

# Monica Mode Scenario Study Sheet

## Scenario Summary

Dispatch: MVC, single vehicle, 25 y/o male, restrained, airbag deployed. Initial Impression: Confused, pale, diaphoretic, chest pain, difficulty breathing. Initial Vitals: HR 132 irregular, BP 86/58, RR 28 shallow, SpO<sub>2</sub> 88%, GCS 13. Curveball: Wide-complex tachycardia (VT) and tension pneumothorax during transport. Partner: Paramedic, acts only on explicit orders.

## Timestamped Action Log

15:00 – Dispatch received. 14:10 – Initial assessment, airway patent, C-collar ordered, extrication initiated. 13:20 – NRB applied @15 LPM; bilateral 18g IVs ordered. 11:45 – Curveball: VT with weak pulse; BP 76/48. 11:00 – Needle decompression performed (left chest). 09:50 – Vasopressor + synchronized cardioversion ordered; rhythm converts to sinus tachycardia. 08:40 – EtCO<sub>2</sub> checked: 28 mmHg. 02:30 – Blood glucose checked: 112 mg/dL. 02:00 – Pain management considered; patient rates pain 8/10. 01:00 – Fentanyl 50 mcg IV administered; pain drops to 4/10. 00:30 – Trauma alert called with full report. 00:00 – Arrival at Level I trauma center; patient transferred stable.

## Outcome Summary

Patient arrived alive, hemodynamically marginal but improved. Final Vitals: HR 104, BP 106/70, RR 22, SpO<sub>2</sub> 98%, EtCO<sub>2</sub> 32 mmHg, GCS 12. Pain reduced from 8/10 to 4/10 after fentanyl. Interventions: Oxygen, C-collar, needle decompression, IV fluids, vasopressor, cardioversion, fentanyl. Curveball managed successfully before arrival.

## Monica Mode Debrief & NREMT Prep Tips

Strengths: • Prioritized airway, oxygen, spinal precautions, and rapid transport. • Recognized shock early; ordered fluids and vasopressor. • Managed curveball decisively: decompression + cardioversion. • Considered pain control after stabilization. • Called trauma alert with complete report. Improvement Opportunities: • Could have ordered second access via IO sooner. • Consider early airway prep when GCS dropped below 10. • Continuous reassessment of chest trauma for evolving complications. NREMT Prep Tips: • Always verbalize closed-loop orders. • Reassess after every intervention. • Include mechanism, injuries, vitals, treatments, and response in hospital report.