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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.

Patient Assessment

Scenario 1

Chief Complaint: Chest Pain

Scene Size-Up

- **Dispatch:** Dispatch provided limited and possibly inaccurate information. Considering the information given, what would be possible scenarios for a patient complaining of chest pain?
- **Scene Safety:** As the EMTs entered the airport and looked around, what potential hazards did you notice? Who was present to help manage the EMTs' safety concerns? They determined the patient was on the airplane. Did this pose potential threats or challenges?
- **Nature of Illness:** The EMTs assumed that the patient's nature of illness is cardiac in nature. Could the patient have suffered a mechanism of injury of some kind while on the airplane? Would you consider altitude problems as a factor in your nature of illness?
- **Additional Resources:** The EMTs should consider advanced level care providers if the chief complaint is felt to be cardiac in nature. How does the fact that the patient is in a small airplane change the EMTs' approach to the patient? Where should everyone stand? What equipment should you bring with you into small quarters?

Initial Assessment

- **General Impression:** This scenario presents a 41-year-old gentleman in a sitting position who complains of chest pain and appears to be in moderate distress. First responders have evaluated the patient and placed him on oxygen. Prior to releasing the first responders, what would be important information to gather from them? Did the EMTs assess the patient's mental status?
- **Airway:** Airway was evaluated and found to be present and adequate because the patient was awake and talking.
- **Breathing:** Breathing was also found to be present and adequate. The first responders have already placed the patient on oxygen at 15L through a nonrebreathing mask. Is this an appropriate flow rate for a person complaining of chest pains? Would listening to the patient's lung sounds be important in the initial assessment or would you wait until the focused exam?
- **Circulation:** Pulse was present. Skin color, temperature, and condition were present and adequate, indicating he was perfusing well. There was no evidence of external bleeding. What is the potential for internal bleeding?
- **Transport Decision:** The decision in this case was to transport immediately. After considering the options on how to extricate this patient from the plane, the EMTs chose to walk the patient. Do you agree? Would you let a chest pain patient exert himself by walking or would you keep him at complete rest? Would carrying the patient with an extremity lift create more anxiety and stress on the patient's heart?

Focused History and Physical Exam

- **History:** The history taking was initiated by one EMT while preparation was made to extricate the patient. This is good use of time when trying to maintain an on scene time of less than ten minutes. How thorough was the EMT in identifying the patient's signs and symptoms? Which of those signs and/or symptoms would you ask OPQRST (Onset, Provoke, Quality, Radiation, Severity, and Time and Treatment) to understand the complaints better?
- **Focused Exam:** According to National Standard Curriculum, focused history should be completed next, but these EMTs completed vital signs after the history. How important is the order of your assessment?
- **Vital Signs:** Vital signs were gathered by one EMT while the other began treatment. The blood pressure was 160/80. Why would it be important to gather this information (history, physical exam, and vital signs) prior to initiating interventions?

Interventions

- Many of the interventions provided were advanced treatments. What would you do for this patient if you were only trained at an EMT-Basic Level? At what point would you call for advanced prehospital care providers?
- Intravenous access was initiated by the advanced level providers. Do your local protocols allow or require you to draw blood samples while starting IV infusions?
- Nitroglycerine was administered to this patient, even though the patient reported only a history of hypertension and was not taking any medications. What are the indications for administering nitroglycerine not prescribed for a patient by their own physician? What are the contraindications?
- A nebulized breathing treatment of saline and albuterol was administered to this patient. What did the EMTs find in their assessment that led them to choose this intervention? What are the indications for nebulized breathing treatments? What are the contraindications? If this patient were having an acute myocardial infarction, could there be negative effects from the albuterol on a stressed heart?

Detailed Exam and Ongoing Assessment

- Detailed exams are mandatory for significant trauma patients and patients with complicated or confusing presenting signs and symptoms. When will a detailed exam provide the most information? Would you ever ignore doing a detailed exam?
- This EMT performed a detailed exam and included neurovascular checks and inspection for jugular venous distention (JVD). Why would this be important to evaluate in a cardiac patient? What other conditions are associated with JVD?
- The EMT clarified specific points of the patient's history and asked more questions. Is there additional history that you would obtain from this patient that was not covered in the DVD?
- Vital signs were repeated after administration of nitroglycerine. What would you expect his blood pressure to be five minutes after the nitroglycerine? What about ten minutes after the nitroglycerine? What would be indications for repeating a dose or holding a dose?
- The patient was placed on a cardiac monitor and his electrocardiogram (EKG) was interpreted. How did the EMTs interpret his rhythm? Would it change how you might manage this patient?

