HEALTHCARE SIMULATION LAB

SCENARIO INFORMATION FORM (SIF)

ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) CHEST PAIN (CP)—

EMERGENCY MEDICAL SERVICES (EMS)

INSTRUCTOR REFERENCE GUIDE

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Before using this scenario, it is highly recommended that the educator consult with medical direction and/or a subject matter expert in their region. The procedures and protocols described in this scenario may not be appropriate for all healthcare systems and may require alteration to match procedures and protocols used in your area. Drug treatment recommendations and instructions were developed using information from New Mexico healthcare systems.

# SCENARIO NAME

AEMT Chest Pain

# instructional program

Emergency Medical Services

# Level

Advanced EMT

# DATE OF LAST REVISION

February 1, 2017

# scenario Summary

In this scenario, the students will be called for a 56-year-old male/female with CP at a nursing home or outside a building. The students will be tasked with treating the pt following the AEMT ACS Protocols. The patient will not go into cardiac arrest.

# LEARNING OBJECTIVES AND GOALS

At the successful completion of this simulated scenario, students will be able to:

* Demonstrate effective communication and team work.
* Apply effective patient assessment and conduct an effective cardiac assessment.
* Identify the S/Sx of ACS.
* Select appropriate treatments for ACS.
* Provide ACS treatments in a safe manner.

# KEY TO ABBREVIATIONS AND ACRONYMS USED IN this SCENARIO

* ACS: Acute Coronary Syndrome
* AEMT: Advanced Emergency Medical Technician
* AMI: Acute Myocardial Infarction
* BGL: Blood Glucose Level
* BP: Blood Pressure
* CP: Chest Pain
* H2O: Water
* HTN: Hypertension
* ILS: Intermediate Life Support
* LPM: Liters Per Minute
* IV: Intravenous
* MCEP: Medical Control Emergency Physician
* NRB: Non-Rebreather Mask
* NSR: Normal Sinus Rhythm
* O2: Oxygen
* PT (Pt, pt): Patient
* PVCs: Premature Ventricular Contractions
* RA: Room Air
* RR: Respiratory Rate
* S/Sx: Symptoms
* SPEDs: Sexual Performance-Enhancing Drugs (Example: Viagra)
* SPO2: Saturation Percentage of Oxygen

# student briefing instructions and information

You and your partners are working on an ILS ambulance in a rural setting. You will receive a dispatch via a radio and will need to respond to a simulated pt. You will stage at the mock ambulance/training ambulance and will need to return to the mock ambulance when you decide to transport the pt. SPO2 will be given to you via the iPod when you ask for it. BGL will be given verbally. If you need to contact MCEP, you can request one via the radio.

Dispatch:

Respond to (\_\_location\_\_\_) for a 56-year-old male/female with CP. No further information is available.

If asked: No scene safety concerns known to dispatch.

# Recommended manikin for this scenario

High-Fidelity Adult

Example: SIMMAN 3G™

# LOCATION OF SCENARIO

Nursing Home or Outside a Building

# equipment needed

* Radios
* iPod—SPO2/BGL

# supplies needed

* Rolled Gauze
* AEMT Gear will be brought over by learners

# MOULAGE NEEDS

* Pale face, rolled gauze dressing on a knee
* IV drain arm
* Spray manikin face with H2O for diaphoresis

Options:

1. Nursing Home.

Pt in gown with ID band.

Have 2 draw sheets or flat sheets under manikin to facilitate safe lifting of the manikin.

1. Outside (Non-Nursing Home location).

Pt in street clothes. No ID band.

# additional set up notes/supplies/equipment

* MCEP: You may be called for pain management orders.

# PATIENT INFORMATION

## AEMT Chest Pain

Patient Name: (To Be Provided)

Gender: Male/Female

Age: 56

Date of Birth: (Blank), (Year)

# Patient Medication

* Metoprolol
* Crestor

# Patient Allergies

* Iodine
* Sulfas

# Patient Past Medical History

* \*\*3 days post-knee replacement (dressing on knee) if in a nursing home
* \*\*OR 7 days post-knee replacement if outside
* HTN
* High Cholesterol

# detailed manikin operator notes

SPO2 in Initial State is 88% and will not increase unless learners place pt on a NRB at 10 LPM or higher flow of O2.

Move to State 2 in about 3 to 5 minutes after learners enter the room.

If learners give 2 Nitros and/ or Morphine (Faculty Observer decision), move to State 3 and report a decrease in CP (5/10) and nausea.

See grid for details.

# detailed manikin operator script information and guidelines

* Sudden onset pain 30 to 45 minutes ago
* In bed when the pain started
* Nothing makes the pain better or worse
* Pain is a heavy pressure
* Pain starts at sternum and travels to left jaw
* Pain is 7/10 (State 1)
* Pain increases to 9/10 in State 2
* Never had pain like this before/No prior AMI or CP
* No chest injuries
* Vomited once when pain started
* You have severe nausea
* Sweating started with CP
* You do not use SPEDs
* Last meal was 2 hours ago
* Smoke ½ pack per day

# detailed actor or confederate information and script

N/A

HIGH-FIDELITY SIMULATION; AEMT CHEST PAIN

The grid below has five headings: (1) State, (2) Patient Vital Signs and Conditions, (3) State Modifiers, (4) Transitions, and (5) Notes. It is linear in nature, indicating that students will move from one state (or row) to the next, based on the transitions presented and the actions taken.

*Definitions:* ***Modifiers*** *are conditions where a small number of vital signs are changed in a state without moving to another state. For example, placing oxygen on the patient causes the respiratory rate to drop by 4 breaths per minute.* ***Transitions*** *are the conditions where the scenario moves from one state to another. The scenario may skip states depending on learner performance. For example, the scenario may move to State 2 if learners perform a correct intervention or move to State 3 if they do not perform (or incorrectly perform) an intervention.*

| **STATE** | **PATIENT VITAL SIGNS AND CONDITIONS** | **STATE MODIFIERS** | **TRANSITIONS** | **NOTES** |
| --- | --- | --- | --- | --- |
| 1: Initial Presentation. | HR: 80 NSR with PVCs.  BP: 112/60.  RR: 16.  SPO2: 88% RA.  Lung Sounds: Clear.  Other: Diaphoresis: On. | SPO2 will only increase with NRB at 10+ or higher O2 flow.  Make SPO2 91%. | About 3 to 5 minutes after learners enter the room, proceed to State 2, Decline. | None for State 1. |
| 2: Decline. | HR: 70 NSR with PVCs.  BP: 104/54.  RR: 22.  SPO2: See State Modifiers.  Lung Sounds: Clear.  Other: Diaphoresis: On. | SPO2 stays at 91% if O2 is 10 or higher flow.  SPO2 drops to 82% if O2 is less than 10 LPM via NRB. | If learners give 2 Nitros and/or Morphine (faculty observer decision), proceed to State 3, Post-medication.  Faculty discretion to move to State 3 or end scenario. | None for State 2. |
| 3: Post-medication. | HR: 90 NSR with PVCs.  BP: 108/60.  RR: 18.  SPO2: See State Modifiers.  Lung Sounds: Clear.  Other: Diaphoresis: On. | SPO2 increases to 93% if O2 is 10 or higher flow.  SPO2 drops to 82% if O2 is less than 10 LPM via NRB. | End scenario at faculty discretion. | Report a decrease in CP (5/10) and nausea.  END TABLE. |

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