

CONCEPTS IN EMERGENCY CARE

AN EMT PREPARES:
**100 ROLE-PLAYING
SCENARIOS**

2ND EDITION

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TABLE of CONTENTS

Introduction	1
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Head & Spine Injury

1. Head Injury/Car Accident	2
2. Head Injury/Blow to Head	6
3. Head Injury/Motorcycle Accident	9
4. Fall/Patient Standing	12
5. Fall/Patient Unconscious	15
6. Diving Accident	18
7. Bicycle/Car Accident	21
8. Patient Unconscious	24
9. Head Injury/Mugging	27

Altered

Level of Consciousness

10. Trauma/Semi-Conscious Patient	30
11. Unconscious Patient	33
12. Seizures	37
13. Semi-Conscious Patient	40
14. Unresponsive Patient	44
15. Patient with Difficulty Breathing	48
16. Industrial Site Accident	51
17. Unconscious Child	54
18. Syncope/Head Injury	57

Breathing Difficulty

19. Conscious Patient	60
20. Conscious/Not Moving Air Well	63
21. Unconscious/Moving Air Well	66
22. Unconscious/Not Moving Air Well	69
23. Unconscious Patient	72
24. Unconscious Patient	75
25. Conscious/Not Moving Air Well	78
26. Conscious/Moving Air Well	81

Abdominal Pain & Injury

27. Abdominal Pain/Medical	84
28. Stabbing in Abdomen	87
29. Gunshot Wound to Abdomen	90
30. Patient in Car Accident	94
31. Impaled Object in Abdomen	97
32. Industrial Injury	100
33. Abdominal Pain/Medical	103
34. Small Child/Abdominal Pain	106

Chest Pain & Injury

35. Middle-Aged Man with Chest Pain	109
36. Shooting with Chest Wound	112
37. Car Accident	115
38. Woman Falls Down Stairs	118
39. Shooting to Chest	121
40. Angina	124
41. Sucking Chest Wound	127
42. Spontaneous Pneumothorax	130

Limb Pain & Deformity

43. Patient Hurts Leg in Fall	133
44. Patient Hurts Arm While Skiing ...	136
45. Fractured Foot	139
46. Fractured Elbow	142
47. Crushed Limb	145
48. Partial Amputation of Hand	149
49. Fractured Femur & Knee Dislocation with Angulation	152
50. Foot Numbness	156
51. Open Wound in Leg	159

TABLE of CONTENTS

Soft Tissue Injury

52. Burn Patient/Adult	162
53. Head Bleeding	165
54. Child with Head Wound	168
55. Nosebleed	172
56. Burn Patient/Child	175
57. Impaled Object in Cheek	178
58. Fish Hook in Hand	181

Medical Problems

59. Cancer Patient	184
60. Child/Poisoning	187
61. AIDS Patient	190
62. Conscious Patient	193
63. Seizures	196
64. Cerebrovascular Accident	199
65. Measles	202
66. Asthma Patient	205

Respiratory & Cardiac Arrest

67. Cardiac Arrest	208
68. Drowning/Respiratory Arrest	211
69. Cardiac Arrest/Traumatic	214
70. SIDS	217
71. COPD	220
72. Drowning/Respiratory Arrest	223
73. Patient with Airway Obstruction ...	226
74. Patient with Sudden Cardiac Death	229
75. Stroke	232

Pregnant Patients

76. Normal Delivery	235
77. Breech Birth	238
78. Patient in Labor	241
79. Delivery in Ambulance	244
80. Premature Labor	247
81. Abdominal Injury	250
82. Twins/Early Birth	253
83. Preeclampsia/Eclampsia	256

Multiple Injury

84. Car Accident/Patient Thrown Through Windshield	259
85. Fall Down Stairwell	263
86. Farm Accident	266
87. Butcher Shop Accident	270
88. Motorcycle Accident	273
89. Construction Site Accident	277
90. Car Accident	280
91. Car Accident	283