- The EMT showed a great deal of professionalism by informing the patient of what was going to happen during the ride in the ambulance and when he arrived at the hospital. How would these simple acts of courtesy affect the patient's impression of the care he was receiving? How would behavior like this affect EMS as a profession?

Scenario 2

Chief Complaint: Unresponsive Patient

Scene Size-Up

- **Body Substance Isolation:** Did you notice the driver had his BSI gloves on while he was driving? Is this good practice?
- **Dispatch:** In this scenario, the patient was reported to be unresponsive by the dispatcher, but when the EMTs arrived on scene the patient was awake. What would be the possible nature of illness for a brief period of unresponsiveness? Could a mechanism of injury apply to this patient as well?
- **Scene Safety:** How important is evaluating scene safety on a quiet suburban street? Did you notice how many people were present at the scene? Could any of these be a threat or a distraction? How would you handle a caring or nosey neighbor who wants to evaluate the patient at the same time as you are? What if the neighbor was a physician and wanted to help?
- **Number of Patients:** There is only one patient. If you had multiple patients who were unresponsive, would you consider the scene to be safe? What additional resources would you request?

Initial Assessment

- **General Impression:** This scenario presented an elderly man who is awake and responsive, which is different than the information dispatch reported. What priority would you give this patient based on his chief complaint, age, and both his current and alleged previous level of consciousness? How did the EMT determine the patient was confused?
- **Airway:** Airway was found to be present and adequate. The patient was awake and talking.
- **Breathing:** Breathing was also present and adequate. The EMTs did not place the patient on oxygen right away. Why do you think they waited? Was this the right decision?
- **Circulation:** The pulse was present. The skin assessment revealed pale, cool, and moist skin, which are indicative of poor perfusion. How would you treat this? Was the moist skin sweat from working in the yard or was it diaphoresis from poor perfusion? There was no evidence of external bleeding. If he were lying on the grass, would you need to look closer for hidden bleeding?
- **Spinal Immobilization:** Spinal immobilization should be considered in the scene size-up based on the information from dispatch; however, it should be done or ruled out in the initial assessment. Did these EMTs do a good job of preventing the patient from moving his head during their initial assessment? How could they have improved their assessment?
- **Transport Decision:** The decision in this case was to transport immediately. The patient was placed in a cervical spine immobilization device and log rolled onto a long spine board. He was then secured to the spine board with straps. These EMTs chose to secure the patient's arms in the straps. Why?

Focused History and Physical Exam

- **History:** History was performed during preparation for transport. Should you take the history while performing spinal immobilization and preparation for transport? Would you take the time now to complete the history and clarify any of the patient's answers?
- **Physical Exam:** Much of the focused exam was completed prior to moving into the ambulance. The abdomen was examined closely and noted to have a non-tender, firm, and pulsatile mass. Could this be a reason for his poor perfusion?
- **Vital Signs:** Vital signs were completed including respirations, pulse, blood pressure, and reevaluation of his skin. Which of these might change the fastest depending on changes to the patient's condition?
- **Additional Considerations:** If the patient's pupils were not found to be equal, round, and reactive to light, but one was larger than the other, how would you interpret this information?

Interventions

- Intravenous access was established with a 16 gauge catheter. Why would they choose such a large catheter in a patient with stable pulse and blood pressure? When would you consider a second IV?
- What other therapies could you provide for this patient? Is rapid transport appropriate for this patient?

Detailed Exam and Ongoing Assessment

- These two parts of the assessment process were completed but not included in the video as evidenced by the information given during the radio report to the hospital. The report was brief and to the point. What format was used? Was it similar to your agency's format? Would you consider providing a report to the hospital earlier on in your assessment? For what reasons?

Scenario 3

Chief Complaint: Difficulty Breathing

Scene Size-Up

- **Scene Safety:** One person greeted the EMTs at the ambulance doors as they parked. It was night in a potentially dangerous part of town and no one else was around. Why was this person so quick to greet the EMTs? Was he anxious about his medical condition? Was he nervous about who is around? Should the EMTs have been nervous or anxious as well? What are some of the scene safety issues?
- **Nature of Illness:** There was one patient with a nature of illness complaint of difficulty breathing. Could mechanism of injury be a factor here? What would make you suspicious of mechanism of injury?
- **Additional Resources:** Would you consider law enforcement? Could this be confirmed through dispatch?

