

BLS-2023-BLS EPI – Scenario #1

Dispatch: 72 y/o female patient with progressive hives

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> Medication interactions Allergic reactions 	<ol style="list-style-type: none"> Proper BSI, scene safety, and PD if needed. Determine SICK/NOT SICK Request ALS/additional resources if needed. ALS Indicators Airway issues? BLS care Obtain appropriate history. Complete and thorough clinical documentation.

Subjective: 72 y/o female patient is found conscious, sitting on the bed, and scratching their chest.

Information to be given by bystanders, if EMT specifically asks for it: Patient has history of high blood pressure, a previous MI, stomach ulcers , and an upper airway infection.

Objective:	
Onset: sudden Provocation: taking antibiotics Quality: itchy Radiation: Severity: 7/10 Time since onset: 10 minutes	Signs and symptoms: Alert but itchy with hives on chest Allergies: Peanuts Medications: Zantac, amoxicillin, high blood pressure medications Previous medical history: High BP, MI, Stomach ulcers Last food intake: 7 hours ago Events leading up to the illness: "I woke up to feeling an itchiness on my chest."

Vitals:	1 st set	2 nd set
LOC	GCS 10	GCS 10
Skin	Warm, pink, moist	Warm, pink, moist
Blood Pressure	162/84	156/86
Heart Rate	90	88
Respiratory Rate	18	18
Pulse Oximetry	98%	98%
Lung Sounds	Clear	Clear
Pupils	Equal and reactive	Equal and reactive
Blood Sugar Level	110	
Physical Exam	Patient is conscious and responsive. Possible allergic reaction to medications.	

Sick or Not Sick: sick

Assessment: Possible allergic reaction to medication.

Why? Possible allergy

Does this call require ALS (yes or no)? Yes

Plan: Keep patient comfortable, monitor vitals, Give EPI, O2, ALS evaluation

- Transport (yes or no): YES
- Mode of transport: ALS- Emergency

Evaluator's notes:

Patient needs EPI and transport to ER.

BLS-2023-EPI – Scenario #2

Dispatch: 35 y/o male patient at a local restaurant complaining of sudden onset of shortness of breath while eating dinner.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> • Low blood sugar • Stroke • Other injuries • Drinking • Allergic reaction 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety, and PD if needed. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. ALS Indicators 5. Airway issues? 6. BLS care 7. Obtain appropriate history. 8. Complete and thorough clinical documentation.

Subjective: 35 y/o male patient found complaining of severe shortness of breath that began while eating dinner.

Information to be given by bystanders, if EMT specifically asks for it: The spouse states the patient has allergies to shellfish and forgot his EpiPen® at home. Upon arrival, the patient is found sitting up, profusely diaphoretic, leaning forward in a tripod position, and gasping for breaths with visible hives.

Objective:	
Onset: 15 minutes ago Provocation: shortness of Breath Quality: unknown Radiation: unknown Severity: unknown Time since onset: 15 minutes	Signs and symptoms: shortness of breath, hives Allergies: shellfish Medications: EpiPen® Previous medical history: Hospitalized and intubated due to prior allergic reaction Last food intake: 15 minutes ago Events leading up to the illness: eating dinner

Vitals:	1 st set	2 nd set
LOC	GCS 10	GCS 10
Skin	Pale, warm, wet	Pale, warm, wet
Blood Pressure	90/p	108/64
Heart Rate	100	100
Respiratory Rate	30	
Pulse Oximetry	90%	90%
Lung Sounds	Wheezing bilaterally	Wheezing bilaterally
Pupils	Equal and reactive	Equal and reactive
Blood Sugar Level	116	N/A
Temperature		
Physical Exam	Patient is found conscious, responsive diaphoretic, sitting in tripod position, and gasping for air with visible hives.	

<p>Additional Considerations</p>	<p>History? Triggers? When was the last time the patient had to use their EpiPen® or other medications? Patient hospitalized and intubated for prior reaction.</p>	
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Sick or Not Sick: sick

Assessment: anaphylaxis

Does this call require ALS (yes or no)? yes

Why? Need medics to consider patient intubation

Plan Anaphylaxis

- Patient exam, EPI check & inject, High flow O2 recheck vitals and reassess patient.
- **Transport (yes or no):** YES
- **Transport mode:** ALS – nearest appropriate facility

Evaluator's notes:

Anaphylactic patient is sick and requires epinephrine and ALS evaluation for possible

BLS-2023-EPI – Scenario #3

Dispatch: 43 y/o patient reports feeling sick

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> • Low blood sugar • Stroke • Other injuries • Drinking • Allergic reaction 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety, and PD if needed. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. ALS Indicators 5. Airway issues? 6. BLS care 7. Obtain appropriate history. 8. Complete and thorough clinical documentation.

