

BLS-2015- Neurological Emergencies – Scenario #1

Dispatch: MVA, 67-year-old male rear-ended another car while travelling at about 30MPH.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • Stroke • Diabetic • Cardiac • Neck and spine • Drugs or Alcohol 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. Administer appropriate oxygen when indicated. 5. Do we need to back board this patient? 6. CVA protocol 7. FAST exam 8. Place patient(s) in position of comfort. 9. Obtain appropriate history. 10. Complete and thorough clinical documentation. 11. Call Hospital code CVA

Subjective: 67-year-old male, MVA find patient sitting in car air bags deployed some front end damage. Patient is complaining of a severe headache. He is slurring his words and has some facial droop on one side.

Information to be given by bystanders, if EMT specifically asks for it: Pt was said to be going about 30 miles and didn't even slow down.

Objective:	
Onset: 10 minutes ago Provocation: severe headache Quality: Sharp pain at 10 Radiation: none Severity: 10/10 Time since onset: 10 minutes	Signs and symptoms: Headache, slurring words, and facial droop on one side. Allergies: Dust and Pollen Medications: Proventil inhaler Previous medical history: Asthma Last food intake: 3 hours ago Events leading up to the illness: Driving

Vitals:	1 st set	2 nd set
LOC	GCS 13	GCS 13
Skin	Warm, Pink, Dry	Warm, Pink, Dry
Blood Pressure	168/90	158/90
Heart Rate	100	98
Respiratory Rate	20	26
Pulse Oximetry	97%	97%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	118	110

BLS-2015-Neurological Emergencies #2

Dispatch: 36-year-old female on a bus having some type of seizure in the aisle of the bus.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • Seizure • Drugs, Alcohol • Cardiac • Off medications • Diabetic 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. Administer appropriate oxygen when indicated. 5. Postural Vital signs when/if indicated 6. Place patient in position of comfort. 7. Glucometry 8. Obtain appropriate history. 9. Complete and thorough clinical documentation. 10. Was it drug or Alcohol induced?

Subjective: 36-year-old female, no prior medical history known, complaining of 3 minutes seizure, seizure stops, and patient slowly starts to regain consciousness.

Information to be given by bystanders, if EMT specifically asks her for it. Not applicable. No one on the bus knows her.

Objective:	
Onset: 8 minutes prior to 911 call Provocation: Seizure Quality: unknown Radiation: unknown Severity: unknown Time since onset: 13 minutes	Signs and symptoms: unconscious Allergies: NKA Medications: Birth control pills Previous medical history: unknown later patient states first time seizure Last food intake: unknown Events leading up to the illness: patient got up to get off the bus

Vitals:	1 st set	2 nd set
LOC	GCS 12	GCS 14
Skin	Warm, Pink, Moist	Warm, Pink, Moist
Blood Pressure	120/80	120/80
Heart Rate	100	96
Respiratory Rate	20	20
Pulse Oximetry	98%	98%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and slow to reactive	Mid-equal and reactive
Blood Sugar Level	120	88
Temperature	98.6	--

BLS-2015- Neurological Emergencies #3

Dispatch: 70-year-old female, fall patient, headache and sudden onset of numbness on one side.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • Stroke • Cardiac • Drug or Alcohol • Septic • Diabetic 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. Administer appropriate oxygen when indicated. 5. Postural vital signs 6. Place patient in position of comfort. 7. Obtain appropriate history. 8. Complete and thorough clinical documentation. 9. FAST Exam 10. Call hospital code CVA 11. Backboard and c-collar?

Subjective: 70-year-old female, complaining of sharp/tearing like pain that started in the middle of her head, it woke the patient up from sleep. Also numbness on one side, which made the patient fall while attempting to stand. Head pain is a 10/10. Patient is unable to stand up. Patient has medical history of a stroke 3 months ago.

Information to be given by bystanders, if EMT specifically asks her for it: Spouse states that the patient was asleep in the chair and woke up and was going to the bath room when the patient fell.

Objective:	
Onset: 15 minutes ago Provocation: None, sleeping Quality: Sharp Radiation: N/A Severity: 10/10 Time since onset: 20 minutes	Signs and symptoms: sudden Allergies: NKA Medications: Atenolol, ASA, Coumadin Previous medical history: Stroke 3 months ago Last food intake: unknown Events leading up to the illness: Woken by the headache

Vitals:	1 st set	2 nd set
LOC	GCS 14	GCS 13
Skin	Pale, cool, dry	Pale, cool, dry
Blood Pressure	174/90	170/90
Heart Rate	82	90
Respiratory Rate	18	18
Pulse Oximetry	98%	98%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	120	

Temperature	97.5	
Physical Exam	Patient is lying on floor with obvious left sided deficits.	Patient failed FAST Exam

Sick or Not Sick: NOT SICK

Assessment:

Does this call require ALS (yes or no), why? No, stable vitals, no ALS indicators.

Plan:

- FAST, Glucometry, Code CVA, rapid transport to appropriate hospital
- **Transport (yes or no):** YES
- **Transport mode:** BLS

Evaluator's notes: