

### BLS-2023-BLS- Trauma – Scenario #1

**Dispatch:** 22 y/o female patient hit by car on her bike.

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

**Subjective:** 22 y/o female, conscious with leg and back pain.

**Information to be given by bystanders, if EMT specifically asks for it:**

Objective:	
<b>Onset:</b> sudden <b>Provocation:</b> car vs bike <b>Quality:</b> <b>Radiation:</b> <b>Severity:</b> 9/10 <b>Time since onset:</b> 10 minutes	<b>Signs and symptoms:</b> leg and back pain <b>Allergies:</b> peanuts <b>Medications:</b> none <b>Previous medical history:</b> none <b>Last food intake:</b> 7 hours ago <b>Events leading up to the illness:</b> riding bike, hit from behind

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> set
LOC	GCS 10	GCS 10
Skin	Warm, Pink, and Moist	Warm, Pink, and Moist
Blood Pressure	100/60	120/66
Heart Rate	100	88
Respiratory Rate	18	18
Pulse Oximetry	98%	98%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	110	
<b>Physical Exam</b>	Patient is conscious, responsive, and complaining of leg and back pain	

**Sick or Not Sick:** NOT SICK

**Assessment:** Possible tib fib fractures and back injury

**Does this call require ALS (yes or no)?** No      **Why?** Possible lower extremity fractures and back injury

**Plan:**

- Keep patient comfortable, monitor vitals, splint legs, back board, ALS eval.
- Transport (yes or no): Yes
- Mode of transport: BLS – Emergency

**Evaluator's notes:**

Patient requires SMR, splinting, and transport.

**BLS-2023-Trauma– Scenario #2**

**Dispatch:** 35 y/o male at local bar complaining of being stabbed in right chest.

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

**Subjective:** 35 y/o male, patient found sitting at the bar holding his right chest.

**Information to be given by bystanders, if EMT specifically asks for it:** The spouse states the patient was talking to the lady next to him when a man came up from behind and stabbed him.

Objective:	
<b>Onset:</b> 15 minutes ago <b>Provocation:</b> shortness of breath <b>Quality:</b> unknown <b>Radiation:</b> unknown <b>Severity:</b> unknown <b>Time since onset:</b> 15 minutes	<b>Signs and symptoms:</b> shortness of breath, some bleeding <b>Allergies:</b> shellfish <b>Medications:</b> EPI <b>Previous medical history:</b> none <b>Last food intake:</b> 15 <b>Events leading up to the illness:</b> sitting at the bar

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> set
LOC	GCS 10	GCS 10
Skin	Pale, warm, and wet	Pale, warm, and wet
Blood Pressure	100/p	108/64
Heart Rate	100	100
Respiratory Rate	30	
Pulse Oximetry	90%	90%
Lung Sounds	Diminished right, upper lobe.	
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	116	116
Temperature		N/A
<b>Physical Exam</b>	Patient is conscious responsive found sitting at the bar.	

**Sick or Not Sick:** sick.

**Assessment:** Possible Pneumothorax

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

**Why?** Patient needs evaluation for needle thoracostomy.

**Plan:**

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

**Evaluator's notes:**

**Patient is 35 y/o male: Sick, puncture wound to right upper chest with sucking chest wound.**

### BLS-2023-Trauma – Scenario #3

**Dispatch:** 43 y/o patient car accident.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> <li>• Low blood sugar</li> <li>• CVA</li> <li>• Other injuries</li> <li>• ETOH</li> </ul>	<ol style="list-style-type: none"> <li>1. Proper BSI, scene safety, PD if needed.</li> <li>2. Determine SICK/NOT SICK</li> <li>3. Request ALS/additional resources if needed.</li> <li>4. ALS Indicators</li> <li>5. Airway issues?</li> <li>6. BLS care</li> <li>7. Obtain appropriate history.</li> <li>8. Complete and thorough clinical documentation.</li> <li>9. Inaccurate SpO2 readings with burn patients.</li> </ol>

**Subjective:** 43 y/o patient, patient found sitting in car unconscious following impact with guard rail.

**Information to be given by bystanders, if EMT specifically asks for it:** bystander states the vehicle was going back and forth between lanes prior to impact with the guard rail. They called 911. Bystander said that they found a medical bracelet which states *Diabetic*.

