

## CBT 435 Abdominal Pain 1

**Evaluator's notes:** 16 y.o. female w/ one sided lower quadrant ABD pain who is pale and shocky. It could be several things, but worse case scenario is an ectopic pregnancy.

**Dispatch/Description of the problem:** You are dispatched to a 16 y.o. female for abdominal pain. You arrive at a well kept middle income home. Your patient, w/ dad at her side, is on her bed. The pt. is very uncomfortable and dad takes over answering for her, when you attempt the interview. She did not go to school today because of this. Prior to this morning, she has been pain free and healthy. She takes no meds and has no allergies. The RLQ pain is sharp in nature and began suddenly at 0600. If you are clever enough to ask her pregnancy related questions *away from dad* she admits she could be pregnant, and her last period was about 7 weeks ago.

**What you see on your arrival:** The patient is in her bed, knees flexed and appearing to be very uncomfortable. When you get to the belly exam, she is tender at her RLQ only.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>	<b>2<sup>nd</sup> set</b>	<b>3<sup>rd</sup> set</b>
Blood Pressure	11		4/76	
Pulse	12		4	
Respirations	1		8	
Skin	Pale,		clammy	
Pupils	MER			
Temperature	cool			
Lung Sounds			Clear and = bilaterally	
Capillary Refill	3		seconds	
LOC	Alert		and oriented to person, place, time	
Neurological response			Immediate	
Posturals			40 point BP drop and 30 point pulse rise	
O2 Saturation	9		8%	
Blood Glucose	96			

<b>O</b> -onset -0600 today	<b>S</b> -signs and symptoms-ABD pain
<b>P</b> -provocation-palpation	<b>A</b> -allergies-NKDA
<b>Q</b> -quality of the pain-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-none	<b>P</b> -previous medical history-none
<b>S</b> -severity-8/10	<b>L</b> -last meal-7 PM last night
<b>T</b> -time since onset-45 minutes	<b>E</b> -events leading up to the call-woke up in pain

**Sick or Not Sick-Sick**

**Results from the patient exam-RLQ pain**

**Call for a medic from on scene yes or no; why? Yes**

**Treatment-high flow oxygen, treat for shock**

**If...then statements**

**Transport yes or no; mode:** via medics

## CBT 537 Pediatrics 1

**Evaluator's notes:** 1 y.o. female SOB. Does she have a respiratory infection? Has anyone else been sick in this family? Does she have any respiratory history?

**Dispatch/Description of the problem:** You are dispatched to a 1 y.o. female at 0400. Both parents are in attendance, and stressed. This is their 1<sup>st</sup> baby and they admit they may have pushed the panic button early, from lack of experience. They tell you she has been a healthy little girl until they woke up to her “noisy breathing” 10 minutes before you were called. She is breast fed which has been going fine. Both mom and dad have been healthy. She takes no meds and has NKDA.

**What you see on your arrival:** The baby is being held by mom, and you make no effort to change that. Observing her breathing from 2 feet away, she is not using accessory muscles and appears to be breathing easily. You do hear “thick” sounds when she inhales.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>	<b>2<sup>nd</sup> set</b>	<b>3<sup>rd</sup> set</b>
Blood Pressure	N/	A		
Pulse	15	0		
Respirations	5	0		
Skin	Pink,		dry	
Pupils	MER			
Temperature	warm			
Lung Sounds	th		ick junky sounds bilaterally	
Capillary Refill	1		.5 seconds	
LOC			She's awake and tracking you nicely	
Neurological response			Immediate	
Posturals	N/A			
O2 Saturation	9		8%	
Blood Glucose	N/	A		

<b>O</b> -onset -0400 today	<b>S</b> -signs and symptoms-SOB
<b>P</b> -N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -N/A	<b>M</b> -medications-none
<b>R</b> -N/A	<b>P</b> -previous medical history-none
<b>S</b> -N/A	<b>L</b> -last meal-breast fed at midnight
<b>T</b> -time since onset-10 minutes	<b>E</b> -events leading up to the call-woke up w/ noisy breathing

**Sick or Not Sick**-Not Sick

**Results from the patient exam**-URI

**Call for a medic from on scene yes or no; why?** No

**Treatment**-high flow oxygen, BLS transport

**If...then statements**

**Transport yes or no; mode:** via EMT's

## CBT 443 Altered Mental State 1

**Evaluator's notes:** 76 y.o. male who had syncope prior to your arrival. This has potential to be very bad. Possibilities include diabetic, cardiac, medication induced, GI, and many others.

**Dispatch/Description of the problem:** You are dispatched to a 76 y.o. male whose wife called you when she found him "down in the bathroom". This address is just around the corner from your station (2 minute response time). This gentleman although elderly, is in pretty good health. He had one heart attack 8 years ago and had 3 way bypass surgery as a result. From time to time he gets constipated, and the last 3 days this has been an issue for him. Tonight he was straining to have a BM, and next thing he knew, his wife was standing over him asking if he was OK?

