TeleMedical Simulation in the Field
December 16th, 2010

Location of Simulation Event: 4701 N. La Cholla, Tucson, AZ 85705
Location of Telemedicine Link: TBD

Participants:
Northwest Fire Department
Arizona Simulation Technology & Education Center (ASTEC)
Arizona Telemedicine Program
UA Biomedical Communications – TV/Video Production

General Itinerary:

December 14
9:00 AM – 3:00 PM: ASTEC Prep for Delivery to NWFD La Cholla Station
3:00 PM – 5:00 PM: NWFD arrives with mobile unit to load equipment and return to La Cholla Station

December 15
9:00 AM – 12:00 PM: Setup all medical simulation equipment at La Cholla Station
1:00 PM – 5:00 PM: Run practice session / Make adjustments until perfect
NWFD crew members on hand to run through scenario
UA BioComm TV/Video at site to configure all A/V capabilities

December 16
9:00 AM – 12:00 PM: Address any outstanding adjustments to event configuration
1:00 PM – 5:00 PM: Introduction to live event / Run live scenario / Debriefing

Key Personnel

**ASTEC**
Allan Hamilton, Exec. Dir.
David Biffar, Dir. Operations
John Jarred, Clinical Educator
Hannes Preschur, Research Asst.

**NWFD**
Sean Culliney, EMS Train. Coord.
Doug Emans, Division Chief

**AZ Telemedicine**
Ronald Weinstein, Exec. Dir.
Pete Yonsetto, Info. Tech. Support
Angel Holtrust, Admin. Assoc.

**UA BioComm – TV/Video**
Ricky Bergeron, Mgr. Med TV
Larry McAlister, Media Specialist
This is a tool to help the staff at the Arizona Simulation Technology & Simulation Center (ASTEC) support you in developing clinical simulation scenarios that meet your teaching needs. Please see the appendix for directions, suggestions or helpful hints.

**Your name and title:**
John Jarred, Clinical Educator

**Departmental/Institutional Affiliation**
UoA CoM, ASTEC

**Does this scenario exist on file at ASTEC?**
No

**Name of Scenario** (e.g. Confusion secondary to sepsis)
NWFD Mobile ASTEC Exercise

**Target Learning Group**
Prehospital & Hospital Acute/Critical Care

**Designated Instructor**
John Jarred, Scenario Facilitator

**Date of Simulation:**

**Start Time:**

**End Time:**

**Environment** (OR, Field, or procedure lab)
Field to Facility

**Method of Debriefing** (place an ‘X’ in the space provided: [ ] Stop & Go [X] Post Case [ ] Video

**Synopsis / Set-up Story/Environmental Conditions** (short introductory to set the case; pt. symptoms etc.)

2-car motor vehicle collision in NWFD; 10 p.m. in climate weather; 7 patients total; Vehicle 1: a 1-ton FORD truck with a single occupant under the influence who ran a red light N-bound @ 65 mph impacting w/Vehicle 2: a 4-door family vehicle, resulting in driver-side intrusion, ~ 2 feet, with 4 occupants (front passenger, restrained, in active labor, an unrestrained 6 y.o. ♂, rear driver-side passenger, a 13 month-old ♀ in a child safety seat, and the husband/father as the restrained driver). Vehicle 3: an elderly couple, occupants of an older model vehicle witnessed the incident; the wife was driving her husband to NWMC for complaints of chest pain.
Simulation Scenario Template/Worksheet

Specific Learning Objective(s) of this session e.g. will be able to 1) Take and maintain proper asepsis 2) Appropriately designates roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.:

Objective 1:
Exercise acceptable safety precautions for personnel, patients, & participants

Objective 2:
Establish and implement all elements of a successful ICS

Objective 3:
Utilize appropriate START triage

Objective 4:
Perform extrication, packaging, and transport of all patients to appropriate facilities

Other objectives:
Follow each patient through the chain of pre-hospital care, emergency department evaluation and management, to diagnostics, definitive care, admissions, and discharge.

Learning Performance Measures: Please list the actions you wish to see participants display according to the stated objectives (e.g. Event: patient loses pulses; Action: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event:</th>
<th>Critical Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1: Driver w/altered LOC &amp; tachycardia</td>
<td>Triage priority 1, supportive care</td>
</tr>
<tr>
<td>V2: Driver w/spleenic lac./pneumo</td>
<td>Triage priority 1, shock mgt.</td>
</tr>
<tr>
<td>V2: Fr. Pas. Part Abruption, crowning</td>
<td>Triage pr. 2, delivery, post partum bld</td>
</tr>
<tr>
<td>V2: Rear Pas. 6 yo CHI</td>
<td>Triage pr. 1, neuroprotective care</td>
</tr>
<tr>
<td>V2: Rear pas. 13 mo. minor abrasions only</td>
<td>Triage pr. 3, immobilization &amp; monitor</td>
</tr>
<tr>
<td>V2: Newborn in distress</td>
<td>Triage pr. 1, NRP for hypovolemia</td>
</tr>
<tr>
<td>V3: 72 yo ♂ c/o CP w/STEMI</td>
<td>Triage pr. 1, ACLS guidelines</td>
</tr>
</tbody>
</table>

Inter-professional Variables/Challenges (e.g. agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):
1. Busy intersection and dark
2. Upset wife of V3 demands her husband receive immediate medical attention, “he’s having a heart attack!”
3. Husband in V2 is trapped due to intrusion; requires extrication
4. Agitated wife of V2 insists “baby is coming but take care of my family first!”
5. 13 mo crying and non consolable; in proper child safety seat, no visible signs of injury
6. 6 yo unconscious/unresponsive; ICP S&S (Cushing’s); requires airway mgt. seizure if on scene too long; appears he removed safety belt prior to incident
7. Pt. from V1 is sleeping at wheel, no restraints, hematoma to right frontal, HR 120’s, stable Bp, displays moments of uncooperative behavior but will obey commands (intoxication vs/CHI)
8. Neonatal delivery of centrally cyanotic pt., apneic; umbilical HR 54
9. Mom restrained but has lost > 1 L of blood post partum
10. 72 yo ♂ codes within 10 min. of scene time.

