

# OB

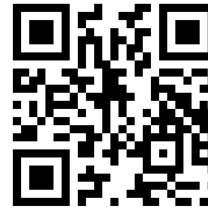
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Estimated Time: 20 minutes • Debriefing Time: 10 minutes

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Scan to Begin



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Patient Name: Olivia Brooks

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## SCENARIO OVERVIEW

Olivia Brooks is a 22-year-old, pregnant female who was found in the restroom of a local college after bystanders heard her yelling for help.

Level 3 requires a “Scene Size-Up,” “Primary Survey,” and “Secondary Assessment” based on the National Registry of Emergency Technicians Psychomotor Exam.

Note: To emphasize the clinical criteria of a 15-minute time limit, timers are in place so that if a student does not make a Transport decision within 10 minutes, they receive a warning. If they do not make a Transport decision within 15 minutes, they will automatically be exited from the scenario.

## LEARNING OBJECTIVES

1. Gather information related to dispatch
2. Perform a “Scene size-up”
3. Perform a “Primary Survey” and “History Taking”
4. Make Transport Decision
5. Perform a “Secondary Assessment” and Interpret Vital Signs
6. Verbalize proper interventions/treatment

## CURRICULUM MAPPING

### WTCS EMT-P PROGRAM OUTCOMES

- Prepare for incident response and EMS operations
- Integrate pathophysiological principles and assessment findings to provide appropriate patient care.
- Communicate effectively with others
- Demonstrate professional behavior
- Meet state and national competencies listed for EMT- paramedic certification(s)

**SIMULATION LEARNING ENVIRONMENT & SET-UP****PATIENT PROFILE**

Name: Olivia Brooks

Gender: Female

DOB: 01/29/XX

Height: 162.5 cm (5 ft 5 in)

Age: 22

Weight: 70.9 kg (156 lbs)

**EQUIPMENT/SUPPLIES/SETTINGS****Patient**

- Street clothes with belly to simulate 32 weeks pregnant
- Bathroom is littered with papers and books, garbage is tipped over, and it looks there was a scuffle

**Monitor Settings**

- None

**QR CODES**

# TEACHING PLAN

## PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR code: “Scan to Begin”** while students are in Prebrief
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
  - Facilitator note: This scenario has been designed to flow without scanning additional QR codes for convenience in the classroom. For added flexibility, you may elect to use the QR codes provided above to design your own scenario flow.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials

## STATE 1

# RECEIVE DISPATCH

- Play “Dispatch” (on iPad): “ARISE EMS: You’re dispatched for a 22-year-old female patient. She is in a bathroom at ARISE University after an apparent domestic abuse incident. Assailant has apparently fled the scene. Caller stated she was pregnant, but didn’t know how far along and there may be evidence of vaginal bleeding.”
- View the “En Route to the scene” message
- Preview the National Registry of EMT Psychomotor Examination form for Medical Assessment
- Possible Facilitator Question
  - What are your plans based on the dispatch you received?

## STATE 2

# SURVEY THE SCENE & PRIMARY ASSESSMENT

- Play “Scene Survey” video
- View the plaque with the following questions:
  - Verbalize how you will perform a “Scene Size-up”
  - Verbalize appropriate body substance isolation precautions
- View the plaque reminding students “Your transport decision must be made within 15 minutes.”
- View the “Bystander” video
  - Verbalize how you would respond to the bystander
- View the “Patient” video
  - Verbalize how you would respond to the patient
- View the plaque entitled “Primary Survey and History Taking” with the following questions:
  - Verbalize how you perform a Primary Survey for this patient.
  - What is your transport decision?
  - Verbalize the questions you would ask to obtain a “History of Present Illness”.
  - Verbalize the questions you would ask to obtain “Past Medical History”.
- View the plaque entitled “Indicate Transport Decision” with text stating “Indicate your transport decision by tapping the Transport tab.”
  - Students should then tap Transport Tab and indicate their decision (see instructions under the Transport Tab below.)
- Students should tap the Menu icon on the top left corner of the screen, then tap on the Transport tab to indicate their transport decision
- Tabbed iPad Content

## EMERGENCY HOME SCREEN

This is the home screen. In the top left corner is the “menu” icon where the tabs described below can be accessed.

## MEDICAL ASSESSMENT FORM

The National Registry of Emergency Medical Technicians, EMT Psychomotor Exam: Patient Assessment/Management – Medical form is displayed here. (It is also attached in Appendix A so that it can be printed out for the student if desired.)

## PATIENT PROFILE

Demographic information about the patient is displayed under this tab.

## SCENE SURVEY

Tap here to replay the video of the scene.

## PATIENT

Tap here to replay the video of the patient.

## BYSTANDER

Tap here to replay the video of the bystander.

## TRANSPORT

Tap here to indicate transport decision. The following text appears:

- “Have you made your transport decision? Yes/No”
- If student selects “No”: a 15-minute timer appears with reminder “Your transport decision must be made within 15 minutes.”
- If student selects “Yes”: Another question appears: “Will you transport?”

- If student selects “Yes”: Student will see “Prepare to Transport”
- If student selects No: Student will see “Communicate your decision to dispatch”

Note: Students have 15 minutes to indicate a Transport decision or they are automatically exited from the scenario. Students will receive a 10-minute warning.

## LEVEL

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Level 2 is displayed. In order to progress to State 3, students must indicate their transport decision using the Transport tab.

## SCANNER

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Use this to scan optional QR Codes.

## EXIT

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If the objectives of the program have not been met, the iPad reads, “Are you sure you want to exit? All data will be lost.”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.



## STATE 3

**SECONDARY ASSESSMENT**

- View the plaque entitled “Secondary Assessment” with the following questions:
  - Verbalize how you would assess the affected body part(s)
- View the plaque entitled “Pulmonary Assessment: Anterior” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
  - An image a female chest appears with “hot spots” located over each anatomical location of the chest. When a “hot spot” is tapped, lung sounds can be heard (with best audio using ear buds or headphones).
- View the plaque entitled “Pulmonary Assessment: Posterior” with instructions to “Tap on anatomical location(s) to listen to lung sounds.”
- View the plaque entitled “Vital Signs”
  - Interpret Olivia’s vital signs:
    - Pulse 112, RR 28, BP 108/62, O2 Saturation 100%
- Verbalize field impression of patient
- Verbalize proper interventions/treatment based on the Protocol provided (student should tap Protocol tab as described below)
- After the Protocols are viewed, students will see a message that reads, “Scenario objectives have been met. You may exit at any time.”
- Students may exit the scenario by tapping on the Exit tab.
- Tabbed iPad Content

**VITAL SIGNS**

This form is open for entry and displays Olivia’s last vitals: Pulse 112, RR 28, BP 108/62, O2 Saturation 100%

**PROTOCOL**

The iPad reads, “Use these protocols to make decisions regarding patient interventions and treatment.”

Printable versions of an OB and Seizure protocols are available in Appendix B.

## EXIT

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Students may exit the scenario after viewing the Protocol and verbalizing their interventions.

At that point the iPad will read, “All objectives have been met. Would you like to exit the scenario?”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

**DEBRIEF**

Nothing needed from the iPad.

**QUESTIONS**

1. How did you feel this scenario went?
2. Review understanding of scenario learning objectives.
  - a. Was the scene safe? Explain.
  - b. What actions are required when an altercation is suspected?
  - c. What body isolation precautions were appropriate?
  - d. What is the nature of the patient's condition?
  - e. Did you require additional EMS assistance? Why or why not?
  - f. What did you discover during your Primary Survey?
  - g. What information did you gather while performing History Taking?
  - h. What was your transport decision? Why?
  - i. What information did you gather during your Secondary Assessment and vital signs interpretation?
  - j. What treatments did you initiate per protocol?
  - k. If you could "do over," would you do anything differently?
3. Summary/Take Away Points:
  - a. "Today you analyzed the scene and performed a Scene Size-up, Primary Survey, and Secondary Assessment for a 22-year-old pregnant female found in a public restroom of a local college after an apparent altercation. What is one thing you learned from participating in this scenario that you will take with you into your EMS practice?" (Each student must share something different from what the others' share.)

