Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: 16 Name:

CC: Sudden onset ABD pain

A: Person X Place X Time: X

V: ____________________________
P: ____________________________
U: ____________________________

Initial Assessment:
Respirations: 18 NOI ABD pain
Pulse: 124 and regular MOI
Mental Status: alert and oriented
Skin Signs: cool/clammy/pale SICK X NOT SICK
Body Position/Obvious Trauma: on her back, knees flexed

I am allergic to: Nothing

I take the following medications:

My medical history is: None

Last oral intake (meal): Dinner 11 hours ago

911 was called because: (Give the information ONLY if you are asked.)
Sudden onset one sided lower quadrant pain.
Role Play/Peds

You are a: Male or Female Age: ___1___ Name:

CC: __SOB

A: Person ___X_________ Place ___X_________ Time: ___X_________

V: __________________________________________

P: __________________________________________

U: __________________________________________

Initial Assessment:
Respirations: ___50________________________ NOI SOB________
Pulse: ___150 and regular________ MOI _____________
Mental Status: ___wide awake and tracking
Skin Signs: __warm/dry/pink________ SICK ___ NOT SICK ___X_

Body Position/Obvious Trauma: __________

I am allergic to: ___Nothing____________________________

I take the following medications:
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

My medical history is: ___None____________

___________________________

Last oral intake (meal): ___Dinner 11 hours ago ____________________________

911 was called because: (Give the information ONLY if you are asked.)
Sudden onset SOB 0400 today

___________________________

___________________________
You are a: Male  Age: __76___ Name:

CC: __syncope

A: Person _X__________  Place ____X__________  Time: __X_____________
V: __________________________________
P: __________________________________
U: __________________________________

Initial Assessment:
Respirations: ___16________________________  NOI Syncope___________
Pulse: __44 and regular___________ MOI _____________________
Mental Status: ___alert and oriented
Skin Signs: ___warm/dry/pale______ SICK X___ NOT SICK (becoming not sick)
Body Position/Obvious Trauma: __

I am allergic to: __Nothing____________________________

I take the following medications:
________________________________________________
Lopressor, HCTZ
________________________________________________
________________________________________________
________________________________________________
________________________________________________

My medical history is: 2 way bypass surgery after his MI, 8 yrs ago

________________________________________________

Last oral intake (meal): __Dinner 1.5  hours ago __________________________

911 was called because: (Give the information ONLY if you are asked.)
Wife heard a thud and found him down in the bathroom

________________________________________________
________________________________________________
________________________________________________
You are a: Female  Age: __16___ Name:

CC: __burns to arms

A: Person _X__________ Place ____X__________ Time: __X_____________
V: __________________________________________
P: __________________________________________
U: __________________________________________

Initial Assessment:
Respirations: ___20________________________ NOI ________________
Pulse: ___120___________ MOI __burns________________________
Mental Status: ___alert and oriented
Skin Signs: __warm/dry/pale_______ SICK X SICK NOT SICK (becoming not sick)
Body Position/Obvious Trauma: __burns to both arms

I am allergic to: __Nothing____________________________

I take the following medications:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

My medical history is:
___________________________________________________________________________

Last oral intake (meal): __breakfast 1 hour ago ____________________________

911 was called because: (Give the information ONLY if you are asked.)
Chemical burns to both arms when an acid was spilled in the lab
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
You are a: Male Age: __40___ Name:

CC: ___fall in the tavern

A: Person ___________ Place _______________ Time: _______________

V: ________________________________________

P: ____X___________________________________

U: ________________________________________

Initial Assessment:
Respirations: ___28________________________  NOI fall w/ likely seizure
Pulse: __130_____________________________ MOI _____________________
Mental Status: ___post ictal
Skin Signs: _warm/pink/moist___SICK X___ NOT SICK

Body Position/Obvious Trauma:

I am allergic to: __Nothing____________________________________

I take the following medications:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

My medical history is:

_____ETOH abuse X 20 yrs____________________________________

Last oral intake (meal): light lunch 6 hours ago

911 was called because: (Give the information ONLY if you are asked.)
Fall off the barstool and then a likely seizure

______________________________________________________________

______________________________________________________________

______________________________________________________________
You are a: Female Age: 44 Name:
CC: RUQ ABD pain

A: Person X Place X Time: X
V: ____________________________
P: ____________________________
U: ____________________________

Initial Assessment:
Respirations: 14 NOI RUQ pain
Pulse: 100 MOI
Mental Status: alert and oriented
Skin Signs: warm/moist/pink SICK X NOT SICK (becoming not sick)
Body Position/Obvious Trauma: burns to both arms

I am allergic to: Nothing

I take the following medications:
________________________________________
Beta blocker (Lopressor) and high cholesterol (Lovastatin)
________________________________________
________________________________________
My medical history is: partially controlled hypertension

Last oral intake (meal): KFC and mashed potatoes 15 min. ago

911 was called because: (Give the information ONLY if you are asked.)
Sudden onset RUQ pain
Role Playing Script

You are a: Male  Age: __12___ Name:

CC: __head versus diving board

A: Person ___________ Place ______________ Time: ______________
V: _______________________________________________________________________
P: _______________________________________________________________________
U: ______X____________________________________

Initial Assessment:
Respirations: ___8________________________ NOI ________________
Pulse: _120_______ MOI __struck head on diving board________
Mental Status: ___unresponsive
Skin Signs: __warm/moist/pink_______ SICK X___ NOT SICK
Body Position/Obvious Trauma: __nasty head laceration

I am allergic to: __Unk____________________________

I take the following medications:
____________________Unknown ______________________________
____________________Unknown ______________________________
____________________Unknown ______________________________
____________________Unknown ______________________________

My medical history is:
Unknown________________________________________________

Last oral intake (meal): __Unknown ______________________________

911 was called because: (Give the information ONLY if you are asked.)
Struck head on the diving board, falling unconscious into the water
___________________________________________________________
___________________________________________________________
___________________________________________________________
You are a: Male  Age: __76___ Name:

CC: __Syncope

A: Person _X__________ Place ____X__________ Time: __X_____________

V: __________________________________________________

P: __________________________________________________

U: __________________________________________________

Initial Assessment:
Respirations: __16_______________________  NOI Syncope______________
Pulse: _72________  MOI __________________
Mental Status: ___alert and oriented
Skin Signs: _warm/dry/pale____SICK ___ X NOT SICK
Body Position/Obvious Trauma: Sitting on the toilet

I am allergic to: ___PCN___________________________

I take the following medications:
________________________________________________

Flomax____________________________________________
________________________________________________________________________________

My medical history is:
__Benign prostate hypertrophy______________________

Last oral intake (meal): __dinner 3 hours ago _______________________

911 was called because: (Give the information ONLY if you are asked.)
Wife heard a “thud” and found him down in the bathroom. You were straining to urinate.
________________________________________________________________________________
Role Playing Script

You are a: Male  Age: __33___ Name:

CC: __SW to ABD

A: Person _X_________ Place ____X_________ Time: __X_____________
V: ____________________________________________
P: ____________________________________________
U: ____________________________________________

Initial Assessment:
Respirations: ___24________________________ NOI ________________
Pulse: _120_____ MOI SW to ABD________________
Mental Status: ___alert and oriented
Skin Signs: _warm/dry/pale____SICK X___ NOT SICK
Body Position/Obvious Trauma: _SW to ABD

I am allergic to: _Nothing____________________________________

I take the following medications:
_____None____________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

My medical history is:
None

______________________________________________________________

Last oral intake (meal): __hot wings 40 minutes ago

________________________

911 was called because: (Give the information ONLY if you are asked.) Altercation
in the bar resulted in a SW to his ABD______________________________

________________________

________________________
CBT 165 Scenario 2

Role Playing Script  Role Play/Adult

You are a: Male Age: __64___ Name:

CC: __Heavy chest

A: Person _X_______ Place ____X_________ Time: __X_____________

V: __________________________________________

P: __________________________________________

U: __________________________________________

Initial Assessment:
Respirations: ___36_____________ NOI MI/CHF__________
Pulse: _46___________ MOI __________________
Mental Status: __alert and oriented
Skin Signs: _warm/dry/pale_______SICK X___ NOT SICK

Body Position/Obvious Trauma:

I am allergic to: __Nothing____________________________

I take the following medications:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

My medical history is:

________Gall bladder removed___________________________________

Last oral intake (meal): __canned ham at dinner 5 hours ago ___

911 was called because: (Give the information ONLY if you are asked.)
Woke up w/ SOB and “heavy chest”

