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Introduction
The "You are the EMT" DVD series shows real life patient care situations involving practicing EMTs at various levels of care. The DVDs are for discussion purposes only; they are not intended to show standards of care in emergency situations. The primary focus is on assessment techniques. The DVDs may be used to introduce specific topics, review those topics, or stimulate critical discussion about the care provided. Caution should be employed when using these DVDs to teach specific techniques of management. The instructor is encouraged to preview the DVDs to become familiar with the scenarios prior to showing them in class. The scenarios need not be shown in the order presented on the DVDs.

Thinking Critically
In every EMS call, decisions must be made based on conditions at the scene — conditions that are often not as perfect as those portrayed in textbooks or classrooms. The patient care and procedures in these real-life calls should be used to raise questions and stimulate discussion. In reviewing these incidents, put yourself in the place of the care providers. Your decisions may vary from theirs, but make your decisions based on the circumstances of each specific scene. Look at each case and try to anticipate the problems that you might encounter. Think through how you avoid these problems or how you would deal with them should they arise. At the end of each scenario, ask yourself, "Would I have treated this patient any differently?" If so, how?

Using the DVD
Review the discussion questions provided and watch the DVD before showing it to the class. Divide the students into partners of two (similar to a typical ambulance) or in groups of three to four (similar to an engine company in a first response fire department). One person in each group should be assigned the role of the senior partner or captain of the company. Ask the students to watch one situation and write down their observations on how the care provided by these practicing EMTs may differ from what they have learned in class. After showing the DVD, provide time for the students to discuss their observations with their partner or in their small groups. These small group discussions teach the students how to critique their own runs and find ways to improve. Ask the captain or senior partner to share their group's observations with the class. This will help to build leadership qualities and group speaking abilities in the students.

Airway Management

Scenario 1
Chief Complaint: Leg Pain
Scene Size-Up

- **Body Substance Isolation**: What are the minimum BSI requirements for this call?
- **Scene Survey**: This scenario presents one patient who complains of leg problems. The scene is determined to be safe and no additional resources are needed.

Initial Assessment

- **General Impression**: This scenario shows an older patient who is awake and responsive but is sitting in a tripod position with moderate respiratory distress. Was the patient's mental status assessed?
- **Airway**: Airway was evaluated quickly and found to be present and adequate. Could this patient have become dizzy and fallen? How would you determine if spinal precautions were needed?
- **Breathing**: Breathing is found to be present but inadequate. As such, oxygen is indicated. The patient is determined to have a history of chronic obstructive pulmonary disease (COPD) and is on home oxygen but has not been using it. Does this information change the choice of oxygen delivery device and the flow of oxygen you administer to this patient?
- **Circulation**: The pulse is found to be present but perfusion is decreased in the distal extremities. It appears to be chronic in nature because of the leg problems the patient complains of. No open wounds or external bleeding is noted.
- **Transport Decision**: The decision in this scenario is to transport immediately and continue treatment en route. The patient is assisted to the stretcher and then transferred into the back of the ambulance.

Focused History and Physical Exam

- **History**: After the initial assessment, history is obtained first in a conscious medical patient. Much of the patient's history was gathered by first responders while preparing the patient for transport. A more detailed history may be obtained while providing further treatment.
- **Focused Physical Exam**: The EMTs should be directed toward the patient's respiratory complaints and the perfusion problems in his legs. What other signs of respiratory distress would you gather in a focused exam of this patient?
- **Vital Signs**: What changes would you expect in this patient's vital signs as a result of this breathing attack? When a pulse oximeter is used to determine the percent of oxygenated blood, could this be considered a vital sign? What are some of the limitations of a pulse oximeter?

Interventions Based on Assessment Findings

- The advanced level EMTs prepare and administer a nebulized breathing treatment to improve the patient's respiratory distress. How could you as an EMT Basic assist these advanced level prehospital care providers in preparing and administering this aerosol treatment?

Scenario 2
Chief Complaint: Auto vs. Pedestrian Accident
Scene Size-Up

- **Body Substance Isolation**: What are the minimum BSI requirements for this call?
- **Scene Survey**: This scenario shows one patient with the primary mechanism of injury produced by being struck by an automobile. Additional help is not needed. The police are on scene.

Initial Assessment

- **General Impression**: This scenario shows an unresponsive patient in a prone position who was rolled to a supine position while protecting the spine.
- **Airway**: Airway was evaluated quickly and found to be inadequate as indicated by snoring respirations. The airway was managed with proper positioning and use of an oropharyngeal airway. Would you use a nasal airway in this patient if he had a gag reflex? With significant facial bleeding, the airway may become compromised in a supine position and require suctioning.
- **Breathing**: Breathing is found to be present and adequate. High flow oxygen was provided because of the significance of the mechanism of injury. How can the nonrebreathing mask interfere with airway management? Does this patient need oxygen at 15L per minute or could you use a lower flow rate?
- **Circulation**: The pulse is found to be present and perfusion is adequate. Significant external bleeding is found from a wound in the patient's face just superior to his nose. He has an opening from his frontal sinus to the outside that sprays blood with each respiration.
- **Transport Decision**: The decision was to transport immediately because of the significant trauma and airway complications. Would your on-scene time or initial management of this patient be different if you were on a rural highway with just you and your partner and a state trooper?

Focused History and Physical Exam

- **Rapid Trauma Exam**: After the initial assessment, the rapid trauma exam is performed for a patient with significant mechanism of injury. This was completed prior to spinal immobilization and during packaging for transport.
- **Vital Signs**: How will a good baseline set of vital signs help to determine priorities of care?
- **History**: This is unavailable unless obtained from medical identification cards, Medic Alert tags, or witnesses on the scene.

Interventions Based on Assessment Findings

- During transport to the hospital, the patient's pulse oximetry values were noted to be dropping. What would be potential causes of this finding? These advanced level providers elected to intubate the patient because of the dropping oxygen saturations. What might you as an EMT Basic do to assist the paramedics in intubating?
- The patient was posturing and biting down on the oral airway, preventing intubation. What other interventions would you use to try and improve oxygen saturations in this situation?
- A large-bore, rigid suction device was ineffective at removing secretions and blood from the patient's oral cavity. They then switched to a soft tip catheter to suction to reach between the

patient's teeth. Would you use this same catheter to suction the nose of this patient? Why or why not? What are the pros and cons of each type of suction catheter?

Scenario 3
Chief Complaint: Unresponsive Patient
Scene Size-Up

- **Body Substance Isolation**: What are the minimum BSI requirements in this situation?
- **Scene Survey**: The scene size-up indicates one patient with an "unknown" complaint. Additional help is unavailable. The scene appears to be safe.

Initial Assessment

- **General Impression**: This scenario shows a 38-year-old woman who is unresponsive and in full cardiopulmonary arrest.
- **Airway**: Airway is present but deemed inadequate. How would you manage the airway until endotracheal intubation equipment is available? Would you just consider using an oral or nasal airway? Would you begin with mouth-to-mask ventilations or start with a BVM device? What interventions would you do in what order? These advanced level providers intubate the patient and secure her airway. What is the advantage of endotracheal intubation in a full arrest patient? If endotracheal intubation is not an option in your agency, how would you manage the airway?
- **Breathing**: Breathing is absent. How would you provide positive pressure ventilations until the patient is intubated? How would you determine if positive pressure ventilations were effective? How would you evaluate ventilations after intubation? At what rate would you provide artificial ventilations? At what flow rate should the oxygen regulator be set?
- **Circulation**: Pulse is absent, so there is no perfusion until CPR is started. If you had more responders, would it change how ventilations and compressions are performed? How would you determine who had what responsibilities?