

# PROTOCOL SCENARIOS

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### 3.02 Abdominal Pain Protocol 1

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 65-year-old male lying on the bed. He complains of sudden onset of severe abdominal pain radiating through to his back. This began just before calling 911. He feels weak but no nausea, vomiting or diarrhea. He has a past history of hypertension. The pulse is 110, Respiration is 26 BPM, and BP is 180/110. When you examine his abdomen you feel a tender pulsatile mass in the mid-abdomen. There is no rectal bleeding.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia).**

**This patient most likely has a dissecting abdominal aortic aneurysm. He should be treated by the Abdominal Pain Protocol**

Protocol Specific Treatment: See 3.02 Abdominal Pain Protocol

SUMMARY: This is a potentially life-threatening condition. The patient should be transported immediately and IVs begun during transport. Because the BP is high fluids should be run at KVO. Medical Direction may order Nitroglycerin or Morphine to lower the BP but will probably just wait until further evaluation is done.

### 3.02 Abdominal Pain Protocol 2

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 25-year-old male lying on the bed. He complains of generalized abdominal pain that began two days ago. He has had a mild fever and nausea and has vomited once. No diarrhea. Yesterday the pain went to his right lower abdomen. This morning it was better for awhile but now the pain is much worse and has become generalized again. He has no significant past medical history and has not eaten since yesterday. He feels very hot to touch, the pulse is 130, Respiration is 30 BPM, and BP is 130/80. When you examine his abdomen you find generalized tenderness with rebound. There is no rectal bleeding.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information other than the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (105)**

**This patient most likely has a ruptured appendix. It is not the EMT's job to determine the diagnosis. The patient should be treated by the Abdominal Pain Protocol**

Protocol Specific Treatment: See 3.02 Abdominal Pain Protocol

SUMMARY: This is a potentially unstable patient who may rapidly become septic. While not a Load and Go situation, the EMT should not waste time. It is OK to start the IV at the scene.

### 3.03 Allergic Reaction Protocol 1

**Please read entire scenario as written.**

Your unit has responded to an allergic reaction call. Upon arrival you find a 25-year-old female sitting on the couch. She states that she was stung by a wasp and is very allergic to them. She has lost her Epi pen. She has generalized wheals on her skin and she is audibly wheezing. There is no history of asthma. The pulse is 140, Respiration is 36 BPM with inspiratory and expiratory wheezing, and BP is 80/40.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia).**

**This patient should be treated by the Allergic Reaction Protocol – Major.**

Protocol Specific Treatment: See 3.03 Allergic Reaction Protocol

SUMMARY: This is a life-threatening condition. The patient should be transported immediately and treatment begun during transport. Call OLMD early.

### 3.03 Allergic Reaction Protocol 2

**Please read entire scenario as written.**

Your unit has responded to an allergic reaction call. Upon arrival you find a 25-year-old female sitting on the couch. She states that she was stung by a wasp and is very allergic to them. She is itching all over and is mildly short of breath. She has lost her Epi pen. She has generalized red rash on her skin and she is wheezing. There is no history of asthma. The pulse is 140, Respiration is 36 BPM with expiratory wheezing, and BP is 120/80.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than the rhythm on the cardiac monitor (sinus tachycardia).**

**This patient should be treated by the Allergic Reaction Protocol – Moderate.**

Protocol Specific Treatment: See 3.03 Allergic Reaction Protocol

SUMMARY: This is a potentially life-threatening condition. While not strictly a Load and Go situation, no time should be wasted. Call OLMD early.

### **3.04 Altered Mental Status Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 25-year-old male lying on the bed. He is unconscious and his family tells you that he is a diabetic. They say that he has had problems with his glucose being too high lately and his doctor has raised his dose of insulin. He took his new dose this morning and then they found him unconscious a few hours later. He is taking no medication other than insulin. Upon evaluation you find BP 110/80, Respiration 14, Pulse 75. He responds to pain with moaning. There is no odor to his breath. His pupils are equal and reactive.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except for the results of glucometer reading (30).**

**The patient should be treated by the Altered Mental Status Protocol and after glucometer reading is known, the Hypoglycemia Protocol 3.20**

Protocol Specific Treatment: See 3.04 Altered Mental Status Protocol and Hypoglycemia Protocol 3.20

SUMMARY: This is a common problem and does not require speaking directly to OLMD unless the patient is unstable.

### **3.04 Altered Mental Status Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a call of a man down. Upon arrival at a local bar you find a 25-year-old male lying on the floor. He is unconscious and bystanders say that he had been drinking and may have taken “something.” The bystanders also state he is a regular customer at this bar. Upon evaluation you find BP 110/80, Respiration 8 per minute and shallow, Pulse 75. He does not respond to pain but does have a gag reflex. There is the strong odor of beer on his breath. His pupils are 3 mm, equal and reactive. There is no Medical Alert Tag.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except for the rhythm on the cardiac monitor (sinus rhythm) and glucometer reading (105).**

**The patient should be treated by the Altered Mental Status Protocol**

Protocol Specific Treatment: See 3.04 Altered Mental Status Protocol

**SUMMARY:** This is a common problem and could be just alcohol intoxication or one of many drugs including, narcotics, or GHB. Because of the depressed respiration Naloxone should be given.

### **3.05 Amputation Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to an industrial injury call. Upon arrival you find a 25-year-old male holding a bloody towel on his right hand. There has been minimal bleeding. He says that he cut his thumb off on a table saw. The thumb is completely amputated at the base and is still in his glove. He has no past medical history and takes no medications. He is right handed and does not smoke. He has no bleeding problems and has never had surgery before. His last meal was three hours ago. The pulse is 110, Respiration is 26 BPM, and BP is 130/80.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Amputation Protocol**

Protocol Specific Treatment: See 3.05 Amputation Protocol

SUMMARY: While not life-threatening, this is a limb-threatening injury and time is very important if the part is to be reattached.

### **3.05 Amputation Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a farm injury call. Upon arrival you find a 45-year-old male holding a bloody towel on his right forearm. He has applied a tourniquet to his upper arm. He says that he caught his arm in the hay baler. The forearm is partially amputated at midshaft. There is continued bleeding when the tourniquet is loosened. He has no past medical history and takes no medications. He is right handed and does not smoke. He has no bleeding problems and has never had surgery before. His last meal was three hours ago. The pulse is 110, Respiration is 26 BPM, and BP is 130/80.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than the rhythm on the cardiac monitor (sinus tachycardia).**

**This patient should be treated by the Amputation Protocol**

Protocol Specific Treatment: See 3.05 Amputation Protocol

Alabama Paramedic Protocol Scenarios

Alabama EMS Patient Care Protocols, Sixth Edition, June 2011

**SUMMARY:** While not life-threatening, this is a limb-threatening injury and time is very important if the arm is to be saved.

### **3.07 Burns Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a house fire. Upon arrival you find a 25-year-old male who has been rescued by the firemen. He was asleep in a back bedroom and a cigarette he was smoking set the mattress on fire. He has greater than 20% second-degree burns and he is hoarse and wheezing. He has no history of any medical problems, takes no meds, has no allergies, and his last meal was 4 hours ago. The pulse is 120, Respiration is 36 BPM with expiratory wheezing, and BP is 110/70. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and the glucometer reading (105).**

**This patient should be treated by the Burns Protocol**

Protocol Specific Treatment: See 3.07 Burns Protocol

SUMMARY: This is an unstable patient with serious burns, smoke inhalation, and probable airway burns. Contact OLMD early.

### **3.07 Burns Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a fire. Upon arrival you find a 25-year-old male complaining of severe pain who was burned when he put gasoline on some trash he was trying to burn. He has 2<sup>nd</sup> degree flash burns of his face, neck, anterior chest (he was not wearing a shirt), and both arms. His nasal hairs are burned but he has no burns in his mouth. He has no history of any medical problems, takes no meds, has no allergies, and his last meal was 4 hours ago. The pulse is 100, Respiration is 20 BPM, and BP is 120/70. Pulse oximeter reading is 98%. You are 30 minutes from the hospital.

The scene is safe (fire department is present) and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Burns Protocol**

Protocol Specific Treatment: See 3.07 Burns Protocol

Alabama Paramedic Protocol Scenarios

Alabama EMS Patient Care Protocols, Sixth Edition, June 2011

**SUMMARY:** This is an unstable patient with serious burns and possible airway burns. There should be no smoke inhalation from a flash burn. Contact OLMD early.

### **3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation 1**

**Please read entire scenario as written.**

Your unit has responded to a man down call at a rural highway outside the city limits where a participant in a bicycle race has collapsed. When you arrive, you find a robust middle-aged man in cycle attire receiving bystander CPR. You stop CPR and assess the patient and find that he has no pulse or respiration.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

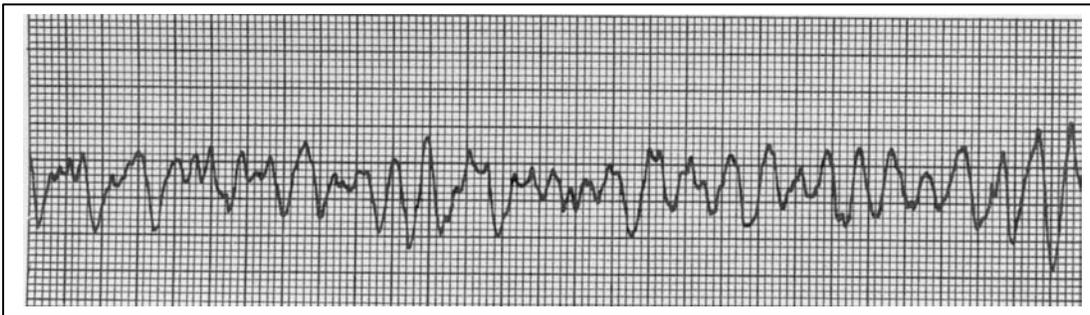
**The patient should be treated by the Cardiac Arrest – General and Pulseless Ventricular Fibrillation Protocol**

Protocol Specific Treatment: See 3.08 Cardiac Arrest – General and Pulseless Ventricular Fibrillation Protocol

SUMMARY: This is a typical Megacode scenario with Ventricular Fibrillation. Emphasize continuous chest compressions with minimal interruptions and early defibrillation.

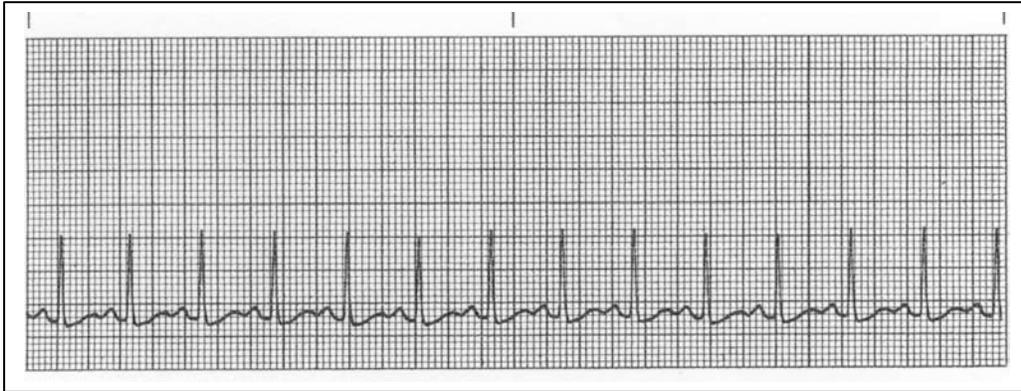
### **3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation 1**

#### **CARDIAC RHYTHM #1**



### 3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation 1

#### CARDIAC RHYTHM #2



### 3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation Protocol 2

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. When you arrive, you find a 60 year-old man in bed. He is cyanotic and unresponsive.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

**The patient should be treated by the Cardiac Arrest – Pulseless Ventricular Fibrillation Protocol**

Protocol Specific Treatment: See Cardiac Arrest – 3.08 General and Pulseless Ventricular Fibrillation Protocol

SUMMARY: This is a typical Megacode scenario with Ventricular Fibrillation

**3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation Protocol 2**

**CARDIAC RHYTHM #1**



**3.08 Cardiac Arrest – General Pulseless Ventricular Fibrillation Protocol 2**

**CARDIAC RHYTHM #2**



### 3.08 Cardiac Arrest – General Asystole Protocol 1

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find an elderly female with a history of heart disease who had chest pain earlier and shortly before your arrival (<2 min.) the patient became unresponsive. You find a pulseless apneic patient. Bystanders have initiated CPR.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

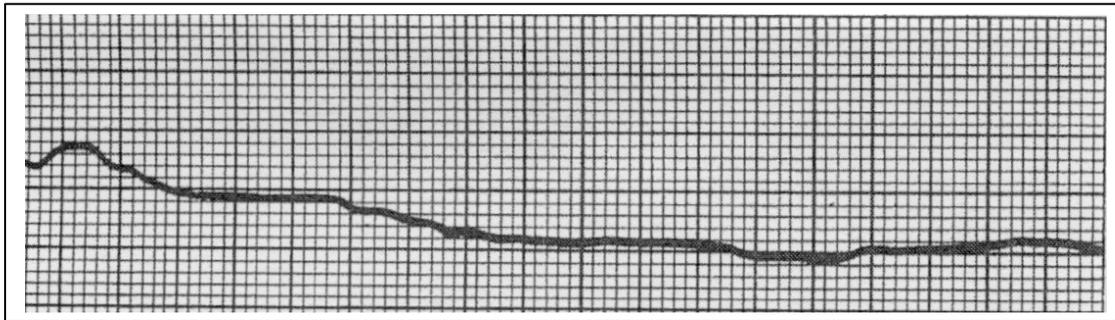
**The patient should be treated by the Cardiac Arrest – Asystole Protocol**

Protocol Specific Treatment: See 3.08 Cardiac Arrest -General and Asystole Protocol

SUMMARY: This scenario is to test the ability to recognize asystole, to confirm asystole by checking monitor equipment and observing straight line in two or more leads, to ensure that electroshock is not given to a patient in asystole and consider and treat other possible causes.

### 3.08 Cardiac Arrest – General Asystole Protocol 1

#### CARDIAC RHYTHM #1



### **3.08 Cardiac Arrest – General Pulseless Electrical Activity Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find an elderly male with a history of heart and lung disease who had chest pain and dyspnea earlier, following which he became unresponsive. You find a pulseless apneic patient. Bystanders have initiated CPR. A family member states he is on multiple heart medications and inhalers.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

**The patient should be treated by the Cardiac Arrest and PEA Protocols.**

Protocol Specific Treatment: See 3.08 Cardiac Arrest and PEA Protocol

SUMMARY: This scenario is to test the ability to recognize PEA and apply the PEA protocol. The Paramedic should be able to discuss the various possible treatable causes and how to treat each cause.

### **3.08 Cardiac Arrest – General Pulseless Electrical Activity Protocol 1**

#### **CARDIAC RHYTHM #1**



### **3.09 Cardiac Arrest – General Pediatric Pulseless Ventricular Fibrillation 1**

**Please read entire scenario as written.**

Your unit has responded to a medical call. When you arrive, you find parents performing CPR on a 6-year old child. They say he has a history of congenital heart disease and is on several heart medications. He suddenly collapsed just before they called 911. You stop CPR and assess the patient and find that he has no pulse or respiration.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

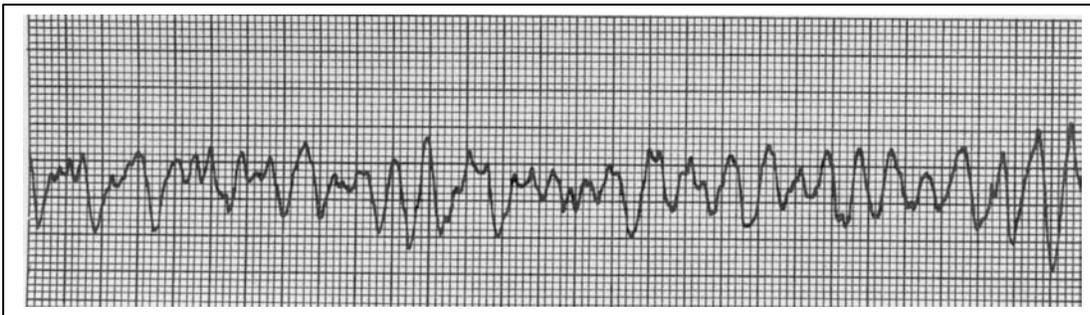
**The patient should be treated by the Cardiac Arrest – General and Pediatric Pulseless Ventricular Fibrillation Protocol**

Protocol Specific Treatment: See 3.09 Pediatric Cardiac Arrest – General and VFIB/PULSELESS VTACH

SUMMARY: This is a typical Pediatric Megacode scenario with Ventricular Fibrillation

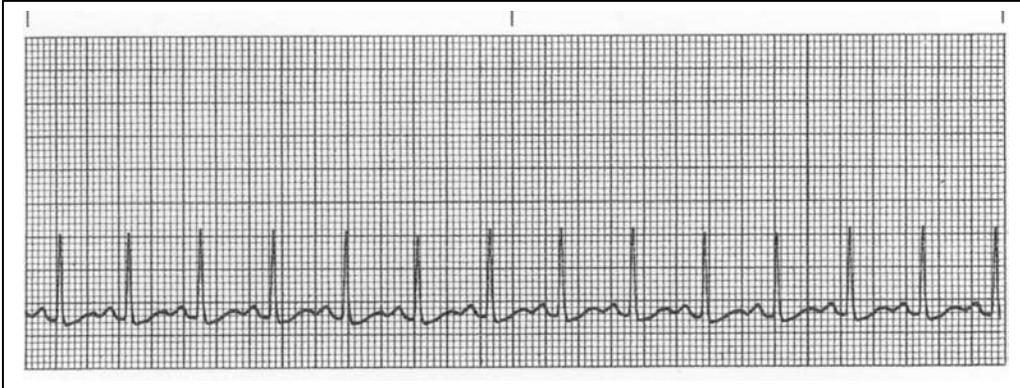
### **3.09 Cardiac Arrest – General Pediatric Pulseless Ventricular Fibrillation 1**

#### **CARDIAC RHYTHM #1**



**3.09 Cardiac Arrest – General Pediatric Pulseless Ventricular Fibrillation 1**

**CARDIAC RHYTHM #2**



### 3.09 Cardiac Arrest – General Pediatric Asystole Protocol 1

**Please read entire scenario as written.**

You have responded to a medical emergency. When you arrive, you find parents performing CPR on a 6-year old child. They say he has a history of congenital heart disease and is on several heart medications. He suddenly collapsed just before they called 911. You stop CPR and assess the patient and find that he has no pulse or respiration.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

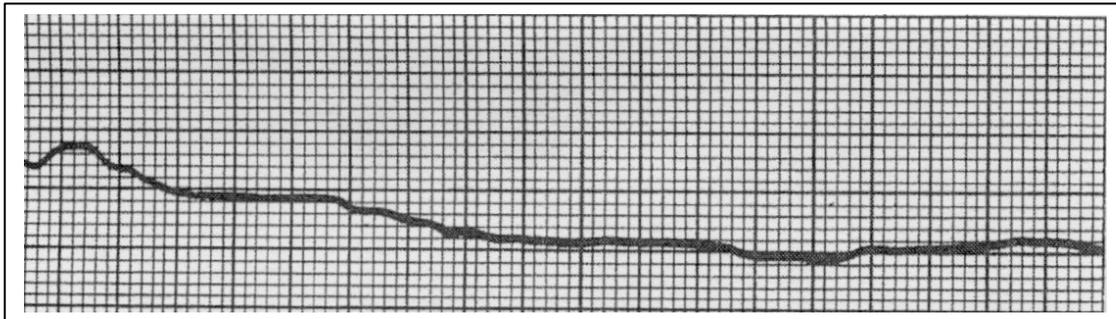
**The patient should be treated by the Cardiac Arrest – Pediatric Asystole Protocol**

Protocol Specific Treatment: See 3.09 Pediatric Cardiac Arrest – Asystole & PEA Protocol

SUMMARY: This scenario is to test the ability to recognize asystole, to confirm asystole by checking monitor equipment and observing straight line in two or more leads, to ensure that electroshock is not given to a patient in asystole and to consider and treat other possible causes.

### 3.09 Cardiac Arrest – General Pediatric Asystole Protocol 1

#### CARDIAC RHYTHM #1



### **3.09 Cardiac Arrest – General Pediatric Pulseless Electrical Activity Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find parents performing CPR on a 2-year-old child. They say that they found him unconscious with a plastic dry-cleaning bag over his head. They immediately removed the bag, began CPR, and called 911. The child has no history of illness and takes no medications. You stop CPR and assess the patient and find that he has no pulse or respiration.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strip from the cardiac monitor**

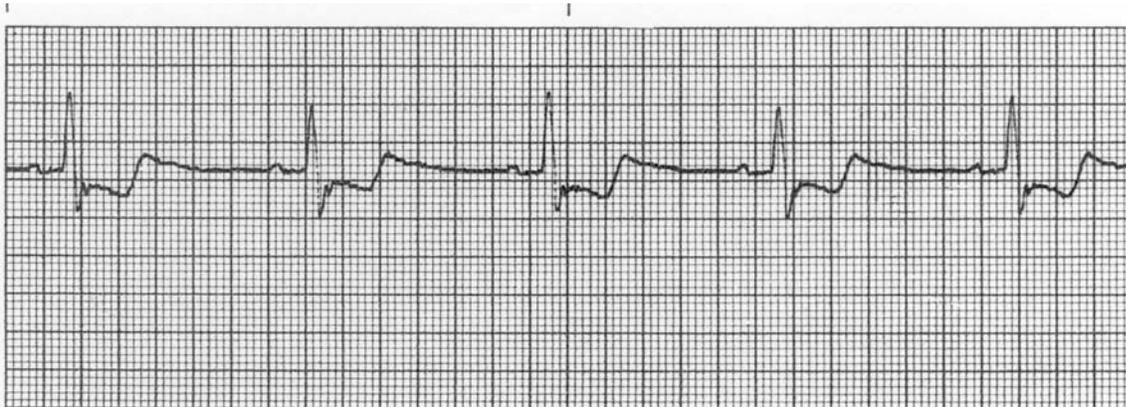
**The patient should be treated by the Cardiac Arrest and Pediatric PEA Protocols.**

Protocol Specific Treatment: See 3.09 Pediatric Cardiac Arrest – Asystole and PEA Protocol

SUMMARY: This scenario is to test the ability to recognize PEA and apply the PEA protocol. The Paramedic should be able to discuss the various possible treatable causes and how to treat each cause.

### **3.09 Cardiac Arrest – General Pediatric Pulseless Electrical Activity Protocol 1**

#### **CARDIAC RHYTHM #1**



### **3.10 Adult Premature Ventricular Contractions Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 60-year-old male with a history of angina complaining of “palpitations” and substernal chest pressure. You begin treating him with the Cardiac Symptoms / Acute Coronary Syndrome Protocol and when you do a rhythm strip you find that he is having multifocal PVCs. His heart rate is 110/min. and BP is 80/50. He has already taken his aspirin today and has taken 3 nitroglycerin tablets which have relieved the chest pressure but have not helped the palpitations. The lungs are clear and there is no JVD or peripheral edema.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor (multifocal PVCs)**

**The patient should be treated by the Cardiac Dysrhythmias -Adult PVC Protocol.**

Protocol Specific Treatment: See 3.10 Cardiac Dysrhythmias -Adult PVC Protocol

SUMMARY: The paramedic should know the Cardiac Symptoms / Acute Coronary Syndrome Protocol as well as the Adult PVC Protocol. He/She should be able to discuss the contraindications to Lidocaine.

### 3.10 Adult Bradycardia Protocol 1

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 70-year-old male who is confused and whose family tells you he has been complaining of feeling weak when he stands. He has a history of “Heart Trouble” but has not been on any medications. He denies chest pain. Sitting down his BP is 70/40 and his pulse is in the 20s. You run a rhythm strip and see: (Give paramedic Cardiac Rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

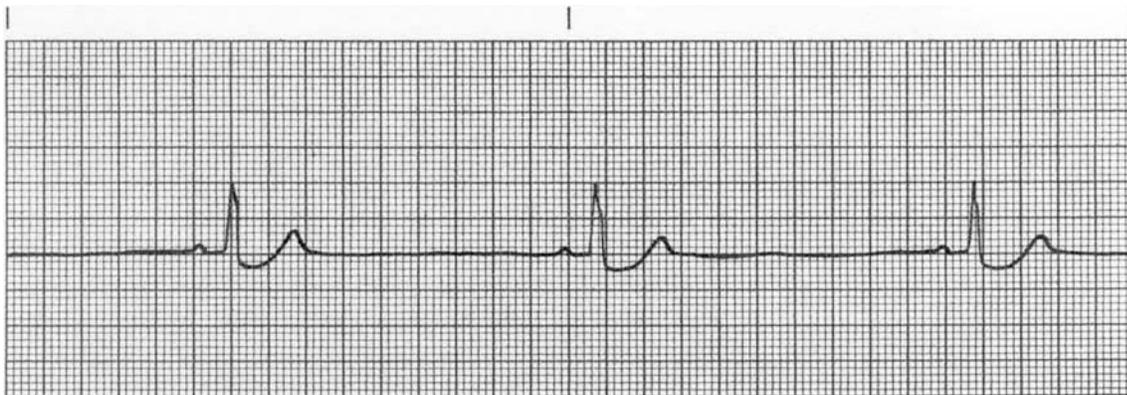
**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

**The patient should be treated by the Adult Bradycardia Protocol.**

Protocol Specific Treatment: 3.10 Cardiac Dysrhythmias – Adult Bradycardia Protocol

SUMMARY: This is an unstable patient with sinus bradycardia.

