

Emergency Medical Technician-I

Scenarios for Training

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Introduction

These scenarios were developed for use in EMT-I training programs in Alaska. They are based on the Alaska Skill Sheets and the 1994 Revision of the United States Department of Transportation EMT-Basic curriculum. The scenarios may be used with other curricula with little or no modification. This document is not confidential and it may be distributed as the instructor deems educationally warranted.

Instructors are not compelled to use these scenarios. Rather, they are offered as a way of increasing the number of practical experiences available to students throughout the course.

The initial assessment scenarios are designed to be completed by one person. In later scenarios, the student will serve as team leader and be required to coordinate the efforts of two other rescuers. Since students will be working with many individuals throughout their tenure as EMTs, it is important that they develop self reliance and can function in each of the roles required of EMS team members. Scenarios in EMT classes should become progressively more challenging.

In most cases, the age and sex of the patient is not specified in the scenario. This makes it possible for the instructor to modify the scenario to use available resources. Moulage requirements are minimal. This was done to decrease the time it would take to set up each scenario.

Instructors who have the resources are encouraged to make the scenarios as realistic as possible. Students should understand that they should assess and treat the patient in accordance with the instructions found on page 34. They should also understand that vital signs should actually be taken and that the proctor will provide revised vital signs, if necessary. In all cases, the students should use appropriate body substance isolation measures.

The scene is safe in all scenarios, even those in which law enforcement personnel would generally be expected to be on-scene to ensure safety. This was done to facilitate scenario development and delivery. EMT students should be cautioned in class, however, to take special care to make sure the scene is safe when responding to calls involving interpersonal violence.

Whenever possible, the skills should be actually performed, not verbalized. This is consistent with field practice and is important for the education of the EMT student. Likewise, the position of the patient should be changed between scenarios so that students get experience in taking care of patients in a variety of positions.

The proctors used for the scenarios should be experienced medical personnel who are capable of providing feedback to students in a coherent, nonthreatening and educational manner. In some scenarios, the proctor also assumes the role of a bystander, family member, etc. If resources permit, you should have another person fill the additional role so the proctor can concentrate on the individual's performance.

Students should understand the concept of "standing orders" and, for the purposes of these scenarios, they should assume they have standing orders to administer glucose, activated charcoal, nitroglycerin, and bronchodilator inhalers in accordance with the Alaska Skill Sheets.

If the students simulate communications with the emergency department and ask for advice on patient treatment, they should be told to continue current care and transport as soon as possible. In the proctor's discretion, additional treatment may be recommended as an educational strategy. Administration of medications may be authorized in accordance with the service's standing orders, or the relevant Alaska Skill Sheets.

Whenever possible, the scenario should include a patient report given to the medical facility or incoming medical personnel.

Instructors should feel free to modify the scenarios to better meet their student's needs, keeping in mind that the scenarios should be challenging but achievable.

If you have scenarios you wish to contribute to this booklet, or you have questions, contact Matt Anderson at the Alaska Emergency Medical Services Section (465-3027).

Basic Medical Assessment

- Purpose:** This scenario provides the student with an opportunity to assess a conscious medical patient in an organized and comprehensive manner.
- Staff:** **1 student**, 1 proctor and 1 patient.
- Equipment:** Blood pressure cuff, stethoscope, watch, penlight, run sheet.
- Moulage:** None
- Scenario:** You are called to the home of a patient who has recovered consciousness after fainting. The scene is safe.
- Vital Signs:** As found on the simulated patient.
- Information:** Alert and oriented but slightly anxious
Denies pain
Unconscious for only a few minutes
History of cardiovascular disease
No medications
No known- allergies
No obvious precipitating event
- References:** Alaska Skill Sheets
- Key Teaching Points:**
- Student should develop patient rapport and obtain comprehensive history.

Basic Trauma Assessment

Purpose:	This scenario provides the student with an opportunity to assess an unconscious patient in an organized and comprehensive manner.
Staff:	1 student , 1 proctor and 1 patient. After the assessment is complete, the proctor should assume the role of an incoming rescuer and be given a report by the student.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet.
Moulage:	None
Scenario:	You are responding to a "man down" call. Additional personnel are several minutes away. You need to give a patient report to incoming medical personnel after your assessment is complete.
Vital Signs:	BP: 100/60, P: 90, R: 26
Information:	Patient responds to pain Pupils are unequal No breath odors No medic alert identifications Patient should be lying on side
References:	Alaska Skill Sheets

Key Teaching Points:

- Student should ensure the scene is safe.
- Student should perform a comprehensive patient assessment and deliver an adequate report to incoming medical personnel.

Medical Patient with Abdominal Pain

- Purpose:** This scenario provides the student with an opportunity to assess a conscious patient complaining of abdominal pain and provide basic oxygen therapy.
- Staff:** **1 student**, 1 proctor and 1 patient. After the assessment is complete, the proctor should assume the role of an incoming rescuer and be given a report by the student.
- Equipment:** Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
- Moulage:** Patient should be moulaged to look shocky.
- Scenario:** You are called to the home of a patient complaining of abdominal pain. The scene is safe. Additional personnel will be arriving on scene in approximately 10 minutes.
- Vital Signs:** BP: 94/50, P: 110, R: 24
- Information:** Patient is lying on side with knees drawn up
Patient denies blood in vomit or stools
Pain started approximately 1 hour ago and has increased steadily
Pain is a 7 on a ten scale
Pain is sharp, epigastric and non-radiating
Nothing provokes or relieves pain
Patient is allergic to codeine
Patient is not taking any medications
Last oral intake was about 4 hours ago
- References:** Alaska Skill Sheets
- Key Teaching Points:**
- Student should develop rapport with patient and perform a comprehensive patient assessment.
 - Student should initiate oxygen therapy.

Bleeding Control

Purpose: This scenario provides the student with an opportunity to control minor bleeding.

Staff: **3 person team**, 1 proctor and 1 patient.

Equipment: Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit.

Moulage: Significant bleeding on one forearm

Scenario: You are responding to a victim of an assault. The scene is safe.

Vital Signs: BP: 120/80, P: 80, R: 16

Information: Patient has not called law enforcement.
Law enforcement is not on-scene
Patient was cut by knife while protecting himself from an attacker
No other injuries are present
Bleeding is controlled by direct pressure and elevation

References: Alaska Skill Sheets

Key Teaching Points:

- Students should maintain BSI
- This wound is reportable under Alaska Statute
- Bleeding should be controlled rapidly

Adult Cardiac Arrest

Purpose:	This scenario provides the student with an opportunity to rapidly perform an initial assessment, initiate CPR, and prepare the patient for transport.
Staff:	3 person team , 1 proctor and 1 CPR manikin.
Equipment:	Run sheet, BVM, gurney, suction machine.
Moulage:	None
Scenario:	You are responding to a "man down" call. The scene is -safe.
Vital Signs:	None
Information:	Patient has been in cardiac arrest for approximately 10 minutes. After CPR has been initiated, tell students that patient is beginning to vomit.
References:	Alaska Skill Sheets

Key Teaching Points:

- Student should rapidly assess the patient, begin CPR, and direct efforts to resuscitate patient and prepare patient for transport.
- Student should be able to care for cardiac arrest patient who has vomited.

Sick Child with Respiratory Difficulty

Purpose:	This scenario provides the student with an opportunity to interact with a child patient, perform a pediatric patient assessment, and administer oxygen.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet
Moulage:	Cyanosis in nail beds and around mouth, drooling
Scenario:	You are responding to a "difficulty breathing" call. The scene is safe. I will serve as the patient's family member.
Vital Signs:	BP: 90/50, P: 130, R: 40
Information:	Patient needs to be young child who can take direction well Patient is tripodding, drooling, and having difficulty breathing Family member relates that patient has been sick with an upper respiratory track infection but has suddenly gotten worse. The patient hasn't been able to eat or drink fluids for several hours.
References:	Alaska Skill Sheets

Key Teaching Points:

- Student should treat the patient and family member in a competent manner.
- Student should avoid visualizing hypopharynx and epiglottis
- Student should administer oxygen and make arrangements for expeditious transport.