Patient outcome regardless of actions taken or omitted
1. Pt. V1: ETOH intoxicated, soft tissue (frontal lobe hematoma), fluids & discharge upon sobering up
2. V2: 36 yo ♂ spleen lac; shock; outcome dependant on proper treatment & definitive care
3. V2: 35 yo ♀ post partum hemorrhage; proper fluid resuscitation & definitive care
4. V2: 6 yo ♂ w/epidural hematoma; dependant on proper treatment & definitive care
5. V2: 13 mo discharge from ER
6. V2: Newborn dependant on proper NRP management
7. V3: 72 yo ♂ w/STEMI; dependant on proper ACLS management

Equipment / Supplies (Training adjuncts you will want available for simulation):
[ ] Rescue engines, ground/air transport, law enforcement
[ ] EMS Trauma supplies, triage kit, neonatal kit, & ALS jump bags, & monitors for 7 pts.
[ ] Artificial tissues/blood as appropriate for each patient
[ ] Ultrasound, Xray, CT, etc. (depends on how far we take this exercise)
[ ] 1 technician for each mannequin

Other:
Simulation Scenario Template/Worksheet

This is a tool to help the staff at the Arizona Simulation Technology & Simulation Center (ASTEC) support you in developing clinical simulation scenarios that meet your teaching needs. Please see the appendix for directions, suggestions or helpful hints.

Your name and title: John Jarred, Clinical Educator

Departmental/Institutional Affiliation UoA CoM, ASTEC

Does this scenario exist on file at ASTEC? No

Name of Scenario (e.g. Confusion secondary to sepsis) NWFD Mobile ASTEC Exercise

Target Learning Group Prehospital & Hospital Acute/Critical Care

Designated Instructor TBA

Date of Simulation: [ ] Start Time: [ ] End Time: [ ] Environment (OR, Field, or procedure lab) Field to Facility

Method of Debriefing (place an ‘X’ in the space provided: [ ] Stop & Go [X] Post Case [ ] Video

Synopsis / Set-up Story/Environmental Conditions (short introductory to set the case; pt. symptoms etc.)

2-car motor vehicle collision; this is pt. 1 of 7; 34 y.o. unrestrained driver who ran a red light and T-boned the driver-side of a 4-door family car (Veh. #2); He is found asleep at the wheel, smells as if he has consumed a significant amount of alcoholic beverages; The patient will display bouts of uncooperative behaviors but falls asleep easily when not stimulated.

Specific Learning Objective(s) of this session (e.g. will be able to 1) Takes and maintain proper asepsis 2) Appropriately designates roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.):

Objective 1: Assumes all safety precautions for personnel, patients, & participants throughout

Objective 2: Appropriate START Triage

Objective 3: Manages uncooperative pt. and takes proper full spinal precautions

Objective 4: Identifies intoxication vs. CHI

Other objectives:

Revision 6/12/13
**Learning Performance Measures:** Please list the actions you wish to see participants display according to the stated objectives (e.g. Event: patient loses pulses; Action: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event:</th>
<th>Critical Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pt. wants to be left alone</td>
<td>Give clear direction &amp; he will obey commands</td>
</tr>
<tr>
<td>2. Desats due to sonorous resps.</td>
<td>Gags if OPA attempted; no NPA</td>
</tr>
<tr>
<td>3. Desats due to sonorous resps.</td>
<td>Applies NRB O2; improves pO2</td>
</tr>
<tr>
<td>4. Sustainable tachycardia</td>
<td>IV fluids vs. CHI precautions</td>
</tr>
<tr>
<td>5. Pt. harder to arouse enroute</td>
<td>No change in V.S.; monitor only</td>
</tr>
</tbody>
</table>

**Inter-professional Variables/Challenges** (e.g. Agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):

Pt. upon stimulation just “wants to be left alone!” “Let me sleep!” Pt. will obey direct commands and cooperate. Keeps falling asleep during immobilization and transport. Will wake up on occasion wanting “up.” He will relax and cooperate.

**Patient History:** *(Focused SAMPLE & OPQRST history):*
Pt. not very cooperative on history due to state of intoxication.

**Handoff Report & Orders**: (If you wish to attach and label data, please include files for EKG, x-ray, echo, lab values, medical record from transfer facility, etc):

Labs (Attach word document or list):

- Insert file or link
- Or list: Head CT of STI only; unremarkable

Radiographic Studies (jpg):

- Insert file or link
- Or describe: ER: labs; BAL 400’s

Others:

- Insert file or link
- Or describe:

**Patient’s initial presentation** (Vitals & physical presentation at start of scenario; for ASTEC only):

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/O x 2 denies LOC</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>13</td>
</tr>
</tbody>
</table>

Takes painful stimulus to wake pt.

Airway | Membranes | Ventilation (effort) | RR | SpO2 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Moist &amp; Pink</td>
<td>Full &amp; unlabored</td>
<td>20</td>
<td>93% room air</td>
</tr>
</tbody>
</table>

Lung sounds (Right Upper) Right lower Left upper Left lower

- Clear & equal throughout

ETCO2 | HR | Strength | Quality | EKG: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>128</td>
<td></td>
<td>strong</td>
<td>Regular</td>
<td>Sinus tachycardia</td>
</tr>
</tbody>
</table>

Heart Sounds | BP | Skin Color | Condition |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>106/72</td>
<td>Good</td>
<td>Non-diaphoretic</td>
</tr>
</tbody>
</table>

Skin Temperature | Core Temp | Cap. Refill | FSBS | Right Pupil | Left Pupil |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm</td>
<td>36.8</td>
<td>2</td>
<td>154</td>
<td>5 &amp; reactive</td>
<td>5 &amp; reactive</td>
</tr>
</tbody>
</table>
Thorax

**Clear and unremarkable**

Abdomen/GI/GU

**Soft, non-rigid, non-tender; pt. laughs and asks “what are you doing?”**

Other Conditions:

**Intact neurosensory/motor**

**Patient Progress** (Tell us how you would like the course of the patient to proceed; indicate landmark developments during the scenario and what ultimate end point is to be reached; e.g. hemodynamically unstable septic patient refractory to fluid resuscitation should receive vasopressor therapy, i.e. dopamine)

**Patient Progress with correct actions:**

Maintain sinus tachycardia throughout the case. Therapeutic communications should gain pt. cooperation. O2 by NRB should improve oxygen saturation alone. Otherwise, Bp and breathing should remain unremarkable and unchanged.