### 3.10 Adult Bradycardia Protocol 1



### 3.10 Adult Tachycardia with a Pulse 1

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 65-year-old female with a complaint of sudden onset of shortness of breath and fluttering in her chest. She is alert and in mild respiratory distress. She denies any history of heart disease but has had brief periods of “palpitations” in the past. She communicates easily and is oriented. Her airway is clear. She is breathing 20/min. BP is 110/90 mmHg. Monitor reveals: (give paramedic Cardiac Rhythm #1). You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

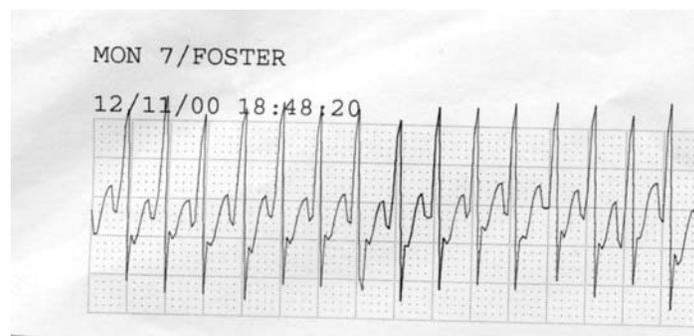
**The patient should be treated by the Adult Tachycardia with a Pulse, Hemodynamically Stable, Narrow Complex, Regular Rhythm.**

Protocol Specific Treatment: See 3.10 Dysrhythmias -Adult tachycardia with a pulse protocol

SUMMARY: The paramedic should recognize stable SVT. Treatment with Adenosine depends on circumstances and distance from the hospital. Medical Direction must make the decision to use it.

### 3.10 Adult Tachycardia with a Pulse 1

#### CARDIAC RHYTHM #1



### 3.10 Adult Tachycardia with a Pulse 2

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 50-year-old male who is lying on his left side and is confused, uncommunicative and dyspneic. Family relates a history of occasional abnormal heart rhythms. Vital signs reveal BP 80/40, Pulse 220, Resp 28/min. and pulse ox reading of 90%. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

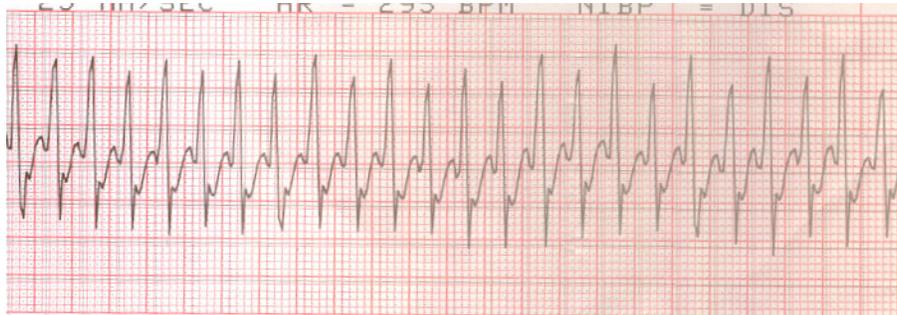
**The patient should be treated by the Adult Tachycardia with a Pulse, Hemodynamically Unstable.**

Protocol Specific Treatment : See 3.10 Dysrhythmias – Adult Tachycardia with a pulse, Hemodynamically Unstable

SUMMARY: The paramedic should recognize unstable SVT. Cardioversion is the definitive treatment but Medical Direction may choose to try Adenosine first. Unstable SVT may progress to Ventricular Fibrillation

### 3.10 Adult Tachycardia with a Pulse 2

#### CARDIAC RHYTHM #1



### **3.10 Adult Wide Complex Tachycardia (Ventricular Tachycardia) with a Pulse Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 70-year-old male with a history of coronary artery disease (heart attack, coronary artery bypass surgery). He is alert and communicative. He complains of “palpitations.” BP is 110/90, Pulse 200 and weak, Resp. 20, Pulse oximeter reading is 92%. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

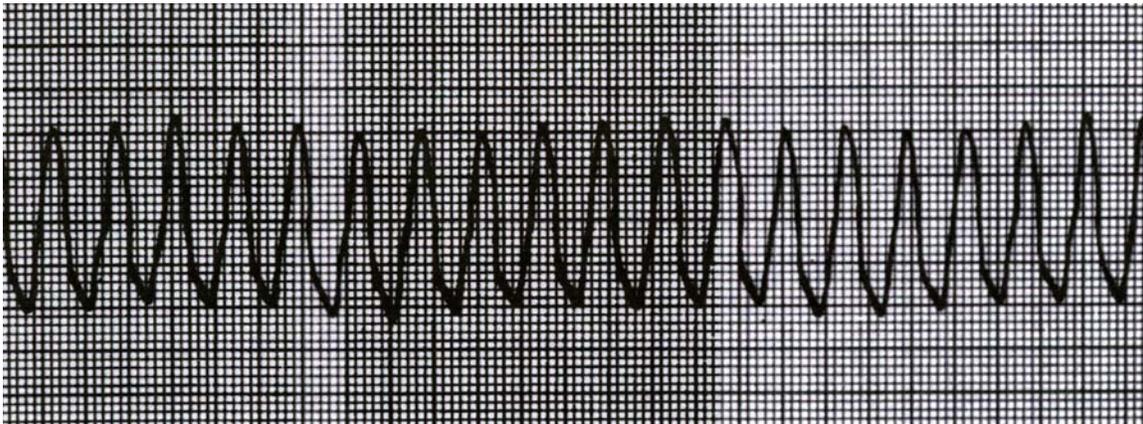
**The patient should be treated by the Dysrhythmias -Adult Wide Complex Tachycardia with a pulse Protocol.**

Protocol Specific Treatment: See 3.10 Dysrhythmias -Adult Wide Complex Tachycardia with a pulse Protocol.

SUMMARY: This scenario tests the paramedic’s ability to recognize stable VT and apply the stable VT with pulse protocol.

### **3.10 Adult Wide Complex Tachycardia (Ventricular Tachycardia) with a Pulse Protocol 1**

#### **CARDIAC RHYTHM #1**



### **3.10 Adult Wide Complex Tachycardia (Ventricular Tachycardia) with a Pulse Protocol 2**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 43-year-old male complaining of chest pain and SOB and his heart “beating out of my chest.” No history of heart disease but has strong family history of heart disease and is a heavy smoker for many years. Vital signs reveal BP 80/40, Pulse 220, Resp 28/min. and pulse ox reading of 90%. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

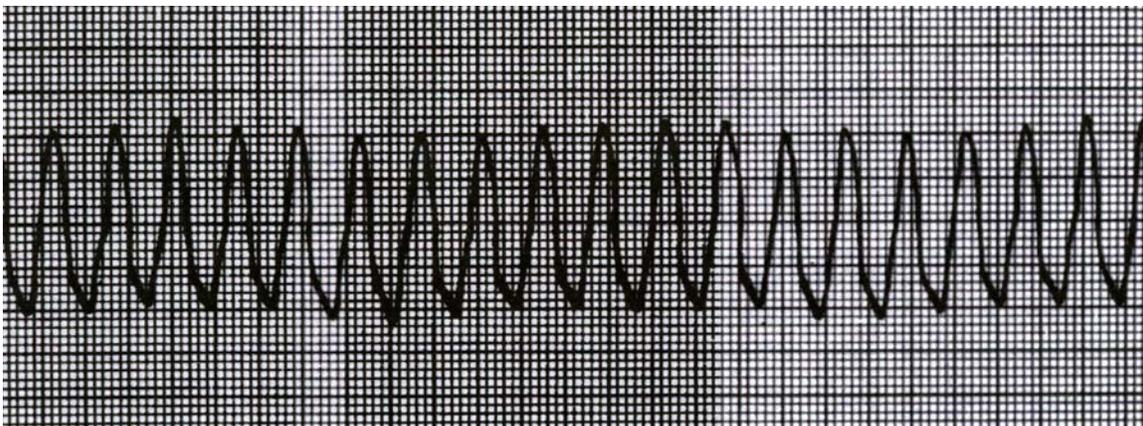
**The patient should be treated by the Dysrhythmias –Adult Tachycardia, Hemodynamically Unstable Protocol.**

Protocol Specific Treatment: See 3.10 Dysrhythmias – Adult Tachycardia, Hemodynamically Unstable

SUMMARY: The paramedic should recognize unstable VT. Cardioversion is the definitive treatment but Medical Direction may choose to try Lidocaine first. Unstable VT may progress to Ventricular Fibrillation.

