CBT 450 Stroke Scenario 1

Evaluator's notes: Patient 76 year old female code CVA, quick transport to ER.

Dispatch/Description of the problem: You are dispatched to 76 year old female decreased level of consciousness.

What you see upon arrival: You find the 76 y.o. female patient conscious and sitting in a recliner in his living room with slurred speech. Her hubby says this started 45 min. ago.

Vitals:	1st set	2nd set	3rd set (if applicable)
Blood Pressure	166/84	180/76	
Pulse	72	72	
Respirations	16	16	
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	Not Normal		
O2 Saturation	98%	98%	
Blood Glucose	124		

O – onset	Sudden slurred speech and consciousness
P – provocation	watching TV
Q – quality of the pain	none
R – radiation	n/a
S – severity	n/a
T – time since onset	45 minutes ago

S – signs and symptoms	Alert but C/C= slurred speech and frustrated
A – allergies	PCN
M – medications	HTZ, Digoxin
P – previous medical history	Atrial Fib. & hypertension
L – last food intake	Dinner 2 hours ago
E – events leading up to the illness	Watching TV, slurred speech began 2 hours ago no ETOH tonight

Sick or Not Sick **Not** Sick

Results from a patient exam: Cinn. Stroke scale done; Slurred speech with slight arm drift, otherwise nero exam is symmetrical. BGL checked ok; Possible code CVA

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

Treatment. Keep clam , O_2, monitor vitals.

If… then statements. This patent needs to go code CVA load and go.

Transport yes or no; mode Emergency mode BLS

CBT 450 Stroke Scenario 2

Evaluator's notes: Patient 36 year old female code CVA, transport to ER.

Dispatch/Description of the problem: You are dispatched to 36 year old female confused.

What you see upon arrival: You find the 36 y.o. female patient conscious and sitting in a chair in her living room with slurred speech. Her hubby says this started 5 min. ago. You see that the patient is anxious and you can barely understand what she is saying.

Vitals:	1st set	2nd set	3rd set (if applicable)
Blood Pressure	196/94	190/88	190/88
Pulse	70	88	86
Respirations	16	16	16
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	Not Normal		
O2 Saturation	98%	98%	
Blood Glucose	118		

O – onset	Sudden slurred speech
P – provocation	watching TV
Q – quality of the pain	none
R – radiation	n/a
S – severity	n/a
T – time since onset	30 minutes ago

S – signs and symptoms	Alert but C/C= slurred speech and frustrated
A – allergies	None
M – medications	Birth control pills
P – previous medical history	none
L – last food intake	Lunch 2 hours ago
E – events leading up to the illness	Watching TV, slurred speech began 30 minutes ago

Sick or Not Sick **Not** Sick

Results from a patient exam: Cinn. Stroke scale done; Slurred speech with right side facial droop. otherwise nero exam is symmetrical. BGL checked ok 118; Possible CVA

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

Treatment. Keep clam, O_2, monitor vitals.

If… then statements. This patent converts to normal speech and smile right before your eyes.

Transport yes or no; mode BLS

CBT 450 Stroke Scenario 3

Evaluator's notes: Patient 45 year old male code CVA, Head bleed, quick transport to ER via medic unit.

Dispatch/Description of the problem: You are dispatched to 45 year old male headache.

What you see upon arrival: You find the 45 y.o. male patient conscious and sitting at the kitchen table with a bucket at his right side. You smell vomit.

Vitals:	1st set	2nd set	3rd set (if applicable)
Blood Pressure	162/100	160/104	166/110
Pulse	110	110	110
Respirations	20	20	20
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 x2	A&O x1
Neurological Response	Responds appropriately		
Postural's	Normal		
O2 Saturation	98%	98%	
Blood Glucose	114		

O – onset	Sudden onset of nasty headache with nausea and vomiting
P – provocation	Unk
Q – quality of the pain	sharp
R – radiation	n/a
S – severity	8
T – time since onset	5 minutes ago

S – signs and symptoms	Alert but C/C=
A – allergies	bees
M – medications	Epi pen as needed
P – previous medical history	Bee allergy
L – last food intake	Breakfast 1.5 hours ago
E – events leading up to the illness	reading the paper, began 1 hour ago

Sick or Not Sick Sick

Results from a patient exam: Cinn. Stroke scale done; nero exam is symmetrical but is photophobic with pupil check. Pupil check shows right 6mm and left 4mm. BGL checked ok 114; Patient becomes lethargic and C/O #10 headache and starts to projectile vomiting. Patient goes unconscious and reacts to pain only. Possible code CVA. You request ALS.

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

Treatment. Keep clam , You suction and support his airway O_2, monitor vitals.

If… then statements. This patent has cheyne strokes respirations Medics arrive. needs to go code CVA load and go. You assist the medics with treating what appears to be a spontaneous head bleed.

Transport yes or no; mode Emergency mode ALS

CBT 450 Stroke Scenario 4

Evaluator's notes: Patient 76 year old male code CVA, quick transport to ER.

Dispatch/Description of the problem: You are dispatched to 76 year old male altered LOC.

What you see upon arrival: You find the 76 y.o. male patient conscious and sitting at the kitchen table with a 1000 mile stare. Wife states he just stopped talking and began to stare.

Vitals:	1st set	2nd set	3rd set (if applicable)
Blood Pressure	166/90	168/92	168/90
Pulse	90	100	96
Respirations	18	20	20
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 x2	A&O x2	A&O x2
Neurological Response	Not normal Responses		
Postural's	Normal		
O2 Saturation	98%	98%	
Blood Glucose	146		

O – onset	Sudden onset no speech
P – provocation	Unk
Q – quality of the pain	Unk
R – radiation	n/a
S – severity	none
T – time since onset	5 minutes ago

S – signs and symptoms	Alert but C/C= unresponsive with no speech
A – allergies	none
M – medications	Lisinopril
P – previous medical history	hypertension
L – last food intake	Breakfast 5 minutes ago

E – events leading up to the illness: Reading the paper and eating breakfast, could not speak to his wife began 5 minutes ago

Sick or Not Sick Sick

Results from a patient exam: Cinn. Stroke scale done; nero exam is symmetrical but follows no commands and does not speak; Pupil check normal; BGL checked ok 146; Patient has no change in status except he begins to drool. Possible code CVA expedite.

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

Treatment. Keep clam, O_2, monitor vitals.

If… then statements. This patent needs to go code CVA load and go. Call ahead!

Transport yes or no; mode Emergency mode BLS

CBT 450 Stroke Scenario 5

Evaluator's notes: Patient 68 year old male code CVA, quick transport to ER.

Dispatch/Description of the problem: You are dispatched to 68 year old male in a MVA.

What you see upon arrival: You find the 68 y.o. male patient conscious and sitting in his car with set belt on and air bags deployed some frontend damage to the car. Witnessed said he slowly crossed the center line and hit the pole. When you ask the patient question he has slurred speech and confused PD called to you to R/O ETOH abuse. He has no AOB, blew a zero.

Vitals:	1st set	2nd set	3rd set (if applicable)
Blood Pressure	160/p	160/76	
Pulse	108	100	
Respirations	16	20	
Skin	warm/dry/pink	warm/dry/pink	
Pupils	equal & reactive	equal & reactive	
Temperature	Normal	Normal	
Clear/equal Bi-lat	Clear/equal Bi-lat	Clear/equal Bi-lat	
Capillary refill	2 sec	2 sec	
Level of Consciousness	A&O x2	A&O x2	
Neurological Response	Not normal Responses		
Postural's	Normal		
O2 Saturation	98%	98%	
Blood Glucose	116		

O – onset	No C/C
P – provocation	cannot recall
Q – quality of the pain	cannot recall
R – radiation	n/a
S – severity	none
T – time since onset	5 minutes ago

S – signs and symptoms	No C/C
A – allergies	cannot recall
M – medications	cannot recall
P – previous medical history	cannot recall
L – last food intake	cannot recall

E – events leading up to the illness: Witnessed to cross center line and hit pole

Sick or Not Sick Sick

Results from a patient exam: C-spine precautions, vitals , rapid trauma survey; Cinn. Stroke scale done; Nero exam is symmetrical but follows some commands and slurred speech; Pupil check normal; BGL checked ok 116; Trauma exam was negative. Possible code CVA expedite.

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

Treatment. Extricated with back board and c-collar; O_2, monitor vitals; BGL check

If… then statements. This patent needs to go code CVA load and go. Call ahead!

Transport yes or no; mode Emergency mode BLS