

CBT 302 Orthopedic Injuries # 1

Evaluator's notes: This is a Motorcycle vs. Car, orthopedic injury/helmet removal/traction splint/backboard/lower leg amputation, possible neck and back injury. Scene safety and standard precautions must be verbalized

Subjective

Dispatch/Description of the problem: 28 year-old male motorcycle vs. car on the freeway State Police are on scene and upgrade to medic. Time now 17:30 hrs

Objective

What you see upon arrival: You pull up to scene to see the motorcycle about 40 yards away in the middle lane, there is a bone on the road and crows are pecking at it. The rider is on the side of the road supine. The patient has an amputation to his lower right leg is conscious but in extreme pain. Patient keeps saying the car hit him. The Trooper is trying to get info from the motorcycle rider. Patient is still wearing his helmet.

Onset	motorcycle vs. car		
Provocation	leg pain, shoulder and elbow with palpation		
Quality of the pain	sharp pain in leg, and pain in shoulder and elbow, lower leg amputation with minimal bleeding		
Radiation	leg pain radiates up		
Severity	10		
Time since onset	8 minutes		
Signs and symptoms	mid shaft thigh bruising, shoulder & elbow, leg abrasions, lower leg amputation		
Allergies	none		
Medications	none		
Previous medical history	none		
Last food intake	Lunch		
Events leading up to the illness	going home from work		
Vitals:	1 st set	2 nd set	3 rd set
Blood Pressure	120/70	116/60	100/60
Pulse	110	108	100
Respirations	20	20	20
Skin	cool/pale/dry	cool/pale/dry	cool/pale/dry
Pupils	MER	MER	MER
Temperature	98.0	98.0	
Lung Sounds	clear/equal/bi-lat	clear/equal/bi-lat	
Capillary refill	2 sec	2 sec	
Level of Consciousness	A&Ox3	A&Ox2	
Neurological Response	normal	normal	
O2 Saturation	98%	98%	
Blood Glucose	118 if taken since no LOC no need to take blood glucose levels		

Sick or Not Sick- Sick

Assessment

Results from a patient exam: Patient has a lower leg amputation and possible neck & back injuries

Call for a medic from on-scene yes or no; why? Yes MOI

Plan Treat lower leg amputation, Helmet removal, back board, c-collar and treat for shock

Concerns: Patient on chemotherapy may be immune suppressed so be extra careful.

Transport yes or no; mode: Yes, ALS, to Trauma Center

CBT 302 Orthopedic Injuries # 2

Evaluator's notes: This is a Bicycle vs. Car; Orthopedic injury/helmet removal/back board/arm fracture possible neck and back injury. EMT needs to verbalize scene safety, along with standard precautions.

Subjective

Dispatch/Description of the problem: 32 year-old male bicycle vs. car. Police are on the scene, time now 09:35 hrs.

Objective

What you see upon arrival: You arrive on scene to see the bicycle on the side of the road. Patient is conscious, lying on the side of the road next to the bike. Patient keeps saying "the car hit me". PD is trying to get info from bicyclist. Patient is still wearing his bicycle helmet.

Onset	bicycle vs. car
Provocation	arm pain; hip, shoulder and elbow with palpation
Quality of the pain	sharp pain in arm; hip pain; burning type pain in shoulder and elbow
Radiation	arm pain radiates into hand
Severity	8
Time since onset	10 minutes
Signs and symptoms	Mid-shaft arm, bruising; hip, shoulder and elbow abrasions
Allergies	none
Medications	none
Previous medical history	none
Last food intake	hour ago
Events leading up to the illness	going home

Vitals:	1 st set	2 nd set
Blood Pressure	126/70	126/70
Pulse	110	108
Respirations	14	12
Skin	warm/pale/dry	warm/pale/dry
Pupils	mid/equal/reactive	mid/equal/reactive
Temperature	98.0	98.0
Lung Sounds	clear/equal/bi-lat	clear/equal/bi-lat
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x 3	A&O x 3
Neurological Response	Normal	Normal
Posturals	Contraindicated in Trauma patients	
O2 Saturation	98%	98%
Blood Glucose	118	

Sick or Not Sick Not Sick

Assessment

Results from a patient exam: Patient has mid shaft arm fracture and possible hip, shoulder, elbow and back injuries

Call for a medic from on-scene yes or no; why? no

Plan

Treat arm fracture, helmet removal, back board, c-collar and treat for shock.

Concerns: Remember a good looking splint is worth 10 mg of MS. If the patient looks good they feel better.

Transport yes or no; mode: Yes BLS

CBT 302 Orthopedic Injuries # 3

Evaluator's notes: EMT should consider scene safety, standard precautions. This is a 73 year old patient; orthopedic injury fracture hips,

Subjective

Dispatch/Description of the problem: 10:00 am call local apartment complex where a 73 year old patient has fallen down the stairs.

Objective

What you see upon arrival: You arrive on scene you see the patient is conscious lying at the bottom of the stairs. Patient complaining that can not move his legs. You notice that the both legs seem to be rotated externally.

Onset	10 minute
Provocation	Fall
Quality of the pain	sharp
Radiation	unknown
Severity	9
Time since onset	10 minutes
Signs and symptoms	external rotation of both lower extremities, pelvis is unstable
Allergies	none
Medications	a lot
Previous medical history	HBP, water retention, gallstone surgery 8 months ago
Last food intake	4 hour ago
Events leading up to the illness	stated above

Vitals:	1 st set	2 nd set
Blood Pressure	160/98	150/88
Pulse	90	86
Respirations	10	16
Skin	warm/dry/ashen	warm/dry/ashen
Pupils	dilated & sluggish to react	dilated & sluggish to react
Temperature	98.0	98.0
Lung Sounds	clear Bi lat	same
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x 3	A&O x 3
Neurological	responds to verbal commands	same
O2 Saturation	98%	98%
Blood Glucose	N/A	

Sick or Not Sick NOT Sick

Results from a patient exam: Patient conscious, external rotation of both lower extremities, pelvis is unstable;

Assessment

Call for a medic from on-scene yes or no; why? No, unless LOC changes and / or signs of shock.

Plan

EMT should do a full trauma exam, splint hips, and treat for shock, back board c-collar, O2 high flow,

Concerns: Mortality rate is significant within the first year, with pelvic fractures in the elderly patient

Transport yes or no; mode: ALS transport

CBT 302 Orthopedic Injuries # 4

Evaluator's notes: This is a 52 year old patient; Orthopedic injury open arm fracture with no pulse in it. EMT should consider scene safety, standard precaution.

Subjective

Dispatch/Description of the problem: 2 am call MVA on the highway. 52 year old patient involved in the MVA hit the guard rail they think they fell asleep and drove into the guardrail. Arm was crushed between the door and the seat. EMT arrive they note they smell heavy smell of alcohol on the patient's breath and the patient was not wearing a seat belt.

Objective

What you see upon arrival: You arrive on scene on the freeway. Patient is conscious, sitting in the driver's seat. Patient states he/she fell asleep. On inspection the EMT notes that the left elbow is severely crushed between the door and seat unable to move it. You try to get a pulse in that arm and you can't feel the pulse. There is minimal bleeding from an open fracture.

Onset	car hit the guardrail	
Provocation	pain in left arm open fracture on palpation	
Quality of the pain	sharp pain in left arm	
Radiation	pain radiates into hand	
Severity	10	
Time since onset	10 minutes	
Signs and symptoms	pain in left arm open fracture,	
Allergies	none	
Medications	high blood pressure	
Previous medical history	high blood pressure and MI 1 year ago	
Last food intake	6 hour ago	
Events leading up to the illness	fell asleep at the wheel (but is AOB)	
Vitals:	1 st set	2 nd set
Blood Pressure	170/90	160/90
Pulse	78	80
Respirations	20	20
Skin	warm/dry	warm/dry
Pupils	mid/equal/slow to react	mid/equal/slow to react
Temperature	98.0	98.0
Lung Sounds	clear Bi lat	same
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x 3	A&O x 3
Neurological Response	Normal	Normal
Posturals	Contraindicated in the Traumatic setting	
O2 Saturation	98%	98%
Blood Glucose	110 since we have a decreased LOC we need to check	
Glucometry	110	108

Sick or Not Sick Not Sick

Assessment

Results from a patient exam: Patient has pain left arm possible open fracture of left arm, no other injuries

Call for a medic from on-scene yes or no; why? No

Plan Splint fractures patient to trauma center

Concerns: Note time that we found no pulse in left arm, treat for shock if needed. Remember alcohol may mask injuries

Transport yes or no; mode: Yes BLS

CBT 302 Orthopedic Injuries # 5

Evaluator's notes: This is a 17 year old patient at a local High school. The patient was playing football. Orthopedic injury to spine and brain injury.

Dispatch/Description of the problem: 17 year old football injury at a local High school.

Subjective

What you see upon arrival: You arrive on scene at the school player is lying on the field. Patient is conscious, but does not remember anything that happened. Witnesses state that he hit helmet to helmet with another player.

Objective

On inspection the EMT notes that patient has Lowered LOC and can not feel his legs.

Onset	10 minutes
Provocation	helmet to helmet hit
Quality of the pain	none
Radiation	none
Severity	none
Time since onset	10 minutes
Signs and symptoms	LOC and no feeling in legs,
Allergies	none
Medications	none
Previous medical history	none
Last food intake	2 hours ago
Events leading up to the illness	playing football

Vitals:	1 st set	2 nd set
Blood Pressure	100/70	110/70
Pulse	100	86
Respirations	20	22
Skin	warm/dry	warm/dry
Pupils	mid/equal/slow to reactive	mid/equal/ slow to reactive
Temperature	98.0	98.0
Lung Sounds	clear Bi lat	same
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x 2	A&O x 2
Neurological Response	Normal	Normal
Posturals	N/A	
O2 Saturation	98%	98%
Blood Glucose	N/A	

Sick or Not Sick Sick

Results from a patient exam: Patient has no feeling in legs possible spine fracture and brain injury,

Assessment

Call for a medic from on-scene yes or no; why? Call for medics for airway.

Plan Full trauma exam, Treat for shock, High Flow O2, Back board c-collar, remove facemask and transport to a Trauma Center

Concerns: Even if we do everything perfect we may have a complication with splinting the patient, Leave helmet and shoulder pads on to trauma center.

Transport yes or no; mode: Yes ALS

CBT 302 Orthopedic Injuries # 6

Evaluator's notes: This is a 9 year old patient at a local elementary school. The patient was playing on the swings and inadvertently fell of and heard a snap.

Dispatch/Description of the problem: 9 year old fall at a local elementary school.

Subjective

What you see upon arrival: You arrive on scene at the school play ground. Patient is conscious, lying in the grass with a friend. The friend says he hit his leg after jumping out of swing.

Objective

On inspection the EMT notes that the left leg is swollen and bruised about 3 inches above the knee.

Onset	Fall from swing
Provocation	pain in left mid shaft leg
Quality of the pain	sharp pain in left leg;
Radiation	pain radiates into foot
Severity	8
Time since onset	10 minutes
Signs and symptoms	pain in lower leg,
Allergies	none
Medications	none
Previous medical history	none
Last food intake	hour ago
Events leading up to the illness	playing on swings

Vitals:	1 st set	2 nd set
Blood Pressure	100/70	110/70
Pulse	80	86
Respirations	20	22
Skin	warm/dry	warm/dry
Pupils	mid/equal/reactive	mid/equal/reactive
Temperature	98.0	98.0
Lung Sounds	clear Bi lat	same
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x 4	A&O x 4
Neurological Response	Normal	Normal
Posturals	Contraindicated	
O2 Saturation	98%	98%
Blood Glucose	N/A	

Sick or Not Sick Not Sick

Results from a patient exam: Patient has pain left leg possible leg fracture, no other injuries, but patient has no pulses distally to fracture after splinting

Assessment

Call for a medic from on-scene yes or no; why? What is wrong?

Plan

Full trauma exam, traction splint and transport to a Trauma Center

Concerns: Even if we do everything perfect we may have a complication in splinting the patient. If we do loose pulses note time and change destination to trauma center.

Transport yes or no; mode: Yes BLS

CBT 385 Environmental Emergencies # 1

Evaluator's notes: This is hypothermia/injury some bruising, abrasions to arms legs/incident older man walking along the creek and the bank gave way and he fell into the creek. Temperature is 38 degrees, winds at 25mph and raining. Possible hypothermia and no other injuries do to the fall. EMT should consider scene safety, SP (Special Precautions), and what is really wrong: stroke, head injury, hypothermia.

Dispatch/Description of the problem: You are dispatched to 72 yo male fell into creek. No other info.

Subjective

What you see upon arrival: You find the man on the side of the creek about three feet down holding on to some tree roots. Patient is pale, wet and shivering uncontrollably. He is breathing rapidly. When ask if he can climb out, he says he is too weak.

Objective

Onset	Fell in 1 hour ago
Provocation	Bruising/abrasions/cold
Quality of the pain	Numb
Radiation	N/A
Severity	Cold
Time since onset	1 hour and 15 minutes
Signs and symptoms	finger tips and lips look blue/shivering uncontrollably
Allergies	None
Medications	Inderol and nitro
Previous medical history	MI two years ago/hypertension
Last food intake	Breakfast
Events leading up to the illness	Had breakfast then went for a walk.

Vitals:	1 st set	2 nd set
Blood Pressure	130/60	120/70
Pulse	64	70
Respirations	26	18
Skin	pale/cold/wet	pale/cold/wet
Pupils	equal/slow to react	equal/slow to react
Temperature	95	95
Lung Sounds	clear/equal/bi-lat	clear/equal/bi-lat
Capillary refill	>2 seconds	>2 seconds
Level of Consciousness	A&Ox3	A&Ox3
Neurological Response		
Postural's	N/A	N/A
O2 Saturation	94	98
Blood Glucose		

Sick or Not Sick: **Sick**
Results from a patient exam: Loss of coordination, muscle stiffness, slowing respirations, slow pulse, confused, lethargic, sleepy

Assessment

Call for a medic from on-scene yes or no; why? Yes ALS

Plan Do your best to warm the patient and monitor patient closely.

Concerns: Hypothermia alone can be lethal with the geriatric patient. Remember that time is especially significant with these geriatric patient!

Transport yes or no; mode: ALS transport.

Remember that time is especially significant with the geriatric patient!

CBT 385 Environmental Emergencies #2

Evaluator's notes: This is anaphylaxis/injury bee stings on face, neck and arms/incident take place at a local residence where a tree service was cutting down a tree. The tree service person was attacked by a swarm of bees. EMT should consider scene safety, SP standard precautions, and what is really wrong: airway problems, Epi-pen application and ALS.

Subjective

Dispatch/Description of the problem: EMTs dispatched to shortness of breath at a local residence. In route you get a short up date: 34 yr old male was swarmed by bees while cutting down tree. No other info.

Objective

What you see upon arrival: You arrive at the house where you see a male sitting in the yard with a lot of bees still swarming around him and the area. Patient is yelling to stay back his face is swollen and red with lots of sting marks. He is talking in only two word responses; homeowner is worried that he is getting worse. Home owner states there were a lot of bees and used the hose to get the bees to leave him alone. Home owner was also stung.

Onset	Multiple bee stings 10 minutes ago			
Provocation	Stings on face, neck, arms			
Quality of the pain	burning itching			
Radiation				
Severity	8			
Time since onset	10 min			
Signs and symptoms	Stings to face, neck, arms shortness of breath			
Allergies	None known			
Medications	Allegra			
Previous medical history	Broken arm as a kid			
Last food intake	Two hours ago			
Events leading up to the illness	Cutting tree down when attacked by bees			
Vitals:	1 st set	2 nd set	3 rd set	
Blood Pressure	80/p	78/46	134/92	
Pulse	120	130	130	
Respirations	40	28	18	
Skin	Red/flushed	Red/flushed		
Pupils	Equal/reactive	Equal/reactive		
Temperature	98.4			
Lung Sounds	Irregular/Rapid	Irregular/Rapid		
Capillary refill	at 2 seconds			
Level of Consciousness	A&Ox3	A&Ox3		
Neurological Response	Normal	Normal		
Posturals	Don't even think about it!			
O2 Saturation	90	92	90	
Blood Glucose				

Sick or Not Sick Sick

Assessment

Results from a patient exam Patient is hypertensive and has difficulty breathing

Call for a medic from on-scene yes or no; why? ALS needed

Plan Epi-pen, O2, and treat for stings.

Concerns: Anaphylaxis is a life threatening condition that needs to be treated quickly and correctly. Even with that, the patient may not survive the event. What are our protected levels?

Transport yes or no; mode: ALS

CBT 385 Environmental Emergencies 3

Evaluator's notes: 3 year old patient ingested a peanut butter cookie

Dispatch/Description of the problem: You are dispatched to 3 year old patient ingestion a peanut butter cookie and is having a shortness of breath

Subjective

What you see upon arrival: You arrive on scene of a suburban neighborhood at 3:30 pm where a 3 year old toddler that grammas had given a peanut butter cookie. You are met by the grand mother who was watching the kids. The grand mother went looking for the 3 year old and found him eating a cookie. The patient is conscious and is hyperventilating. During assessment the patient loses consciousness.

Objective

Onset 10
Provocation anaphylaxis
Quality of the pain N/A
Radiation N/A
Severity N/A
Time since onset 10 minutes
Signs and symptoms drowsy and hyperventilating
Allergies none known
Medications none
Previous medical history none
Last food intake 2 hours
Events leading up to the illness Granma says he just had lunch

Vitals:	1 st set	2 nd set
Blood Pressure	100/60	120/70
Pulse	130	134
Respirations	30	30
Skin	warm/moist	warm/moist
Pupils	equal/slow to react	equal/slow to react
Temperature	warm	warm
Lung Sounds	clear/equal/bi-lat	clear/equal/bi-lat
Capillary refill	2 seconds	2 seconds
Level of Consciousness	A&Ox2	A&Ox2
Neurological Response	Responds to painful stimuli	
Postural's	N/A	N/A
O2 Saturation	94	98
Blood Glucose		

Sick or Not Sick: Sick

Assessment

Results from a patient exam: Loss of consciousness and does respond to noxious stimuli

Call for a medic from on-scene yes or no; why? Yes ALS

Plan

Epi-Pen, O2 high flow, and monitor patient closely.

Concerns

Anaphylaxis is a life threatening condition that needs to be treated quickly and correctly. Even with that, the patient may not survive the event.

Transport yes or no; mode: ALS transport.

CBT 385 Environmental Emergencies # 5

Evaluator's notes: This is a diving incident 42 y/o man who had just completed a dive to 110 feet. After his arrival home he started to have some shortness of breath EMT should consider scene safety, SP (Special Precautions).

Dispatch/Description of the problem: You are dispatched to 38 y/o diving injury

Subjective

What you see upon arrival: You find a very tall and slim man at home on the couch. Patient is pale, and is breathing rapidly. He says he can't get enough air! And is talking in 3 word sentences

Objective

Onset	Dove about 1 and half hours ago
Provocation	Nothing
Quality of the pain	Numb
Radiation	N/A
Severity	Cold
Time since onset	1hour and 15 minutes
Signs and symptoms	SOB
Allergies	none
Medications	none
Previous medical history	none
Last food intake	Breakfast
Events leading up to the illness	He states he had breakfast then went for a dive

Vitals:	1 st set	2 nd set
Blood Pressure	154/66	166/78
Pulse	110	126
Respirations	32	35
Skin	pale/cold/wet	pale/cold/wet
Pupils	equal/slow to react	equal/slow to react
Temperature	97	96
Lung Sounds	decreased on left side	audible decrease on left side
Capillary refill	>2 seconds	>2 seconds
Level of Consciousness	A&Ox3	A&Ox3
Neurological Response		
Postural's	N/A	N/A
O2 Saturation	84	84?
Blood Glucose		

Sick or Not Sick: Sick

Results from a patient exam: SOB with decreased breath sounds on one side, we must first consider spontaneous pneumothorax

Assessment

Call for a medic from on-scene yes or no; why? Yes ALS

Plan

High flow O2 and ALS to hyperbaric chamber

Concerns: Tall and thin divers are prone to blebs and hence a spontaneous pneumothorax. We should be very careful with these patients

Transport yes or no; mode: ALS transport.

CBT 425 Respiratory Emergencies #1

Evaluator's notes only: This is respiratory the EMT should consider scene safety, and standard precautions, on this 67 year old patient with terminal lung cancer and pneumonia.

Dispatch/Description of the problem: You are dispatched to 67 yr old patient SOB.

Subjective

What you see upon arrival: You find 67 year old the patient difficulty breathing. Spouse called 911 and says the patient's just started breathing really fast and has history of lung cancer and pneumonia. Patient has been bed ridden at home the last 3 months. The spouse says there is a hospice nurse that comes by twice a week. Patient is talking in 4 to 5 word sentences.

Objective

Onset	8 minutes
Provocation	Lung cancer
Quality of the pain	none
Radiation	none
Severity	none
Time since onset	8 minutes ago
Signs and symptoms	Breathing difficulty, conscious,
Allergies	none
Medications	Lasix, Dig, K, Loniten, Losartan, NTG,MS Oxycotin
Previous medical history	Lung cancer and pneumonia
Last food intake	3 hours ago
Events leading up to the illness	As previously stated

Vitals:	1 st set	2 nd set
Blood Pressure	180/110	190/110
Pulse	96	92
Respirations	32	30
Skin	cool, dry	cool, dry
Pupils	equal & dilated slow to reactive	
Temperature	cool	cool
Lung Sounds	wheezing	wheezing with consolidation in right lung
Capillary refill	>2 sec	>2 sec
Level of Consciousness	A&O x2	A&O x2
Neurological Response	Slow to react to verbal commands	
Postural's	N&A	
O2 Saturation	84%	90%
Blood Glucose	N/A	

Sick or Not Sick NOT Sick

Assessment

Call for a medic from on-scene yes or no; why? No

Plan:

Reassure the patient, Vitals, low flow O2 if patient is a no code, monitor vitals

Short Report To hospital if transported

Concerns: The patient may have had a PE secondary to a sedentary lifestyle. This though is outweighed by the patient's terminal illness. Comfort measures may include O2 and suctioning. What is code status, since hospice is involved?

Transport yes or no; mode: Patient is transported BLS if transported at all

CBT 425 Respiratory Emergencies #2

Evaluator's notes: This is respiratory illness no apparent injury/the incident takes place at a local residence house. EMT should consider scene safety, standard precautions and what is really wrong: MI, PE, or COPD?

Dispatch/Description of the problem: You are dispatched to a 52 year old male with shortness of breath.

Subjective

What you see upon arrival: When you arrive the wife opens the door and she directs you to her husband sitting on the couch in a tripod position. Patient is flushed skin warm and dry. Patient states he just started to get up and felt dizzy and short of breath. Has no other history has been in good health.

Objective

Onset	when patient went to get up from couch
Provocation	little pain in back and shortness of breath and dizzy
Quality of the pain	sharp at 6
Radiation	none
Severity	extreme shortness of breathe talking in 3-4 word sentences
Time since onset	10 minutes ago
Signs and symptoms	shortness of breath, dizzy, pain in back
Allergies	none
Medications	beta- blockers for hypertension
Previous medical history	none
Last food intake	1 hour ago
Events leading up to the illness	just sitting reading a book

Vitals:	1 st set	2 nd set
Blood Pressure	96/70	88/58
Pulse	60	78
Respirations	38	none
Skin	Flushed/warm/dry	Flushed/warm/dry
Pupils'	Mid/equal/reactive	Mid/equal/reactive
Temperature	98.5	98.5
Lung Sounds	Rales bilaterally	Rales bilaterally
Capillary refill	3sec	5 sec
Level of Consciousness	A&O x3	A&O x2
Neurological Response	Normal	unconscious
Postural	N/A	
O2 Saturation	94%	86%
Blood Glucose	120 if done but there is no need because no history of diabetes <LOC	

Sick or Not Sick **Sick** decreasing O2 sats after oxygen therapy should be a warning!

Results from a patient exam: Patient sick with visibly engorged neck veins, this with the presence of hypotension indicates we are looking at a cardiovascular event.

Assessment

Call for a medic from on-scene yes or no; why? Yes, Medic, sick patient, Vitals

Plan

High flow O2, Monitor, BVM, CPR

Concerns: Decreasing O2 sats after oxygen therapy is a huge warning! What is the differential diagnosis here, an MI or PE, what is the bradycardia from?

Short Report: To medic unit

Transport yes or no; mode: Via ALS

CBT 425 Respiratory Emergencies # 3

Evaluator's notes: This is Respiratory in nature/No injury/incident took place at a local residence. EMT should consider scene safety, standard precautions. What is really wrong: asthma, drugs, cardiac, anemia, TB?

Dispatch/Description of the problem: You are dispatched to a 42 yr old male with difficulty breathing.

Subjective

What you see upon arrival: You find the patient at home in bed. Patient is talking normally and states he has had a productive cough for some times now and it has blood in it. He states he has been out of the country for six months, working in South East Asia. Patient states he has not felt good for the past week.