### **3.10 Adult Wide Complex Tachycardia (Ventricular Tachycardia) with a Pulse Protocol 2**

#### **CARDIAC RHYTHM #1**



### 3.11 Pediatric Bradycardia Protocol 1

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 3-month-old infant in severe respiratory distress who is cyanotic and responsive only to pain. He has a history of wheezing and allergies and was given an OTC medication for fever earlier. BP is palpated at 60 systolic, respirations are >50 with wheezing and his pulse is in the 40s. Pulse oximeter does not record a reading. You run a rhythm strip and see: (Give paramedic Cardiac Rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

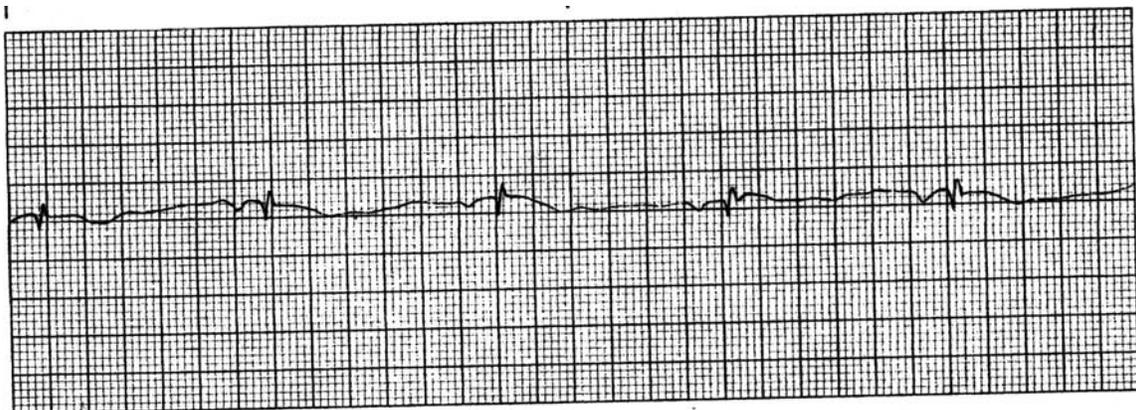
**The patient should be treated by the Dysrhythmias -Pediatric Bradycardia Protocol (may also use Respiratory Distress and Anaphylaxis).**

Protocol Specific Treatment: See 3.11 Dysrhythmias – Pediatric Bradycardia

SUMMARY: This is a complicated scenario with elements of respiratory distress, anaphylaxis, and bradycardia. Remember that bradycardia is the usual response of the pediatric patient to hypoxia. Oxygen and epinephrine are vital to management once airway patency is ensured.

### 3.11 Pediatric Bradycardia Protocol 1

#### CARDIAC RHYTHM #1



### 3.11 Pediatric Tachycardia with a Pulse (SVT) Protocol 1

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 6-year-old female with a complaint of sudden onset of “My heart running away.” She is alert and in no distress. Her mother denies that the child has had any history of heart disease. She communicates easily and is oriented. Her airway is clear. She is breathing 20/min. BP is 100/70 mmHg. Monitor reveals: (give paramedic Cardiac Rhythm #1). You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

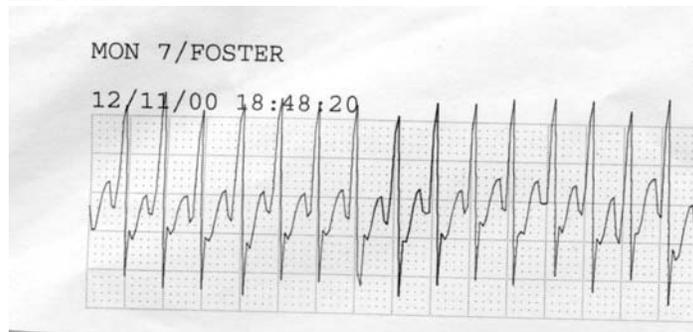
**The patient should be treated by the Dysrhythmias -Pediatric Tachycardia with a Pulse, Hemodynamically Stable Protocol.**

Protocol Specific Treatment: 3.11 Dysrhythmias -Pediatric Tachycardia with a Pulse, Hemodynamically Stable Protocol.

SUMMARY: The paramedic should recognize stable SVT. Treatment with Adenosine depends on circumstances and distance from the hospital. Medical Direction must make the decision to use it.

### 3.11 Pediatric Tachycardia with a Pulse (SVT) Protocol 1

#### CARDIAC RHYTHM #1



### 3.11 Pediatric Tachycardia with a Pulse (SVT) Protocol 2

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 6-year-old male who is lying on his side and is confused, uncommunicative and dyspneic. Family relates a history of occasional abnormal heart rhythms. Vital signs reveal BP 60/30, Pulse 220, Resp 28/min. and pulse ox reading of 90%. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

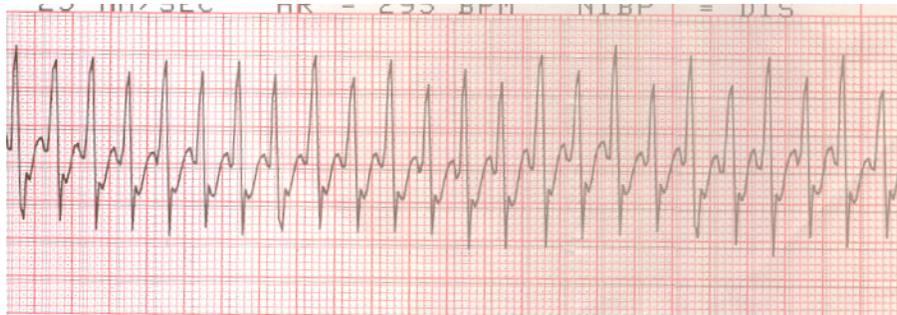
**The patient should be treated by the Dysrhythmias – Pediatric Tachycardia with a Pulse, Hemodynamically Unstable Protocol.**

Protocol Specific Treatment: See 3.11 Dysrhythmias – Pediatric Tachycardia with a Pulse, Hemodynamically Unstable Protocol.

SUMMARY: The paramedic should recognize unstable SVT. Cardioversion is the definitive treatment but Medical Direction may choose to try Adenosine first. Unstable SVT may progress to Ventricular Fibrillation.

### 3.11 Pediatric Tachycardia with a Pulse (SVT) Protocol 2

#### CARDIAC RHYTHM #1



### **3.11 Pediatric Wide Complex Tachycardia (Ventricular Tachycardia) with Pulse Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 7-year-old male with a history of congenital heart disease. He is alert and communicative. He complains of “palpitations.” BP is 110/90, Pulse 200 and weak, Resp. 20, Pulse oximeter reading is 95%. His chest is clear. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

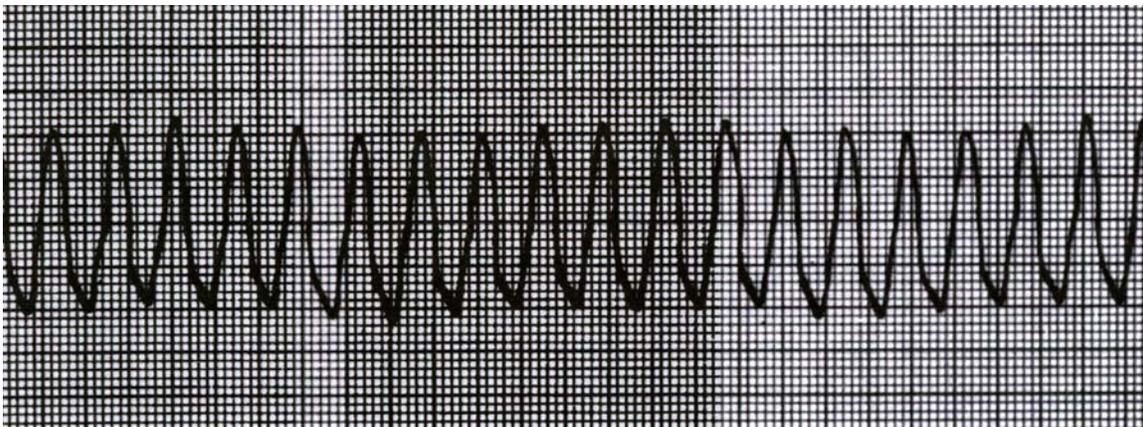
**The patient should be treated by the Dysrhythmias -Pediatric Wide Complex Tachycardia with a Pulse, Hemodynamically Stable Protocol.**

Protocol Specific Treatment: See 3.11 Pediatric Wide Complex Tachycardia with a Pulse, Hemodynamically Stable Protocol

SUMMARY: This scenario tests the paramedic’s ability to recognize stable VT in a child and apply the stable VT with pulse protocol.

### **3.11 Pediatric Wide Complex Tachycardia (Ventricular Tachycardia) with Pulse Protocol 1**

#### **CARDIAC RHYTHM #1**



### **3.11 Pediatric Wide Complex Tachycardia (Ventricular Tachycardia) with Pulse Protocol 2**

**Please read entire scenario as written.**

You have responded to a medical emergency. On arrival you find a 7-year-old male complaining of dyspnea and his heart “running away.” History of congenital heart disease and has been hospitalized several times for cardiac arrhythmias and heart failure. Vital signs reveal BP 70/30, Pulse 220, Resp 28/min. and pulse oximeter reading of 90%. You hear bilateral wet rales in chest. Cardiac monitor reveals: (give paramedic cardiac rhythm #1).

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and rhythm strips from the cardiac monitor**

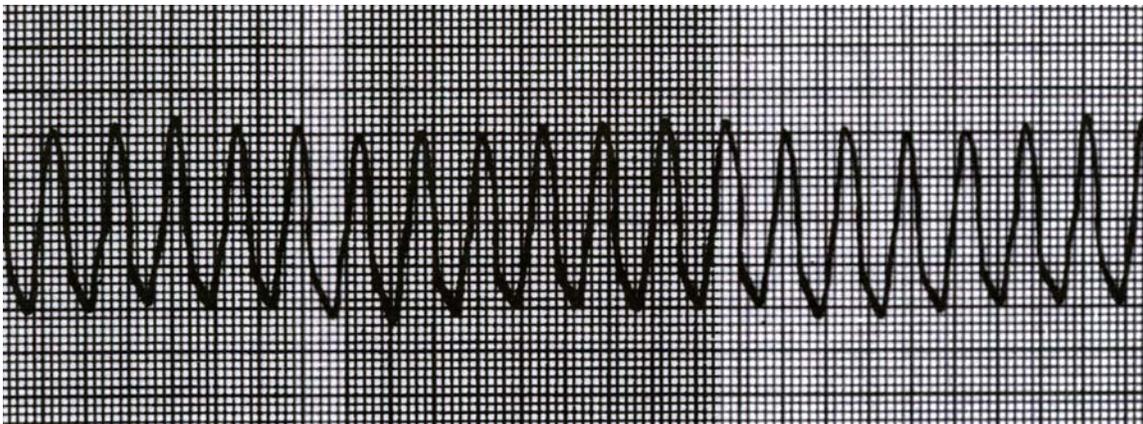
**The patient should be treated by the Dysrhythmias -Pediatric Tachycardia with a Pulse, Hemodynamically Unstable Protocol.**

Protocol Specific Treatment: See 3.11 Pediatric Tachycardia with a Pulse, Hemodynamically Unstable Protocol

SUMMARY: The paramedic should recognize unstable VT. Cardioversion is the definitive treatment but Medical Direction may choose to try Lidocaine first. Unstable VT may progress to Ventricular Fibrillation..

### **3.11 Pediatric Wide Complex Tachycardia (Ventricular Tachycardia) with Pulse Protocol 2**

#### **CARDIAC RHYTHM #1**



### **3.12 Cardiac Chest Pain Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 50-year-old male sitting on the couch. He complains of mid-sternal chest pain that began 30 minutes ago. He has also developed nausea, sweating, and dyspnea. He has a history of angina but has never had a heart attack. He has taken two nitroglycerin tabs (old prescription) with no change in the pain. He has already taken his aspirin today. He has a history of angina and hypertension. He is still a smoker. The pulse is 110, Respiration is 20 BPM, and BP is 140/90. He takes a BP medication, aspirin, and nitroglycerin. He has no allergies. Patient is pale and diaphoretic. His heart rate is regular with no murmur and the chest is clear. There is no chest wall tenderness and no abdominal tenderness.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (Sinus tach with acute MI pattern)**

**This patient most likely has cardiac chest pain. The patient should be treated by the Cardiac Symptoms/Acute Coronary Syndrome Protocol**

Protocol Specific Treatment: See 3.12 Cardiac Symptoms / Acute Coronary Syndrome Protocol

SUMMARY: This is a potentially unstable patient who may be having a myocardial infarction. This is a Load and Go situation so the EMT should not waste time. It is OK to start the IV at the scene.

### **3.12 Cardiac Chest Pain Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 65-year-old male sitting on the couch. He complains of midsternal chest pain and palpitations that began 30 minutes ago. He has also developed nausea, sweating, and dyspnea. He has a history of an MI in the past and had a coronary artery bypass graft 5 years ago. He has taken no medications today. He lost his nitroglycerin prescription. He also has a history of COPD and hypertension. He is still a smoker. The pulse is 110 and regular, Respiration is 20 BPM, and BP is 140/90. He takes a BP medication, aspirin, and nitroglycerin as needed. He has no allergies. Patient is pale and diaphoretic. His heart rate is regular with no murmur and the chest is clear except for some crackles in the bases. There is no chest wall tenderness, no abdominal tenderness and no swelling of his legs.

The scene is safe and you have taken body substance isolation precautions. Please provide

appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (Sinus Tach with rate of 110)**

**This patient most likely has cardiac chest pain. The patient should be treated by the Cardiac Symptoms / Acute Coronary Syndrome Protocol**

Protocol Specific Treatment: See 3.12 Cardiac Symptoms / Acute Coronary Syndrome Protocol

SUMMARY: This is a potentially unstable patient who may be having a myocardial infarction. This is a Load and Go situation so the EMT should not waste time. It is OK to start the IV at the scene.

### **3.13 Childbirth Normal Delivery Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 25-year-old female lying on the bed. She says that she is pregnant at term and is in labor. This is her 4<sup>th</sup> pregnancy and she has had no problems with any of her pregnancies. She receives her prenatal care at the health department. The pulse is 110, Respiration is 22 BPM, and BP is 110/70. When you examine her abdomen you feel a mass almost to the xiphoid process. The contractions are two minutes apart. She is not crowning at this time. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Childbirth, Normal Delivery Protocol**

Protocol Specific Treatment: See 3.13 Childbirth, Normal Deliver Protocol

### **3.13 Childbirth Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 30-year-old female lying on the bed. She says that she is pregnant at term and the baby is coming. This is her 4<sup>th</sup> pregnancy and she has had no problems with any of her pregnancies. She receives her prenatal care at the health department. The pulse is 110, Respiration is 22 BPM, and BP is 110/70. When you examine her perineum you see that the baby's head is crowning.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Childbirth Protocol**

Protocol Specific Treatment: See 3.13 Childbirth, Normal Delivery Protocol

### **3.13 Childbirth Protocol 3**

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 25-year-old female lying on the bed. She says that she is 32 weeks pregnant and is in labor. This is her 4<sup>th</sup> pregnancy

and she has had no problems with any of her pregnancies. She receives her prenatal care at the health department. She states that her membranes ruptured 20 minutes ago. The pulse is 110, Respiration is 22 BPM, and BP is 110/70. When you examine the perineum you see the umbilical cord is hanging out. You are 5 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Childbirth Protocol**

Protocol Specific Treatment: See 3.13 Childbirth, Abnormal Delivery Protocol

SUMMARY: A prolapsed umbilical cord is potentially fatal for the baby as the presenting part (usually the head) will compress the cord during delivery, cutting off oxygen supply to the baby. You should call ahead so they can be prepared for immediate C-section.

