American Academy of Orthopaedic Surgeons
Editorial Credits
Chief Education Officer: Mark W. Wieting
Director, Department of Publications: Marilyn L. Fox, PhD
Managing Editor: Barbara A. Scotese

World Headquarters Jones and Bartlett Publishers
40 Tall Pine Drive
Sudbury, MA 01776
978-443-5000
info@jbpub.com
www.EMSzone.com

Jones and Bartlett Publishers Canada
6339 Ormindale Way
Mississauga, ON L5V 1J2
Canada

Jones and Bartlett Publishers International
Barb House, Barb Mews
London W6 7PA
United Kingdom

6048

Production Credits
Contributor: Chris Stratford, RN, BS, CEN
Reviewers: Carol Gupton, BSEMS, NREMT-P; Mike Smith, MICP;
Brenda M. Beasley, RN, BS, EMT-P; Larry Newell, EdD, NREMT-P
Publisher, Public Safety: Kimberly Brophy
Editor: Jennifer L. Reed
V.P., Production and Design: Anne Spencer
V.P., Manufacturing and Inventory Control: Therese Connell

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.

The EMS Call

Emergency Response

- Members of the community activate the EMS system when they perceive an emergency has occurred. How do community members define an "emergency?" How do members of the community activate the EMS system in your area? Was the woman in the video suffering from an "emergency?"
- An Emergency Medical Dispatcher collects pertinent information from the caller about the particular situations, and then activates appropriate emergency responders. How are EMS providers notified by the dispatcher about a particular emergency in your community? What are your agency's expectations for a "timely response?"
- Information given to emergency responders by the dispatchers may not always be accurate information by the time you arrive on scene. What may be potential causes for this "misinformation?"
- There were a great deal of people involved in the care of the woman in the video. The care providers had various levels of expertise and training. Who commands the scene? Who is in charge? How are responsibilities in the care of this patient determined?

Scene Management

- Scene management begins with a survey to determine potential threats to the safety of you and your team. What possible threats were shown in this video?
- EMS scenes can be complicated and varied. A wide variety of situations may be present. Every situation is unpredictable and requires a thorough evaluation before entering the scene. What aspects of the scene should be evaluated as you approach? How much of the scene size-up should be completed prior to contact with the patient?
- During traffic accidents, EMTs have the responsibility to protect themselves and provide for the safety of their patients and bystanders until law enforcement arrives. What steps should be taken to accomplish this? What has a higher priority — care to an injured patient or preventing others from getting hurt?
- The EMTs in this video were called to care for a patient in the late evening. What if the call came in the middle of the night? Would it change the care they provided? What if it were snowing or raining or on a holiday? How do these factors affect EMTs?

Patient Assessment

- EMTs have the responsibility to assess their patients and evaluate their complaints to determine their illnesses and/or injuries. They use an assessment process that includes five areas: scene size-up, initial assessment, focused history and exam, detailed exam, and ongoing assessment. How does their assessment affect the care they provide? Did the EMTs use an organized assessment process when caring for the woman in the video?
- People expect professional behavior from medical providers. These care providers were very professional. What attributes did you recognize in their interaction with the patient? What about the other responders?
- "Tunnel vision" is a phrase for confining your view to a specific area with only one thing in mind. If you apply this type of thinking to your patient assessment, you may miss important details in your patient's condition. How did the EMTs in the video avoid tunnel vision as

they cared for this woman? What are examples of potential causes and effects of tunnel vision?