Gunshot Wound to Thigh

Purpose:	This scenario provides the student with an opportunity to rapidly assess a trauma patient and control bleeding.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, extra pants for patient.
Moulage:	GSW to leg with significant bleeding, patient should appear shocky,
Scenario:	You are responding to a patient reported to have a gunshot wound.
Vital Signs:	BP: 100/60 P:120, R: 26
Information:	Patient was shot in a hunting accident The thigh has both entrance and exit wounds Pulse, sensation, and motor function are present distal to wound There is approximately 1 liter of external blood loss Patient is alert and oriented
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should ensure scene is safe.
- Students should develop rapport with patient and perform a rapid trauma assessment.
- Students should control hemorrhage while maintaining body substance isolation.
- This wound is reportable under Alaska Statute

Chest Injuries Following Fall

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient with minor chest injuries, as well as develop skills related to refusal of care.
Staff:	3 person team , 1 proctor and 1 patient, trauma kit.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit.
Moulage:	Slight bruising over lower ribs (not floating ribs) on left side of chest in midaxillary line. Small laceration on forehead.
Scenario:	You are responding to a "person who fell." The bystander who witnessed the fall and called 911 is no longer present.
Vital Signs:	BP: 130/84, P: 80 & Irregularly irregular, R: 16 and shallow
Information:	Scenario. should be held near staircase or other area where fall likely Bruising should be over heart Patient has never had cardiac irregularity before Patient should be splinting left side but should initially deny significant pain Pain should increase slightly as the practical progresses Patient is alert and oriented Patient should refuse transport but allow students to assess chest Breath sounds are clear and present bilaterally Students listening to heart notice irregular sounds Patient doesn't remember losing consciousness There is point tenderness over bruised area
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should develop rapport with patient and perform a comprehensive patient assessment.
- Students -should document refusal to transport.
- Students should assume irregular heart beat caused by fall.

Fractured Clavicle

- Purpose:** This scenario provides the student with an opportunity to assess and treat a patient with a fractured clavicle.
- Staff:** **3 person team**, 1 proctor and 1 patient.
- Equipment:** Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit.
- Moulage:** Bruising over clavicle in midclavicular line
- Scenario:** You are responding to a patient who fell while rollerblading.
- Vital Signs:** Normal for patient
- Information:** Patient fell around 20 minutes ago
Patient is leaning forward supporting forearm with effected shoulder down and forward
Pulse, sensation, and motor function are present distally
Patient put hand out to break fall
Patient was wearing a helmet and denies other injuries
Patient is alert and oriented
- References:** Alaska Skill Sheets
- Key Teaching Points:**
- Students should adequately perform a focused assessment, splint the injury and prepare the patient for transport.

Conscious Patient with Head Injuries

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient with minor head injuries.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit.
Moulage:	Bruising on face, head, and neck.
Scenario:	You are responding to an assault outside a local bar. Police are in pursuit of those who assaulted the patient and the scene is safe.
Vital Signs:	BP: 110/80, P: 90, R: 20
Information:	Patient responds to verbal stimuli and is oriented to person, time and place. Patient denies losing consciousness Patient denies pain in, neck or head There is an odor of alcoholic beverages about the patient Patient agrees to be assessed but refuses treatment and transport
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should attempt to convince patient to be treated and transported.
- Refusal should be adequately documented.

Unresponsive Head Injury Patient

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient who is unresponsive and has head injuries.
Staff:	3 person team , 1 proctor and 1 patient. Proctor will assume roll of law enforcement officer who requested ambulance.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, positive pressure delivery system.
Moulage:	Bleeding and CSF from ears and nose. Bruises and lacerations around face. Small bruise on ribs.
Scenario:	You are responding to an "unconscious male" following an assault at a local bar. I am the officer who called you. The scene is safe.
Vital Signs:	BP: 190/90 P: 50, R: 10 and irregular
Information:	Assault occurred approximately 15 minutes ago Patient never regained consciousness Patient is unresponsive to pain Pupils are unequal
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should recognize need to assist patient with respirations.
- Students should recognize this as a load and go situation.
- Students should ask relevant questions regarding unconsciousness.

