

BLS-2015- Cardiovascular Emergencies – Scenario #1

Dispatch: 56-year-old male complaining of chest pain while eating lunch at Ivar’s.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • ACS • CHF • Respiratory • Trauma • PE 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety 2. Determine SICK/NOT SICK 3. Request ALS/additional resources if needed. 4. Administer appropriate oxygen when indicated. 5. Aspirin 6. Assist with Nitro 7. Ready for CPR 8. Place patient(s) in position of comfort. 9. Obtain appropriate history. 10. Complete and thorough clinical documentation.

Subjective: 56-year-old male patient sitting in chair. Patient is complaining of severe chest pain with a hand on his chest. He is anxious and states that the pain started as he was walking out of the restaurant, so he came back in to have the hostess call 911.

Information to be given by bystanders, if EMT specifically asks for it: Patient has high blood pressure and had a heart attack when he was 39 years old.

Objective:	
Onset: 10 minutes ago Provocation: walking Quality: Crushing pain Radiation: left shoulder Severity: 8/10 Time since onset: 10 minutes	Signs and symptoms: Chest pain/ radiating shoulder/ diaphoresis Allergies: Dust and Pollen Medications: High blood pressure Previous medical history: HBP/ heart attack at 39 Last food intake: 25 minutes ago Events leading up to the illness: walking

Vitals:	1 st set	2 nd set
LOC	GCS 15	GCS 15
Skin	Warm, Pale, Moist	Warm, Pale, Moist
Blood Pressure	180/110	190/110
Heart Rate	100	112
Respiratory Rate	18	22
Pulse Oximetry	97%	97%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	118	110
Physical Exam	Patient has irregular rhythm full and rapid, crushing chest pain.	No other injuries found

Sick or Not Sick: SICK

Assessment: ACS

Does this call require ALS (yes or no)? Yes **Why?** MI/ACS

Plan:

- Keep patient comfortable, Aspirin, NTG, O2 if needed, AED and suction ready, monitor vitals
- Transport (yes or no): YES
- Mode of transport: ALS

Evaluator's notes:

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BLS-2015- Cardiovascular Emergencies – Scenario #2

Dispatch: 26-year-old male patient collapsed on the basketball court complaining of chest pain and difficulty breathing.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • Respiratory • PE • Cardiac • Trauma • Asthma • Spontaneous pneumothorax 	<ol style="list-style-type: none"> 1. Proper BSI, scene safety 2. Determine SICK/NOT SICK 3. Request ALS/additional resources, if needed. 4. Administer appropriate oxygen, when indicated. 5. Postural Vital signs when indicated 6. Place patient in position of comfort. 7. Obtain appropriate history. 8. Complete and thorough clinical documentation. 9. Was it drug or Alcohol induced? 10. Asthma 11. Spontaneous Pneumothorax

Subjective: 26-year-old male, no prior medical history, complaining of sharp pain in chest and difficulty breathing. Patient states while playing basketball he felt a sharp pain in his left chest and fell to the floor. The patient is having difficulty breathing and has diminished breath sounds on the left side.

Information to be given by bystanders, if EMT specifically asks for it. Not applicable.

Objective:	
Onset: 8 minutes Provocation: Sharp pain Quality: Sharp Radiation: chest Severity: 9/10 Time since onset: 10 minutes	Signs and symptoms: SOB/chest pain/ diaphoresis Allergies: Unknown Medications: none Previous medical history: none Last food intake: 2hours ago Events leading up to the illness: as previously stated

Vitals:	1 st set	2 nd set
LOC	GCS 15	GCS 15
Skin	Warm, Pale, Moist	Warm, Pink, Moist
Blood Pressure	120/80	120/80
Heart Rate	140	134
Respiratory Rate	34	36
Pulse Oximetry	88%	93%
Lung Sounds	Clear on right, absent on left	Same
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	N/A	N/A
Temperature	N/A	--

Physical Exam	Patient is lying on floor of the basketball court, in obvious respiratory distress.	O2 100% NRB applied,
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Sick or Not Sick: SICK

Assessment: Spontaneous Pneumothorax

Does this call require ALS (yes or no)? Yes. **Why?** Lungs sounds and chest pain ALS indicators?

Plan:

- Patient exam, high flow O2, monitor vitals, position of comfort, transport.
- **Transport (yes or no):** YES
- **Transport mode:** ALS

Evaluator's notes:

BLS-2015- Cardiovascular Emergencies – Scenario #3

Dispatch: 65-year-old female complaining of chest pain and shortness of breath.

Potential injury or illness (en route):	Teaching points:
<ul style="list-style-type: none"> • CHF • ACS • Drug or Alcohol • PE • Diabetic 	<ol style="list-style-type: none"> 1. Identify symptoms of ACS 2. Discuss atypical presentations 3. Administer ASA early 4. Administer O2 when appropriate 5. Assist with NTG 6. Place patient in position of comfort. 7. Obtain appropriate history. 8. Complete and thorough clinical documentation. 9. Limit on scene times to <15 min.

Subjective: 65-year-old female complaining of sudden onset of dull, sub sternal chest pain, radiates into her middle back and shortness of breath. Onset 25 minutes ago while sitting in her recliner watching television. Patient did not take anything prior to your arrival.

Information to be given by bystanders, if EMT specifically asks for it: Husband states she has a history of hypertension, myocardial infarction with 4 way coronary artery bypass graft 3 years ago.

Objective:	
Onset: 25 minutes ago Provocation: None, sitting in chair. Quality: dull Radiation: mid back Severity: 7/10 Time since onset: 30 minutes	Signs and symptoms: sudden Allergies: NKA Medications: Atenolol, ASA, Previous medical history: MI, CABG Last food intake: lunch, 1 hour ago Events leading up to the illness: none

Vitals:	1 st set	2 nd set
LOC	GCS 15	GCS 15
Skin	Pale, cool, diaphoretic	Pale, cool, diaphoretic
Blood Pressure	174/90	170/90
Heart Rate	82	84
Respiratory Rate	18	18
Pulse Oximetry	95%	93%
Lung Sounds	Clear	Clear
Pupils	Mid-equal and reactive	Mid-equal and reactive
Blood Sugar Level	120	
Temperature	97.5	
Physical Exam	Patient is sitting in recliner, A/Ox4,	IF assisted with nitroglycerin, pain is

	anxious, pale and sweaty.	now 4/10.
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Sick or Not Sick: SICK

Assessment:

Does this call require ALS (yes or no)? YES **Why?** ACS/MI.

Plan:

- Call for medic, patient exam, treat ACS
- **Transport (yes or no):** YES
- **Transport mode:** ALS

Evaluator's notes:

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