Initial Assessment

- **General Impression:** This scenario presented an older gentleman who was awake and ambulatory. He appeared to be in mild distress at first glance. What factors may change your priority decision? Did the EMTs assess his mental status?
- **Airway:** Airway was present and adequate. The patient was awake and talking.
- **Breathing:** The patient was experiencing moderate respiratory distress. He had increased work breathing. With a complaint of difficulty breathing and labored respirations, would you obtain a pulse oximeter reading prior to placing him on oxygen? What local protocols do you have in place for the use of pulse oximeters? How soon would you place the patient on oxygen?
- **Circulation:** The patient had a pulse because he was awake and responsive. The patient shows no obvious signs of external bleeding. What other useful information can be provided by quickly palpating a pulse? The patient appeared to be perfusing well when the skin was evaluated. How would you describe skin color in dark-skinned patients? Can an African-American appear pale or cyanotic? What is the best way to evaluate skin color, temperature, and condition in populations with dark skin? How would you describe your skin assessment findings?
- **Transport Decision:** The decision was to stay on scene to obtain a better evaluation in the comfort of a well-lit and controlled ambulance environment. Do you agree with the EMTs' decision? What scene circumstances or patient problems might make you consider transporting immediately?

Focused History and Physical Exam

- **History:** History was quickly evaluated during the initial assessment in an attempt to make sense of the patient's complaints. The history of present illness did not completely match the patient's complaints and condition. What other history questions would you want to ask the patient? Would you follow up more with the questions that were asked?
- **Focused Physical Exam:** This exam was completed by auscultating breath sounds and noting pursed lip breathing and retractions. What other signs of respiratory distress would you evaluate in severe respiratory distress?
- **Vital Signs:** Vital signs were obtained and the patient was placed on a cardiac monitor. At this point, it was noted that the patient's pulse was too fast. How could this have been determined sooner? His pulse rate was near 200 beats per minute in a supraventricular tachycardia rhythm. How long can a person sustain a heart rate that fast? Why?

Interventions

- With such a fast heart rate, the patient required advanced life support (ALS) interventions and rapid transport to the hospital. What interventions can you provide within your scope of practice as an EMT-Basic for this patient? If you have ALS back up, how and when would you rendezvous with them?

Detailed Exam and Ongoing Assessment

- A detailed exam and the ongoing assessment were performed en route to the hospital. A detailed history was difficult to obtain due to the patient's hearing impairment. If you were not able to sign, how would you communicate with this patient?

- Repeat vital signs indicated the patient was perfusing poorly with skin condition that turned cool and clammy, an absent radial pulse, and a blood pressure that was not able to be auscultated. What would be the most appropriate position to improve perfusion in a patient with compromised cardiac function with signs and symptoms of hypoperfusion?

Communications

Scenario 1

Chief Complaint: Unresponsive Patient

Scene Size-Up

- **Dispatch:** Dispatch contacts the unit and notifies them they are responding to a call for a patient who is unresponsive. They acknowledge the call and dispatch notes the time. They begin to formulate possible MOI and NOI, considering the equipment they might need and additional resources already on the scene. The providers continue to obtain pre-arrival information and instructions from dispatch. When they arrive on the scene, they notify dispatch, who records the time they arrive. Why is dispatch concerned with times the call is acknowledged and the time they arrive on the scene? Do your local protocols also require you to notify dispatch when you arrive at the patient? What will this information will be used for?

Initial Assessment

- **General Impression:** The EMTs use the first responders' report and their own observations to form a general impression and to identify the initial priorities for this patient. What information would be important to obtain from the first responders before you release them from the scene? Although this patient speaks English, it is not his primary language. Could this make you concerned about how much the patient understands? Would you need to change the types of words you use to obtain medical history? If you suspected that your information was being clouded by language problems, who would be an appropriate translator? Would you use the patient's family, friends, or neighbors?
- **Airway:** Airway is found to be present and adequate.
- **Breathing:** Breathing is also present and adequate; however, the patient is considered to have mild respiratory distress because his respirations are fast.
- **Circulation:** The pulse is present and adequate. Skin assessment indicates the patient is warm and diaphoretic with normal skin color. No external bleeding is found.
- **Transport Decision:** These providers decide to stay on the scene and continue to assess and treat the patient prior to transport.

