

## CBT 434 Cardiac Scenario 1

**Evaluator's notes:** Patient 64 year old male chest pain, SOB NB and consider ASA and BVM, MI and CHF quick transport to ER.

**Dispatch/Description of the problem:** You are dispatched to 64 year old male generalized weakness.

**What you see upon arrival:** You find the 64 y.o. patient conscious and sitting in a recliner in his living room. You find a very much "worn out" looking man. You do a belly exam, but SOB develops when he is supine for belly check. You recheck lung sounds basilar crackles.

<b>Vitals:</b>	1 <sup>st</sup> set	2 <sup>nd</sup> set	3 <sup>rd</sup> set (if applicable)
Blood Pressure	110/60	96/60	92/60
Pulse	100	100	100
Respirations	20	30	30
Skin	cool/clammy/pale	cool/clammy/pale	cool/clammy/pale
Pupils	equal & reactive	equal & reactive	equal & reactive
Temperature	Normal	Normal	Normal
Lung Sounds	Clear/equal Bi-lat	basilar crackles	SAA
Capillary refill	2 sec	2 sec	2 sec
Level of Consciousness	A&O x3	A&O x3	A&O x3
Neurological Response	Responds appropriately		
Postural's	Not Normal		
O2 Saturation	96%	92%	
Blood Glucose	108		

<b>O</b> – onset	Sudden weakness
<b>P</b> – provocation	watching TV
<b>Q</b> – quality of the pain	none
<b>R</b> – radiation	n/a
<b>S</b> – severity	n/a
<b>T</b> – time since onset	10 minutes ago
<b>S</b> – signs and symptoms	Alert but C/C= weakness
<b>A</b> – allergies	NKDA
<b>M</b> – medications	NPH Insulin
<b>P</b> – previous medical history	Type 1 diabetes
<b>L</b> – last food intake	Lunch @ noon
<b>E</b> – events leading up to the illness	Watching TV, became exhausted

**Sick or Not Sick**                      Sick

**Results from a patient exam:** Possible Acute MI, and CHF

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

**Treatment.** Keep give aspirin, O<sub>2</sub>, monitor vitals.

**If... then statements. This patient needs ASA and has acute MI and CHF event per medic**

**Transport yes or no; mode** Emergency mode ALS

## CBT 434 Cardiac Scenario 2

**Evaluator's notes:** Patient 68 year old female SOB and consider ASA and MI, quick transport to ER.

**Dispatch/Description of the problem:** You are dispatched to 68 year old female SOB.

**What you see upon arrival:** You find the 68 y.o. patient conscious and sitting on a couch in her living room appearing very anxious.

<b>Vitals:</b>	1 <sup>st</sup> set	2 <sup>nd</sup> set
Blood Pressure	182/78	176/86
Pulse	106	102
Respirations	24	24
Skin	warm/dry/pink	warm/dry/pink
Pupils	equal & reactive	equal & reactive
Temperature	Normal	Normal
Lung Sounds	Clear/equal Bi-lat	Clear/equal Bi-lat
Capillary refill	2 sec	2 sec
Level of Consciousness	A&O x3	A&O x3
Neurological Response	Responds appropriately	
Postural's	Not Normal	
O2 Saturation	98%	92%
Blood Glucose	108	

<b>O</b> – onset	Woke up with
<b>P</b> – provocation	none
<b>Q</b> – quality of the pain	none
<b>R</b> – radiation	n/a
<b>S</b> – severity	n/a
<b>T</b> – time since onset	60 minutes ago
<b>S</b> – signs and symptoms	C/C= heavy chest
<b>A</b> – allergies	Novocain
<b>M</b> – medications	Prozac
<b>P</b> – previous medical history	Depression
<b>L</b> – last food intake	Dinner 14 hrs ago
<b>E</b> – events leading up to the illness	Woke up w/ this feeling

**Sick or Not Sick**                      Sick

**Results from a patient exam:** Possible Acute MI

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

**Treatment.** Keep giving aspirin, O<sub>2</sub>, monitor vitals.

**If... then statements. This patient needs ASA and has acute MI event per medic**

**Transport yes or no; mode** Emergency mode ALS

## CBT 434 Cardiac Scenario 3

**Evaluator's notes:** Patient 72 year old male chest pain, quick transport to ER.

**Dispatch/Description of the problem:** You are dispatched to 72 year old male chest pain.

**What you see upon arrival:** You find the 72 y.o. patient conscious and sitting in bed. Patient is holding his chest.

<b>Vitals:</b>	1 <sup>st</sup> set	2 <sup>nd</sup> set	3 <sup>rd</sup> set (if applicable)
Blood Pressure	162/84	156/86	162/88
Pulse	90	88	88
Respirations	18	18	18
Skin	warm/dry/pink	warm/dry/pink	warm/dry/pink
Pupils	equal & reactive	equal & reactive	equal & reactive
Temperature	Normal	Normal	Normal
Lung Sounds	Clear/equal Bi-lat	Clear/equal Bi-lat	Clear/equal Bi-lat
Capillary refill	2 sec	2 sec	2 sec
Level of Consciousness	A&O x3	A&O x3	A&O x3
Neurological Response	Responds appropriately		
Postural's	Normal		
O2 Saturation	98%		
Blood Glucose	110		

**O** – onset Sudden woke up with it  
**P** – provocation Atypical to his angina  
**Q** – quality of the pain pressure  
**R** – radiation left arm  
**S** – severity Chest pain at 9  
**T** – time since onset 10 minutes ago

**S** – signs and symptoms Alert but C/C= heavy chest  
**A** – allergies Peanuts  
**M** – medications Zantac, NTG, Lasik and K+  
**P** – previous medical history CHF, High BP, CABG, MI, Angina, Stomach ulcers  
**L** – last food intake 7 hours ago  
**E** – events leading up to the illness Woke up to feel a heavy chest

**Sick or Not Sick** Sick

**Results from a patient exam:** Possible Acute MI,

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

**Treatment.** Keep give aspirin, O<sub>2</sub>, monitor vitals.

**If... then statements. This patient needs ASA and has acute coronary event per medic**

**Transport yes or no; mode** Emergency mode ALS

## CBT 434 Cardiac 4

**Evaluator's notes:** Patient 86 year old with generalized weakness, Silent MI, Consider ASA but she is not awake enough to support her airway you assist her with a BVM, quick transport to ER.

**Dispatch/Description of the problem:** You are dispatched to 86 year old woman with generalized weakness

**What you see upon arrival:** You find the 86 y.o. female patient conscious and laying on the couch. After third set of vitals, patient is soaking in a cold sweat and barely conscious. She cannot support her airway. You prop her up on several pillows.

<b>Vitals:</b>	1 <sup>st</sup> set	2 <sup>nd</sup> set	3 <sup>rd</sup> set (if applicable)
Blood Pressure	126/80	100/76	100/60
Pulse	100	114	114
Respirations	24	30	30
Skin	cool/clammy/pale	cool/clammy/pale	
Pupils	equal & reactive	equal & reactive	
Temperature	Normal	Normal	
Lung Sounds	Basilar rales	Basilar rales 1/2	Basilar rales higher
Capillary refill	2 sec	2 sec	
Level of Consciousness	Sleepy but O x3	Sleepy but O x3	Sleepy but O x2
Neurological Response	Responds appropriately		
Postural's	Not Normal		
O2 Saturation	98%		
Blood Glucose	140		

<b>O</b> – onset	Sudden
<b>P</b> – provocation	Nausea/vomiting/weakness
<b>Q</b> – quality of the pain	
<b>R</b> – radiation	None
<b>S</b> – severity	
<b>T</b> – time since onset	30 minutes ago
<b>S</b> – signs and symptoms	Exhausted at rest
<b>A</b> – allergies	Sulfa, Codeine
<b>M</b> – medications	Lasix, K+
<b>P</b> – previous medical history	MI 15 years ago w/ 2-way CABG
<b>L</b> – last food intake	Dinner 3 hours ago
<b>E</b> – events leading up to the illness	Sudden onset nausea/vomiting/weakness/feels like she ran a marathon

**Sick or Not Sick**                      Sick

**Results from a patient exam:** Silent MI

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

**Treatment.** Keep head in an elevated position assist with BVM, O<sub>2</sub>, monitor vitals.

**If... then statements.**

**Transport yes or no; mode** Emergency mode ALS

## CBT 434 Cardiac 5

**Evaluator's notes:** Patient 68 year old male SOB,CHF, acute coronary syndrome, Consider ASA, Need to BVM the patient right away, Patient will get better if not they get worse, quick transport to ER.

**Dispatch/Description of the problem:** You are dispatched to 68 year old male with SOB

**What you see upon arrival:** You find the 68 y.o. male patient conscious and laying on the side of the bed gasping for air. Patient is anxious and oriented. Patient is now in a tripod position. Patient is almost combative he is so hypoxic.

<b>Vitals:</b>	1 <sup>st</sup> set	2 <sup>nd</sup> set	3 <sup>rd</sup> set (if applicable)
Blood Pressure	196/p	196/104	190/100
Pulse	124	120	116
Respirations	36	36	30
Skin	cool/clammy/pale	cool/clammy/pale	
Pupils	equal & reactive	equal & reactive	
Temperature	Normal	Normal	
Lung Sounds	Crackly bottom to top	Lungs full	Tops of lungs are clear now
Capillary refill	2 sec	2 sec	
Level of Consciousness	Sleepy but O x2	Sleepy but O x2	Sleepy but O x2
Neurological Response	Responds appropriately		
Postural's	Not Normal		
O2 Saturation	92%	96%	98%
Blood Glucose	140		

**O** – onset Sudden SOB  
**P** – provocation SOB  
**Q** – quality of the pain  
**R** – radiation None  
**S** – severity  
**T** – time since onset 10 minutes ago

**S** – signs and symptoms SOB and heavy chest  
**A** – allergies Codeine  
**M** – medications Digoxin  
**P** – previous medical history MI 2 years ago and CHF  
**L** – last food intake Dinner 8 hours ago  
**E** – events leading up to the illness Sudden woke up with severe SOB

**Sick or Not Sick** Sick

**Results from a patient exam:** CHF and acute coronary syndrome (ACS)

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

**Treatment.** Keep head in an elevated position assist with BVM, O<sub>2</sub>, monitor vitals.

**If... then statements. If patient is not bagged patient goes unconscious and then into respiratory arrest.**

**Transport yes or no; mode** Emergency mode ALS