Treatment of Illnesses and Injures

- Treatment is based on the assessment findings. If you don't perform a good assessment, you won't know how to care for the patient. Treatment includes providing oxygen for respiratory patients, controlling bleeding on trauma patients, and performing CPR for patients in full arrest, just to name a few. What other, less traditional types of treatment do EMTs provide? Did you note a genuine concern by the EMTs for this patient's well-being?
- The EMTs chose to start an IV on this patient. Although this is beyond the scope of practice for an EMT Basic, it is a good example that not everything goes as planned because they had difficulty starting the IV.
- Lifting, moving, and positioning patients are as basic to EMT care as stethoscopes and ambulances are. A knowledge of good lifting techniques, proper body mechanics, and various patient positions are integral parts of good patient care. The woman in the video was kept in a high sitting position to prevent aspiration while she vomited. Give some examples of other positions EMTs use for patients. What are examples of good body mechanics?
- When patients are trapped, EMTs have the responsibility of caring for them until extrication can be performed. A limited amount of time is spent on extrication and rescue techniques at this level of training. Complex rescues require additional coursework that can be taken after an EMT-Basic course. What other areas of advanced training can be sought after completing an EMT-Basic course? How do these apply to the treatment you provide as an EMT-Basic?
- Transporting patients is an integral part of prehospital care. For the most part, people call an ambulance because they want to be taken to the hospital. Many issues surround the transportation of patients. What are some day-to-day concerns about transporting patients?

Ambulance Maintenance and Equipment

- EMTs have the responsibility to stock and assist with the maintenance of the ambulance. A variety of equipment is available to manage injuries and illnesses. What equipment would you expect to find on an ambulance? What kind of mechanical checks should be performed on an ambulance by the EMT-Basic? How often should the ambulance be inspected for proper equipment and maintenance?

The Well-Being of the EMS Provider

Scenario 1
Chief Complaint: Auto vs. Pedestrian Accident
Scene Size-Up

- **Body Substance Isolation:** How can you use your uniform to protect against body fluids? When should long sleeves and long pants be required? Should BSI precautions be considered only during the scene survey or should they be considered throughout all of the patient assessment and treatment?
- **Scene Survey:** In this situation, additional help is not needed. The police are on the scene. Whose responsibility is it to control traffic? Whose needs are more important — the police's or yours? How can you work together?

Initial Assessment

- **General Impression:** The scenario presents an unresponsive patient in a prone position who was log rolled to a supine position while the spine was protected. When you evaluated the scene, did you notice the puddle of blood on the ground near the patient's head? What could you do to prevent kneeling in the puddle as you position the patient and hold inline immobilization of his head and neck?
- **Airway:** The airway was evaluated and found to be present and inadequate with snoring respirations. The airway was then managed with proper positioning and use of an oropharyngeal airway. With significant facial bleeding, the airway may become compromised in a supine position and require suctioning. What BSI should you have already on to protect you while suctioning? If it is not already on, is it readily available when you need it?
- **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 help to prevent the spread of body fluids? How can it interfere with airway management? What in your general impression would make you suspicious of this patient having tuberculosis (TB)? Will a nonrebreathing mask prevent the spread of TB?
- **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. How did the EMT maintaining in line immobilization initially protect himself and the other providers from this bloody spray? Later during the call, the face was covered with a large trauma dressing that was much larger than the wound. Why was such a large dressing used to cover his face and much of his head?

Scenario 2
Chief Complaint: Arm Laceration
Scene Size-Up

- **Body Substance Isolation:** All providers have exam gloves on to protect themselves from body fluids. What other personal protective equipment should they be using? How would long sleeve shirts help to protect them against exposure body fluids? Would a gown be beneficial in this situation? If so, when would you stop to put it on? What is the risk of splashes to the eye in this situation? If straps or tubing come in contact with blood, can they

"whip" a drop of blood into an eye in the EMTs' rush to control bleeding and transport the patient?

- **Scene Survey:** You have one patient and additional resources are not needed at present. If the man was attacked, is the attacker still in the area? Who is watching out for the safety of the care providers? Was the patient assessed for weapons or potential hazards?
- **Mechanism of Injury:** The mechanism of injury is unknown in the video but the patient has a large laceration to his forearm with significant bleeding. First responders report the patient is intoxicated.