**What you see on your arrival:** An elderly male is just attempting to get back on the toilet, having slipped off it. His pants are still down around his ankles. There is urine only, in the toilet.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>	<b>2<sup>nd</sup> set</b>	<b>3<sup>rd</sup> set</b>
Blood Pressure	80/	56	16	8/86
Pulse		44		80
Respirations	16		16	
Skin	pal	e, dry pi		nk, dry
Pupils	MER			
Temperature	warm			
Lung Sounds		clear and equal bilaterally		
Capillary Refill	3	seconds		
LOC	A	bit sleepy, but oriented to person, place, time		
Neurological response		Ever so slightly delayed		
Posturals		When done 10 minutes later, unremarkable		
O2 Saturation	9	8%		
Blood Glucose	11	6		

<b>O</b> -onset -1930 today	<b>S</b> -signs and symptoms-syncope
<b>P</b> -N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -N/A	<b>M</b> -medications-Lopressor, HCTZ
<b>R</b> -N/A	<b>P</b> -previous medical history-MI, 2 way bypass
<b>S</b> -N/A	<b>L</b> -Dinner at 1800
<b>T</b> -time since onset-3 minutes	<b>E</b> -events leading up to the call-wife heard a "thud" and investigated

**Sick or Not Sick**-Sick...then Not Sick

**Results from the patient exam**-possible vasovagal

**Call for a medic from on scene yes or no; why?** No, because you have seen this before and waited a few minutes

**Treatment**-oxygen via nasal cannula @ 4 liters

**If...then statements**

**Transport yes or no; mode:** judgment call...maybe POV maybe stay at home?

## CBT 301 Soft Tissue Injuries 1

**Evaluator's note:** Teenager in chemistry lab at her high school, burned on her arms by a strong acid. Consider the rule of 9's, medic unit for serious burns and/or pain management. Was her airway involved?

**Dispatch/Description of the problem:** Sent to see a 16 y.o. female in the chemistry lab at school. She spilled hydrochloric acid on both her arms, when the beaker tipped over at her desk. The teacher has been, and still is flushing her skin w/ tap water, as you arrive. She is screaming in pain. She is in fact, too hysterical to tell you what happened. Her instructor fills you in, and asks if he should apply the first aid kit's burn ointment now?

**What you see upon your arrival:** You can see as you get close, that she has at least 1st and 2nd (superficial partial thickness) burns to about 1/2 of each arm. Most of the blisters are intact. She does not appear to have any airway issues.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	14	6/84	14	4/82		
Pulse		120		100		
Respirations	20		16			
Skin	p	ink, dry		p	ink, dry	
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal bilaterally				
Capillary Refill	1	second				
LOC	Alert	and oriented to person, place, time				
Neurological response		No delay				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	11	2				

<b>O</b> -onset -0830 today	<b>S</b> -signs and symptoms-chemical burn
<b>P</b> -provocation unknown	<b>A</b> -allergies-NKDA
<b>Q</b> -N/A	<b>M</b> -none
<b>R</b> -N/A	<b>P</b> -previous medical history-none
<b>S</b> -10/10	<b>L</b> -light breakfast 1 hour ago
<b>T</b> -time since onset-6 minutes	<b>E</b> -events leading up to the call-spilled a strong acid onto both arms

**Sick or Not Sick**-Not Sick

**Results from the patient exam**-burns to both arms w/ an approximate 9% surface area

**Call for a medic from on scene yes or no; why?** Yes, mainly for pain management

**Treatment**-oxygen via nasal cannula @ 4 liters, dry sterile dressings loosely wrapped

**If...then statements**

**Transport yes or no; mode:** BLS unless the medics agree to give pain meds

## CBT 165 Sick/Not Sick 1

**Evaluator's note:** 40 y.o. male in the local tavern who fell off his barstool, and had a seizure. EMT considerations should be: what caused the seizure? (head injury from fall, sz history, hypoxic, diabetic, alcohol withdrawal, other?). It turns out he is a well known "card carrying" member of the tavern, and is there for hours daily, **except he has been absent for 3 days.** He tried to get dry (again) and had an alcohol withdrawal seizure before he fell off the wagon. Note: alcohol withdrawal has a significant mortality rate. This man **MUST** get evaluated. Don't take no for an answer from him.

**Dispatch/Description of the problem:** Dispatched to a tavern you know and love, which generates a fair number of 911 calls. The bartender tells you that Bill has been conspicuously absent for 3 days, and they were worried about him. He ordered a beer (his usual ETOH) and went to play a video game. The full beer is on top of that game. Other patrons tell you he was seen to stiffen up, fall to the carpeted floor, and have a full body seizure. The patient initially, in his post ictal state, cannot answer questions. If you persist in getting past history, the answers are below.

