Northwest Community EMS System
September 2021 CE Credit Questions:
Chest, Abdomen, M-S Trauma

Name:	Date submitted:
EMS Agency/hospital:	Credit awarded (date):
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 2 hours of live or Zoom CE class.

Sources: September 2021 CE; SOPs; CE PPT for CECQ

1. Identify the "deadly dozen" of chest trauma covered in CE and found in SOP? (Source: PPT)

2. According to the study published in Prehospital Emergency Care, when using a 1.75 inch needle catheter for chest decompression, how often *would that length result in failure*? The 2 inch catheter? And the 3.25 inch catheter? (Source: PPT slide 24)

1.75 inch:
2 inch:
3.25 inch:

3. According to Prehospital Emergency Care from Sep-Oct 2019, what is the appropriate length needle for children < 13 years of age? (Source: PPT slide 26)

4. What are 3 physiologic consequences of thoracic trauma? (Source: PPT slide 34)

5. What 5 functions does the skeletal system perform? (Source: PPT slide 84)

6. The NWC EMSS no longer has a trauma surgeon dedicated to be on call for field trauma amputations.

TRUE FALSE

7. What medication does EMS give for treatment of crush syndrome in the field when suspected compression of a muscle mass for more than s hours with hypothermia? (Source: PPT/SOP)

8. Why is the above treatment given before the limb is released and reperfusion occurs? (Source: PPT slide 89)

9. Why is compartment syndrome a limb threatening condition? (Source: PPT slide 90-91)

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_____

10. What are the "7 P's" of compartment syndrome that EMS can assess in a pt? (Source: PPT slide 92)

21.-40.

Attached you will find the three scenarios that were completed in class. Each scenario has a written narrative and assessment findings in which to review. Once completed, you must fully answer each of the questions that follow the scenario for full CE Credit.

Scenario One

"Dispatched to the interstate for MVC involving semi-truck and van. Upon crew arrival, the van was found wedged into the back of the semi-trucks trailer. The front of the patient's vehicle was crushed into the semi-truck with intrusion into the passenger compartment requiring extrication from vehicle. Crew gained entry to find the driver, a 42 year old female patient unconscious, breathing 6 times per minute.

Upon removal of patient from vehicle, the patient was assessed for injuries and vitals were assessed. The patient had open fracture on left lower leg and closed fracture on right leg. The patient had absence of lungs sounds on right side and decreased lung sounds on left side. The patient had left 5th finger acute amputation."

Airway	Not documented
Breathing	Only RR of 6 known (documented in narrative prior to intervention). First set of vitals documented as same time as their crew intervention RA SpO2 92%; EtCO2 36 square waveform
Circulation	Weak radial pulses
LOC	Unresponsive
VS	Only RR of 6 known (documented in narrative prior to intervention). First set of vitals documented as same time as their crew intervention. BP 96/60 (MAP 72) ; P 98 ; RR 12 (assisted)
HEENT	Normal
Neck	Trachea midline
Chest	Lung sounds absent on the right and decreased on the left.
Abdomen/ Pelvis	Soft and non-tender Normal
Back	Normal
Extremities	Left leg open fracture; right leg closed fracture; left 5^{th} finger amputation; all other normal.
Skin	Cool, pale
Neuro	GCS 3
Pain	3/10 pt weighs 86.2 kg

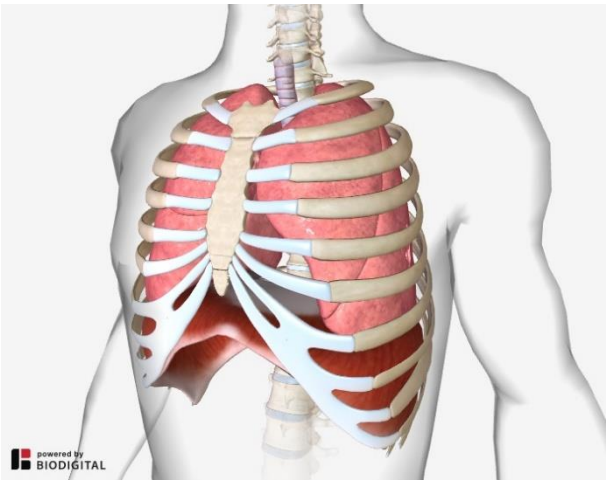
Recognized immediate or potential life threat(s):

Procedure(s) required:

Equipment Needed:

Steps to take:

Place an X for the landmark on pictures below.