**Patient Progress with incorrect actions:**

Maintain sinus tachycardia throughout the case. Pt. should gag and vomit if the provider forces an OPA. NPA application will be tolerated after some resistance if attempted, but should be contraindicated in this case due to potential CHI. pO2 should fluctuate between the high 80’s to low 90’s if improper O2 therapy is applied (ex. Nasal cannula)

Patient outcome regardless of actions taken or omitted

Maintain sinus tachycardia throughout the case. Providers must differentiate substance use vs. internal bleeding while dealing with a potential CHI. Pt. should receive supportive care, head and neck CT, and sober up in the ER.

**Equipment / Supplies** (Training adjuncts you will want available for simulation):

Pre-hospital
Standard EMS Airway Bag & Supplies
Standard EMS oxygen delivery systems and devices
Standard EMS IV supplies
Standard EMS trauma supplies & immobilization equipment
Pre-hospital birthing kit
ER:
RSI on standby
Airway & IV supplies not addressed by EMS
Labs
Ultrasound
Standard Monitoring systems

Artificial tissues: Hematoma for left frontal lobe hematoma

Other:

Please describe (what and where) any physical conditions that you would like built in to the mannequin (e.g. bullet wound, tibia compound fracture, burns, etc.):

<table>
<thead>
<tr>
<th>What</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hematoma</td>
<td>Left frontal lobe</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Are there materials you wish participants to have reviewed prior to session (e.g. review post video re: endotracheal intubation posted on ASTEC website):

1. Insert file or link here:

Is there anything else we should know about the scenario or your learning objectives?

Debriefing Points:

Revision 6/12/13
ICS:  Well established with proper communications?
   Effective primary and secondary triage?
   Proper pt. care assignment & transportation?
Pt. Care:  Able to direct pt.’s focus on own health and well-being?
   Differentiates management of CHI vs. Shock vs. substance misuse?
   Risks of spinal immobilization in presence of uncooperative pt. ?
   Therapeutic intubation until CHI ruled out definitively?
   Transports to appropriate facility?
   ER: rapid trauma assessment and CT to r/o CHI & causes of persistent tachycardia?
      Maintain C-spine until pt. is sober before clearing?

ASTEC Operator Notes:

   Intermittent bouts of uncooperative behavior during case.
Simulation Scenario Template/Worksheet

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<tbody>
<tr>
<td>John Jarred, Clinical Educator</td>
<td>UoA CoM, ASTEC</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Does this scenario exist on file at ASTEC?</th>
<th>Name of Scenario (e.g. Confusion secondary to sepsis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>NWFD Mobile ASTEC Exercise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Learning Group</th>
<th>Designated Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prehospital &amp; Hospital Acute/Critical Care</td>
<td>TBA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Simulation:</th>
<th>Start Time:</th>
<th>End Time:</th>
<th>Environment (OR, Field, or procedure lab)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Field to Facility</td>
</tr>
</tbody>
</table>

**Method of Debriefing** (place an ‘X’ in the space provided: [ ] Stop & Go [X] Post Case [ ] Video)

**Synopsis / Set-up Story/Environmental Conditions** (short introductory to set the case; pt. symptoms etc.)

2-car motor vehicle collision; this is pt. 2of 7; 38 y.o. ♂ restrained driver of a 4-door family car (Veh. #2) who was T-boned on the driver-side with significant intrusion; He is found entrapped, unconscious & unresponsive in a state of decompensated shock.

**Specific Learning Objective(s) of this session** (e.g. will be able to 1) Takes and maintain proper asepsis 2) Appropriately designates roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.):

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>Assumes all safety precautions for personnel, patients, &amp; participants throughout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2:</td>
<td>Appropriate START Triage</td>
</tr>
<tr>
<td>Objective 3:</td>
<td>Safe extrication while taking proper full spinal precautions &amp; initiating life support</td>
</tr>
<tr>
<td>Objective 4:</td>
<td>Identifies unstable shock patient</td>
</tr>
</tbody>
</table>
Other objectives:

**Learning Performance Measures**: Please list the actions you wish to see participants display according to the stated objectives (e.g. Event: patient loses pulses; Action: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event:</th>
<th>Critical Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt. entrapped, unconscious/unresponsive</td>
<td>Assume C-spine &amp; prep for safe extrication</td>
</tr>
<tr>
<td>S&amp;S of shock</td>
<td>Triage as immediate/red</td>
</tr>
<tr>
<td>Pt. in resp. distress</td>
<td>Accepts OPA/O2 by NRB/IV</td>
</tr>
<tr>
<td>Becomes apneic w/absent L LS</td>
<td>BVMR &amp; L needle thoracentesis</td>
</tr>
<tr>
<td>Persistent shock</td>
<td>IV fluids/Packaging/rapid tx</td>
</tr>
</tbody>
</table>

**Inter-professional Variables/Challenges** (e.g. Agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):

The patient’s wife, pt. #3 in active labor, is holding her right hand over this patient’s forehead (active bleed from full thickness L temporal region laceration) while trying to check on the status of her two children in back; she is breathing like she is having active contractions.

**Patient History**: *(Focused SAMPLE & OPQRST history)*:

Wife will state that he has no significant medical history, conditions, drugs, or allergies if asked.

**Handoff Report & Orders**: (If you wish to attach and label data, please include files for EKG, x-ray, echo, lab values, medical record from transfer facility, etc):

Labs (Attach word document or list):

<table>
<thead>
<tr>
<th>Insert file or link</th>
<th>ER: PCXR for proper ET &amp; chest tube placement</th>
</tr>
</thead>
</table>

Radiographic Studies (jpg):

| Or list: |  

**Simulation Scenario Template/Worksheet**

**Insert file or link** Or describe: CT of spleenic rupture

Others:

**Insert file or link** Or describe: Positive US of free fluid/spleenic

**Patient’s initial presentation** (Vitals & physical presentation at start of scenario; for ASTEC only):

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/unresponsive</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Withdraws to pain.

<table>
<thead>
<tr>
<th>Airway</th>
<th>Membranes</th>
<th>Ventilation (effort)</th>
<th>RR</th>
<th>SpO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Moist &amp; pale</td>
<td>Rapid &amp; shallow</td>
<td>28</td>
<td>90% room air</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung sounds (Right Upper) Right lower</th>
<th>Left upper</th>
<th>Left lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diminished</td>
<td>Left upper and middle upon initial exam</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETCO₂</th>
<th>HR</th>
<th>Strength</th>
<th>Quality</th>
<th>EKG:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>132</td>
<td>weak</td>
<td>Regular</td>
<td>Sinus tachycardia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Sounds</th>
<th>BP</th>
<th>Skin Color</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>92/64</td>
<td>Pale</td>
<td>Diaphoretic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Temperature</th>
<th>Core Temp.</th>
<th>Cap. Refill</th>
<th>FSBS</th>
<th>Right Pupil</th>
<th>Left Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cool</td>
<td>35.1</td>
<td>3</td>
<td>128</td>
<td>5 &amp; reactive</td>
<td>5 &amp; reactive</td>
</tr>
</tbody>
</table>

**HEENT/Neck**

- Left temporal reg. full thickness lac; remainder of survey is clear and unremarkable

**Thorax**

- Subcutaneous air L ant./lat. w/crepitous ribs 6 to 9; not flailed

**Abdomen/GI/GU**

- Soft, non-rigid; withdraws to pain upon palp.; remainder of survey clear & unremarkable

**Other Conditions:**

- L full thickness knee lac., L ankle dislocation

**Patient Progress** (Tell us how you would like the course of the patient to proceed; indicate landmark developments during the scenario and what ultimate end point is to be reached; e.g. hemodynamically unstable septic patient refractory to fluid resuscitation should receive vasopressor therapy, i.e. dopamine)

*Patient Progress with correct actions:*
Symptomatic of shock with progressive tachypnea and diminishing L lung sounds. pO2 remains in low 90’s despite OPA placement and NRB O2 tx.

pO2 will improve with L needle thoracentesis; IV fluids will maintain Bp in low 90’s or high 80’s

**Patient Progress with incorrect actions:**

Patient will become apneic and PEA arrest without needle thoracentesis.

**Patient outcome regardless of actions taken or omitted**

Proper ACLS should resuscitate pt. if arrest occurs; regardless, pt. should remain symptomatic of shock throughout the case. Providers must consider intubation & multisystems trauma. Pt. should receive supportive care, ER chest tube, positive ER ultrasonography with splenosis & hemoperitoneum; Pan-scan CT and OR spleenectomy; ICU admit.

**Equipment / Supplies** (Training adjuncts you will want available for simulation):

Pre-hospital
Standard EMS Airway Bag & Supplies
Standard EMS oxygen delivery systems and devices
Standard EMS IV supplies
Standard EMS trauma supplies & immobilization equipment

ER:
RSI on standby
Airway & IV supplies not addressed by EMS
Labs
Ultrasound
Standard Monitoring systems

Artificial tissues: Full thickness lacerations to L temporal region & L knee

Other:
Please describe (what and where) any physical conditions that you would like built in to the mannequin (e.g. bullet wound, tibia compound fracture, burns, etc.):

<table>
<thead>
<tr>
<th>What</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full thickness laceration; bleeding</td>
<td>Left temporal region</td>
</tr>
<tr>
<td>2. Full thickness laceration w/steady venous flow</td>
<td>Left knee</td>
</tr>
<tr>
<td>3. Crepitus w/SQ air</td>
<td>L anterolateral chest; ribs 6-9</td>
</tr>
</tbody>
</table>

Are there materials you wish participants to have reviewed prior to session (e.g. review post video re: endotracheal intubation posted on ASTEC website):

1. Insert file or link here:

Is there anything else we should know about the scenario or your learning objectives?

Debriefing Points:

ICS: Well established with proper communications?
Effective primary and secondary triage?
Proper pt. care assignment & transportation?
Pt. Care: Able to assume c-spine & manage airway during extrication prep?
Properly prepares & protects pt. during extrication?
Extrication performed rapidly?
Identifies cases of shock & respiratory distress?
Maintains proper spinal immobilization during extrication, packaging, & transport?
Permissive hypotension vs. fluid resuscitation (LR vs. NS), which is best?
RSI & intubation vs. BVM & basic adjuncts?
Transports to appropriate facility?
ER: rapid trauma assessment, type & cross, US, CT and to OR in timely manner?
Emergency release blood administered?
Cardiac arrest potential or management?
ICU: proper admit orders?
Must monitor closely to identify proper management of progressive pneumothorax and splenic injury. Cardiac arrest should occur if pneumothorax is missed. Long scene and transport times should result in evolution of another pneumothorax requiring second needle thoracentis.
Simulation Scenario Template/Worksheet

This is a tool to help the staff at the Arizona Simulation Technology & Simulation Center (ASTEC) support you in developing clinical simulation scenarios that meet your teaching needs. Please see the appendix for directions, suggestions or helpful hints.