**What you see on your arrival:** a non well groomed man on his side in the "game room" part of the bar. The lighting is poor, but you can still see that he is incontinent of urine. He is trying to get up, and fellow patrons are restraining him from doing so.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>	<b>2<sup>nd</sup> set</b>	<b>3<sup>rd</sup> set</b>
Blood Pressure	16	6/84	16	0/82
Pulse		130		110
Respirations	28		18	
Skin	p	ink, moist	p	ink, moist
Pupils	MER			
Temperature	warm			
Lung Sounds	rhon	chi bilaterally		
Capillary Refill	2	seconds		
LOC		Responds to name but it otherwise confused		
Neurological response		Sleepy		
Posturals		6 point drop in BP and 4 point rise in pulse		
O2 Saturation	9	8%		
Blood Glucose	90			

<b>O</b> -onset -2015 today	<b>S</b> -signs and symptoms-fall and likely seizure
<b>P</b> -N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -N/A	<b>M</b> -none
<b>R</b> -N/A	<b>P</b> -previous medical history-ETOH abuse X 20 years
<b>S</b> -N/A	<b>L</b> -light lunch 6 hour ago
<b>T</b> -time since onset-6 minutes	<b>E</b> -events leading up to the call-fall from bar stool and possible seizure

**Sick or Not Sick-** Sick

**Results from the patient exam-**no apparent injuries from fall, incontinent of urine.

**Call for a medic from on scene yes or no; why?** Yes, seizure w/ unknown etiology

**Treatment-**oxygen via nasal cannula @ 4 liters, continued attempt to get medical history

**If...then statements**

**Transport yes or no; mode:** BLS unless the medics agree to keep him

## CBT 435 Abdominal Pain 2

**Evaluator's note:** Classic gall bladder patient...a heavy set female in her 40's with RUQ pain starting after her greasy meal. Abdominal pain can be LOTS of things and the EMT's need to consider many causes of this.

**Dispatcher/Description of the problem:** Sent to see a 45 y.o. female with a sudden onset of abdominal pain. She has had this before similar in nature but never this severe. The pain began about 15 minutes after dinner (KFC) and has remained intense and steady since. The discomfort seems to be mainly in the RUQ and is worsened when that area is palpated. The rest of her ABD is unremarkable.

**What you see on your arrival:** Heavy set (approximately 250 pounds) lady on the couch with her knees to her chest appearing to be in significant pain. Her LOC and skin seem to be normal.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	17	8/88	18	2/90		
Pulse		100		100		
Respirations	14		14			
Skin	p	ink, moist	p	ink, moist		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	1	second				
LOC	W	ide awake and oriented				
Neurological response		No delay				
Posturals	No	changes				
O2 Saturation	9	8%				
Blood Glucose	12	4				

<b>O</b> -onset -1815 today	<b>S</b> -signs and symptoms-ABD pain RUQ
<b>P</b> -provocation-greasy meal	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-dull	<b>M</b> -medications- high cholesterol and Beta blocker for hypertension
<b>R</b> -radiation-none	<b>P</b> -previous medical history-partially controlled hypertension
<b>S</b> -severity-8/10	<b>L</b> -last meal-Chicken and mashed potatoes 15 minutes ago
<b>T</b> -time since onset-10 minutes	<b>E</b> -events leading up to the call-sudden onset abdominal pain

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**increased pain in her RUQ

**Call for a medic from on scene yes or no; why?** No, stable BLS pt.

**Treatment-**oxygen via nasal cannula @ 4 liters

**If...then statements**

**Transport yes or no; mode:** BLS

## CBT 537 Pediatrics 2

**Evaluator's notes:** 12.y.o. male near drowning. He hit his head on the diving board and went into the water unconscious. Life guards pulled him from the water, and were supporting his c-spine upon your arrival. He is head injured and needs BVM support and therefore is a sick and manpower intensive pt.

**Dispatch/Description of the problem:** Unconscious young male at the pool...possible respiratory arrest. This is a medic response from the start. Witnesses saw him try to dive from the upper diving board but he slipped and fell onto the end of the board, striking his head and falling "limp" into the water. Lifeguards quickly brought him to the side of the pool while supporting his neck and back. He is breathing poorly at this time but has a strong radial pulse. There is a nasty gash on his forehead and direct pressure easily stops the bleeding. No one knows his medical history. The pool staff is attempting to contact his parents.

**What you see on your arrival:** A 12 y.o. boy with a nasty head laceration on the side of the pool with 2 lifeguards holding his c-spine in place. He appears unconscious.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	12	4/68	13	6/70		
Pulse		100		100		
Respirations	8		8			
Skin	p	ink, moist	p	ink, moist		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	1	second				
LOC	Flaccid,		non verbal			
Neurological response		No response				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	10	8				

<b>O</b> -onset -1215 today	<b>S</b> -signs and symptoms-head injury and near drowning
<b>P</b> -provocation-N/A	<b>A</b> -allergies-Unk
<b>Q</b> -quality-N/A	<b>M</b> -medications-unknown
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-unknown
<b>S</b> -severity-N/A	<b>L</b> -last meal-unknown
<b>T</b> -time since onset-5 minutes	<b>E</b> -events leading up to the call-struck head on the diving board

**Sick or Not Sick-** Sick

**Results from the patient exam-**no response to pain, nasty head laceration

**Call for a medic from on scene yes or no; why?** Yes, and more BLS manpower.

**Treatment-**Continued c-spine support, BVM assisted respirations, have defib ready

**If...then statements**

**Transport yes or no; mode:** Yes, code, medics

## CBT 443 Altered Mental States 2

**Evaluator's notes:** 76 y.o. male who passes out while urinating (= micturition syncope). This is secondary to the enlarged prostate he has a history of. Other much more serious reasons for the syncope need to be thoroughly explored during this call.