Responsive Diabetic Patient

Purpose:	This scenario provides the student with an opportunity to treat a patient who is hypoglycemic.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, glucose, medic-alert jewelry.
Moulage:	Patient should appear shocky.
Scenario:	You are responding to "confused person" at a local bank.
Vital Signs:	BP: 124/70, P: 100, R: 16
Information:	Patient responds to verbal commands Patient has a medic-alert bracelet identifying him as a diabetic Patient should be irritable & confused Patient can protect his own airway Patient should become fully alert after ingesting > 30 grams of glucose (the ingestions should be simulated)

References: Alaska Skill Sheets

Key Teaching Points:

- Students should be able to assess and rapidly treat this patient.
- Students should assist patient in ingesting glucose.

AED Use

Purpose:	This scenario provides the student with an opportunity to identify and clear an obstructed airway and use an automated external defibrillator.
Staff:	3 person team , 1 proctor, 1 bystander.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, AED, materials for AED simulation.
Moulage:	None
Scenario:	You are responding to a "full arrest" at a local restaurant.
Vital Signs:	None
Information:	Arrest occurred about 8 minutes ago Bystanders started CPR Patient's airway is obstructed and needs to be cleared Proctor should prompt team member handling airway that ventilation is difficult and the patient remains cyanotic Patient should convert to a perfusing rhythm after the airway obstruction is cleared and several shocks have been delivered.
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should be able to recognize and clear the obstructed airway within 30 seconds after taking over airway function.
- Students should deliver the first shock without delay after attaching the AED.
- Students should verbalize post-resuscitation care to proctor.

Pediatric Poisoning

Purpose:	This scenario provides the student with an opportunity to assess and manage a pediatric patient who has ingested a poison.
Staff:	3 person team , 1 proctor, 1 bystander, and 1 patient. Patient should be child capable of taking direction. Proctor should assume role of poison control center.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, activated charcoal.
Moulage:	None
Scenario:	You are responding to a poisoning. I will act as the poison control center if you choose to contact it.
Vital Signs:	Normal
Information:	Patient ingested an unknown quantity of multivitamins approximately 30 minutes ago. Patient is alert, oriented and has not vomited. Poison control center advises team to give 1 gm/kg of activated charcoal and transport.
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should ask relevant questions about ingestion, including time, amount, and whether vomiting has occurred.

Cardiac Chest Pain with No Nitroglycerin

Purpose:	This scenario provides the student with an opportunity to assess and manage a patient complaining of chest pain.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should appear pale and diaphoretic
Scenario:	You are responding to a patient having chest pain. The scene is safe.
Vital Signs:	BP: 110/80, P: 72, R: 16
Information:	Pain started several hours ago It's never occurred before Pain radiates to left shoulder and neck Pain began while patient was at rest Nothing makes it better or worse Patient has no allergies or medications Pain is a 7 on a 10 scale
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should get obtain an AMPLE history and elicit PQRST information regarding pain.
- Patient should receive oxygen and be transported in the position of comfort.

Cardiac Chest Pain with Nitroglycerin

Purpose:	This scenario provides the student with an opportunity to assess and manage a patient complaining of chest pain.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should appear pale and diaphoretic
Scenario:	You are responding to a patient having chest pain. The scene is safe.
Vital Signs:	BP: 110/80, P: 72, R: 16
Information:	Pain started 20 minutes ago while on a walk, spouse called 911. Patient has history of angina; last episode was 3 months ago Pain does not radiate Nothing makes it better or worse Patient has nitroglycerin for chest pain and has taken one about 10 minutes ago Patient has no allergies Pain is a 7 on a 10 scale, worse than usual Patient has a headache from pill Patient notes tingling under tongue if additional tablets are administered.
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should get obtain an AMPLE history and elicit PQRST information regarding pain.
- Patient should be given two additional nitroglycerin tablets.
- Patient should receive oxygen and be transported in the position of comfort.

Adult Respiratory Distress, No Medications

Purpose:	This scenario provides the student with an opportunity to assess and treat an adult medical patient in respiratory distress.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	None
Scenario:	You are responding to "difficulty breathing" call. The scene is safe.
Vital Signs:	BP: 110/80, P: 100, R: 30
Information:	Patient has had the "flu" for at least a week, coughed and was unable to catch his breath. Patient is sitting upright in moderate distress Lung sounds are diminished on left side of chest near apex No cyanosis is discernable
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should perform a focused assessment and begin oxygen therapy.
- Students should note unequal breath sounds in assessment

Adult Respiratory Distress, Patient has Inhaler

Purpose:	This scenario provides the student with an opportunity to assess and treat an adult patient having a severe asthma attack.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Peripheral and perioral cyanosis
Scenario:	You are responding to a "difficulty breathing" call. The scene is safe.
Vital Signs:	BP: 100/60, P: 100, R: 30
Information:	Patient has history of asthma and has in-date bronchodilator inhaler Spouse called 911 SOB started about 30 minutes ago Patient has taken 1 dose from his inhaler prior to your arrival Proctor may have to serve as medical control
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should perform a focused history and obtain an AMPLE history.
- Students should assist patient with medication.

Fractured Femur

Purpose:	This scenario provides the student with an opportunity to treat a patient with an isolated femur fracture.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Bruising around mid-thigh
Scenario:	You are responding to a low speed truck-pedestrian collision. The scene is safe.
Vital Signs:	BP: 120/84, P: 90, R: 24
Information:	Patient was hit in thigh by bumper of truck as it turned corner. Patient denies other injuries Patient has intense pain in mid-thigh
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should assess and treat patient in accordance with skill sheets.

Anaphylaxis, with Epinephrine Autoinjector

Purpose:	This scenario provides the student with an opportunity to assist the patient in the use of an autoinjector.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, autoinjector.
Moulage:	None
Scenario:	You are responding to a patient suffering from a bee sting. The scene is safe.
Vital Signs:	BP: 90/60, P: 112, R: 30
Information:	Patient has a history of severe allergic reactions Patient has epinephrine autoinjector but has never used one and needs assistance Patient has no other medications or allergies Last oral intake was about 2 hours ago
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should obtain an AMPLE history and assist patient with autoinjector.
- Students should administer oxygen as soon as practicable.

Overdose Patient

Purpose:	This scenario provides the student with an opportunity to deal with an unconscious overdose patient.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, positive pressure oxygen delivery system, oral airways.
Moulage:	Patient should appear shocky
Scenario:	You are responding to a possible drug overdose. The scene is safe. There are no bystanders.
Vital Signs:	BP: 100/60, P: 50, R: 10
Information:	Patient is unconscious and unresponsive Patient should be on back and snoring to start
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should obtain a patent airway immediately.
- Students should verbalize insertion of oral airway.
- Students should assist patient's ventilations.

Fractured Femur and Multiple Trauma

Purpose:	This scenario provides the student with an opportunity to make transport decisions about an unstable patient with a fractured femur.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, PASG.
Moulage:	Patient should be moulaged to look shocky
Scenario:	You are responding to a motorcycle crash with injuries.
Vital Signs:	BP: 60/40, P: 112, R: 30
Information:	Patient has femur fracture Patient has fractured ribs and an unstable pelvis Patient has minor lacerations on head Patient responds to pain
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should determine number of patients.
- Students should identify this as a "load and go" situation and rapidly move the patient to the vehicle while maintaining spinal immobilization.

Removal of Stable Patient From Vehicle

Purpose:	This scenario provides the student with an opportunity to remove a patient who is stable and has no discernable injuries in a safe and controlled manner.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, backboard.
Moulage:	None
Scenario:	You are responding to a motor vehicle crash with injuries. The scene is safe.
Vital Signs:	BP: 130/84 P: 90, R: 20
Information:	Patient's vehicle was rear ended Patient has slight cervical pain Patient denies other injuries and pain Patient is alert and oriented -
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should take the time to remove patient carefully from vehicle,
- Spinal immobilization should occur early and be maintained throughout.