**NOTE:** Debriefing technique is based on INASCL Standards for Debriefing

## SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
  - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
  - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
  - a. [https://ircvtc.co1.qualtrics.com/SE/?SID=SV\\_6Mwfv98ShBfRnBX](https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX)

**APPENDIX A**



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points      Points Awarded

Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)		
Assesses circulation		
-Assesses/controls major bleeding (1 point)      -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness	8	
-Onset (1 point)      -Quality (1 point)      -Severity (1 point)		
-Provocation (1 point)      -Radiation (1 point)      -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point)		
-Medications (1 point)      -Last oral intake (1 point)		
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system	5	
-Cardiovascular      -Neurological      -Integumentary      -Reproductive		
-Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social		
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	<b>42</b>

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*

## APPENDIX B

## ARISE EMERGENCY MEDICAL PROTOCOLS

## OBSTETRICS &amp; OBSTETRICAL EMERGENCIES

EMR

EMT

AEMT

Intermediate

Paramedic

- Initial Medical Care
- If delivery is not imminent:
  - Transport patient in left lateral recumbent or semi-fowlers for ease of breathing
  - Monitor contractions including duration and time between contractions
- If any of the following are present, notify **Medical Control** immediately:
  - Heavy bleeding
  - Limb presentation
  - Multiple fetus'
  - Trauma to abdomen
  - Prolapsed cord
- Place patient in Trendelenburg or knee to chest position
- Advise patient not to “bear down” or push
- Insert two fingers into birth canal and hold the presenting part off the cord to relieve pressure on the cord
- DO NOT remove hand/fingers until receiving facility directs you to
- If delivery is imminent with a normal presentation (crowning noted):
  - Refer to **Neonatal Resuscitation** protocol following delivery
- Important documentation points:
  - Frequency and strength of contractions
  - Rupture of membranes
  - Meconium staining

- Fetal presentation
- Onset of labor
- Due date
- Gravida (# of pregnancies)
- Para (# of live births), any known anomalies
- APGAR score at 1 and 5 minutes.
- Prenatal provider (physician or midwife name) if possible

### **Routine Delivery**

A side view as the baby's head is born. The face is pointed posteriorly and to one side. Note the position of the hands for a right handed EMT. A left-handed EMT would have the hands reversed. The hands support and exert gentle pressure to prevent rapid delivery of baby.

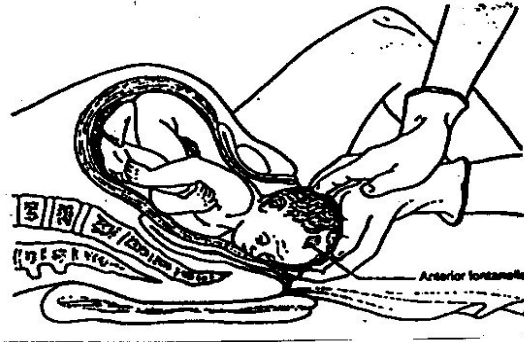


Figure 1

If the umbilical cord is wrapped tightly around the baby's neck, you must free, clamp, and cut it.

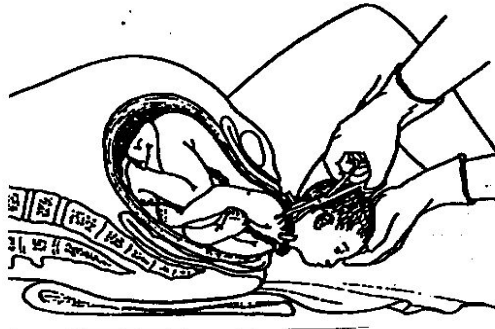


Figure 2

Once delivery of the head is complete, you should suction the baby's mouth and nostrils for the first time, using the bulb syringe.