**Dispatch/Description of the problem:** You are dispatched to a 76 y.o. male who was found down in the bathroom. Wife heard a "thud" and investigated. His medical history is "BPH" which stands for benign prostate hypertrophy (large non cancerous prostate). He was urinating when next thing he knew, his wife was standing over him asking if he was OK. He has felt healthy all day, and nothing like this has ever happened before.

**What you see upon your arrival:** An older gentleman sitting on the toilet appearing to be in no distress.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	17	6/86	18	0/88		
Pulse		72		72		
Respirations	16		16			
Skin	p	ink, dry	p	ink, dry		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	1	second				
LOC	Alert		and oriented to person, place, time			
Neurological response		Totally appropriate and quick to respond				
Posturals	No	changes				
O2 Saturation	9	8%				
Blood Glucose	10	8				

<b>O</b> -onset -2120 today	<b>S</b> -signs and symptoms-syncope while urinating
<b>P</b> -provocation-N/A	<b>A</b> -allergies-PCN
<b>Q</b> -quality-N/A	<b>M</b> -medications-Flomax
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-BPH
<b>S</b> -severity-N/A	<b>L</b> -last meal-moderate dinner 3 hours ago
<b>T</b> -time since onset-5 minutes	<b>E</b> -events leading up to the call-passed out while peeing

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**nothing found

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Oxygen by n/c. Glucose check. Rhythm check (nothing found)

**If...then statements**

**Transport yes or no; mode:** Maybe, to be on the safe side, BLS versus POV



## CBT 301 Soft Tissue Injuries 2

**Evaluator's notes:** A "golden hour" patient stabbed in the abdomen during a bar brawl. This call needs to go FAST! Not only does this patient require rapid assessment and treatment, you must be careful not to miss injuries or underlying medical issues.

**Dispatch/Description of the problem:** Your 3 man engine company is told to "stand by until the scene is secured" by local PD. There is a fight in progress at the bar, and weapons may be involved. You wait 1 block away, and are finally allowed to come into the scene, after about 25 minutes.

**What you see upon arrival:** A 30ish male holding his gut...hands are covered in blood. He says he has been stabbed. The lighting in the bar is horrible, but he seems very pale to you.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>	<b>2<sup>nd</sup> set</b>	<b>3<sup>rd</sup> set</b>
Blood Pressure	10	0/60	88/	56
Pulse		120		130
Respirations	24		24	
Skin	p	ale, moist	p	ale, moist
Pupils	MER			
Temperature	cool			
Lung Sounds		clear and equal		
Capillary Refill	3	seconds		
LOC		Initially alert and oriented but getting sleepy fast		
Neurological response		Unconscious 10 minutes into the call		
Posturals	N/A			
O2 Saturation	9	8%		
Blood Glucose	10	8		

<b>O</b> -onset -2220 today	<b>S</b> -signs and symptoms-stab to the ABD
<b>P</b> -provocation-N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-N/A	<b>M</b> -medications-none
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-none
<b>S</b> -severity-N/A	<b>L</b> -last meal-hot wings 40 minutes ago
<b>T</b> -time since onset-30 minutes	<b>E</b> -events leading up to the call-stabbed in the epigastric region

**Sick or Not Sick-** Sick

**Results from the patient exam-**no other wounds found w/ a thorough exam

**Call for a medic from on scene yes or no; why?** Yes

**Treatment-**Oxygen by mask. Glucose check. Back board, c-collar, meet the medics?

**If...then statements**

**Transport yes or no; mode:** You already lost a bunch of your golden hour...meet the medics if that will save some time.

## CBT 165 Sick/Not Sick 2

**Evaluator's notes:** 64 y.o. male having an acute coronary until proven otherwise. He is SICK and time is ticking for his myocardium.

**Dispatch/Description of the problem:** An elderly man calls for help 30 minutes after the onset of his "heavy chest" woke him up. He has never had to call 911 before, and tried very hard not to...but the pain and SOB just became too severe. He is clutching his chest, and speaking in 4-5 word sentences. He had his gallbladder removed 10 years ago. That is his only medical history.

**What you see upon your arrival:** A man in obvious distress who is breathing very poorly. He's sitting on the side of the bed. He is anxious and keeps asking "is this the big one"?

