



Instructions:

*Prior to completing these exercises, training videos (x2) must be viewed and any additional internal training assigned by your agency must be completed **FIRST**.*

Next, log into ImageTrend - select template NWCEMSS Form 3.5

Expected Validity Score 99% for both Training Reports (due to labeling Incident TRAINING)

Enter the following information below. If information not provided, default to expected response.

At the end of data entry **SAVE** report

Once **BOTH** training reports have been entered, notify PEMSC (or otherwise designated) that you have completed your training. PEMSC will give permission for you to proceed with Template 3.5 moving forward.

This training must be completed **PRIOR** to December 15, 2023

Note for EMTs- Please **only** document the provided information below to **your scope of practice**. (ex: you will **not document** Advanced Airway, IV/IO, 12 lead, or medications). Select BLS and transfer care to ALS Ambulance).

TRAINING REPORT #1

Incident Number TRAINING 1

Times

Dispatch 10/4/2023 1000 hrs.

Enroute 1002 hrs.

Arrival 1007 hrs.

At Pt 1008 hrs.

EN to hospital 1028 hrs.

AH 1037 hrs.

Trans of care 1042 hrs.

BIS 1115 hrs.

Dispatch Reason: Sick Person

Incident Address: 800 W Central Rd. Arlington Heights, IL 60005

Patient Name: Jack Doe; Male

Weight: 181 kg

DOB: 04/06/1955

Pt Phone #: 847-618-4482

Pt home address: 800 W Central Rd. Arlington Heights, IL 60005

Pt complaint: nausea, vomiting

Duration of complaint: 2 days

Primary Symptom: nausea, vomiting

Meds: Eliquis, Metformin, Metoprolol

Med Allergies NKDA

History: DB, A-fib, HTN

Primary Impression: Severe Sepsis w/ septic shock

Destination NCH

Pre-arrival alert Sepsis; Time called 1023

Vitals

1010 hrs. GCS 14 BP 64/36 HR 116 weak irregular SPO2 88% RR 40 labored EtCO2 22 square bG 388 Pain 0 ecg A-fib BEFAST Normal, Temp 34.8 C

1022 hrs. BP 72/40 HR 114 RR 36 SPO2 94% EtCo2 25

1028 hrs. BP 78/44 HR 110 RR 36 SPO2 94% EtCo2 26

1034 hrs. BP 82/42 HR 110 RR 36 SPo2 94% Etco2 28

Assessment

Skin cold pale dry; mental confused, oriented to Person & Place; Abd soft non-tender; lung sounds decreased bilaterally

Interventions

1012 hrs. Monitor 12 lead Atrial fibrillation

1013 hrs. Meds Oxygen via NRM 15 lpm

1015 hrs. IV 18g RA 1 attempt NS lock flush

1017 hrs. NS 200 ml cc bolus

1022 hrs. Lung sounds decreased bilaterally

1023 hrs. NS 200 ml bolus

1028 hrs. Lung sounds decreased bilaterally

1029 hrs. NS 200ml bolus

1030 hrs. IV 18 G left AC flush

1035 hrs. Norepinephrine 8mcg/ min

TRAINING REPORT #2

Incident Number TRAINING 2

Times

Dispatch 10/4/2023 1400 hrs.

Enroute 1402 hrs.

Arrival 1407 hrs.

At Pt 1408 hrs.

Dispatch Reason: Unconscious

Incident Address: 800 W Central Rd. Arlington Heights, IL 60005

Patient Name: Jill Doe; Female

Weight: 80 kg

DOB: 04/06/1955

Pt Phone #: 847-618-4482

Pt home address: 800 W Central Rd. Arlington Heights, IL 60005

Pt complaint: Unresponsive

Duration of complaint: 20 minutes

Primary Symptom: Cardiac Arrest

Meds: Unknown

Med Allergies: Unknown

History: Unknown

Primary Impression: Cardiac Arrest

Time of Arrest 1340 hrs.

Arrest Witnessed by lay person

No CPR Provided; No AED PTA

Resuscitation attempted by 911 Responder: Yes

Who Initiated CPR: EMS Crew

Was Resuscitation attempted by EMS (Multi select): attempted defibrillation, attempted ventilation, initiated chest compressions

Type of CPR Provided (Multi select): manual compressions - intermittent with ventilations, mechanical compressions – Lucas, CPR with feedback device, Ventilation – BVM with ITD, ventilation – bag valve to tube with ITD

First Monitored Arrest Rhythm: Ventricular Fibrillation

Who first defibrillated the patient: Respond EMS personnel

Date and time of first shock: 10/4/2023, 1408hrs

Suspected etiology: cardiac

No ROSC

End of EMS arrest: expired in the field

End Rhythm Asystole

Destination: Not transported

Pre-arrival request: Cardiac arrest alert (verbal)

OLMC Contacted: NCH 1435 hrs. Log #T14567

Assessment

Skin warm and cyanotic; mental status unresponsive

Vitals/ Interventions

1408 hrs. CPR

1409 ECG Pads; v-fib rhythm; defib (monitor specific j), EtCO₂ 8, SpO₂ 70

1410 hrs. Nasal airway; oral airway, ITD

1410 hrs. Oxygen NC ETCO₂ 15 lpm

1411 hrs. V-fib rhythm; defib (monitor specific j), EtCO₂ 11, SpO₂ 90

1411 hrs. IO insertion R tibia, Normal saline flush, then TKO

1412 hrs. Epinephrine 1 mg 1mg/ 10 mL; NS 10 mL flush

1412 hrs. Amiodarone 300 mg; 10 NS 10 mL flush

1413 hrs. Asystole, EtCO₂, 10, SpO₂ 94

1414 hrs. Orotracheal intubation Video + Bougie; Assist ventilations BVM, size 7 ETT (please fill out all remaining pertinent information in the power tool for this procedure)

1414 hrs. Lucas Device Applied

1415 hrs. Asystole, EtCO₂ 9, SpO₂ 95

1417 hrs. Asystole, EtCO₂ 9, SpO₂ 95

1418 hrs. Epinephrine 1mg 1mg/ 10 mL; NS mL flush

1419 hrs. Asystole, EtCO₂ 7, SpO₂ 97

1421 hrs. Asystole, EtCO₂ 8, SpO₂ 96

1423 hrs. Asystole, EtCO₂ 12, SpO₂ 98

1424 hrs. Epinephrine 1 mg 1mg/10 mL; NS mL flush

1425 hrs. Asystole, EtCO₂ 5, SpO₂ 95

1427 hrs. Asystole, EtCO₂ 7, SpO₂ 96

1429 hrs. Asystole, EtC02 9, Sp02 95

1430 hrs. Epinephrine 1 mg 1 mg/10 mL; NS mL flush

1431 hrs. Asystole, EtC02 8, Sp02 96

1433 hrs. Asystole, EtC02 9, Sp02 95

1435 hrs. Asystole, EtC02 4, Sp02 95

1436 hrs. Epinephrine 1 mg 1mg/ 10 mL; NS mL flush

1437 hrs. Asystole, EtC02 3, Sp02 94

1438 hrs. CPR Discontinued; TOR