Focused History and Physical Exam

- **History:** The patient's family answers the EMT's questions before the patient can. How would you ask the family to stop answering questions so the patient could answer them?
- **Vital Signs:** Vital signs are evaluated and a focused physical exam is assumed to have been completed.
- **Additional Concerns:** The patient is hesitant to be transported. Why does the patient resist? How do the EMTs communicate the need for transport and further evaluation? During

transfer to the ambulance stretcher, the patient has a seizure. What kind of interaction and communication do the EMTs direct towards the family? Could they have provided more reassurance or did they have patient care issues to attend to? Which is more important?

Interventions and Detailed Exam

- After the patient is stabilized and placed in the ambulance, the EMTs continue treatment and further evaluation. While gathering the history, did the EMT ask leading questions or open-ended questions? Which technique would be more appropriate for this situation? How much time did the EMT give the patient to answer questions? What was his motivation for doing this?

Scenario 2

Chief Complaint: Difficulty Breathing

Scene Size-Up

- **Dispatch:** The unit is directed to a suburban neighborhood for an elderly man with a terminal illness who is having difficulty breathing. At a minimum, what information will dispatch request from 911 callers? How does this information help you to prepare for the call?
- **Scene Survey:** Survey of the scene shows first responders are present. There is one patient and additional help is not needed. What would be key information to ask the first responders prior to releasing them from the scene? Are any other significant issues identified during the scene survey?

Initial Assessment

- **General Impression:** This scenario shows an elderly man who is awake and reclining on his bed. How does the patient's body position relate to your dispatch communication? His chief complaint is now that he has fallen in the bathroom. This is different information than was reported by the dispatcher. Was dispatch more concerned about his breathing problems or his fall? Why? Could the patient have changed the chief complaint?
- **Airway:** Airway is determined to be present and adequate because the patient is awake and talking. The EMT is concerned about the patient's potential for a spinal injury based on information from both the dispatcher and the patient's fall. He quickly asks the patient about his fall. How reliable is the patient? Based on what type of interactions would you believe the patient to be unreliable?
- **Breathing:** Breathing is found to be present with mild labored breathing. The EMT asks about the patient's shortness of breath to assess adequacy of breathing. The patient is already on oxygen. When would you increase the flow rate for this patient?
- **Circulation:** The pulse is present and adequate. The skin assessment also reveals warm, dry, and pale skin with pink mucous membranes. There is no indication of external bleeding and the patient denies injury. Based on the general impression and the history of the present illness, the EMT chose to rule out the possibility of chest pain and the potential for heart problems.
- **Transport Decision:** In this scenario, the EMTs decide to release the first responders and stay on the scene for continued assessment and care prior to transport. At what point in the conversation did the EMTs realize that the patient did not want transportation?

Focused History and Physical Exam

- **Vital Signs:** The EMTs began the focused history and exam by collecting vital signs. Does this follow national curriculum guidelines? Why might asking history be more important initially than determining vital signs in a conscious medical patient? What would be important history information to ask a terminally ill patient?
- **Additional Concerns:** Did you get the impression that the responding EMTs were familiar with the patient, perhaps because they responded to this patient several times in the past? Would this personable relationship with the patient make it easier or more difficult to discuss treatment and transport options with the patient?
 - The wife was on the telephone with the private physician's office while the EMTs were evaluating the patient. Would it be appropriate to have the patient talk with the physician's office about his decision to not be transported? Why?
 - The EMTs were caught in a dilemma of wanting to transport the patient according to the wife's wishes and respecting the wishes of a patient who did not wish to be transported. They showed professionalism and good interpersonal communication in a difficult situation. They maintained good eye contact, positioned themselves equal to or lower than the level of the patient, and spoke to the patient in language he could understand. What were other good communication techniques used by the EMT's?

Examples of Medical Reports

- The next scenarios are two examples of communication reports. Without seeing the whole assessment process of each patient, it may be difficult to verify the accuracy of the reports. Attention here should be on organization and technique rather than the specific information given.
- The first scenario is a radio report given on a 54-year-old man with a history of COPD and difficulty breathing. His chief complaint is leg problems, although he also has difficulty breathing. Pay attention to the order of information the EMT provides. Does it follow your local standards? The information he provides is short, to the point, and relays the important information assessed.
- The second scenario shows a verbal report given to the hospital staff about a pedestrian who was struck by a vehicle and subsequently transported to a trauma center. He has a lower leg fracture, an open facial wound, and breathing difficulty. The reporting EMT maintains a comfortable distance from the trauma team, so as not to be in the way, and reports the prehospital assessment findings and treatments. He remains in the area long enough to answer questions as needed. Was his hand-off report adequate? How could it have been improved?