<table>
<thead>
<tr>
<th>Your name and title:</th>
<th>Departmental/Institutional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jarred, Clinical Educator</td>
<td>UoA CoM, ASTEC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this scenario exist on file at ASTEC?</th>
<th>Name of Scenario (e.g. Confusion secondary to sepsis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>NWFD Mobile ASTEC Exercise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Learning Group</th>
<th>Designated Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prehospital &amp; Hospital Acute/Critical Care</td>
<td>John Jarred: Noelle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Simulation:</th>
<th>Start Time:</th>
<th>End Time:</th>
<th>Environment (OR, Field, or procedure lab)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Method of Debriefing</th>
<th>(place an ‘X’ in the space provided: [ ] Stop &amp; Go [X] Post Case [ ] Video)</th>
</tr>
</thead>
</table>

Synopsis / Set-up Story/Environmental Conditions (short introductory to set the case; pt. symptoms etc.)

2-car motor vehicle collision; this is pt. 3 of 7; Noelle is a 38 y.o. ♀, restrained passenger of driver-side impact (Veh. #2) who denies LOC, is alert, anxious and concerned about her husband (holding her right hand over her unconscious husbands full thickness head lac of L temporal region) & 2 children (passengers); she complains of abdominal pain (“The baby is coming! The baby is coming!”). She is “full term,” gravid 4, para 2, states she passed her mucous plug; her water broke an hour ago, and is experiencing constant tearing sensation across her abdomen and warm fluid dripping down both legs.

Specific Learning Objective(s) of this session (e.g. will be able to 1) Takes and maintain proper asepsis 2) Appropriately designate roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.):

Objective 1: Assumes all safety precautions for personnel, patients, & participants throughout

Objective 2: Appropriate START Triage; pt. meets priority 2 criteria

Objective 3: Preventive shock therapy (O2, 2 large bore IV’s, & Fluids)

Objective 4: Identify precipitous delivery of baby in distress
Other objectives:

Re-direct a panicked wife and mother on her state of health and well-being and that of her impending delivery.

**Learning Performance Measures**: Please list the actions you wish to see participants display according to the stated objectives (e.g. *Event*: patient loses pulses; *Action*: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event</th>
<th>Critical Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mom panicked about family</td>
<td>Direct focus on her health</td>
</tr>
<tr>
<td>2. Blood trickling down legs</td>
<td>Assess for crowning</td>
</tr>
<tr>
<td>3. Constant abd. Pain &amp; guarding</td>
<td>Assess for rigidity/contractions</td>
</tr>
<tr>
<td>4. Imminent delivery</td>
<td>Catch baby before hits car floor</td>
</tr>
<tr>
<td>5. Post partum bleeding</td>
<td>Steps of hemorrhage Control</td>
</tr>
<tr>
<td>6. S&amp;S Compensated shock</td>
<td>Fluids and rapid transport</td>
</tr>
</tbody>
</table>

**Inter-professional Variables/Challenges** (e.g. Agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):

Mom is agitated and concerned that rescuers pay more attention to her unconscious husband, unconscious child (“Timmy… he won’t answer me!”), and crying baby in child safety seat (“Don’t worry, mommy will come get you!”); “I won’t let this baby come yet!” Mom tries to self-extricate. She will disclose medical histories to other passengers if asked.

If exercise follows into the ICU, the challenge for medical students/residents and staff will involve informing her of her husband’s condition & the non-survivable injury of her 8 y.o. w/epidural insult.
Simulation Scenario Template/Worksheet

Patient History: *(Focused SAMPLE & OPQRST history)*:

Gravida 4, para 2 (miscarriage of first pregnancy during the first trimester) now full-term and monitored pregnancy; takes prenatal vitamins w/no expected complications; water broke an hour ago. Previous deliveries natural (denies C-sections); Contractions for the last half hour around 2 minutes apart lasting around “20 seconds to a minute long, I think but now I have constant, abdominal tearing sensation; no drugs, allergies, or other pertinent hx;

<table>
<thead>
<tr>
<th>Handoff Report &amp; Orders: <em>(If you wish to attach and label data, please include files for EKG, x-ray, echo, lab values, medical record from transfer facility, etc):</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs (Attach word document or list):</td>
</tr>
<tr>
<td>Insert file or link</td>
</tr>
<tr>
<td>Radiographic Studies (jpg):</td>
</tr>
<tr>
<td>Insert file or link</td>
</tr>
<tr>
<td>Others:</td>
</tr>
<tr>
<td>Insert file or link</td>
</tr>
</tbody>
</table>

**Patient’s initial presentation** *(Vitals & physical presentation at start of scenario; for ASTEC only):*

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/O x 4, denies LOC</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Airway</th>
<th>Membranes</th>
<th>Ventilation (effort)</th>
<th>RR</th>
<th>SpO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Pale &amp; moist</td>
<td>Rapid &amp; shallow</td>
<td>22-32</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung sounds (Right Upper)</th>
<th>Right lower</th>
<th>Left upper</th>
<th>Left lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear &amp; equal throughtout</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETCO2</th>
<th>HR</th>
<th>Strength</th>
<th>Quality</th>
<th>EKG:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>120</td>
<td>weak</td>
<td>Regular</td>
<td>Sinus tachycardia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Sounds</th>
<th>BP</th>
<th>Skin Color</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>94/40</td>
<td>Pale</td>
<td>Non-diaphoretic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Temperature</th>
<th>Core Temp.</th>
<th>Cap. Refill</th>
<th>FSBS</th>
<th>Right Pupil</th>
<th>Left Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cool</td>
<td>36.2</td>
<td>3</td>
<td>120</td>
<td>4 &amp; reactive</td>
<td>4 &amp; reactive</td>
</tr>
</tbody>
</table>

**HEENT/Neck**

Cranial-facial clear and unremarkable; right lateral cervical redness; denies point tenderness & neck pain
**Simulation Scenario Template/Worksheet**

**Thorax**

| Seat-belt sign from right neck and shoulder diagonally to left lower thorax |

**Abdomen/GI/GU**

| Firm, rigid abdomen; fundal height is several centimeters below the xiphoid; dropped |