Objective

Onset	Patient as been feeling poorly for the last week
Provocation	Patient complains of breathing difficulty with a productive cough
Quality of the pain	Patient states it hurts to cough
Radiation	none
Severity	Patient states the cough has gotten worse
Time since onset	Patient states two days ago
Signs and symptoms	Tripod having difficulty breathing nasty cough
Allergies	None
Medications	None
Previous medical history	None
Last food intake	4 hours ago
Events leading up to the illness	just returned from being in Asia

Vitals:

	1 st set	2 nd set
Blood Pressure	120/70	120/70
Pulse	98	98
Respirations	14	14
Skin	Pale/warm/sweaty	Pale/warm/sweaty
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	102	102
Lung Sounds	striders/bi-lat	striders/bi-lat
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x3	A&O x3
Neurological Response	Normal	Normal
Posturals	N&A	
O2 Saturation	97%	99%
Blood Glucose	Since NO decreased LOC or history of diabetes there is no need	

Sick or Not Sick NOT Sick

Results from a patient exam Low grade temp, productive cough, hard to breathe

Assessment

Call for a medic from on-scene yes or no; why? No, since patient NOT in respiratory distress no need

Plan

Since patient NOT in respiratory distress no need

Concerns: We should have masked up on this call, it is too easy to be complacent, and THEN be infected with TB.

Short Report to: Hospital

Transport yes or no; mode: Transported BLS

CBT 425 Respiratory Emergencies # 4

Evaluator's notes only: This is respiratory in nature/no injury. EMT should consider scene safety, standard precautions, on a 3 month old patient in respiratory arrest, this is a SIDS.

Dispatch/Description of the problem: You are dispatched to 3 month old patient not breathing.

Subjective

What you see upon arrival: You go to a nearby apartment and find a 3 month old patient in respiratory arrest lying in the crib. Teenage mother is shouting "Please save my baby". You find the patient with mottled, cyanotic, warm & dry skin, no pulse, no cap refill; you start CPR and request assistance.

Objective

Onset	10 minutes
Provocation	SIDS
Quality of the pain	none
Radiation	none
Severity	none
Time since onset	10 minutes ago
Signs and symptoms	not breathing, no pulse
Allergies	unknown
Medications	unknown
Previous medical history	unknown
Last food intake	unknown
Events leading up to the illness	As previously stated

Vitals:	1 st set	2 nd set
Blood Pressure	0	0
Pulse	0	0
Respirations	0	0
Skin	warm, dry	warm, dry
Pupils	not reactive	not reactive
Temperature	warm	warm
Lung Sounds	none	none
Capillary refill	none	none
Level of Consciousness	A&O x0	A&O x0
Neurological Response	none	
Posturals	N&A	
O2 Saturation	0%	0%
Blood Glucose	N/A	

Sick or Not Sick **Sick**
Results from a patient exam: Pale, mottled cyanotic skin, not breath on pulse, no other injuries

Assessment

Call for a medic from on-scene yes or no; why? Yes

Plan Airway management O2 BVM, CPR,

Concerns: **SIDS is a devastating event to the family; we should highly consider their needs for counseling.**

Short Report: To incoming medic unit

Transport yes or no mode: Patient is transported to ME for post

CBT 425 Respiratory Emergencies #5

Evaluator's notes: This is purely respiratory incident that takes place outside a local restaurant. EMT should consider scene safety, standard precautions, and what is really wrong: asthma, drugs, cardiac, anemia, TB, 19 year old patient has dyspnea, chest pain and diminished breath sounds spontaneous pneumo.

Dispatch/Description of the problem: You are dispatched to a 19 yr old patient with difficulty breathing.

Subjective

What you see upon arrival: You find the patient at local resident 19 year old patient tall kid is sitting on the lawn and very anxious and is hyperventilating. Patient says was trimming the hedges and started having problems breathing, but kept on working until patient started experiencing sharp pains. At that point the patient sat down in the lawn and called for their mother to call 911. Mother states she immediately knew something was wrong and called 911.

Objective

Onset	Patient was trimming the hedges
Provocation	Just started having hard time breathing
Quality of the pain	Sharp pain in chest
Radiation	none
Severity	9
Time since onset	10 minutes ago
Signs and symptoms	difficulty breathing
Allergies	Penicillin
Medications	None
Previous medical history	None
Last food intake	10 minutes ago
Events leading up to the illness	trimming the hedges

Vitals:	1 st set	2 nd set
Blood Pressure	160/80	170/80
Pulse	78	72
Respirations	28	32
Skin/ Color	warm/moist	warm/moist
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	normal	normal
Lung Sounds	Right-clear	Left - decreased tidal volume but clear
Capillary refill	3 sec	3 sec
Level of Consciousness	A&O x4	A&O x4
Neurological Response	Normal	Normal
O2 Saturation	97%	94%
Blood Glucose	No history or decreased LOC no need	

Sick or Not Sick **Sick**

Results from a patient exam No external injury; Patient has sharp pain in lower to medial areas of the left side of the chest. Lungs clear, but decreased on the left.

Assessment

Call for a medic from on-scene yes or no; why? Yes

Plan: Reassure patient, vitals, high flow O2

Concerns: The lung needs to be decompressed, if not the patient worsen and this turns into a tension pneumothorax. Decreases sounds in left lung, in order for us to auscultate decreased breath sounds the patient has to have a 20% pneumothorax.

Transport yes or no; mode: Patient is transported via ALS

CBT Geriatric Medicine #1

Evaluator's notes: This is medical illness with no apparent trauma. This incident takes place in a local residential home. EMT should consider scene safety, standard precautions, and what is really wrong: MI, PE, COPD or cardiac in nature?

Subjective

Dispatch/Description of the problem: You are dispatched to a 72 year old male with shortness of breath.

Objective

What you see upon arrival: When you arrive the wife opens the door and she directs you to her husband sitting on the couch in a tripod position. Patient is flushed skin warm and dry. Patient states he just started to get up and felt dizzy and short of breath. Has no other history has been in good health.