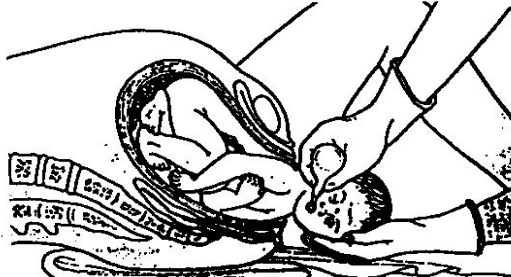


Figure 3

Support the baby's head with one hand, its trunk with your other hand. Remember that the baby is slippery, and you must hold it firmly but gently.

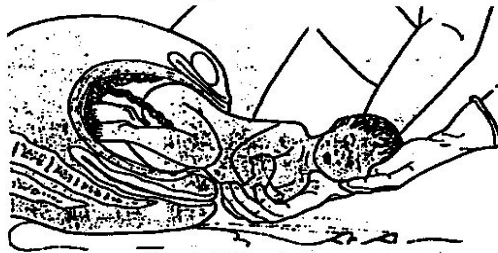


Figure 4



Figure 5

After delivery, place the baby at the level of the vagina, with its head lowered slightly. Clear the airway with the bulb syringe a second time.

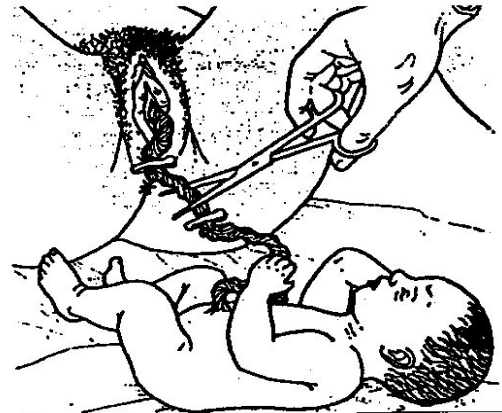


Figure 6

Clamp the umbilical cord with two sterile clamps, about 3 inches apart, placed halfway between the baby and the mother's vagina. Cut the cord between the 2 clamps. As an extra safeguard, tie the cord near the baby's navel with the special umbilical tape. Leave the clamps on the cord.

### Vaginal Bleeding Pre-Delivery

EMR

EMT



- Initial Medical Care
- Place on left lateral side, recumbent, for transport.
- Treat for shock.
- Monitor vital signs frequently.

AEMT

Intermediate

Paramedic

- Consider **Fluid Bolus** to maintain MAP > 65

### Vaginal Bleeding Post-Delivery

## Emergency Medical Responder

- Initial Medical Care
- Treat for shock.
- Monitor vital signs frequently.

## Emergency Medical Technician

- Massage the fundus vigorously. Place non-dominant hand at the base of the uterus prior to massaging the fundus. This will anchor the uterus in place and prevent uterine inversion.
- Place baby to breast and have mom encourage baby to breastfeed
- Loose bulky dressings (do not pack)

Advanced EMT

Intermediate

- Fluid Bolus to maintain MAP > 65

## Paramedic

**Oxytocin (Pitocin): 20 units**  
IM

(OR)

**Oxytocin (Pitocin) Infusion: 20 units in**  
**1000ml NS, run at 200 ml/hour**

### Pre – Eclampsia / Eclampsia

- Determine if patient is 20 WEEKS OR MORE pregnant or within four weeks post partum
- Clarify history of pre-eclampsia
- Patients with **SBP >180** or **DBP >100**
- Treat patients even if the seizure resolves

## EMR

## EMT

- Initial Medical Care
- Ensure patent airway.
- Provide a quiet non-stimulating environment.
- Place in left lateral recumbent position.
- Refer to SEIZURE protocol

## Advanced EMT

## Intermediate

- Refer to SEIZURE protocol

## Paramedic

- **Magnesium Sulfate:** 4g in 250 cc D<sub>5</sub>W, run over 20 minutes
- **Labetolol:** 20 mg slow IV