**Other Conditions:**

| Vaginal crowning with bright red bleeding; neurologically intact |

**Patient Progression** (Tell us how you would like the course of the patient to proceed; indicate landmark developments during the scenario and what ultimate end point is to be reached; e.g. hemodynamically unstable septic patient refractory to fluid resuscitation should receive vasopressor therapy, i.e. dopamine)

**Patient Progress with correct actions:**

Maintain first stage shock signs and symptoms with high-flow O2 and 2 liters of crystalloid therapy. Bp should remain in low 90’s systolically, HR between 100-120’s, RR high 20’s, pO2 in the low to mid 90’s on high-flow O2; vaginal hemorrhage minimal after uterine massage & peripad placement; placental delivery will only occur in hospital

**Patient Progress with incorrect actions:**

Pt. should progress to decompensated shock S&S; Bp80’s systolic, HR 120-140’s, RR high 20’s-30’s, pO2 high 80’s to low 90’s; Pt. should become less interactive with crew

**Patient outcome regardless of actions taken or omitted**

Pt. should reach ER alive with spinal precautions based on local protocols and guidelines; incomplete or non-intact placental delivery in the ER; should dispo. To OR after ER assessment and interventions.

**Equipment / Supplies** (Training adjuncts you will want available for simulation):

- Pre-hospital
- Standard EMS Airway Bag & Supplies
- Standard EMS oxygen delivery systems and devices
- Standard EMS IV supplies
- Standard EMS trauma supplies & immobilization equipment
- Pre-hospital birthing kit

**ER:**

Revision 6/12/13
Simulation Scenario Template/Worksheet

Airway & IV supplies not addressed by EMS
Labs
Ultrasound
Standard Monitoring systems

OR: Based on their willingness to participate in the exercise

Artificial tissues: Fake blood

Other:

Please describe (what and where) any physical conditions that you would like built in to the mannequin (e.g. bullet wound, tibia compound fracture, burns, etc.):

<table>
<thead>
<tr>
<th>What</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright red blood</td>
<td>Down both legs</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there materials you wish participants to have reviewed prior to session (e.g. review post video re: endotracheal intubation posted on ASTEC website):

1. Insert file or link here:

Is there anything else we should know about the scenario or your learning objectives?

Debriefing Points:

Revision 6/12/13
Simulation Scenario Template/Worksheet

ICS: Well established with proper communications?
  Effective primary and secondary triage?
  Proper pt. care assignment & transportation?
Pt. Care: Able to direct pt.’s focus on own health and well-being?
  Identifies S&S of compensated shock and implements appropriate therapy?
  Identifies & manages imminent delivery?
  Maintains constant appropriate communication with mom regarding her
  own health & that of her family?
  Traditional spinal immobilization vs. progressive clearance in the presence of significant
  mechanism and other complications/distracters?
  Transports to appropriate facility?
  ER: rapid assessment and dispo to OR in a timely manner?
  OR: D&C?

ASTEC Operator Notes:

  Managing Noelle’s vitals and sim. while manipulating warp factor delivery of
  neonate.
This is a tool to help the staff at the Arizona Simulation Technology & Simulation Center (ASTEC) support you in developing clinical simulation scenarios that meet your teaching needs. Please see the appendix for directions, suggestions or helpful hints.

**Your name and title:**  
John Jarred, Clinical Educator

**Departmental/Institutional Affiliation**  
UoA CoM, ASTEC

**Does this scenario exist on file at ASTEC?**  
No

**Name of Scenario**  
(e.g. Confusion secondary to sepsis)

**Target Learning Group**  
Prehospital & Hospital Acute/Critical Care

**Designated Instructor**  
TBA

**Date of Simulation:**  
Start Time:  
End Time:  

**Environment**  
(OR, Field, or procedure lab)

Field to Facility

**Method of Debriefing**  
(place an ‘X’ in the space provided: [ ] Stop & Go [X] Post Case [ ] Video)

**Synopsis / Set-up Story/Environmental Conditions**  
(short introductory to set the case; pt. symptoms etc.)

| 2-car motor vehicle collision; this is pt. 4 of 7; 8 y.o. ♂ unrestrained rear driver-side passenger of a 4-door family car (Veh. #2) which was T-boned on the driver-side with significant intrusion; Pt. is found unconscious/unresponsive lying on the floor of back passenger compartment; agonal respiratory effort with a slow central pulse. |

**Specific Learning Objective(s) of this session**  
(e.g. will be able to 1) Takes and maintain proper asepsis 2) Appropriately designates roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.):

Objective 1:  
Assumes all safety precautions for personnel, patients, & participants throughout

Objective 2:  
Appropriate START Triage

Objective 3:  
Safe extrication while taking proper full spinal precautions & initiating life support

Objective 4:  
Identifies life-threatening CHI
Other objectives:

**Learning Performance Measures**: Please list the actions you wish to see participants display according to the stated objectives (e.g. Event: patient loses pulses; Action: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event</th>
<th>Critical Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt. unconscious/unresponsive</td>
<td>C-spine &amp; prep for safe, rapid extrication</td>
</tr>
<tr>
<td>Decordicate posture upon stim.</td>
<td>Triage as immediate/red</td>
</tr>
<tr>
<td>Pt. w/ resp. insufficiency</td>
<td>Accepts OPA/BVMR O2</td>
</tr>
<tr>
<td>Cushing’s triad</td>
<td>Appropriate airway &amp; BVMR</td>
</tr>
<tr>
<td>ED/Perioperative/ICU</td>
<td>Proper ventilation, IV fluids, mannitol, early trephination, &amp; prophylaxis phenytoin</td>
</tr>
</tbody>
</table>

**Inter-professional Variables/Challenges** (e.g. Agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):

The patient’s mother, pt. #3 in active labor, constantly requests an updated status of her son’s condition during patient packaging and extrication; she wants to see him before he becomes transported.