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	1	80/100	1	76/86		
Pulse		46		50		
Respirations	36		36			
Skin	p	ale, moist	p	ale, moist		
Pupils	MER					
Temperature	cool					
Lung Sounds		crackles from bottom to top, bilaterally				
Capillary Refill	3	seconds				
LOC		Initially alert and oriented but getting sleepy fast				
Neurological response		Getting very very tired				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	10	8				

<b>O</b> -onset -2320 today	<b>S</b> -signs and symptoms-chest pain/SOB
<b>P</b> -provocation-none	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-heavy	<b>M</b> -medications-none
<b>R</b> -radiation-both arms, jaw	<b>P</b> -previous medical history-no gall bladder
<b>S</b> -severity-9/10	<b>L</b> -last meal-canned ham at dinner
<b>T</b> -time since onset-40 minutes	<b>E</b> -events leading up to the call-woke up w/ chest pain and severe SOB

**Sick or Not Sick-** Sick

**Results from the patient exam-**nothing changes the pain

**Call for a medic from on scene yes or no; why?** Yes, if not already enroute

**Treatment-**Oxygen by mask, and then BVM assistance. Assist w/ ASA

**If...then statements**

**Transport yes or no; mode:** You ask the medics their ETA but they say stay put until they arrive, they do not wish to have this man moved much prior to their arrival

## CBT 435 Abdominal Pain 3

**Evaluator's note:** This call will be sent as ABD pain BUT it is actually cardiac in nature. Hopefully the EMT's will find the subtle clues and change gears.

**Dispatch/Description of the problem:** You are dispatched to an 82 y.o. male complaining of upper abdominal pain. (centered around the epigastric region). This woke him up from sleep. He has never had anything like this before. It feels like a pressure but no position he gets in helps. He breaths better sitting up, however. Palpating his abdomen makes the abdomen no better or worse. He feels a bit nauseated and cannot seem to catch his breath. He also complains of very slight dizziness. He tells you "I have a bad feeling about this".

**What you see when you arrive:** An elderly male sitting on the side of the bed, appearing quite anxious.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	1	80/100	1	76/86		
Pulse		68		70		
Respirations	30		30			
Skin	p	ale, moist	p	ale, moist		
Pupils	MER					
Temperature	cool					
Lung Sounds		crackles at the bases, bilaterally				
Capillary Refill	2	seconds				
LOC	Alert	and oriented to person, place, time				
Neurological response		Looks exhausted when he answers questions				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	98					

<b>O</b> -onset -0320 today	<b>S</b> -signs and symptoms-ABD pain/SOB
<b>P</b> -provocation-none	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-pressure	<b>M</b> -medications-none
<b>R</b> -radiation-none	<b>P</b> -previous medical history-mild CVA in 2000
<b>S</b> -severity-6/10	<b>L</b> -last meal-small dinner at 6 PM
<b>T</b> -time since onset-60 minutes	<b>E</b> -events leading up to the call-woke up w/ ABD pain and severe SOB

**Sick or Not Sick-** Sick

**Results from the patient exam-**nothing changes the pain

**Call for a medic from on scene yes or no; why?** Yes, if they smell cardiac!

**Treatment-**Oxygen by n/c, monitor, blood sugar check

**If...then statements**

**Transport yes or no; mode:** IF they call for medics and IF the medic unit smells cardiac, that will be how they get transported. Otherwise, BLS

## CBT 301 Soft Tissue Injuries 3

**Evaluator's notes:** Although this a GSW call, it is an isolated shot to the foot, and is totally BLS. The EMT's need to be sure that is the ONLY injury though (besides his pride!)

**Dispatch/Description of the problem:** You are called to the police station closest to your fire station for a GSW to the foot. One of the officers sheepishly tells you he was planning to clean his 38 caliber service revolver, when he accidentally discharged it, shooting himself. The bullet went through his foot and into the wooden floorboards below him. He has no medical history, takes no medications.

**What you see when you arrive:** A very embarrassed officer holding a towel to his foot. He appears to be not sick. The other officers on the scene think this is hysterical!

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	14	0/84	12	6/80		
Pulse		100		70		
Respirations	16		12			
Skin	p	ink, dry	p	ink, dry		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Alert			and oriented to person, place, time		
Neurological response	Totally			appropriate		
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	11	2				

<b>O</b> -onset -1030 today	<b>S</b> -signs and symptoms-GSW to foot
<b>P</b> -provocation-none	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-none	<b>P</b> -previous medical history-none
<b>S</b> -severity-5/10	<b>L</b> -last meal-breakfast sandwich 3 hours ago
<b>T</b> -time since onset-10 minutes	<b>E</b> -events leading up to the call-self inflicted GSW to foot

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**nothing changes the pain

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Oxygen by n/c, wound care, splint the foot, monitor, blood sugar check

**If...then statements**

**Transport yes or no; mode:** Very clear BLS pt.

## CBT 537 Pediatrics 3

**Evaluator's note:** This call will seem like a pretty straight forward minor trauma peds call UNLESS they pick up on the clues of child abuse, and then it becomes MUCH more complicated. Be sure the EMT's understand the significance of the different colored bruises (which reflect onset at different times...and now are in different stages of healing).