Subjective: 43 y/o patient found in kitchen complaining of their tongue feeling funny.

Information to be given by bystanders, if EMT specifically asks for it: Bystander states they were talking and having some cookies when patient said their tongue started to feel funny. The friend notes a medical bracelet which states allergies to nuts, and so they decided to call 911.

Objective:	
Onset: 15 minutes ago Provocation: nuts Quality: n/a Radiation: n/a Severity: n/a Time since onset: 15 minutes	Signs and symptoms: slurred speech, decreased LOC, able to follow verbal commands Allergies: nuts Medications: N/A Previous medical history: allergic to nuts Last food intake: 15 minutes ago Events leading up to the illness: sudden onset

Vitals:	1 st set	2 nd set
LOC	GCS-10,	GCS-10,
Skin	Warm, pale, dry	Warm, pale, dry
Blood Pressure	130/88	130/88
Heart Rate	110	88
Respiratory Rate	20	20
Pulse Oximetry	100%	100%
Lung Sounds	Clear bilaterally	Clear bilaterally
Pupils	Equal and reactive	Equal and reactive
Blood Sugar Level	80	90
Temperature		n/a

Physical Exam	Patient is conscious and responsive. Tongue feels swollen, can speak with slurring of words. No injuries found.	
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Sick or Not Sick: not sick

Assessment: conscious, responsive, and can swallow. Monitor vitals, and epinephrine can be administered.

Does this call require ALS (yes or no)? No **Why?**

Plan: Anaphylaxis

- Patient exam, administer epinephrine and the patient tongue returns to normal.
- **Transport (yes or no):** Yes
- **Transport mode:** BLS

Evaluator's notes:

This patient is an allergic reaction to nuts in the cookies. Patient found conscious and slurring words. Following epinephrine administration, the patient is now talking normally. The patient requires transport to the hospital for further evaluation.

BLS-2023-EPI– Scenario #4

Dispatch: 23 y/o patient is found conscious.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> • Low blood sugar • stroke • Other injuries • Drinking • Drugs • Allergic reactions 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety, and PD if needed. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. ALS Indicators 5. Airway issues? 6. BLS care 7. Obtain appropriate history. 8. Complete and thorough clinical documentation.

Subjective: 23 y/o patient found in the bathroom of a house party, conscious, responsive, experiencing hives and short of breath.

Information to be given by bystanders, if EMT specifically asks for it: Bystander thought the patient had just been drinking too much.

Objective:	
Onset: 15 minutes ago Provocation: might have eaten something Quality: n/a Radiation: n/a Severity: n/a Time since onset: 15 minutes	Signs and symptoms: hives, shortness of breath Allergies: unknown Medications: unknown Previous medical history: unknown Last food intake: unknown Events leading up to the illness: unknown

Vitals:	1 st set	2 nd set
LOC	GCS-15	GCS-15,
Skin	Warm, dry, pale	Warm, dry, pale
Blood Pressure	100/p	118/64
Heart Rate	89	100
Respiratory Rate	24	20
Pulse Oximetry	94%	98%
Lung Sounds	Clear, equal bilaterally	Clear, equal bilaterally
Pupils	100	100
Blood Sugar Level	n/a	n/a
Temperature		
Physical Exam	Patient is conscious while experiencing hives and shortness of breath.	

Additional Considerations	No injuries found.	
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Sick or Not Sick: Sick

Assessment: Anaphylaxis

Does this call require ALS (yes or no)? YES **Why?**

Plan:

- Patient exam, airway support, High flow O2, EPI, and ALS evaluation
- **Transport (yes or no):** Yes
- **Transport mode:** ALS

Evaluator's notes:

Anaphylaxis with an unknown trigger.