### **3.13 Childbirth Protocol 4**

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 25-year-old female lying on the bed. She says that she is 32 weeks pregnant and is in labor. This is her 4<sup>th</sup> pregnancy and she has had no problems with any of her pregnancies. She receives her prenatal care at the health department. She states that her membranes ruptured 20 minutes ago. The pulse is 110, Respiration is 22 BPM, and BP is 110/70. When you examine the perineum you see the baby's arm is hanging out. You are 5 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Childbirth, Abnormal Delivery Protocol**

Protocol Specific Treatment: See 3.13 Childbirth Protocol

SUMMARY: A shoulder presentation cannot be delivered vaginally. You should call ahead so they can be prepared for immediate C-section.

### **3.14 Congestive Heart Failure Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find an elderly female who awoke from sleep with shortness of breath. She relates that she cannot lie down without getting short of breath. She takes a heart pill and a water pill daily. The pulse is 110, Respiration is 24 BPM, and BP is 140/100. There are wet rales and wheezes over both lung bases. Pulse oximeter reading is 85%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor**

**This patient most likely has congestive heart failure. The patient should be treated by the Congestive Heart Failure Protocol**

Protocol Specific Treatment: See 3.14 Congestive Heart Failure Protocol

SUMMARY: The purpose of this scenario is to test the proper application of the Congestive Heart Failure Protocol. Possible outcomes include dysrhythmias or respiratory arrest requiring ventilatory assistance including endotracheal intubation.

### **3.14 Congestive Heart Failure Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. A husband has called for his wife who is having dyspnea. Upon arrival you find a 76-year-old female who awoke from sleep with shortness of breath. She has had worsening of the swelling in her legs lately since she stopped taking her water pills because of leg cramps. She also takes a heart pill daily. She complains of a persistent nonproductive cough that is worse if she lies down. She is anxious and pale. The pulse is 110, Respiration is 28 BPM, and BP is 140/100. There are wet rales over both lung bases. She has 3+ pitting edema of the lower legs. Pulse oximeter reading is 85%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor**

**This patient most likely has congestive heart failure. The patient should be treated by the Congestive Heart Failure Protocol**

Protocol Specific Treatment: See 3.14 Congestive Heart Failure Protocol

**SUMMARY:** The purpose of this scenario is to test the proper application of the Congestive Heart Failure Protocol. Possible outcomes include dysrhythmias or respiratory arrest requiring ventilatory assistance including endotracheal intubation.

### **3.15 Electromuscular Incapacitation Device (Taser) Protocol 1**

**Please read entire scenario as written.**

Your unit has been called by the police. Upon arrival you find a young man who is handcuffed and being held by two police officers. He is still struggling and is very diaphoretic. The police state that they were called to a grocery store where the patient had been wandering the aisles confused. When the police began talking to him he became enraged and would not cooperate. They had to shoot him with the Taser in order to subdue him. The pulse is 150, Respiration is 30 BPM, and BP is 150/80. Pulse oximeter reading is 98%. The patient is awake but confused and continues to struggle. His shirt is torn and he has some abrasions on his hands from the handcuffs. The two Taser darts are still in the skin of his chest. Nobody at the store knows him. The storekeeper says he has seen the man in the store in the past but he never caused any trouble before.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and the glucometer reading (40).**

**The patient should be treated by the Taser and Altered Mental Status Protocols**

Protocol Specific Treatment: See 3.15 Taser Protocol and 3.04 Altered Mental Status Protocol

SUMMARY: This patient has altered mental status and combative behavior secondary to hypoglycemia. He returned to a normal level of consciousness when given 25 grams of D50W. Since you don't know the patient and he could be an alcoholic it would be wise to give Thiamine before the D50W. He should be taken to the hospital for evaluation.

### **3.15 Electromuscular Incapacitation Device (Taser) Protocol 2**

**Please read entire scenario as written.**

Your unit has been called by the police. Upon arrival you find a young man who is handcuffed and being held on the ground by five police officers. He is screaming curses and continues to struggle in spite of all of the officers holding him down. The police state that they were called because he was running naked in traffic. When the police arrived he began screaming at them, took a baton away from the first officer on scene and knocked her unconscious. A second team is caring for her. They had to shoot him with the Taser in order to subdue him but he continues to fight in spite of several shocks. He is known to be a methamphetamine addict. The pulse is 180, Respiration is 36 BPM, and BP is 190/100. Pulse oximeter reading is 95%. The patient has dilated pupils and does not seem to focus when he looks at you. He continues to scream and struggle. He is naked, diaphoretic, and covered with bruises and abrasions. The two Taser darts are still in the skin of his chest.

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Alabama EMS Patient Care Protocols, Sixth Edition, June 2011

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the vital signs and the glucometer reading (130).**

**The patient should be treated by the Taser and Altered Mental Status Protocols**

Protocol Specific Treatment: See 3.15 Taser Protocol and 3.04 Altered Mental Status Protocol

SUMMARY: This patient has signs of Excited Delirium (ED). This is usually seen in men (97% are male) who have psychiatric disorders and stop taking their medications, or have overdosed on stimulant drugs, or both. ED may be fatal in spite of all treatments. These patients may be severely hyperthermic. This patient should be sedated (valium or ativan may not be adequate) and quickly taken to the appropriate hospital for evaluation.

### **3.16 Fractures and Dislocations Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to an accident call. Upon arrival you find a young man who was playing softball and slid into second base, injuring his right ankle. He complains of severe pain in the ankle. There is obvious deformity of the ankle joint. The pulse is 100, Respiration is 24 BPM, and BP is 140/80. Pulse oximeter reading is 98%. There is tenderness, instability and crepitation of the ankle joint. There is a strong pulse and normal sensation in the foot. There are no open wounds. The patient has no allergies.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor**

**The patient should be treated by the Fractures and Dislocations Protocol**

Protocol Specific Treatment: See 3.16 Fractures and Dislocations Protocol

SUMMARY: This patient has an obvious fracture and possible dislocation of his ankle. Morphine may be given if there is severe pain.

### **3.16 Fractures and Dislocations Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to an accident call. Upon arrival you find a child who was playing on a gym set and fell off injuring her right wrist. She complains of severe pain in the wrist. There is obvious deformity of the wrist. The pulse is 110, Respiration is 24 BPM, and BP is 120/70. Pulse oximeter reading is 98%. There is tenderness, instability and crepitation of the wrist. There is a strong radial pulse and normal sensation in the hand. There are no open wounds. The patient has no allergies.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor**

**The patient should be treated by the Fractures and Dislocations Protocol**

Protocol Specific Treatment: See 3.16 Fractures and Dislocations Protocol

SUMMARY: This patient has an obvious fracture. Morphine may be given if there is severe pain

### 3.17 Head Trauma Protocol 1

**Please read entire scenario as written.**

Your unit has responded to an accident call. Upon arrival you find a young man who was putting up a TV antenna and fell off of the roof. Family states he was unconscious for a couple of minutes. He complains of headache and does not remember falling. The pulse is 110, Respiration is 24 BPM, and BP is 140/80. Pulse oximeter reading is 98%. There is a large hematoma in the occipital area. There are no open wounds and you find no other injuries. The patient has no allergies.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You can give the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120). He opens his eyes spontaneously, is alert and oriented, and moves all extremities normally to command (GCS of 15 [eyes – 4, Verbal – 5, Motor – 6]). His pupils are 4 mm and equal bilaterally.**

**The patient should be treated by the Head Trauma Protocol**

Protocol Specific Treatment: See 3.17 Head Trauma Protocol and Spinal Injury Protocol 3.31

SUMMARY: This patient appears to have a concussion but may deteriorate if there is intracranial bleeding.

### 3.17 Head Trauma Protocol 2

**Please read entire scenario as written.**

Your unit has responded to an accident call. Upon arrival you find a young man who was putting up a TV antenna and fell off of the roof. Family states he has been unconscious since falling. He does not open his eyes, does not speak, but does localize to pain. The pulse is 65, Respiration is 8 BPM, and BP is 170/80. Pulse oximeter reading is 98%. There is a large hematoma in the occipital area. There is bloody fluid coming from the right ear. The pupils are 4 mm and react sluggishly. There is no gag reflex. The family states the patient has no allergies.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You can give the rhythm on the cardiac monitor (sinus rhythm) and glucometer reading (120). He does not open his eyes, does not speak, and localizes to pain (GCS of 6 [eyes – 1, Verbal – 1, Motor – 4]).**

**The patient should be treated by the Head Trauma Protocol**

Protocol Specific Treatment: See 3.17 Head Trauma Protocol

**SUMMARY:** This patient has a severe brain injury (GSC <9) and needs to be at a center with Neurosurgical capability.

### **3.18 Hypertensive Emergencies Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 65-year-old man who complains of headache with blurred vision, weakness and dizziness. His family states he has hypertension but ran out of his medication a week ago and has not had it refilled. The pulse is 80, Respiration is 14 BPM, and BP is 220/120. Pulse oximeter reading is 98%. His chest is clear and he denies chest pain. He has no focal weakness. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm) and glucometer reading (100)**

**The patient should be treated by the Hypertensive Emergencies Protocol**

Protocol Specific Treatment: See 3.18 Hypertensive Emergencies

**SUMMARY:** This is a hypertensive emergency with signs of end organ damage. The BP is high enough to be treated but there is limited medication available to use in the field.