**Patient History** *(Focused SAMPLE & OPQRST history)*:

Mom will disclose (if asked) an asthma history in which he takes a bronchodilator prn; no other hx, drugs, or allergies. Last breathing treatment was “a couple of weeks ago.”

**Handoff Report & Orders**: (If you wish to attach and label data, please include files for EKG, x-ray, echo, lab values, medical record from transfer facility, etc):

Labs (Attach word document or list):

Insert file or link Or list: ER: PCXR for proper ET tube placement
Radiographic Studies (jpg):
Insert file or link
Or describe:
CT R epidural & significant shift
Others:
Insert file or link
Or describe:

Patient’s initial presentation (Vitals & physical presentation at start of scenario; for ASTEC only):

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/unresponsive</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Decordicate posturing upon stimulation.

<table>
<thead>
<tr>
<th>Airway</th>
<th>Membranes</th>
<th>Ventilation (effort)</th>
<th>RR</th>
<th>SpO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Moist &amp; pale</td>
<td>Chyene stokes</td>
<td>4/min.</td>
<td>86% room air</td>
</tr>
</tbody>
</table>

Lung sounds (Right Upper) Right lower Left upper Left lower
Clear in all fields

<table>
<thead>
<tr>
<th>ETCO2</th>
<th>HR</th>
<th>Strength</th>
<th>Quality</th>
<th>EKG:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80’s</td>
<td>weak</td>
<td>irregular</td>
<td>Sinus arrhythmia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Sounds</th>
<th>BP</th>
<th>Skin Color</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>130/54</td>
<td>Pale</td>
<td>Non-diaphoretic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Temperature</th>
<th>Core Temp</th>
<th>Cap. Refill</th>
<th>FSBS</th>
<th>Right Pupil</th>
<th>Left Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cool</td>
<td>35.0</td>
<td>3</td>
<td>116</td>
<td>5/slowly reactive</td>
<td>3 &amp; reactive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEENT/Neck</th>
<th>Thorax</th>
<th>Abdomen/GI/GU</th>
<th>Other Conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unremarkable</td>
<td>Uremarkable</td>
<td>Decordicate posturing with painful stimulation</td>
</tr>
</tbody>
</table>

Patient Progression (Tell us how you would like the course of the patient to proceed; indicate landmark developments during the scenario and what ultimate end point is to be reached; e.g. hemodynamically unstable septic patient refractory to fluid resuscitation should receive vasopressor therapy, i.e. dopamine)

Patient Progress with correct actions:
Pt. responds favorably to assisted ventilations on high-flow O2.

**Patient Progress with incorrect actions:**

Patient will become apneic and PEA bradycardia arrest if he only receives O2 by mask or cannula.

**Patient outcome regardless of actions taken or omitted**

Proper ACLS should resuscitate pt. if arrest occurs; regardless, pt. should display S&S of brainstem herniation. Providers must consider intubation and appropriate RSI w/o increasing ICP; prophylaxis antiemetic therapy; Pan-scan CT, proper fluids and mannitol considerations, and ER vs. OR trephination; ICU admit w/phenytoin prophylaxis considerations.

**Equipment / Supplies** *(Training adjuncts you will want available for simulation):*

Pre-hospital
- Standard EMS Airway Bag & Supplies
- Standard EMS oxygen delivery systems and devices
- Standard EMS IV supplies
- Standard EMS trauma supplies & immobilization equipment

ER:
- RSI on standby
- Airway & IV supplies not addressed by EMS
- Labs
- Ultrasound
- Standard Monitoring systems

Artificial tissues: R depressed skull fracture

Other:
Simulation Scenario Template/Worksheet

Please describe (what and where) any physical conditions that you would like built in to the mannequin (e.g. bullet wound, tibia compound fracture, burns, etc.):

<table>
<thead>
<tr>
<th>What</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressed skull fx</td>
<td>R temporal region</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Are there materials you wish participants to have reviewed prior to session (e.g. review post video re: endotracheal intubation posted on ASTEC website):

1. Insert file or link here:

Is there anything else we should know about the scenario or your learning objectives?

Debriefing Points:

ICS: Well established with proper communications? Effective primary and secondary triage? Proper pt. care assignment & transportation? Flight (altitude) vs. ground transport?

Pt. Care: Able to assume c-spine & manage airway during extrication prep? Properly prepares & protects pt. during extrication? Extrication performed rapidly? Identifies S&S if CHI and impending herniation (Cushing’s & aniscoria)? Maintains proper spinal immobilization during extrication, packaging, & transport? RSI, and if so, Lidocaine considerations; depolarizing vs. neuroblocking agents? Antiemetic prophylaxis? Airway management w/ intubation vs. BVM & basic adjuncts? Appropriate ventilation rates? Transports to appropriate facility?

ER: rapid trauma assessment, CT pan scan, ER vs.OR relief of intracranial pressure? If telemedicine: Burr hole procedure for very rural hospitals? Mannitol if MAP > 90 mmHg? Hypertonic saline? Phenytoin to reduce incidence of posttraumatic seizures vs. late onset seizures? Cardiac arrest potential or management?

ICU: proper admit orders? CVP monitoring?
ASTEC Operator Notes:

<table>
<thead>
<tr>
<th>Timmy is a low fidelity mannequin and utilizes simplistic vital signs programming. Facilitator interjection might be required as necessary.</th>
</tr>
</thead>
</table>

Revision 6/12/13
Simulation Scenario Template/Worksheet

This is a tool to help the staff at the Arizona Simulation Technology & Simulation Center (ASTEC) support you in developing clinical simulation scenarios that meet your teaching needs. Please see the appendix for directions, suggestions or helpful hints.