Initial Assessment

- **General Impression:** The general impression shows a middle-aged moderately intoxicated patient who is awake. His chief complaint is the profusely bleeding wound to his arm. Did the EMTs check his mental status?
- **Airway:** Airway is present and adequate to begin with because the patient is speaking.
- **Breathing:** Breathing is also present and adequate.
- **Circulation:** This evaluation indicates the patient has a significant wound with profuse bleeding. Attempts are quickly made to control the amount of blood loss. How could the EMTs better protect themselves from the potential exposure to body fluids? How could you decrease the spread of body fluids to your equipment, radio, or other providers? Would wearing two pair of gloves (one over the other) help keep your equipment clean when you want to use the radio or get more supplies? What is the trade-off for wearing two pairs of gloves at the same time?

Scenario 3
Chief Complaint: Psychiatric Complaint
Scene Size-Up

- **Scene Survey:** The scene survey indicates one patient with a nature of illness complaint that is rather vague according to dispatch and may include an altered mental status. Additional help is not needed at present. Scene safety appears to be controlled by the first responders. Does this mean the scene will continue to be safe throughout your assessment? Did you survey the building, the location of the patient, and the number of care providers who were present? Why are these observations important in managing a patient with an altered mental status or a "sick" call where little information is known about the patient? What other factors would you observe that are related to scene safety? What is the potential for hidden needles or weapons on this patient? Who is responsible for checking for them?

Initial Assessment

- **General Impression:** In this situation, the patient is a man in his mid to late thirties who is awake and oriented without specific complaint but who does not refuse continued evaluation and care. Does the man appear to be clean and well-kept or dirty and possibly homeless? How does this reflect on his potential state of health?
- **Airway:** Airway is present and adequate because the patient is awake and talking.
- **Breathing:** Breathing is present and adequate.
- **Circulation:** Circulation is present and adequate without signs of external bleeding. Does this mean the patient is not bleeding internally? How would you evaluate for this?

- **Transport Decision:** The decision in this scenario was to load the patient in the ambulance and continue assessment and treatment en route to the hospital. Initially, the patient stated he did not want to go to the hospital. Why was the first responder persistent in asking the patient to be transported? How would the patient benefit from going to the hospital? Would the EMTs benefit?
- **Behavioral Considerations:** The patient is escorted to the ambulance by one EMT, who enters the ambulance first and allows the patient to follow her in. Is this safe? Does she have an escape route if this patient suddenly becomes violent? Would unloading the stretcher and asking the patient to lay down be a better choice? If you had a patient who suddenly became violent, what is your first priority? If you needed to restrain the patient, how would you accomplish this?

Focused History and Physical Exam

- **History:** After the initial assessment, the history is evaluated in a conscious medical patient. Does this patient have a psychiatric problem or could there be a medical problem as well? What history questions would you ask this patient? How could you ask history questions to build trust with this patient?
- **Rapid Physical Assessment:** The rapid physical assessment is completed by both EMTs. Why do both of them do this? Is this bad practice or were they just being thorough? How did the patient respond to each exam?
- **Vital Signs:** These were taken by the first responders and should be repeated en route. What would you suspect if his pupils were pinpoint and respirations slow and shallow?

Post Run Discussion by the Responding EMTs

- **"No Need to Transport This Patient":** One EMT felt this patient should not have been transported while the other felt he should. Is it within your scope of practice to evaluate patients and choose not to transport them? What do your local protocols tell you to do when dealing with patients that might not need transportation? What assessment information do you need to make a clear judgment that the patient does not need transport? What are the legal and ethical principles related to this situation? Do you think he should have been transported or not? How should EMTs resolve disagreements about patient care? What are ways to decrease the stress of prehospital care?

Lifting and Moving

Scenario 1
Chief Complaint: Assault with Facial Injuries
Scene Size-Up

- **Body Substance Isolation:** Appropriate precautions were taken.
- **Scene Survey:** First responders were already present on the scene and maintaining spinal immobilization in the position the patient was found in. The scene is believed to be safe because the police are present. There are a number of bystanders present. Could any of these onlookers be considered a threat? Was one of them the assailant? Could any of them assist by providing some of the patient's history later in the assessment process?