Behavioral Problems

92. Jump from Bridge	286
93. Gun Threat to Responder	289
94. Suicide/Unconscious Patient	293
95. Drunk Patient	296
96. Combative Patient	299
97. Patient Refuses Treatment	302
98. Suicide Attempt	305
99. Patient with Gun	308
100. Patient Refuses Treatment	311

INTRODUCTION

AN EMT PREPARES includes 100 role-playing scenarios covering both medical and trauma field situations. Each scenario is divided into three parts: **Instructor Evaluation Sheet**, **Interactive Role for the Responder**, and **Interactive Role for the Patient**. The Instructor Evaluation Sheet provides a brief description of the initial scene, lists the patient's condition, and has an inventory of signs and symptoms. The Interactive Role sheets contain dispatch and initial scene information to get the students started in performing the roles. As the responder performs the necessary skills, information is provided by the instructor from the Instructor Evaluation Sheet. For example, if the responder takes the patient's pulse, the instructor will give the pulse listed on the Instructor Evaluation Sheet.

These scenarios provide the student with a working, "hands-on" knowledge beyond traditional classroom learning. A variety of teaching approaches can be implemented with the scenarios to bring field situations and care into the classroom. Some of the ways the scenarios can be used are as follows:

1. Have students completely act out the scenario from assessment to intervention and transport. This will give students realistic practice in assessment and intervention as well as improve basic field skills. The instructor may choose to time the scenario. This will help reinforce the importance that time plays in any EMS call. If a scenario is taking too long, the instructor may stop the exercise to really make a point.
2. Use the scenarios as the basis for practical skill stations and tests.
3. Use the scenarios as the basis for class discussion.
4. Break up the class into small groups to perform a scenario. Responder and patient roles can be appointed, with the remaining students acting as a peer evaluation group.

Each Instructor Evaluation Sheet has a comment column where the instructor can record student mistakes in assessment or skill performance. The Interactive Role sheets contain both patient and responder information on one page, which should be cut in half and handed out.

Note: Use the original Instructor Evaluation Sheets and Interactive Role Sheets as master copies and make photocopies for class use—that way you can hand out the sheets to students and keep your complete set of scenarios intact!

Head Injury / Car Accident:

The 22-year-old patient is conscious and walking about. The patient has some facial bruising and scratches and says he/she feels fine. The windshield of the car is cracked where the patient's head hit it. The patient says he/she was wearing a seat belt. The patient seems agitated and doesn't want to go to the hospital but does consent to an exam by the EMT. The patient then begins to feel throbbing in the head and feels nauseous. If the responder tries to convince the patient to go to the hospital, the patient will consent. The patient loses consciousness and his/her condition rapidly declines if the responder does not provide adequate treatment.

Patient Condition:

Blow to frontal region above right eye; Hematoma; Abrasion across chest from seat belt

Scene Size-up/Initial Assessment:

Scene Safety: Scene is safe

Number of Patients: 1

Need for Additional Help: No

Mechanism of Injury or Illness:

Head Injury: Laceration to right frontal region

Ears: Blood tinged fluid leaking

Nose: Normal

Eyes: Normal

Chest: Abrasion from seat belt

Abdomen: Normal

Head, Neck & Spine: Neck & c-spine are tender on palpation

Patient Status:

LOC: Conscious & Alert

Airway: Open

Head, Neck & Spine: Tenderness as previously noted

Breathing:

Presence: Regular

Quality: Deep

Rate: Rapid (30 to 34)

Stop for Airway Obstruction: No obstruction

Circulation:

Skin: Moist, cool & normal in coloration

Pulse Rhythm: Slow

Capillary Refill: Within 2 seconds

Bleeding: Light bleeding at frontal region

Stop for CPR: No CPR

Objectives:

1. Recognize, evaluate & treat patient for head injury in a timely manner.
2. Treat for other injuries after patient is stabilized. This includes physical assessment & treatment of chest abrasion.
3. Glean information through successful interaction, communication & questioning. Also, convince patient to agree to treatment & transport.

Comments: