causes swelling of the epiglottitis and partial airway obstruction) What signs and symptoms differentiate croup from epiglottitis? What signs and symptoms would indicate impending respiratory failure? (retractions of muscles between ribs, bradycardia, hypoxia, decreased respiratory effort)

## Scenario 2

### 27 Y/O Female with severe abdominal pain and vaginal bleeding (Placentae Abruptio)

Scenario Set Up	<p>Equipment NRB, O2, C-collar</p> <p>PROCTOR: You are in immense pain. The patient should be sitting down, clutching their abdomen, and leaning forward.</p> <p>*If an extra proctor, they can act as the boyfriend—crying and pacing, yelling, “Is the baby okay?”</p>
Dispatch	Responding to a 27-year-old pregnant female, 34 weeks, experiencing severe abdominal pain and heavy vaginal bleeding.
Scene Size Up	Patient is sitting on the living room floor, experiencing large amounts of bleeding after slipping and falling while mopping the floor. .
Pertinent Primary Assessment Findings	<p>A&amp;O X4</p> <p>A - Airway is patent, patient is speaking normally and coherently</p> <p>B - Rapid, shallow breathing, RR 26, with clear lung sounds</p> <p>C - Pulse 124</p> <p>Skin is Pale, cool, diaphoretic</p> <p>Cap Refill &gt; 2 seconds</p> <p>Active Vaginal Bleeding</p>
Pertinent Secondary Assessment Findings	<p>Indicate here the patient/proctor's answers to SAMPLE questions, along with any pertinent further assessments (focused or complete physical assessments, AEIOUTIPS, OPQRST, etc.)</p> <p>O - sudden/rapid</p> <p>P - movement makes it worse</p> <p>Q - tearing</p> <p>R - lower back and lower abdomen</p> <p>S - 10</p> <p>T - 20 minutes</p> <p>S - Severe tearing, lower abdominal and back pain with dark red bleeding</p>

	<p>A - Peanut Allergy  M - Prenatal Vitamins  P - None  L - Butter and Toast 2 hours ago for breakfast  E - Sudden, sharp abdominal pain, slipping and falling when cleaning, followed by heavy bleeding</p> <p>Trauma assessment: DCAP-BTLS  Rigid/ tender uterus in addition to severe pain when asked about the <b>abdomen</b></p>
Vitals	<p>BP: 94/58, HR:124, RR:26, BGL:92, SPO2:97%</p> <p>After Treatment: BP: 88/54, HR: 132, RR: 28</p>
Treatments	<p>Treatments:</p> <ul style="list-style-type: none"> <li>- Rapid Transport</li> <li>- High Flow O2 with NRB</li> <li>- Left lateral recumbent</li> <li>- Keep warm</li> <li>- Supportive Care</li> <li>- C-spine collar</li> </ul> <p>NO:</p> <ul style="list-style-type: none"> <li>- Vaginal exam</li> <li>- Vaginal dressing/packing</li> <li>- Visualizing internally</li> <li>- Placing completely supine</li> </ul>
Key Points	<p>EMTs should be prioritizing the trauma assessment since it was from a fall</p> <p>Make sure they treat for shock, lay the patient left lateral recumbent, and C-spine</p> <p>Make sure they state DCAP-BTLS and note what each letter stands for</p>
Bonus Questions	<p>Why is the left lateral position important?</p> <ul style="list-style-type: none"> <li>- Prevents vena cava compression</li> </ul>

## Scenario 3

### 30 YOF w/ Preeclampsia

Scenario Set Up	<p><i>Equipment: NRB O2</i></p> <p><i>PROCTOR: You are 34 weeks pregnant on the couch of your livingroom. You have migraine-like symptoms and are holding your head. You complain about being nauseous and having things be too bright around the room. Say that you feel a little confused because of how dizzy you are. You were with your husband watching netflix and suddenly you had a horrible headache and called 911.</i></p>
Dispatch	<p><i>You respond to a 30-year-old pregnant female on her third trimester of pregnancy that is complaining of severe headache and visual sensitivity.</i></p>
Scene Size Up	<p><i>The patient is sitting on the couch, while holding her head as her husband is trying to calm her down. (No trauma, bleeding, or life threats)</i></p>
Pertinent Primary Assessment Findings	<p><i>A&amp;O x3 (Confused on what time it is)</i></p> <p><i>A - Patent airway, patient is talking (open, clear, maintainable)</i></p> <p><i>B - Rapid but adequate, Respiration Rate of 22, equal and clear bilaterally</i></p> <p><i>C - Skin: Pale, warm, slightly diaphoretic, Pulse: Rapid, bounding, Cap refill: &lt;2 sec</i></p>
Pertinent Secondary Assessment Findings	<p><i>S- headache, hypertension</i></p> <p><i>A- no allergies</i></p> <p><i>M- prenatal vitamins</i></p> <p><i>P- 34 weeks pregnant, slightly elevated BP at last OB visit, first pregnancy</i></p> <p><i>L- light breakfast and hydrating</i></p> <p><i>E- Developed a severe headache twenty minutes ago and noticed she had slight swelling on her hands</i></p>
Vitals	<p><i>1st:</i></p> <p><i>BP: 178/122, HR: 110, RR: 22, BGL: 92 mg/dl, SPO2: 97% Skin: Pale, diaphoretic. Warm, Pupils: PEARL but sensitive to light</i></p>

	<p><i>2nd after O2:</i></p> <p><i>BP: 174/110, HR: 105, RR: 20, BGL: 92 mg/dl, SPO2: 98% Skin: Pale, diaphoretic. Warm, Pupils: PEARL but sensitive to light</i></p>
Treatments	<ul style="list-style-type: none"> <li>• <i>Keep Upright or on her left side to improve circulation</i></li> <li>• <i>Keep environment quiet and dim</i></li> <li>• <i>O2 via NRB 10-15 LPM</i></li> <li>• <i>Rapid transport to hospital</i></li> <li>• <i>Check for seizure just in case</i></li> <li>• <i>Monitor BP</i></li> </ul>
Key Points	<p><i>Preeclampsia is indicated high BP + headache + visual changes + (swelling) which is all related to pregnancy</i></p> <p><i>Eclampsia is when they have preeclampsia (high BP) and end up getting a seizure</i></p> <p><i>There is postpartum preeclampsia/eclampsia</i></p>
Bonus Questions	<p><i>What are the signs that indicate transition to eclampsia?</i></p> <p><i>Why is left-side positioning recommended for pregnant patients?</i></p>