**Your name and title:**
John Jarred, Clinical Educator

**Departmental/Institutional Affiliation**
UoA CoM, ASTEC

**Does this scenario exist on file at ASTEC?**
No

**Name of Scenario** (e.g. Confusion secondary to sepsis)
NWFD Mobile ASTEC Exercise

**Target Learning Group**
Prehospital & Hospital Acute/Critical Care

**Designated Instructor**
TBA

**Date of Simulation:**

**Start Time:**

**End Time:**

**Environment (OR, Field, or procedure lab)**
Field to Facility

**Method of Debriefing** (place an ‘X’ in the space provided: [ ] Stop & Go [X] Post Case [ ] Video)

**Synopsis / Set-up Story/Environmental Conditions** (short introductory to set the case; pt. symptoms etc.)

2-car motor vehicle collision; this is pt. 5 of 7; 16 m.o. in child safety restraint seat rear passenger-side of a 4-door family car (Veh. #2) which was T-boned on the driver-side with significant intrusion; Pt. is found in safety seat crying and inconsolable.

**Specific Learning Objective(s) of this session** (e.g. will be able to 1) Takes and maintain proper asepsis 2) Appropriately designates roles in resuscitation 3) Intubate successfully & timely within 2 attempts, etc.):

Objective 1:
Assumes all safety precautions for personnel, patients, & participants throughout

Objective 2:
Appropriate START Triage

Objective 3:
Safe extrication

Objective 4:
Determining the risk/benefit of immobilization
Simulation Scenario Template/Worksheet

Other objectives:

**Learning Performance Measures:** Please list the actions you wish to see participants display according to the stated objectives (e.g. Event: patient loses pulses; Action: timely & appropriate CPR vs. Defibrillation):

<table>
<thead>
<tr>
<th>Event:</th>
<th>Critical Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pt. Crying &amp; moving in restraint device</td>
<td>Don’t force immobilization</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

**Inter-professional Variables/Challenges** (e.g. Agitated patient, family member interference, DNR orders, Challenge Mis-diagnosis, equipment failure, etc):

The patient’s mother, pt. #3 in active labor, tries to verbally console her crying baby while holding direct pressure to her unconscious husbands bleeding forehead.

**Patient History: (Focused SAMPLE & OPQRST history):**

Mom will disclose (if asked) no pertinent medical history. Childhood immunizations are up to date.

**Handoff Report & Orders:** (If you wish to attach and label data, please include files for EKG, x-ray, echo, lab values, medical record from transfer facility, etc):

**Labs (Attach word document or list):**

|Insert file or link| Or list:|

**Radiographic Studies (jpg):**

|Insert file or link| Or describe:|

**Others:**

Revision 6/12/13
Simulation Scenario Template/Worksheet

Insert file or link

Or describe:

**Patient's initial presentation** (Vitals & physical presentation at start of scenario; for ASTEC only):

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Eyes</th>
<th>Verbal</th>
<th>Motor</th>
<th>Total GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying inconsolably</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Airway</th>
<th>Membranes</th>
<th>Ventilation (effort)</th>
<th>RR</th>
<th>SpO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Moist &amp; pink</td>
<td>Actively crying</td>
<td>28/min.</td>
<td>98% room air</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung sounds (Right Upper)</th>
<th>Right lower</th>
<th>Left upper</th>
<th>Left lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear in all fields</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETCO2</th>
<th>HR</th>
<th>Strength</th>
<th>Quality</th>
<th>EKG:</th>
</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td></td>
<td>strong</td>
<td>Regular</td>
<td>Sinus arrhythmia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Sounds</th>
<th>BP</th>
<th>Skin Color</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98/54</td>
<td>Pink</td>
<td>Non-diaphoretic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Temperature</th>
<th>Core Temp</th>
<th>Cap. Refill</th>
<th>FSBS</th>
<th>Right Pupil</th>
<th>Left Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm</td>
<td>36.5</td>
<td>2</td>
<td>107</td>
<td>4/ reactive</td>
<td>4 &amp; reactive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEENT/Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear and unremarkable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thorax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unremarkable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen/GI/GU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uremarkable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moves all extremeties</td>
</tr>
</tbody>
</table>

**Patient Progression** (Tell us how you would like the course of the patient to proceed; indicate landmark developments during the scenario and what ultimate end point is to be reached; e.g. hemodynamically unstable septic patient refractory to fluid resuscitation should receive vasopressor therapy, i.e. dopamine)

**Patient Progress with correct actions:**

Pt. will become consolable when taken out of car safety seat.
**Simulation Scenario Template/Worksheet**

*Patient Progress with incorrect actions:*

Patient will eventually cry himself to sleep.

*Patient outcome regardless of actions taken or omitted*

Patient will be non-injured and discharged to a member of the family or guardian capable of caring for him.

**Equipment / Supplies** (Training adjuncts you will want available for simulation):

Pre-hospital
Standard EMS Airway Bag & Supplies
Standard EMS oxygen delivery systems and devices
Standard EMS IV supplies
Standard EMS trauma supplies & immobilization equipment

ER:
RSI on standby
Airway & IV supplies not addressed by EMS
Labs
Ultrasound
Standard Monitoring systems

Artificial tissues: R depressed skull fracture

Other:

---

Please describe (what and where) any physical conditions that you would like built in to the mannequin (e.g. bullet wound, tibia compound fracture, burns, etc.):

<table>
<thead>
<tr>
<th>What</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
3. Are there materials you wish participants to have reviewed prior to session (e.g. review post video re: endotracheal intubation posted on ASTEC website):

1. Insert file or link here:

Is there anything else we should know about the scenario or your learning objectives?

Debriefing Points:

ICS:  Well established with proper communications?
      Effective primary and secondary triage?
      Proper pt. care assignment & transportation?
      Flight (altitude) vs. ground transport?
Pt. Care:  Able to rule-out or assume proper spinal immobilization?
      Proper transport in an appropriate safety restraining device?
      Risk/benefit of spinal immobilization?
      Able to recognize non injured pt. in a mechanism event?
      Transports to appropriate facility?

      ER:  rapid trauma assessment?
      Rules out spinal or neurological insult?
      Involves social services to assist with family/guardian placement?
      Provides a “sitter” once cleared of injury until family/guardian has assumed care?

ASTEC Operator Notes:

Just keep the baby crying until someone is allowed to hold and console him.