**Dispatch/Description of the problem:** You are called to see a 10 y.o. male fall patient. Dad, appearing very nervous, tells you he fell down the stairs. "He's a pretty clumsy kid". The child will not make eye contact with you. He is very evasive when it comes to explaining what happened. He is squeamish when it comes to examining him. Dad states his son has no medical history, and takes no meds. When you ask the same questions at different times, the answer changes slightly (e.g. he fell 45 minutes ago, versus 20 minutes ago. And "he tripped and fell down the stairs" versus "He would not tell me why he fell". On exam you find lots of bruises of different colors, and scars that when asked about, do not get clear answers. He looks at his dad when you ask him how those happened.

**What you see upon your arrival:** An average sized boy holding his arm, tears in his eyes.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	10	0/60	11	6/70		
Pulse		110		100		
Respirations	20		20			
Skin	p	ink, dry	p	ink, dry		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Alert	and oriented to person, place, time				
Neurological response	Totally	appropriate				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	11	2				

<b>O</b> -onset -1030 today	<b>S</b> -signs and symptoms-"fall" resulting in arm Fx
<b>P</b> -provocation-any touch	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-none	<b>P</b> -previous medical history-none
<b>S</b> -severity-7/10	<b>L</b> -last meal-breakfast 2 hours ago
<b>T</b> -time since onset-30-60 minutes	<b>E</b> -events leading up to the call-conflicted info here

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**nothing changes the pain

**Call for a medic from on scene yes or no; why?** No. PD... YES!

**Treatment-**Oxygen by n/c, wound care, splint the arm

**If...then statements**

**Transport yes or no; mode:** Very clear BLS pt.

## CBT 443 Altered Mental States 3

**Evaluator's notes:** This patient has a known psych. History and has been in and out of treatment facilities for years. The family is asking for your assistance again. This will be voluntary, since there is nothing today which will force anyone's hand.

**Dispatch/Description of the problem:** You are called to see a 38 y.o. female whose family states she is "getting bad again". They explain that she has been in and out of facilities since her teens. She has tried to kill herself 3 times, all by OD. She has been talking lately about hurting herself again, and they are worried. The patient does not admit to wanting to hurt herself today, but does agree w/ the history of previous events. She has a very flat emotionless personality.

**What you see upon your arrival:** An average looking 38 y.o. female sitting in front of the TV, no apparent distress. She does not look up at your arrival, and makes very little eye contact with you the entire call.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	13	2/78	13	6/74		
Pulse		68		68		
Respirations	12		12			
Skin	p	ink, dry	p	ink, dry		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie	nted to person, place, time				
Neurological response		Although oriented, she is very "flat"				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	11	2				

<b>O</b> -onset –hard to say	<b>S</b> -signs and symptoms-psych. eval. request
<b>P</b> -provocation-N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-N/A	<b>M</b> -medications-Elavil, Prozac, Zoloft
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-in and out of institutions
<b>S</b> -severity-N/A	<b>L</b> -last meal-breakfast 2 hours ago
<b>T</b> -time since onset-30-60 minutes	<b>E</b> -events leading up to the call-family requests help for new admission

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**nothing

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Blood sugar check to confirm that is not why she is so emotionless

**If...then statements**

**Transport yes or no; mode:** Very clear BLS pt.

## CBT 165 Sick/Not Sick 3

**Evaluator's notes:** This call comes in as a straight forward "patient assist". These can be troublesome, since they often hide "real" emergencies. So...the EMT's need to be sure they don't miss anything on this type of 911 call. When it's all said and done, this was indeed a simple assist.

**Dispatch/Description of the problem:** The wife of a couple in their 90's calls because hubby "slithered out of bed" and she is not strong enough to help him get up. They are old, but still able to live home alone, without assistance. They guard their independence and never ask for help unless it is absolutely necessary. A full body exam on the patient is benign. He indeed must have "slithered" and avoided injury. His medical history includes 1 MI which resulted in a 4 way bypass 20 years ago. His ankle tend to swell so he takes a "water pill". From time to time he gets some angina if he works to hard in the garden. One ntg always clears it. He has no complaints today, however.