Initial Assessment

- **General Impression**: The scenario shows an unresponsive patient in a prone position. What potential complications or assessment problems are present when a patient is in a prone position? The position of choice for an unresponsive patient with facial injuries after an assault is in a supine position with complete spinal immobilization. In this scenario, the EMTs raised the backboard so it was flat against the patient's back as they log rolled him. This centered the patient on the backboard easily with minimal movement afterward. What are other ways to position and center a patient on a backboard? Are they as effective as the technique used by these EMTs? Did these EMTs provide minimal movement of the spine during their log roll?
- **Airway**: Airway is evaluated quickly and found to be present and adequate even though the patient is unresponsive. What are the advantages of placing an unresponsive patient in a supine position to assess and treat his injuries? Is it easier to evaluate and treat the airway in a prone or supine position? How can inline immobilization for suspected spinal injuries be accomplished at the same time the airway is managed?
- **Breathing**: Breathing is found to be present and adequate.
- **Circulation**: The pulse is found to be present and perfusion is adequate. The bleeding found on the patient's face is minimal and does not require aggressive control. Should a dressing be applied to control the bleeding as well as to help prevent infection? If so, when?
- **Spinal Immobilization**: Spinal immobilization is maintained during airway, breathing, and circulatory evaluations and completed before moving the patient. The EMTs chose to restrain the patient's hands prior to transport, even though the patient is unresponsive. What is the reasoning behind this decision? When a patient is restrained, what are the local protocols on evaluation of pulse, motor, and sensation? Is an order required from medical control to restrain patients? What should you do with watches and rings when restraints are applied?
- **Transport Decision**: The decision in this scenario is to transport immediately and provide more treatments en route to the hospital.
- **Lifting and Moving Considerations**: The backboard makes an excellent tool for lifting. Do the care providers use good body mechanics when lifting? How many people do they use to lift the patient? How are they positioned around the backboard? Do they use good communication when lifting and adjusting or locking the stretcher?

Focused History and Physical Exam

- While en route to the hospital, the patient suddenly arouses. He is confused and perhaps frightened, and he becomes combative. The decision to restrain was certainly beneficial. How could you prevent him from moving his head better during the initial spinal immobilization? Would tape under the chin make his head more secure than taping over his forehead?

Scenario 2
Chief Complaint: Motor Vehicle Collision (MVC) involving Two Patients
Scene Size-Up

- **Mechanism of Injury:** The mechanism of injury, a frontal collision with a tree, points toward a high possibility of spinal injury to the occupants of the truck. Other evidence, like neck and/or back pain together with a broken windshield, would raise that suspicion. What

other injuries might be predicted from this mechanism of injury? Would it be worth evaluating the inside of the truck for other damage even though the patients have extricated themselves from the truck?

- **Number of Patients:** In this case, the number of patients equals the number of rescuers. Additional help is unavailable. Each EMT evaluates one patient, and then they both talked to determine who is a higher priority. If you did not have enough equipment to handle both patients, what care could you provide and how could you improvise with what was available?

Initial Assessment

- **General Impression**: One restrained patient is an older man found in a supine position who is awake and responsive to questioning. The second patient, who was also restrained and an older man, is responsive and in a sitting position. In which of the two positions is it easier to maintain spinal immobilization? Did the EMTs assess the mental status of each patient?
- **Airway**: The airway evaluation quickly shows that both patients have open and adequate airways. Spinal immobilization should be considered and, if indicated, initiated at the same time as the airway evaluation. How did they use the bystanders to provide spinal immobilization on the second patient? Would it be worth your time, as an EMT in a similar situation, to choose one bystander and show him or her how the patient's head needs to be kept still and make the bystander responsible for spinal immobilization? The EMTs use good verbal reminders to both patients not to move their heads and to hold still. Would explaining why you want the patients to hold still increase anxiety or would it help the patient to be more compliant with immobilization?
- **Breathing**: Respirations are present and adequate. Is spinal immobilization of both patients more important than placing the first patient on oxygen and completing the initial assessment?
- **Circulation**: Circulation was evaluated with a skin assessment and a quick pulse check and was determined to be adequate. No obvious bleeding was found.
- **Spinal Immobilization**: Spinal immobilization of the first patient is completed by placing the patient on a long spine board and securing him with gauze roller bandages and tape. Is this good improvisation by the EMT? Was the patient secure? He was placed on the stretcher and wheeled to the ambulance, lifted inside, and transferred to the bench seat. Was it necessary to secure the patient with the straps on the stretcher? Does he need to be secured to the bench seat during transport? The second patient was placed in full spinal immobilization and secured with straps, tape, and a gauze roller bandage.
- **Transport Decision**: The decision in this scenario is to load both patients quickly and continue assessment and care en route to the hospital.
- **Lifting and Moving Considerations**: How did the EMTs make their equipment work for them? How did they prevent carrying the patients for long distances? Was the stretcher adjusted to the right height? Did they push or pull the stretcher? Which is preferred?

