

Scenario 1

Dispatch: 3/9/2013; 20:00; Motor Vehicle Accident. Enroute at 20:01.
Address: Roselle and Golf Rd, Schaumburg, IL, 60194
Arrival: 20:05 with patient contact at 20:06.
Incident #: Training 1

Patient Name: John Doe 60 y/o (DOB 1/1/1953), 175 lbs.
Address: 123 Main, Hoffmann Estates, IL 60010
847-555-1212
History: Hypertension, Hypothyroidism.

Meds: Norvasc, Synthroid Allergies: PCN

Condition: Patient said he was shoveling his driveway when he started having chest pain with difficulty breathing. He went inside and laid down remaining conscious for 1 hour with no relief in symptoms before having his wife drive him to hospital then they got into the car accident. Pt. was found sitting on the passenger's front seat of a vehicle that was struck in the rear passenger's door by a white passenger van traveling north on Roselle Rd. Moderate damage to the rear passenger's side door. Pt is A&Ox3 in a tripod position holding his chest. Pt. described the pain as a sudden, sharp pain that radiated to his left shoulder that increases with exertion. Pt. was pale and diaphoretic, and pointed to the center of his chest when asked where the pain is. Pt. rated pain at 8/10.

20:08 **Initial vitals:** GCS:15, BP: 140/92, P: 98R, R: 26R, labored. SpO2: 89% on room air. Sugar: 84, Pain 8/10
20:17 **Repeat vitals:** GCS:15, BP: 132/90, P: 90R, R: 20R, non-labored. SpO2: 95% on O2. Pain 5/10, Capnography: 38 EtCO2 with square waveform.
20:23 **Repeat vitals:** GCS: 15, BP: 128/88, P: 86R, R: 20R, non-labored. SpO2 96% on O2. Pain 3/10, Capnography: 40 EtCO2 with square waveform.

ALS Procedures:

20:09 O2 given via NRM at 15L
20:10 Monitor 4-lead indicated Sinus Tachycardia
20:12 12-lead indicated: Abnormal ECG, sinus rhythm with left ventricular hypertrophy.
20:12 ASA 324 mg given orally
20:13 IV established left hand 18g, with NS running TKO
20:14,20:18 NTG 0.4mg x 2 given SL

Contacted NWCH with good phone quality, transported to NWCH. 12-lead was transmitted to the hospital.

Depart to Hospital at 20:20, Arrived at Hospital at 20:25, AOR 21:00
Pt. **was** able to sign the Medicare form.

Scenario 2

Dispatch: 3/9/2013; 20:00; Motor Vehicle Accident. Enroute at 20:01.
Address: Roselle and Golf Rd, Schaumburg, IL, 60194
Arrival: 20:05 with patient contact at 20:06.
Incident #: Training 2

Patient 1: Jill Doe DOB (1/1/1966) , 140 lbs.
Address: 123 Main, Hoffmann Estates, IL 60010
847-555-1212
History: Hypothyroidism

Meds: Synthroid Allergies: NKDA

Condition: Patient is the seat-belted driver of a small passenger vehicle that was traveling westbound on Golf Rd. Pt claims she was taking her husband to the hospital for chest pain, she started from a stop and entered the intersection after the light turned green. The vehicle was struck in the rear passenger's door by a white passenger van traveling north on Roselle Rd. Moderate damage to the rear passenger's side door. Pt is currently complaining of left shoulder pain where the seat-belt is located. No obvious injuries noted. No LOC. Pt denies any head, neck or back pain. Pt has SMV intact in all four limbs. Pt wants to go the hospital with her husband who is your second pt. Pt was able to walk to the MICU on her own.

20:13 Initial vitals: GCS: 15, BP: 134/76, P: 130R, R: 22R, non-labored. SpO2: 96% on room air. Pain 3/10
20:19 Repeat vitals: GCS: 15, BP: 128/72, P: 76R, R: 18R, non-labored. SpO2: 98% on room air. Pain 1/10
20:24 Repeat vitals: GCS: 15, BP: 124/74, P: 78R, R: 18R, non-labored. SpO2: 98% on room air. Pain 1/10

ALS Procedures:

20:15 Fentanyl 60 mcgs
20:20 Pt refused any additional pain medication

Contacted NWCH with good phone quality,
Depart to hospital 20:20, arrived at hospital 20:25, AOR 21:30
Pt signed Medicare form.