**What you see on your arrival:** An elderly man sitting peacefully on the shag carpeted floor next to his bed. He and the wife repeatedly apologize for having had to call.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	16	4/84	16		0/80	
Pulse		68		68		
Respirations	16		16			
Skin	p	ink, dry		p	ink, dry	
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie		nted to person, place, time			
Neurological response	Totally		appropriate			
Posturals	If		done, no changes			
O2 Saturation	9		7%			
Blood Glucose	11		2			

<b>O</b> -onset -2100 hours	<b>S</b> -signs and symptoms-none
<b>P</b> -provocation-N/A	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-N/A	<b>M</b> -medications-HCTZ, Potassium
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-MI and bypass surgery
<b>S</b> -severity-N/A	<b>L</b> -last meal-dinner 4 hours ago
<b>T</b> -time since onset-30 minutes	<b>E</b> -events leading up to the call-"slithered" out of bed

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**nothing

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Blood sugar check just to be thorough

**If...then statements**

**Transport yes or no; mode:** Pt left at scene

## CBT 435 Abdominal Pain 4

**Evaluator's notes:** Abdominal pain can be very tricky to assess. In this particular case, it seems pretty straight forward: questionable seafood was eaten about 4 hours ago, and they have been plagued by nausea, vomiting, and crampy ABD pain since.

**Dispatch/Description of the problem:** You are called to see a 45 y.o. female who has been vomiting for one hour. She and hubby went to out to dinner about 5 hours ago. The seafood salad she ate (he ate a different meal) seemed "fishy" to her but she finished it. Starting an hour ago she became nauseated w/ crampy periepigastic abdominal pain, and eventually began to vomit severely. Her only medical history is non insulin dependent diabetes, which she is totally on top of. Her last oral medication intake was this AM, as directed.

**What you see on your arrival:** A heavy set lady on her side, knees to her chest. A bowl full of emesis is at her side. The contents look "food like" w/ some yellow bile tone to it.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	17	6/86	17	0/88		
Pulse		100		88		
Respirations	16		16			
Skin	p	ink, moist	p	ink, moist		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie		nted to person, place, time			
Neurological response	Totally	appropriate				
Posturals	If	done, no changes				
O2 Saturation	9	7%				
Blood Glucose	12	2				

<b>O</b> -onset – 2230 hours	<b>S</b> -signs and symptoms-N/V and ABD pain
<b>P</b> -provocation-nothing	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-crampy	<b>M</b> -medications-Orinase
<b>R</b> -radiation-none	<b>P</b> -previous medical history-Type 2 diabetes X 10 years
<b>S</b> -severity-6/10	<b>L</b> -last meal-dinner 5 hours ago
<b>T</b> -time since onset-65 minutes	<b>E</b> -events leading up to the call-sudden onset N/V and ABD pain

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**no changes

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Blood sugar check just to be thorough

**If...then statements**

**Transport yes or no; mode:** BLS versus POV



## CBT 537 Pediatrics 4

**Evaluator's notes:** A 9 y.o. male riding his bike down hill, hits a pothole and went down hard. He has LOTS of soft tissue injuries and a broken tib/fib. This call will be fairly labor intensive w/ wound care, splinting, and back boarding skills practiced.

**Dispatch/Description of the problem:** a 9 y.o. male was riding down hill at a high rate of speed, when he put his front wheel in a pothole and went down hard. He was wearing a helmet, shorts, and tank top. Consequently he is not head injured but has LOTS of assorted soft tissue injuries. He has no medical history and takes no meds.

**What you see on your arrival:** A young male, covered in blood, screaming in pain. His helmet in place, re-assures you.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	12	0/60	11	0/64		
Pulse		110		100		
Respirations	16		16			
Skin	p	ink, moist	p	ink, moist		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie		nted to person, place, time			
Neurological response	Totally		appropriate			
Posturals	N/A					
O2 Saturation	9	7%				
Blood Glucose	12	2				

<b>O</b> -onset – 1230 hours	<b>S</b> -signs and symptoms-soft tissue and bony deformities
<b>P</b> -provocation-any touching	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-none	<b>P</b> -previous medical history-none
<b>S</b> -severity-10/10	<b>L</b> -last meal-snack 30 minutes ago
<b>T</b> -time since onset-5 minutes	<b>E</b> -events leading up to the call-fall on bike

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**multiple injuries

**Call for a medic from on scene yes or no; why?** Maybe, perhaps for pain relief but this is a stable BLS pt.

**Treatment-**LOTS of dressings/bandages and splinting of his tib/fib, as well as backboard w/ c-collar. Oxygen n/c

**If...then statements**

**Transport yes or no; mode:** BLS versus ALS if they give pain meds

## CBT 443 Altered Mental States 4

**Evaluator's notes:** This is a straight forward CVA scenario that is acute in onset, and therefore requires an efficient trip to the closest hospital that can potentially give thrombolytics.

**Dispatch/Description of the problem:** You are called to see a 76 y.o. male whose wife has called you for a sudden onset of weakness. His great granddaughter bought him a yo-yo and he has been playing w/ it non stop since. The wife witnessed the toy drop to the floor, and he began to stare at her exactly 15 minutes ago. His speech is too slurred to understand what he may be saying to your questions. He had one heart attack 15 years ago and is allergic to peanuts.