Scenario 3
Chief Complaint: Difficulty Breathing and Confusion
Scene Size-Up

- **Scene Size-Up**: The scene size-up indicates a safe scene with one patient, no need for additional help, with a nature of illness complaint of difficulty breathing.

Initial Assessment

- **General Impression**: This scenario presents an elderly woman with a chief complaint of difficulty breathing. Her husband reported that his wife has had hallucinations. Did the EMTs assess the patient's mental status?
- **Airway**: Airway is present and adequate with no indication of falls or spinal injury.
- **Breathing**: Breathing is present and adequate. The patient is placed on low flow oxygen.
- **Circulation**: The pulse is present and perfusion is considered adequate. There are no indications of external bleeding.
- **Transport Decision**: The decision in this case is to load the patient in the ambulance, begin transport, and continue assessment and treatment en route to the hospital.
- **Lifting and Moving Considerations**: The patient is found to be too weak to walk. She is carried outside using her kitchen chair. Did the EMTs consider the type and strength of the chair prior to lifting the patient? Should she have been secured to the chair prior to moving? If so, with what? What are other possibilities you might consider for moving this patient from her kitchen to the ambulance? Would any of these other ways be as effective or safer than the one used? How did the EMT at the stairs help the EMT walking backward safely down the stairs? Did you hear the communication between the EMTs and the patient? How did they enlist the patient's help in moving safely? Did the EMTs use good body mechanics when lifting and carrying the patient? What lifting and carrying technique did they use to transfer the patient from the chair to the stretcher? What position did they place the patient in? Was this appropriate for a person complaining of difficulty breathing or would another position be better?

Scenario 4
Chief Complaint: Leg Problems
Scene Size-Up

- **Scene Size-Up:** The scene size-up indicates a safe scene with one patient, no need for additional help, and a nature of illness complaint of "leg problems."

Initial Assessment

- **General Impression**: This patient is an older man with a chief complaint of leg problems. The EMTs quickly realize this patient has more problems than just his legs. Did they assess his mental status?
- **Airway**: Airway is present and adequate with no indication of falls or spinal injury. What would be a simple way to determine if spinal precautions were needed? Could this patient have fallen?
- **Breathing**: Breathing is present but deemed inadequate. The patient is placed on oxygen. Is the choice of oxygen delivery device appropriate? Is the oxygen flow rate adequate?
- **Circulation**: The pulse is present and while central perfusion is present and adequate, distal perfusion is decreased. There are no indications of trauma, external bleeding, or wounds.
- **Transport Decision**: The decision in this case is to load the patient in the ambulance, begin transport, and continue assessment and treatment en route to the hospital.
- **Lifting and Moving**: The family and care providers are greatly concerned about how the patient is handled in the moving process. Would knowing that the patient has concerns about moving and transferring change your technique in moving this patient? What would you tell the patient to alleviate his fears? The patient is carefully transferred to the stretcher

and secured. He is then moved out of the apartment and up the stairs headfirst. Which end of the stretcher should go up the stairs first? When moving downstairs, which end should go first? Why? The patient was then wheeled to the ambulance. Did the EMTs use good pushing and pulling techniques? Which is preferred: pushing or pulling? Was the stretcher the right height for pushing? Did they use good body mechanics when lifting the stretcher into the ambulance?