The field performed a bilateral pleural needle decompression. Was this indicated? Defend your answer.

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_____

What are the three physiologic criteria for which a pt should be transported to a Level One TC?

1.

2.

3.

Why do geriatric trauma patients that sustain chest injury more likely have rib fractures?

_____

If a young patient with chest trauma sustains rib fractures, what is assumed about the MOI?

_____

_____

What injuries can cause hypoxia, hypercarbia, and acidosis in the pt with thoracic trauma?

_____

_____

_____

Scenario Two

"Dispatched to the scene for a pt that was stabbed. Upon arrival found an A&Ox4, 22 year old female lying on the street. Pt said she was stabbed with a knife. Pt had a wound to L mid back approximately 3 inches long. Blood appeared to be frothy. Wound dressed with vaseline gauze and an abdominal pad. Pt had good lung sounds initially. There was also a baseball bat on scene, and pt states she was struck in the head with the bat. Pt had contusion to L temple, no LOC. While en route the pts lung sounds decreased on the left with difficulty in breathing."

Airway	Patent
Breathing	Initially normal breathing depth and equality RR 20 RA SpO2 96%; EtCO2 36 En route difficulty breathing
Circulation	Strong pulses present equal bilaterally
LOC	A+Ox4; normal baseline for patient
VS	**Initial** BP 120/100 (MAP 107); P 130; RR 20 **En route** BP 110/100 (MAP 103); P 134; RR 18
HEENT	Contusion to left temple
Neck	Not documented
Chest	Lung sounds absent on the left, decreased on the right side
Abdomen	Not documented
Back	3 inch laceration to L mid back with mild amount of frothy blood coming from the wound
Skin	Normal color, temperature, moisture
Neuro	GCS 15
Pain	3/10 pt weighs 68 kg

Recognized immediate or potential life threat(s):

Procedure(s) required:

Equipment needed:

Steps to take:

What is the mechanism of death when a patient sustains an open pneumothorax?

What significant assessment findings can lead EMS to an open pneumothorax?

The loss of chest wall integrity and the lung collapsing is what makes the “sucking sound” in an open pneumothorax.

TRUE FALSE

What does the 3 vented channels help to allow when placed on an open pneumothorax?

The patient in scenario #2 should be transported to which level of TC? Defend your answer.

Scenario Three

"Called to an accident with injuries. Upon arrival, 44 year old female patient found sitting in front passenger seat of car, A&OX4, in severe distress from pain, Spanish speaking only, complaining of pelvic pain. Patient was front passenger of car, unable to determine if patient was wearing seat belt with heavy front end damage but no intrusion. Unknown speed noted but T-bone impact noted with car then hitting pole. Staring noted on windshield pushing out. No head trauma noted to patient. Patient screaming in pain and pointing directly to her hip and groin. Tenderness noted in pelvis, hip, and lower abdomen. As the call progressed crew noted slight rigidity in abdomen. Patient denies pain in head, neck, or back (EMS checked multiple times). Patient denies LOC. Patient continues to scream in pain due to pelvis. No other trauma noted to head, neck, back, chest or abdomen. Skin normal. Good PMS noted in all extremities."

Airway	Patent
Breathing	Normal effort
Circulation	Strong pulses present equal bilaterally
LOC	A&Ox4
VS	BP 134/80 (MAP 98) ; P 80; RR 18
HEENT	Normal
Neck	Normal; trachea midline
Chest	Breath sounds clear and equal; heart sounds S1 and S2 clearly heard
Abdomen	Delayed tenderness and rigidity with nausea
Pelvis	Pain and tenderness upon palpation
Back	Delayed pain to tailbone radiating upwards
Skin	Normal color, temp, moisture
Neuro	GCS 15; PERRL; SMC intact to all 4 extremities
Pain	10/10; pt weights 63.5kg

Recognized immediate or potential life threat(s):

Procedure(s) required:

Equipment needed:

Steps to take: