Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: _64____ Name: _____(434-1)

CC: ___Generalized weakness _____

A: Person _X_____ Place _X_____ Time: ____X_____
V: _____
P: _____
U: _____

Initial Assessment:
Respirations: __20_____ **NOI** _____
Pulse: _100 (weak)_____**MOI** _____
Mental Status: _lethargic but oriented_____
Skin Signs: **__cool/clammy/pale**_____***SICK X___ NOT SICK ___***
Body Position/Obvious Trauma: _____

I am allergic to: _NKDA_____

I take the following medications:

_____ _____

___NPH insulin_____

_____ _____

_____ _____

_____ _____

My medical history is: ___Insulin dependent diabetes (Type I)
_____

_____

Last oral intake (meal): ____Lunch 1 hour ago (burger, fries, diet coke)_____

_____

911 was called because: (Give the information ONLY if you are asked.)

_Sudden onset extreme weakness "I have never felt this way before, I'm exhausted"._____

Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: _68____ Name: __(434-2)

CC: __Heavy chest_____

A: Person _X_____ Place __X_____ Time: __X_____
V: _____
P: _____
U: _____

Initial Assessment:
Respirations: __24_____ **NOI** _____
Pulse: _106_____ **MOI** _____
Mental Status: __A and O X 3_____
Skin Signs: ___**warm/dry/pink**_____***SICK _X__ NOT SICK ___***
Body Position/Obvious Trauma: _Tripod_____

I am allergic to: __Novacaine_____

I take the following medications:
_____ _____

___Prozac_____
_____ _____

_____ _____

_____ _____

My medical history is: ____Depression_____

Last oral intake (meal): ___Full dinner 14 hours ago_____

_____

911 was called because: (Give the information ONLY if you are asked.)
_____Woke up this morning w/ a "heavy chest" and some SOB. You have never had either of these._____

Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: __72___ Name: _____(434-3)

CC: ____"heavy chest"_____

A: Person _X_____ Place ___X_____ Time:X _____
V: _____
P: _____
U: _____

Initial Assessment:
Respirations: ____18_____ **NOI** _____
Pulse: _____90_____ **MOI** _____
Mental Status: ____Alert and O X 3_____
Skin Signs: warm/dry/pink_____***SICK _X__ NOT SICK ___***
Body Position/Obvious Trauma: _____

I am allergic to: _____Peanuts____

I take the following medications:

_____ _____

___Lasix_____ _____

____K+_____ _____

____ntg_____ _____

_____ _____

My medical history is: _____CHF, MI X 2, 3 way CABG, Angina_____

_____

Last oral intake (meal): ___Full dinner 7 hours ago_____

911 was called because: (Give the information ONLY if you are asked.)
__You called 911, even though you have angina, because this seemed odd to you. It was not your normal presentation_____

Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: __86___ Name: _____(434-4)

CC: _____Weakness and nausea_____

A: Person _X_____ Place __X_____ Time: ___X_____
V: _____
P: _____
U: _____

Initial Assessment:
Respirations: _____24_____**NOI** ___silent MI_____
Pulse: _100_____**MOI** _____
Mental Status: ___lethargic but O X 3_____
Skin Signs: **_cool/clammy/pale_____*SICK _X__ NOT SICK ___***
Body Position/Obvious Trauma: _____

I am allergic to: ____Sulfa, Codeine_____

I take the following medications:

Lasix and K+

_____ _____

_____ _____

_____ _____

_____ _____

My medical history is: ___Hypertension (normal BP is 166/86), MI 15 years ago w/ 2 way CABG_____

Last oral intake (meal): _____Dinner 3 hours ago____

_____

911 was called because: (Give the information ONLY if you are asked.)
__Sudden onset of extreme fatigue "It feels like I just ran a marathon"_____

Role Playing Script

Role Play/ADULT

You are a: Male or Female Age: _68____ Name: _____(434-5)

CC: _____Severe SOB and some heaviness in the chest_____

A: Person _____X_____ Place _____X_____ Time: ___X_____
V: _____
P: _____
U: _____

Initial Assessment:
Respirations: _____36_____**NOI** __MI >>>>CHF_____
Pulse: **124**_____**MOI** _____
Mental Status: _alert/agitated_____
Skin Signs: **_____cool/clammy/pale_____*SICK _X__ NOT SICK* ___**
Body Position/Obvious Trauma: ___tripod on the side of the bed_____

I am allergic to: _____Codeine_____

I take the following medications:

_____Digoxin_____
_____ _____

_____ _____

_____ _____

My medical history is: _____MI 15 years ago w/ stent place afterwards_____

Last oral intake (meal): _____ Dinner 8 hours ago_____

911 was called because: (Give the information ONLY if you are asked.)

___Woke up w/ extreme SOB and a heavy chest_____