Rapid Removal of Unstable Patient from Vehicle

Purpose:	This scenario provides the student with an opportunity to assess and perform a rapid removal of an unstable patient from a vehicle.
Staff:	4 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, back boarding materials.
Moulage:	Patient is shocky with peripheral cyanosis Patient has bruises on thorax Patient has bruising over wrist
Scenario:	You are responding to a motor vehicle crash with injuries. The scene is safe.
Vital Signs:	BP: 66/40, P: 110 & thready, R: 26
Information:	Patient responds only to pain Patient has shortness of breath Patient has fractured wrist
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should recognize load and go situation quickly

Gunshot Wound to Chest

Purpose:	This scenario provides the student with an opportunity to assess and treat a critically injured patient with chest injuries.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should be shocky with a gunshot wound to upper right chest.
Scenario:	You are responding to a patient who has been shot. The scene is safe.
Vital Signs:	BP: 60 by palpation, P: 120 and thread, R: 34
Information:	Patient has gunshot wound to chest There are no breath sounds on affected side There is jugular venous distension The trachea is in midline There is no exit wound Patient is extremely dyspneic Patient is unresponsive Blood pressure is obtainable only by palpation Blood pressure should become unobtainable if patient is not treated rapidly and aggressively
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should take spinal precautions with patient.
- Students should recognize this as a load and go situation.
- Patients who have extreme blood loss may not be cyanotic.

Patient with Stab Wound to Abdomen

Purpose:	This scenario provides the student with an opportunity to assess and care for a patient with an open abdominal wound.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should appear shocky with a 3 inch laceration over liver area.
Scenario:	You are responding to a stab wound. The scene is safe.
Vital Signs:	BP: 90/50, P: 100 and irregularly irregular, R: 24
Information:	Patient has knees drawn up Patient is initially resistant to care and tries to sit up but feels dizzy and lies down Patient is on Inderal for hypertension Patient takes one aspirin a day for an irregular heart beat
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should know that patient's medications may effect outcome.
- Students should gain rapport with patient to obtain consent.
- Patient should be transported in the position of comfort.
- Students should note the orthostatic hypotension.

Impaled Object

Purpose:	This scenario provides the student with an opportunity to stabilize a patient with an impaled object and prepare the patient for transport.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should appear shock. Object should be impaled in chest. The object should be something relevant to, or possible in, local community.
Scenario:	You are responding to a trauma patient with bleeding.
Vital Signs:	BP: 110/70, P: 90, R: 24
Information:	Lung sounds are diminished on effected side Patient is not significantly dyspneic Patient should be found in sitting position Proctor should prompt patient with appropriate information about history of event.
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should be able to manage impaled object and transport in a rapid and effective manner.
- Lung sounds should be taken.

Burns of Upper Extremity

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient with 2nd and 3rd degree burns of upper extremities
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, materials to care for burns in compliance with local guidelines & directives.
Moulage:	Patient should be moulaged for burns to upper extremities, including fingers.
Scenario:	You are responding to a burned adult. The scene is safe.
Vital Signs:	BP: 120/84, P: 80, R: 16
Information:	Patient slipped and fell into a campfire Alcohol is involved although the patient is alert Patient is in severe pain

References: Alaska Skill Sheets

Key Teaching Points:

- Students should be able to estimate burn surface area.
- Students should take particular care with patient's hands.

C-Spine Immobilization, Neurological Deficit

Purpose:	This scenario provides the student with an opportunity to stabilize the patient's cervical spine, perform a log roll, immobilize the patient, and document the run adequately.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, backboarding equipment.
Moulage:	None
Scenario:	You are responding to a local high school gymnasium for a possible neck injury.
Vital Signs:	BP: 110/60 P: 56, R: 16
Information:	Use an athletic event relevant to the community and time of year Patient has pain in neck, cannot feel or move below shoulders There is some movement of hands Patient should be lying on side
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should provide immediate stabilization of spine.
- Patient's condition should be well documented in run report.

Motorcycle/ATV Crash with Helmet

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient who is wearing a helmet and has been involved in a high speed MVA.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system, backboarding equipment.
Moulage:	None
Scenario:	You are responding to a motorcycle/ATV crash. The scene is safe.
Vital Signs:	BP: 160/80, P: 70, R: 12 and noisy
Information:	Patient was traveling at a high rate of speed Patient is unconscious Patient is supine Patient has a compromised airway, snoring
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should know when and when not to remove helmets.
- Students should quickly identify airway difficulty and take appropriate action.