Vitals:	1st set	2nd set	3rd set
Blood Pressure	80/60	108/70	110/76
Pulse	48	59	84
Respirations	26	38	none
Skin	Flushed/warm/moist	Flushed/warm/dry	
Pupils'	Mid/equal/reactive	Mid/equal/reactive	
Temperature	98.5	98.5	
Lung Sounds	clear/not/equal	clear/not/equal	
Capillary refill	2 sec	2 sec	
Level of Consciousness	A&O x3	A&O x2	
Neurological Response	Normal		
Postural	Don't even think of them		
O2 Saturation	84%	92%	
Blood Glucose			

Onset	when patient went to get up from couch
Provocation	little pain in back and shortness of breath and dizzy
Quality of the pain	sharp at 6
Radiation	none
Severity	extreme shortness of breathe
Time since onset	10 minutes ago
Signs and symptoms	shortness of breath, dizzy, pain in back
Allergies	none
Medications	none
Previous medical history	none
Last food intake	1 hour ago
Events leading up to the illness	just sitting watching TV

Assessment

Sick or Not Sick Sick

Results from a patient exam: Lungs equal, difficulty breathing, initial bradycardia

Plan

Call for a medic from on-scene yes or no; why? Yes, Medic, sick patient, Vitals

Treatment: High flow O2, Monitor, BVM, CPR

Concerns: Transient bradycardia can be a difficult diagnosis and be gone by our arrival

Transport yes or no; mode: Transport via ALS

CBT Geriatric Medicine # 2

Evaluator's notes only: This is Respiratory call. EMT should consider scene safety, special precautions, 66 year old patient in respiratory distress and possible MI. Airway management O2 BVM, transported by Medics.

Dispatch/Description of the problem: You are dispatched to 66 year old patient SOB that is on home O2 @ 4pm.

Subjective

What you see upon arrival: You find a 66 year old the patient with difficulty breathing. You arrive as the patient is in a tripod position and obvious rales and labored and irregular breathing. Patient is talking in two words sentences and states this started this morning and just has gotten worse.

Objective

Onset	8 hours
Provocation	CHF
Quality of the pain	none
Radiation	none
Severity	none
Time since onset	8 hours ago
Signs and symptoms	breathing rales labored, chest pain
Allergies	none
Medications	Lasix, Lipitor, Pericardia, O2,
Previous medical history	Hypertension, CHF, Hyper cholesterol
Last food intake	4 hours
Events leading up to the illness	previously stated

Vitals:	1 st set	2 nd set
Blood Pressure	206/118	210/114
Pulse	130	134
Respirations	36 labored	40 labored
Skin	cool, moist	cool, moist
Pupils	equal & reactive	equal & reactive
Temperature	cool	cool
Lung Sounds	Rales, Bi lat	Rales, Bi lat
Capillary refill	longer 2 sec	longer 2 sec
Level of Consciousness	A&O x4	A&O x3
Neurological Response	response to verbal commands	
Postural's	N&A	
O2 Saturation	92%	88%
Blood Glucose	N/A	

Sick or Not Sick Sick
Results from a patient exam: Pale, skin, breathing with rales half way up the lungs, pt. also with left arm discomfort and nausea and malaise

Assessment

Call for a medic from on-scene yes or no; why? Yes

Plan

High flow O2 with non- Rebreather or BVM, monitor vitals,
Get defibrillation unit and suction ready

Concerns: With CHF coming back we need to be aggressive with oxygen therapy. We must also be think MI for first time failure patient with NO history.

Transport yes or no; mode: Yes by ALS

CBT Geriatric Medicine # 3

Evaluator's notes only: This is Respiratory emergency. EMT should consider scene safety, standard precautions, and 62 year old patient with a possible asthma attack. O2, transport BLS.

Dispatch/Description of the problem: You are dispatched to 62 yr old patient difficulty breathing.

Subjective

What you see upon arrival: You find 62 year old the patient difficulty breathing. Roommate called 911 and says the patient's just started breathing really fast and has history of asthma and pneumonia. The roommate says that they where just started breathing fast wheezing Patient took there medication but has not helped.

Objective

Onset	Watching TV
Provocation	Nothing
Quality	Significant
Radiation	None
Severity	Worst ever
Time	30 minutes ago
Signs and Symptoms	SOB
Allergies	To sulfa drugs
Medication	Asthmacort, Theophylline, Albuterol, amoxicillin
Past Medical; History	Pneumonia
Last Meal	Lunch
Events leading to event	None

Vitals:	1 st set	2 nd set	3 rd set (if applicable)
Blood Pressure	130/80	160/80	160/80
Pulse	78	80	78
Respirations	26	28	20
Skin	warm, moist	warm, moist	
Pupils	equal & reactive	equal & reactive	
Temperature	warm	warm	
Lung Sounds	wheezing, rales,	wheezing, rales,	wheezing slightly
Capillary refill	2 sec	2 sec	
Level of Consciousness	A&O x4	A&O x4	
Neurological Response	Reacts to all verbal commands		
Posturals	N&A		
O2 Saturation	90%	90%	
Blood Glucose	N/A		
Sick or Not Sick	Sick		
Results from a patient exam:	Lungs wheezing bi-lat, Pale cyanotic skin, accessory muscle use		

Assessment

Call for a medic from on-scene yes or no; why? Yes

Plan Reassure the patient, Vitals, O2 and a BLS trip to the local hospital.

Concerns Patient was given aerosol medications by medics, but remember that the medics' give their asthma medications with O2. Because of this the patient will get a rebounding effect later on, and for that reason these patients HAVE to be seen in an ER after the treatment.

Transport yes or no; mode: Patient is transported BLS or ALS matters not

CBT Geriatric Medicine # 4

Evaluator's notes only: 78 year old patient with abdomen pain, and the initial stages of hypovolemic shock;

Dispatch/Description of the problem: Dispatched to 78 year old patient back pain.

Subjective

What you see upon arrival: It is 3 pm on a weekday when you are dispatched to a local home. Dispatch information includes that the patient is a 78 year old pale and diaphoretic and dizzy. When you arrive you find patient on the floor with a complaint of flank pain on the right side of his body. He tells you that it feels like the discomfort he had with his kidney stones.

Objective

Onset	10 minutes
Provocation	nothing
Quality of the pain	tearing
Radiation	none
Severity	8
Time since onset	10 minutes
Signs and symptoms	dizziness, pale diaphoretic
Allergies	none
Medications	ASA, Tagament, Propulcid, HCTZ
Previous medical history	ulcers, HTN, Smoker
Last food intake	3 hours
Events leading up to the illness	as previously stated

Vitals:	1 st set	2 nd set
3 rd set		
Blood Pressure	80/P	80/56
Pulse	130	138
Respirations	28	16
Skin	pale, warm & moist	
Pupils	equal & reactive to light	
Temperature	warm	warm
Lung Sounds	Clear Bi late	Clear Bi late
Capillary refill	longer than 2 sec.	longer than 2 sec.
Level of Consciousness	A& Ox 3	A&Ox3
Neurological Response	Responds to all verbal commands	
Postural's	N/A	
O2 Saturation	98	
Blood Glucose	N/A	

Sick or Not Sick	Sick
Results from a patient exam	Patient is supine with significant discomfort in the right flank area. Wife says that he just told her his back hurt and then fainted. During your exam you find the patient to have a pulsatile mass above the umbilicus.