**What you find on your arrival:** An elderly man who seems very frustrated, trying very hard to tell you something. He's in his favorite chair.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	18	8/90	18	0/86		
Pulse		80		80		
Respirations	16		16			
Skin	p	ink, moist	p	ink, moist		
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Alert,		but no speech			
Neurological response		Right side works OK,	left side is flaccid			
Posturals	N/A					
O2 Saturation	9	7%				
Blood Glucose	12	4				

<b>O</b> -onset – 1230 hours	<b>S</b> -signs and symptoms-sudden onset weakness and no speech
<b>P</b> -provocation-N/A	<b>A</b> -allergies-peanuts
<b>Q</b> -quality-N/A	<b>M</b> -medications-none
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-MI 15 yrs ago
<b>S</b> -severity-N/A	<b>L</b> -last meal-snack 60 minutes ago
<b>T</b> -time since onset-20 minutes	<b>E</b> -events leading up to the call-stopped playing w/ his yo-yo

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**asymmetrical exam and no speech

**Call for a medic from on scene yes or no; why?** No

**Treatment-**Blood sugar check just to be thorough, high flow oxygen

**If...then statements**

**Transport yes or no; mode:** Highly efficient BLS trip to the closest appropriate facility

## CBT 301 Soft Tissue Injuries 4

**Evaluator's notes:** This is an impalement scenario...and the EMT's need to remember to secure in place instead of removing the object.

**Dispatch/Description of the problem:** A 26 y.o. male is doing his own re-roofing job. He is not as familiar w/ the nail gun as he should be, and as a result, shoots a nail through his hand, pinning himself to the roof. He has no medical history, takes no meds.

**What you see when you arrive:** The patient looks down at you from the roof, feeling incredibly foolish that he is locked in place there, waiting to be rescued by you and your crew.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	12	6/66	13	0/76		
Pulse		100		80		
Respirations	16		16			
Skin	p	ink, moist		p	ink, moist	
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie		nted to person, place, time			
Neurological response		Alert and appropriate				
Posturals	N/A					
O2 Saturation	9	7%				
Blood Glucose	10	6				

<b>O</b> -onset – 1230 hours	<b>S</b> -signs and symptoms-nail gun versus hand
<b>P</b> -provocation-touch	<b>A</b> -allergies-NKDA
<b>Q</b> -quality-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-none
<b>S</b> -severity-5/10	<b>L</b> -last meal-breakfast 3 hours ago
<b>T</b> -time since onset-10 minutes	<b>E</b> -events leading up to the call-self inflicted nail impalement

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**impalement

**Call for a medic from on scene yes or no; why?** No (not in all that much pain)

**Treatment-** cut the nail and secure the wound w/ bulky dressings

**If...then statements**

**Transport yes or no; mode:** POV will be fine, once he gets his wound care

## CBT 165 Sick/Not Sick 4

**Evaluator's notes:** Elderly female falls, breaking her hip. This is a simple BLS trauma scenario, but you need to impress upon the EMT's, that there is a horrible mortality rate associated w/ this kind of injury in the elderly. She risks a life threatening pneumonia she may well get in the hospital.

**Dispatch/Description of the problem:** A female in her 70's, slips when the rug in her kitchen kicks out. She is able to pull the phone down by its cord, to call for help. She lives alone...hubby died 5 years ago. She is fiercely independent. A concerned neighbor arrives after you do, to see if there is anything they can do to help. Her cat "snuggles" will need to be taken care of, and they are glad to help. She is in great health, has no medical history, takes no meds, and has no allergies except hay fever. She has a classic hip fracture w/ shortened externally rotated leg on the side she fell on.

**What you find on your arrival:** An elderly female in her bathrobe, on the floor in the kitchen. Her skin color looks good, and you see no blood.

<b>Vitals:</b>		<b>1<sup>st</sup> set</b>		<b>2<sup>nd</sup> set</b>		<b>3<sup>rd</sup> set</b>
Blood Pressure	16	6/66	16	0/76		
Pulse		80		80		
Respirations	16		16			
Skin	p	ink, dry		p	ink, dry	
Pupils	MER					
Temperature	warm					
Lung Sounds		clear and equal				
Capillary Refill	2	seconds				
LOC	Orie			nted to person, place, time		
Neurological response		Alert and appropriate				
Posturals	N/A					
O2 Saturation	9	8%				
Blood Glucose	10	6				

<b>O</b> -onset – 0730 hours	<b>S</b> -signs and symptoms-fall breaking hip
<b>P</b> -provocation-touch	<b>A</b> -allergies-hay fever
<b>Q</b> -quality-sharp	<b>M</b> -medications-none
<b>R</b> -radiation-N/A	<b>P</b> -previous medical history-none
<b>S</b> -severity-7/10	<b>L</b> -last meal-dinner 10 hours ago
<b>T</b> -time since onset-10 minutes	<b>E</b> -events leading up to the call-fall

**Sick or Not Sick-** Not Sick

**Results from the patient exam-**hip Fx

**Call for a medic from on scene yes or no; why?** No (not in all that much pain)

**Treatment-** oxygen n/c, clam heavily padded

**If...then statements**

**Transport yes or no; mode:** BLS to closest ER