- May repeat **40 mg** every 10 minutes for persistent severe hypertension
- **Max:** 300 mg
- Refer to *SEIZURE* protocol

**Per MCPO:**

- **Repeat Magnesium Sulfate: 2 grams in 250 cc D<sub>5</sub>W, run over 20 minutes**

*Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.*

## ARISE EMERGENCY MEDICAL PROTOCOLS

## SEIZURES

## Emergency Medical Responder

- Initial Medical Care
- Place patient in left lateral recumbent position and protect from injury.
- Assess blood glucose level and follow **HYPOGLYCEMIA** protocol if necessary.
- Document the length and number of seizures and the type and dosage of seizure medications.
- If seizures persist call for a paramedic intercept

## Emergency Medical Technician

## Advanced EMT

- Consider fluid bolus.

## Intermediate

- **Midazolam (Versed): 5 mg** slow IV; **Intranasal / IM / IO** if unable to establish an IV
  - May repeat (x1) in 5 minutes if seizures continue

**Contact Medical Control for sustained seizures:**

## Paramedic

**\*\*\*Seizures suspected to be pre-eclamptic / eclamptic in origin\*\*\***

- Determine if patient is in 3<sup>rd</sup> trimester pregnancy or within one week post-partum
- Clarify history of pre-eclampsia and/or previous history of seizure

**Suspected Eclampsia**

(Treat even if seizure resolves)

- **Magnesium Sulfate:** 4 g in 250cc D<sub>5</sub>W, Run over 20 minutes
- If severe hypertension, follow OBSTETRICAL protocol

**Per MCPO:**

- **Repeat Magnesium Sulfate: 2 grams in 250 cc D<sub>5</sub>W, Run over 20 minutes**

*Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.*

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## CREDITS

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Chippewa Valley Regional Emergency Medical Services Protocols (2016).

Lung sounds from ThinkLabs at <http://www.thinklabs.com/lung-sounds>

Medication information from National Library of Medicine: Daily Med at <http://dailymed.nlm.nih.gov/dailymed/>

National Registry of Emergency Medical Technicians (2011). Emergency Medical Technician Psychomotor Examination: Patient Assessment/Management - Medical. Downloaded from <https://www.nremt.org/rwd/public/document/psychomotor-exam>

## REFERENCES

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Colwell, C. (2017). Initial Evaluation and management of shock in adult trauma. UpToDate. Downloaded from [https://www.uptodate.com/contents/initial-evaluation-and-management-of-shock-in-adult-trauma?source=search\\_result&search=prehospital%20pregnancy&selectedTitle=1~112#H6093484](https://www.uptodate.com/contents/initial-evaluation-and-management-of-shock-in-adult-trauma?source=search_result&search=prehospital%20pregnancy&selectedTitle=1~112#H6093484)

International Nursing Association for Clinical Simulation and Learning (2016). Standards of Practice: Simulation. Downloaded from <http://www.inacsl.org/i4a/pages/index.cfm?pageid=3407>

Sirbaugh, P. & Meckler, G. (2017). Prehospital pediatrics and emergency medical services. UpToDate. Downloaded from [https://www.uptodate.com/contents/prehospital-pediatrics-and-emergency-medical-services-ems?source=search\\_result&search=paramedics%20and%20obstetrics&selectedTitle=1~47](https://www.uptodate.com/contents/prehospital-pediatrics-and-emergency-medical-services-ems?source=search_result&search=paramedics%20and%20obstetrics&selectedTitle=1~47)

Sirbaugh, P. & Srinivasan, S. (2017). Pediatric considerations in prehospital care. UpToDate.

Downloaded from <https://www.uptodate.com/contents/pediatric-considerations-in-prehospital->

[care?source=search\\_result&search=prehospital%20pregnancy&selectedTitle=3~112](https://www.uptodate.com/contents/pediatric-considerations-in-prehospital-care?source=search_result&search=prehospital%20pregnancy&selectedTitle=3~112)



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