Assessment **Call for a medic from on-scene yes or no; why? yes**

Plan: High flow O2, keep warm, treat for shock and monitor vitals

Concerns: AAA's can present in many ways, testicular, back or flank pain

Transport yes or no; mode: Transported via medic unit to surgery

CBT Geriatric Emergencies #5

Evaluator's notes only: This is Respiratory in nature/No injury. EMT should consider scene safety, special precautions, in treating this 67 year old patient with terminal lung cancer history and pneumonia. O2, transport BLS.

Dispatch/Description of the problem: You are dispatched to 67 yr old patient difficulty breathing.

Subjective

What you see upon arrival: You find 67 year old the patient difficulty breathing. Spouse called 911 and says the patient's just started breathing really fast and has history of lung cancer and pneumonia. Patient has been bed ridden at home the last 3 months. The spouse says there is a hospice nurse that comes by twice a week.

Objective

Onset	8 minutes	
Provocation	lung cancer	
Quality of the pain	none	
Radiation	none	
Severity	none	
Time since onset	8 minutes ago	
Signs and symptoms	breathing difficulty, conscious,	
Allergies	none	
Medications	6 different medications	
Previous medical history	lung cancer and pneumonia	
Last food intake	3 hours ago	
Events leading up to the illness	previously stated	
Vitals:	1 st set	2 nd set
Blood Pressure	180/110	190/110
Pulse	96	92
Respirations	32	30
Skin	cool, dry	cool, dry
Pupils	equal & dilated slow to reactive	
Temperature	cool	cool
Lung Sounds	wheezing	wheezing
Capillary refill	>2 sec	>2 sec
Level of Consciousness	A&O x2	A&O x2
Neurological Response	Slow to react to verbal commands	
Postural's	N&A	
O2 Saturation	84%	90%
Blood Glucose	N/A	

Sick or Not Sick NOT Sick
Results from a patient exam: Lungs wheezing bi-lat, no other injuries

Assessment

Call for a medic from on-scene yes or no; why? No

Plan: Reassure the patient, Vitals, High flow O2, having patient take slow deep breaths, monitor vitals

Concerns: We need to find out how we can best help this family in their medical needs. We need to talk about code status and future visits.

Transport yes or no; mode: Patient is transported BLS

CBT 521 OB/GYN Emergencies # 1

Evaluator's notes: This is GYN in nature of the illness abdominal pain/no injury/incident took place at a local residence. EMT should consider scene safety, BSI, and what is really wrong: STD, pregnancy, ectopic pregnancy, period, and appendix.

Dispatch/Description of the problem: You are dispatched to 13 year old female with abdominal pain in the right lower quadrant. She has **NEVER** been pregnant.

Subjective

What you see upon arrival: You find the patient at home in bed. Patient looks normal and says she has had the pain for a couple of day and it got significantly worse today. Pain is on her right side.

Objective

Onset	patient as been feeling badly for a couple of days
Provocation	abdominal pain, lower right quadrant
Quality of the pain	pain is sharp and stabbing
Radiation	into stomach
Severity	8
Time since onset	two days ago
Signs and symptoms	pain in lower RT quadrant, nausea, and normal menstruations recently
Allergies	none
Medications	none
Previous medical history	none and NOT sexually active per her without parents in room
Last food intake	4 hours ago
Events leading up to the illness	came home from school with it

Vitals:

	1 st set	2 nd set	3 rd set
Blood Pressure	120/70	120/70	120/70
Pulse	72	72	72
Respirations	12	12	12
Skin	Pale/warm/dry	Pale/warm/dry	Pale
Pupils	Mid/equal/reactive	Mid/equal/reactive	Mid
Temperature	98	98	98
Lung Sounds	clear/bi-lat	clear/bi-lat	C=FB
Capillary refill	< 2 sec	< 2 sec	< 2sec
Level of Consciousness	A&Ox3	A&Ox3	A&O
Neurological	Normal	Normal	Normal
Posturals'	N&A		
O2 Saturation	99%	99%	
Blood Glucose	N&A	not needed there is no decrease in LOC or history of diabetes	

Sick or Not Sick Not Sick

Assessment

Results from a patient exam: Non specific, but I am still apprehensive of a ectopic pregnancy!
 Call for a medic from on-scene yes or no; why? No

Plan

Told to go to the ER of choice POV

Concerns: It is not appropriate for the question of sexual activity when all we need to know about is the cycle.

Transport yes or no; mode: POV

CBT 521 OB/GYN Emergencies # 2

Evaluator's notes: This is OB in nature of the illness/no injury/incident took place at a local residence. EMT should consider scene safety, BSI, and what is really wrong: imminent childbirth, miscarriage, placenta abruption, tubal pregnancy.

Dispatch/Description of the problem: You are dispatched to a 38 year old female in severe abdominal pain, with vaginal bleeding of 4 to 5 pads per hour. This is her 4th pregnancy and she has 3 children at home.

Subjective

What you see upon arrival: You find the patient at home in the bathroom, sitting on the toilet. Patient is talking normally and states she feels like she needs to have a bowel movement. When asked if pregnant, she indicates that she is in her 3rd trimester.