Objective:	
<b>Onset:</b> 15 minutes ago <b>Provocation:</b> diabetic <b>Quality:</b> n/a <b>Radiation:</b> n/a <b>Severity:</b> n/a <b>Time since onset:</b> 15 minutes	<b>Signs and symptoms:</b> <b>Allergies:</b> PCN <b>Medications:</b> insulin <b>Previous medical history:</b> diabetic <b>Last food intake:</b> not sure <b>Events leading up to the illness:</b> sudden onset

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> set
LOC	GCS-3,	GCS-3,
Skin	warm, pale, moist	warm, pale, Moist
Blood Pressure	130/88	130/88
Heart Rate	110	88
Respiratory Rate	24	28
Pulse Oximetry	97%	97%
Lung Sounds	Clear bilaterally	Clear bilaterally
Pupils	Mid equal and reactive	Mid equal and reactive
Blood Sugar Level	46	
Temperature		n/a
<b>Physical Exam</b>	Patient is unconscious, not responsive to verbal with head laceration.	

**Sick or Not Sick:** Sick

**Assessment:** unconscious, no responds to verbal head lac on left side of head.

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

**Plan:**

- Exam, head laceration to left side of head, obtain blood sugar, and assist in IV administration.
- **Transport (yes or no):** Yes, possible infection or sickness to cause it to drop so fast.
- **Transport mode:** ALS

**Evaluator's notes:**

This patient is 43 y/o diabetic with possible metabolic acidosis. Patient found unconscious. Blood level at 46 mg/dl. Following IV glucose, and the patient's responsiveness improves. ALS transport

**Dispatch:** 23 y/o patient found unconscious.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> <li>• Low blood sugar</li> <li>• CVA</li> <li>• Other injuries</li> <li>• ETOH</li> <li>• Drugs</li> <li>• Fall</li> </ul>	<ol style="list-style-type: none"> <li>1. Proper BSI, scene safety, PD if needed.</li> <li>2. Determine SICK/NOT SICK</li> <li>3. Request ALS/additional resources if needed.</li> <li>4. ALS Indicators</li> <li>5. Airway issues</li> <li>6. BLS care</li> <li>7. Obtain appropriate history.</li> <li>8. Complete and thorough clinical documentation.</li> <li>9. Inaccurate SpO2 readings with burn patients.</li> </ol>

**Subjective:** 23 y/o patient unconscious, patient found at a house party outside just off a second story deck unconscious unresponsive with drug paraphernalia nearby.

**Information to be given by bystanders, if EMT specifically asks for it:** Bystander thought that they had been drinking.

Objective:	
<b>Onset:</b> 15 minutes ago <b>Provocation:</b> Unconscious <b>Quality:</b> n/a <b>Radiation:</b> n/a <b>Severity:</b> n/a <b>Time since onset:</b> 15 minutes	<b>Signs and symptoms:</b> Unconscious/ unresponsive <b>Allergies:</b> Unknown <b>Medications:</b> Unknown <b>Previous medical history:</b> Drug use <b>Last food intake:</b> Unknown <b>Events leading up to the illness:</b> Unknown

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> set
LOC	GCS-1	GCS-3,
Skin	warm, pale, dry	warm, dry, pale
Blood Pressure	100/p	118/64
Heart Rate	60	100
Respiratory Rate	agonal	8
Pulse Oximetry	90%	98%
Lung Sounds	Clear bilaterally	Clear bilaterally
Pupils	pinpoint	pinpoint
Blood Sugar Level	100	100
Temperature	n/a	n/a
<b>Physical Exam</b>	Patient is unconscious and unresponsive with track marks noted on arm. Patient has pulse and is not breathing. Numerous lacerations and angulated left arm.	

**Sick or Not Sick:** Sick

**Assessment:**

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

**Plan:**

- Exam, airway support, high flow O2, Narcan, ALS
- **Transport (yes or no):** YES
- **Transport mode:** ALS

**Evaluator's notes:**

This patient is 23-year-old patient with possible overdose and a fall of approximately 20 ft.



**Dispatch:** 62 y/o patient fall off horse.

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> <li>• PE</li> <li>• CVA</li> <li>• MI</li> <li>• Fall</li> <li>• Diabetic</li> </ul>	<ol style="list-style-type: none"> <li>1. Proper BSI, scene safety, PD if needed.</li> <li>2. Determine SICK/NOT SICK</li> <li>3. Request ALS/additional resources if needed.</li> <li>4. ALS Indicators</li> <li>5. Airway issues?</li> <li>6. BLS care.</li> <li>7. Obtain appropriate history.</li> <li>8. Complete and thorough clinical documentation.</li> <li>9. Inaccurate SpO2 readings with burn patients.</li> </ol>

**Subjective:** 62 y/o patient, found lying on ground clutching their chest. Patient has history of high blood pressure. Patient has already taken their prescribed nitroglycerine and states the pain has not gone away. The patient is apprehensive. EMT's note the patient is a smoker and overweight. The patient notes onset of chest pain prior to falling off the horse while heading back to the house. Complaining of chest, back, and hip pain.