BLS-2023-EPI – Scenario #5

Dispatch: 62 y/o patient with shortness of breath.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> • PE • stroke • MI • Angina • AAA • Allergic reaction 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety, and PD if needed. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. ALS Indicators 5. Airway issues? 6. BLS care. 7. Obtain appropriate history. 8. Complete and thorough clinical documentation.

Subjective: 62 y/o patient found sitting forward on couch wheezing in tripod position. Patient has a history of asthma and has used their prescribed inhaler without relief. The patient is apprehensive, and progressive hives are noted on their neck and back. EMT's note the patient is a smoker and overweight. The patient describes onset of complaint after feeling like a insect stung him while walking the dog.

Information to be given by bystanders, if EMT specifically asks for it: no bystanders

Objective:	
Onset: 15 minutes ago Provocation: while walking Quality: Radiation: Severity: Time since onset: 15 minutes	Signs and symptoms: shortness of breath and progressive hives on neck and back. Allergies: bees Medications: inhaler, EpiPen® Previous medical history: asthma, overweight, smoker Last food intake: 12 hours ago Events leading up to the illness: previously stated

Vitals:	1 st set	2 nd set
LOC	GCS-12,	GCS-12,
Skin	Pale, warm, moist	Pale, warm, moist
Blood Pressure	90/50	100/60
Heart Rate	114	120
Respiratory Rate	22	18
Pulse Oximetry	98%	98%
Lung Sounds	Wheezing bilaterally	Wheezing bilaterally
Blood Sugar Level	n/a	n/a
Pupils	Dilated but equal and reactive	Dilated but equal but reactive
Temperature	101.5	n/a

Physical Exam	Patient is conscious and responsive to verbal commands. No other injuries found. Regular but rapid rhythm with progressive hives and wheezing	
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Sick or Not Sick: sick

Assessment: anaphylaxis

Does this call require ALS (yes or no)? YES **Why?** Sick

Plan:

- Patient exam, airway support, high flow oxygen, Medic evaluation, monitor vitals, and epinephrine
- **Transport (yes or no):** YES
- **Transport mode:** ALS

Evaluator's notes:

Anaphylaxis patient needs to be stabilized, evaluated, and transported to ER.

BLS-2023-EPI – Scenario #6

Dispatch: 14 y/o patient athlete complaining shortness of breath after eating a teammate's cookie.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> • PE • Pneumothorax • MI • Asthma • Drugs • Anaphylaxis 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety, and PD if needed. 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. ALS Indicators 5. Airway issues? 6. BLS care. 7. Obtain appropriate history. 8. Complete and thorough clinical documentation.

Subjective: It is 6 pm on a weekday when you are dispatched to your local YMCA. 14 y/o patient found lying on the basketball court complaining of difficulty breathing and hives on their chest. Patient felt short of breath and then start getting hives on their chest while playing.

Information to be given by bystanders, if EMT specifically asks for it: The teammate notes sharing an unknown type of cookie during the last timeout. The patient is now having increased difficulty breathing with expiratory wheezing noted in all fields.

Objective:	
Onset: 10 minutes ago Provocation: possible food ingestion Quality: sharp Radiation: Severity: Time since onset: 10	Signs and symptoms: Hives and difficulty breathing Allergies: Unknown Medications: none Previous medical history: none Last food intake: 10 minutes ago Events leading up to the illness: previously stated

Vitals:	1 st set	2 nd set
LOC	GCS-15,	GCS-15,
Skin	Warm, pink, moist	Warm, pink, moist
Blood Pressure	110/80	120/80
Heart Rate	100	100
Respiratory Rate	28	28
Pulse Oximetry	90%	90%
Lung Sounds	Wheezing bilaterally	Wheezing bilaterally

Pupils	Equal and reactive	Equal and reactive
Blood Sugar Level	100	100
Temperature	98.5	n/a
Physical Exam	Patient is conscious and responsive, with a regular but rapid rhythm, hives on chest, and difficulty breathing.	

Sick or Not Sick: sick

Assessment: possible anaphylaxis

Does this call require ALS (yes or no)? Yes **Why?** Sick

Plan: EPI

- Patient exam, airway support, high flow oxygen, and evaluation by ALS monitor vitals
- **Transport (yes or no):** YES
- **Transport mode:** ALS

Evaluator's notes:

Pediatric anaphylaxis patient requires epinephrine and ALS evaluation.