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Role Playing Script

You are a: Male Age: __82___ Name:

CC: __Upper ABD pain

A: Person ___X__________ Place ___X__________ Time: ___X____________

V: __________________________________________

P: __________________________________________

U: __________________________________________

Initial Assessment:
Respirations: ___30________________________ NOI MI__________
Pulse: _68_______ MOI________________
Mental Status: ___alert and oriented
Skin Signs: _cool/clammy/pale___SICK X___ NOT SICK

Body Position/Obvious Trauma:

I am allergic to: ___Nothing____________________________

I take the following medications:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

My medical history is:

Mild CVA in 2000____________________________________________

Last oral intake (meal): _small dinner 9 hours ago ____________________

911 was called because: (Give the information ONLY if you are asked.)
Woke up w/ upper ABD pain, some SOB, dizziness

____________________________________________________

____________________________________________________

____________________________________________________
Role Playing Script

You are a: Male  Age: 28 Name:

CC: GSW to foot

A: Person X Place X Time: X

V: __________________________
P: __________________________
U: __________________________

Initial Assessment:
Respirations: 16 NOI ________
Pulse: 68 MOI GSW to foot_________
Mental Status: alert and oriented
Skin Signs: warm/pink/dry SICK X NOT SICK

I am allergic to: Nothing

I take the following medications:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

My medical history is:
_________________________________________________________________
_________________________________________________________________

Last oral intake (meal): breakfast 3 hours ago _________________________

911 was called because: (Give the information ONLY if you are asked.)
Accidental self inflicted GSW to his foot, getting ready to clean his gun
You are a:  Male  Age: __10___ Name:

CC: __"fall" resulting in arm Fx

A: Person _X_________ Place ___X_________ Time: __X_____________
V: _______________________________________
P: _______________________________________
U: _______________________________________

*Initial Assessment:*
Respirations:  ____20________________________ NOI Child abuse_________

Pulse:  _110_______ MOI _______________________
Mental Status: __alert and oriented
Skin Signs: _warm/dry/pink SICK ___X NOT SICK

Body Position/Obvious Trauma:

I am allergic to: ___Nothing________________________________________

I take the following medications:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

My medical history is:
____________________________________________________________________

Last oral intake (meal): _small breakfast 2 hours ago
____________________________________________________________________

911 was called because: (Give the information ONLY if you are asked.)
You are very vague about all this, because dad hurt you AGAIN. He says you fell down the stairs. You also have old injuries you don’t wish to talk about.____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Role Play/Adult

You are a: Female  Age: __38___ Name:

CC: __psych eval request

A: Person _X_________ Place ____X_________ Time: __X_____________

V: __________________________________________

P: __________________________________________

U: __________________________________________

Initial Assessment:
Respirations: ___12________________________ NOI depression__________
Pulse: _68________MOI _______________________
Mental Status: ___alert and oriented
Skin Signs: _warm/dry/pink___SICK X___ NOT SICK

Body Position/Obvious Trauma:

I am allergic to: _Nothing_________________________________

I take the following medications:
Elavil, Prozac, Zoloft _____________________________
___________________________________________
___________________________________________
___________________________________________

My medical history is:
Multiple in patient psych admissions since her teens___________

Last oral intake (meal): _small breakfast 2 hours ago

________________________________________________

911 was called because: (Give the information ONLY if you are asked.) You are so depressed you almost refuse to talk to the EMT’s. You do not want to hurt yourself today but understand you may again soon.__________________________
You are a: Male Age: __94___ Name:

CC: __Pt assist

A: Person _X_________ Place ____X_________ Time: __X_____________
V: ___________________________________________
P: ___________________________________________
U: ___________________________________________

Initial Assessment:
Respirations: ___16________________________ NOI
Pulse: _68_______ MOI _______________________
Mental Status: ___alert and oriented
Skin Signs: _warm/dry/pink___SICK ___ X NOT SICK
Body Position/Obvious Trauma:

I am allergic to: __Nothing________________________________

I take the following medications:
HCTZ, Potassium ___________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

My medical history is:
MI and bypass surgery 20 yrs ago_____________________

Last oral intake (meal): _small dinner 4 hours ago _______________________

911 was called because: (Give the information ONLY if you are asked.)
Wife called because after you “slithered” out of bed, neither of you could get you back in bed. You are NOT injured.
You are a: Female   Age: 45   Name:

CC: __nausea/vomiting/ABD pain

A: Person _X__________ Place ____X__________ Time: __X_____________
V: __________________________________________
P: __________________________________________
U: __________________________________________

Initial Assessment:
Respirations: ___16________________________ NOI Food poisoning
Pulse: _100_______ MOI ______________________
Mental Status: ___alert and oriented
Skin Signs: _pink/warm/moist___SICK ___ X NOT SICK

Body Position/Obvious Trauma:

I am allergic to: ___Nothing______________________________

I take the following medications:
__________________________Orinase ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

My medical history is:
Type 2 diabetes______________________________________________

Last oral intake (meal): _Seafood salad 5 hours ago ________________

911 was called because: (Give the information ONLY if you are asked.)
Ate some bad seafood 5 hours ago, and now you are plagued by nausea, vomiting, ABD pain ______________________________
You are a: Male Age: 9 Name:

CC: fall on bike

A: Person _X_________ Place ___X_________ Time: __X_____________

V: ________________________________________________
P: ________________________________________________
U: ________________________________________________

Initial Assessment:
Respirations: ___16________________________ NOI
Pulse: _100_______ MOI bike fall resulting in soft tissue and leg Fx
Mental Status: ___alert and oriented
Skin Signs: _pink/warm/moist___SICK ___ X NOT SICK
Body Position/Obvious Trauma: tib/fib and LOTS of soft tissue

I am allergic to: __Nothing________________________________________

I take the following medications:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

My medical history is:
__________________________________________________________

Last oral intake (meal): _snack 30 minutes ago __________________

911 was called because: (Give the information ONLY if you are asked.)
Riding your bike down hill (high speed) you go down because your front wheel hit a pot hole. Your head was protected because you were smart enough to wear a helmet________________________________
__________________________________________________________
__________________________________________________________
You are a: Male Age: 76 Name:

CC: weakness, loss of speech

A: Person X Place X Time: X
V: _____________________________
P: _____________________________
U: _____________________________

Initial Assessment:
Respirations: 16 NOI CVA
Pulse: 80 MOI ___________________
Mental Status: alert and oriented
Skin Signs: pink/warm/moist SICK X NOT SICK

Body Position/Obvious Trauma:

I am allergic to: peanuts

I take the following medications:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My medical history is:
MI 15 yrs ago______________________________

Last oral intake (meal): light snack 60 minutes ago ________________

911 was called because: (Give the information ONLY if you are asked.)
Wife called when you dropped your yo-yo (new favorite toy) You cannot speak and are terribly frustrated. Your left side is totally flaccid
You are a: Male  Age: __26___ Name:

CC: _nail gun versus hand_

A: Person _X_________  Place ___X_________  Time: __X_____________

V: __________________________________________

P: __________________________________________

U: __________________________________________

Initial Assessment:
Respirations: ___16________________________ NOI
Pulse: _100_______  MOI impaled nail in hand
Mental Status: ___alert and oriented
Skin Signs: ___pink/warm/moist___SICK___ X NOT SICK
Body Position/Obvious Trauma: hand nailed to roof

I am allergic to: _Nothing________________________________

I take the following medications:
_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

My medical history is:
_________________________________________________________

Last oral intake (meal): breakfast 3 hours ago _____________

911 was called because: (Give the information ONLY if you are asked.)
Not being all that skilled w/ your new nail gun, you manage to nail your hand to the roof!

_________________________________________________________

_________________________________________________________

_________________________________________________________
You are a: Female Age: __74___ Name: 

CC: __fall, hip pain

A: Person _X__________ Place ____X__________ Time: __X____________

V: __________________________________________
P: __________________________________________
U: __________________________________________

Initial Assessment:
Respirations: ___16________________________ NOI
Pulse: _80_______ MOI fall, hip Fx__________
Mental Status: ___alert and oriented
Skin Signs: _pink/warm/dry___SICK ___ X NOT SICK
Body Position/Obvious Trauma: shortened externally rotated leg

I am allergic to: __hay fever____________________________

I take the following medications:
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

My medical history is:
______________________________ ______________________________

Last oral intake (meal): Dinner 10  hours ago ______________

911 was called because: (Give the information ONLY if you are asked.)You keep meaning to secure the rug in the kitchen, and today you slipped on it, falling onto and breaking your hip

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________