Objective

Onset	patient as been feeling pain for approx. 4 hours
Provocation	abdominal pains with severe cramping
Quality of the pain	very severe
Radiation	none
Severity	10
Time since onset	approx 4 hours ago
Signs and symptoms	abdominal pain and vaginal bleeding
Allergies	none
Medications	none
Previous medical history	none
Last food intake	6-7 hours ago
Events leading up to the illness	N/A

Vitals:	1 st set	2 nd set
Blood Pressure	138/70	140/70
Pulse	100	100
Respirations	14	14
Skin	flushed/warm/sweaty	flushed/warm/sweaty
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	98	98
Lung Sounds	clear/bi-lat	clear/bi-lat
Capillary refill	< 2 sec	<2 sec
Level of Consciousness	A&Ox3	A&Ox3
Neurological Response	Normal	Normal
O2 Saturation	97%	99%
Blood Glucose	N&A	

Last food intake	6-7 hours ago
Events leading up to the illness	N/A
Sick or Not Sick	Sick

Assessment

Results from a patient exam Patient bleeding vaginally

Plan Call for a medic from on-scene yes or no; why? Yes, vaginal bleeding in a pregnancy is a serious event
O2 and ALS for an evaluation

Concerns **Is the vaginal bleeding from a traumatic injury, or medical in nature?**

Transport yes or no; mode: Transported ALS

CBT 521 OB/GYN Emergencies # 3

Evaluator's notes: This is OB in nature of the illness/No injury/incident took place at a local residence. EMT should consider scene safety, BSI, and what is really wrong: imminent childbirth, miscarriage, placenta abruption, tubal pregnancy

Dispatch/Description of the problem: You are dispatched to a 48year old patient in severe abdominal pain. She is in her 3rd trimester of her 4th pregnancy and has 2 children at home.

Subjective

What you see upon arrival: You find the patient at home, in the living room on the couch. Patient is talking normally and states she feels like she needs to have a bowel movement. When asked if pregnant, she indicates that she is and has been having contraction for an hour or so.

Objective

Onset	patient as been feeling pain for approx. 6 hours
Provocation	abdominal pains with severe cramping
Quality of the pain	very severe
Radiation	none
Severity	10
Time since onset	approx 6 hours ago
Signs and symptoms	abdominal pain and vaginal bleeding
Allergies	none
Medications	none
Previous medical history	none
Last food intake	6-7 hours ago
Events leading up to the illness	N/A

Vitals:	1 st set	2 nd set
Blood Pressure	148/70	158/70
Pulse	100	110
Respirations	14	14
Skin	flushed/warm/sweaty	flushed/warm/sweaty
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	98	98
Lung Sounds	clear/bi-lat	clear/bi-lat
Capillary refill	< 2 sec	<2 sec
Level of Consciousness	A&Ox3	A&Ox3
Neurological Response	Normal	Normal
O2 Saturation	97%	99%
Blood Glucose	N&A	

Sick or Not Sick Sick

Results from a patient exam Prolapsed cord with no other significant findings

Assessment

Call for a medic from on-scene yes or no; why? Yes

Plan

Patient is put on her knees with her buttocks elevated. The EMT needs to take pressure off cord from head. ALS comes and transports to a birthing center that is prepared for this patients.

Concerns: **This is a life threatening event to both patients**

Transport yes or no; mode: Transported ALS

CBT 521 OB/GYN Emergencies #4

Evaluator's notes: This is OB in nature of the illness/ no injury/incident took place at a local church. EMT should consider scene safety, BSI, and what is really wrong:.

Dispatch/Description of the problem: You are dispatched to local neighborhood church at 11:00 am Sunday. The patient is an unconscious 50 year old female.

Subjective

What you see upon arrival: You find the patient on local neighborhood church. When you arrive you find the patient lying on one of the pews and is unconscious. The ushers say that she is in her 8th month of the pregnancy. The patient looks bloated around her ankles and wrists, her skin is pale, and is said to have had a seizure.

Objective

Onset	5 minutes
Provocation	fainted
Quality of the pain	none
Radiation	none
Severity	none
Time since onset	approx 5 ago
Signs and symptoms	dizzy and blurred vision, headache
Allergies	none
Medications	none
Previous medical history	normal pregnancy
Last food intake	3 hours ago
Events leading up to the illness	as previously stated

Vitals:	1 st set	2 nd set
Blood Pressure	150/90	160/100
Pulse	78	78
Respirations	18	18
Skin	warm/dry/pale	warm/dry/pale
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	98	98
Lung Sounds	clear Bi-lat	clear Bi- lat
Capillary refill	2 sec	2 sec
Level of Consciousness	A&Ox4	A&Ox4
Neurological Response	response to all verbal commands	
Posturals	N&A	
O2 Saturation	98%	99%
Blood Glucose	N&A	

Sick or Not Sick Sick

Results from a patient exam: Hypertensive vitals, with altered LOC, bloated and pale

Assessment

Call for a medic from on-scene yes or no; why? yes

Plan: monitor vitals, O2, lateral left recumbent position

Concerns: Once the patient seized this changed from-pre-eclampsia to eclampsia and is truly a medical emergency. We must also remember that 140/90 is considered hypertension in the pregnant patient.

Transport yes or no; mode: Transported ALS

CBT 521 OB/GYN Emergencies #5

Evaluator's notes: This is an Obstetrical incident that takes place at a local grocery market. EMT should consider scene safety, standard precautions, and what is really wrong, or is this just a 26 yr old imminent childbirth

Dispatch/Description of the problem: You are dispatched to a 26 yr old female in severe pain in labor. This is her 5th pregnancy and she has 4 children at home.

Subjective

What you see upon arrival: You find the patient in local QFC. Patient is talking normally and states she feels like she is having the baby. When asked how long she has been pregnant 1 week late. This is her second child. Patient states she thought she had time to go to the store.

Objective

Onset	Patient as been feeling pain for approx. 4 hours
Provocation	abdominal pains with severe cramping
Quality of the pain	very severe
Radiation	none
Severity	10
Time since onset	approx 4 hours ago
Signs and symptoms	abdominal pain and a small amount of vaginal bleeding with fluid
Allergies	None
Medications	None
Previous medical history	None
Last food intake	4 hours ago
Events leading up to the illness	N/A

Vitals:	1 st set	2 nd set
Blood Pressure	114/70	114/70
Pulse	96	108
Respirations	14	22
Skin	flushed/warm/sweaty	flushed/warm/sweaty
Pupils	Mid/equal/reactive	Mid/equal/reactive
Temperature	98	98
Lung Sounds	clear/bi-lat	clear/bi-lat
Capillary refill	2 sec	2 sec
Level of Consciousness	A&Ox3	A&Ox3
Neurological Response	Normal	Normal
Posturals	N&A	
O2 Saturation	97%	99%
Blood Glucose	N&A	

Assessment

Sick or Not Sick Sick

Results from a patient exam Patient is presenting with the baby's head showing

Call for a medic from on-scene yes or no; why? Yes

Treatment: Patient is ready to deliver at the scene. ALS comes and gives support

Concerns: **Childbirth is a BLS scenario but I don't know an EMT who would not appreciate a paramedic there, just in case**

Plan

Transport yes or no; mode: Transport mother and baby to hospital