**Information to be given by bystanders, if EMT specifically asks for it:** None

Objective:	
<b>Onset:</b> 15 minutes ago <b>Provocation:</b> riding a horse <b>Quality:</b> sharp crushing <b>Radiation:</b> shoulder <b>Severity:</b> 9 out of 10 <b>Time since onset:</b> 15	<b>Signs and symptoms:</b> Chest pain radiating to shoulder/diaphoresis hip and back pain. <b>Allergies:</b> none <b>Medications:</b> Nitro, atenolol <b>Previous medical history:</b> Angina, High Blood pressure, overweight, smoker <b>Last food intake:</b> 12 hours ago <b>Events leading up to the illness:</b> previously stated

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> 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	Clear bilaterally	Clear bilaterally
Pupils	dilated and equal & reactive	Dilated and equal & reactive
Blood Sugar Level	N/a	101.5
Temperature	cool	
<b>Physical Exam</b>	Patient is conscious and responsive to verbal commands. Midline, lower back,	

	and hip pain on palpation. Regular but rapid pulse with crushing chest pain.	
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**Sick or Not Sick:** Sick

**Assessment:**

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

**Plan:**

- Exam, airway support, high flow O2, Medic eval, monitor vitals, with defib and suction ready.
- **Transport (yes or no):** YES
- **Transport mode:** ALS

**Evaluator's notes:**

This patient with MI, possible hip and back injuries, high cholesterol, and blood pressure should be transported to ER.

**BLS-2023-Trauma – Scenario #6****Dispatch:** 26 y/o patient Motorcycle accident

Potential injury or illness (enroute):	Teaching points:
<ul style="list-style-type: none"> <li>• Head and neck</li> <li>• Pneumothorax</li> <li>• ETOH</li> <li>• Trauma to the boxes and legs</li> <li>• Drugs</li> </ul>	<ol style="list-style-type: none"> <li>1. Proper BSI, scene safety, PD if needed.</li> <li>2. Determine SICK/NOT SICK</li> <li>3. Request ALS/additional resources if needed.</li> <li>4. ALS Indicators</li> <li>5. Airway issues?</li> <li>6. BLS care.</li> <li>7. Obtain appropriate history.</li> <li>8. Complete and thorough clinical documentation.</li> <li>9. Inaccurate SpO2 readings with burn patients.</li> </ol>

**Subjective:** It is 6 pm on a weekday when you are dispatched to local road for a 26 y/o patient having chest pain with breathing difficulty and left leg pain. When you arrive, the patient is lying on the road, complaining of sharp chest pain with shortness of breath, and left leg pain. Patient felt a sharp pain in left chest after being struck by a car from behind. The patient is having difficulty breathing with diminished breath sounds on left side.

**Information to be given by bystanders, if EMT specifically asks for it:**

Objective:	
<b>Onset:</b> 10 minutes ago <b>Provocation:</b> sharp pain <b>Quality:</b> sharp <b>Radiation:</b> chest <b>Severity:</b> 9 <b>Time since onset:</b> 10	<b>Signs and symptoms:</b> Chest pain/ leg pain <b>Allergies:</b> none <b>Medications:</b> none <b>Previous medical history:</b> none <b>Last food intake:</b> 1 hour ago <b>Events leading up to the illness:</b> previously stated

Vitals:	1 <sup>st</sup> set	2 <sup>nd</sup> set
LOC	GCS-12,	GCS-12,
Skin	cool, pink, moist	cool, pink, moist
Blood Pressure	140/80	100/60
Heart Rate	100	110
Respiratory Rate	28	28
Pulse Oximetry	90%	90%
Lung Sounds	Left side diminished / Right is clear	
Pupils	Equal and reactive	Equal and reactive
Blood Sugar Level	100	100
Temperature	98.5	n/a

<b>Physical Exam</b>	Patient is conscious and responsive, regular but rapid rhythm, sharp chest pain, difficulty breathing.	
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**Sick or Not Sick:** Sick

**Assessment:** Possible pneumothorax, O2, position of comfort, left tib fib fracture.

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

**Plan:**

- Exam, airway support, High flow O2, eval by ALS monitor vitals
- **Transport (yes or no):** YES
- **Transport mode:** ALS

**Evaluator's notes:**

26-year-old patient with possible pneumothorax and leg fracture.