Do Not Resuscitate

Purpose:	This scenario provides the student with an opportunity to practice skills which may be necessary in a do not resuscitate situation.
Staff:	3 person team , 1 proctor, 1 bystander, and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	Patient should appear ashen gray.
Scenario:	You are responding to a patient with respiratory difficulty. The scene is safe.
Vital Signs:	BP: 90/50, P: 140, R: 33 and noisy
Information:	The family member should meet the team and advise them that there is a valid do not resuscitate order for this patient. Patient has terminal cancer
References:	Alaska Skill Sheets

Key Teaching Points:

- The students should describe under what circumstances the DNR order could be honored.
- The students should make contact with medical control to confirm orders.

SCUBA Diving Emergency

Purpose:	This scenario provides the student with an opportunity to assess and treat a patient with SCUBA diving accident.
Staff:	3 person team , 1 proctor and 1 patient.
Equipment:	Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
Moulage:	None
Scenario:	You are responding to a SCUBA diving accident. The scene is safe.
Vital Signs:	BP: 110/70 P: 80, R: 24
Information:	Patient was on second dive of day Last dive ended 1 hour ago Both dives were to 80 feet for king crab Patient made a rapid ascent after 30 minutes at depth Patient complained of numbness and tingling in arms and legs Patient lost consciousness about 10 minutes before EMT's arrival
References:	Alaska Skill Sheets

Key Teaching Points:

- Students should place patient in supine position with right side of body and legs elevated.
- Students should obtain a rapid history and begin oxygen quickly. Students should understand effects of altitude on bubble size.
- Students should know location of nearest recompression chamber.

Multiple Casualty Incident

- Purpose:** This scenario provides the student with an opportunity to begin treatment in a multiple casualty incident and implement the initial stages of an incident command.
- Staff:** **3 person team**, 1 proctor and 5 patients.
- Equipment:** Blood pressure cuff, stethoscope, penlight, run sheet, trauma kit, oxygen delivery system.
- Moulage:** Consistent with injuries
1. Cardiac Arrest
 2. Unconscious patient with compromised airway
BP: 90/50 P: 90 R: 0
 3. Severe but controllable upper extremity bleeding
BP: 100/60 P: 100 R: 24
 4. Fractures of femur and forearm
BP: 120/90 P: 90 R: 20
 5. Head injury with increased intracranial pressure
BP: 190/100 P: 50 R: 12
- Scenario:** You are responding to an explosion. 5 patients have been removed. The scene is safe.
- References:** Alaska Skill Sheets
- Key Teaching Points:**
- Students should not start CPR on patient 1.
 - Students should implement the incident command system.

Instructions for Those Taking Scenario Based Practical Examinations

The Scenario Based Practical Examinations are based on skill sheets developed by the State EMS Training Committee, a subcommittee of the Governor's Advisory Council on Emergency Medical Services. In turn, the skill sheets were based on the EMT's scope of certified activities and the 1994 revision of the National Standard Curriculum for the EMT-Basic.

Included in your skill sheet packet are two generic skill sheets for use with scenarios; one for medical patients, and one for trauma patients. Your responsibility is to be able to perform the assessment and management skills on these skill sheets with 100% accuracy. The practical examination for certification is based on these skill sheets.

During scenarios, it is essential that you verbalize your actions so that those watching your performance understand your assessment and treatment priorities. It's particularly important that you verbalize the following:

- the safety of the scene;
- that you have taken proper body substance isolation precautions; and
- your decision to transport or to wait for ALS backup on-scene.

Activities which cannot be seen, or are unlikely to be seen, by those watching are also important to verbalize. Many assessment steps, including checking for life threatening bleeding, and looking for specific signs, fall into this category.

EMTs throughout the state should be held to the same standards. Consequently, even if your community does not currently have some of the equipment on a skill sheet, you must verbalize its correct use.

Although this may seem artificial at first, it will ensure that you are given proper credit for your actions and will help you organize your thoughts.