### **3.18 Hypertensive Emergencies Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 55-year-old female who complains of headache with blurred vision, weakness and dizziness. She states that she has hypertension and her doctor has been changing her medication because of poor control of her BP lately. She denies chest pain or focal weakness but says she is a little short of breath. The pulse is 80, Respiration is 18 BPM, and BP is 220/120. Pulse oximeter reading is 93%. There are rales in both lung bases. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm)**

**The patient should be treated by the Hypertensive Emergencies Protocol – may also use 3.14 Congestive Heart Failure Protocol**

Protocol Specific Treatment: See 3.18 Hypertensive Emergencies Protocol. May also use 3.14 CHF Protocol

**SUMMARY:** This is a hypertensive emergency with signs of end organ damage and CHF.

### **3.19 Hyperthermia Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a softball field where a player has collapsed. Upon arrival you find a 14-year-old male who complains of severe weakness. He is flushed and very diaphoretic. The coach has given him ice water to drink and has poured ice water on his head. The pulse is 130, Respiration is 24 BPM, and BP is 110/60. Pulse oximeter reading is 99%. The lungs are clear. The patient says he weighs 110 pounds. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia).**

**The patient should be treated by the Hyperthermia Protocol**

Protocol Specific Treatment: See 3.19 Hyperthermia Protocol

SUMMARY: This appears to be heat exhaustion rather than heat stroke (normal LOC and sweating). Begin cooling patient and transport immediately.

### **3.19 Hyperthermia Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a football field where a player has collapsed at the end of a 3-hour practice in 90 degree heat. Upon arrival you find a 17-year-old male who is unresponsive. He is very flushed. The coach has had him taken to the shower and has cool water spraying on him. The trainer is getting bags of ice to place under his arms and in his groin. The pulse is 160, Respiration is 24 BPM, and BP is 90/60. Pulse oximeter reading is 99%. The lungs are clear. The patient responds only to pain. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120).**

**The patient should be treated by the Hyperthermia Protocol**

Protocol Specific Treatment: See 3.19 Hyperthermia Protocol

**SUMMARY:** This appears to be heat stroke rather than heat exhaustion (abnormal LOC – can't tell about sweating because patient was in the shower). Begin cooling patient and transport immediately.

### **3.20 Hypoglycemia Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a young man who is confused. His family states he is a diabetic and took his insulin today but has not eaten. They noticed he was confused about 20 minutes ago. They have given him some candy but it has not helped. The pulse is 80, Respiration is 20 BPM, and BP is 120/80. Pulse oximeter reading is 98%. He is unable to answer questions due to confusion. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor and glucometer reading of 47.**

**This patient most likely has hypoglycemia. The patient should be treated by the Hypoglycemia Protocol or Altered Mental Status Protocol**

Protocol Specific Treatment: See 3.20 Hypoglycemia Protocol or 3.04 Altered Mental Status Protocol

SUMMARY: This is one of the most common calls and should be familiar to all paramedics.

### **3.20 Hypoglycemia Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 8-year-old child who is confused. His family states he is a diabetic and had his insulin today but has not eaten. They noticed he was confused about 20 minutes ago. They have given him some candy but it has not helped. The pulse is 80, Respiration is 20 BPM, and BP is 110/60. Pulse oximeter reading is 98%. He is unable to answer questions due to confusion. The family says he weighs 65 pounds. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor and glucometer reading of 51.**

**This patient most likely has hypoglycemia. The patient should be treated by the Hypoglycemia Protocol or Altered Mental Status Protocol**

Protocol Specific Treatment: See 3.20 Hypoglycemia Protocol or 3.04 Altered Mental Status Protocol

SUMMARY: This is one of the most common calls and pediatric dosage should be familiar to all paramedics.

### **3.21 Hypothermia Protocol 1**

**Please read entire scenario as written.**

It is winter and your unit has responded to a call of a homeless man found passed out in the cold. Upon arrival you find a disheveled man who appears to be in his 40s. He is shivering and states he drank too much wine during the night and passed out without any cover. He is very cold with mottled skin and unable to walk on his own. There is no history of trauma. The pulse is 80, Respiration is 12 BPM, and BP is 110/70. Pulse oximeter reading is 94%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm).**

**This patient most likely has hypothermia. The patient should be treated by the Hypothermia Protocol**

Protocol Specific Treatment: See 3.21 Hypothermia Protocol

SUMMARY: This is a mild hypothermia that will probably respond to passive re-warming in a warm environment.

### **3.21 Hypothermia Protocol 2**

**Please read entire scenario as written.**

It is winter and your unit has responded to a call of a homeless man found passed out in the cold. Upon arrival you find a disheveled man who appears to be in his 40s. He is unresponsive with cold wet clothes (it rained during the night) and there are wine bottles all around him. He is very cold with pale mottled skin. The pulse is 60 and weak, Respiration is 8 BPM, and BP is 80/50. Pulse oximeter reading is 85%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm) and glucometer reading (95).**

**This patient most likely has hypothermia. The patient should be treated by the Hypothermia Protocol**

Protocol Specific Treatment: See 3.21 Hypothermia Protocol.

SUMMARY: This is a severe hypothermia that may require active core rewarming at the hospital.

### **3.23 Nausea & Vomiting Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 35-year-old female lying on the bed. She complains of a sudden onset of extreme nausea and vomiting for the past two hours. She denies abdominal pain and state she ate some leftover ham this morning that smelled "funny." She denies any allergies, daily medications, or past medical history. Her vitals are B/P 138/70, P 110, R 20 with pulse oximeter reading of 97% on room air. She wants to be transported for treatment because "she is too sick to drive".

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than blood glucometer reading is 130.**

**This patient has nausea and vomiting. She should be treated by the Nausea & Vomiting Protocol**

Protocol Specific Treatment: See 3.23 Nausea & Vomiting Protocol

SUMMARY: This patient should be transported for evaluation. Starting the IV on the scene should be allowed.

### **3.23 Nausea & Vomiting Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 65-year-old male complaining of severe nausea with vomiting for the past thirty minutes. He denies abdominal pain. He denies any allergies, daily medications, or past medical history. His vitals are B/P 158/80, P 110, R 16 with pulse oximeter reading of 96% on room air. He is cool, extremely pale and diaphoretic. He states he has “never been this nauseated before in his life”.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than blood glucometer reading is 240.**

**This patient has nausea and vomiting. He should be treated by the Nausea & Vomiting Protocol**

Protocol Specific Treatment: See 3.23 Nausea & Vomiting Protocol

SUMMARY: IV could be started at the scene. Consider anti-nausea medication with medical control.

### **3.24 Near Drowning Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a public pool where a young man has been pulled from the pool. Upon arrival you find an unconscious 17-year-old male. The lifeguard says the boy dived into the shallow end of the pool and stayed on the bottom. He was pulled out and had mouth-to-mouth breathing until he started breathing on his own. He was not without a pulse. BP is 60/40, pulse 70, respiration is shallow and about 10 BPM. The patient does not respond to painful stimuli.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm) and glucometer reading (100).**

**The patient should be treated by the Near Drowning Protocol and Suspected Spinal Injury Protocol**

Protocol Specific Treatment: See 3.24 Near Drowning Protocol and 3.31 Suspected Spinal Injury Protocol

SUMMARY: This young man probably has a spinal cord injury and spinal shock as well as near drowning.

### **3.24 Near Drowning Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a public pool where a young man has been pulled from the pool. Upon arrival you find a 17-year-old male who says he is OK. The lifeguard says the boy was found on the bottom and was pulled out unconscious. He responded quickly to mouth-to-mouth ventilation. He was not without a pulse. BP is 120/70, pulse 110, respiration is 26 BPM. The lungs are clear. Pulse oximeter reading is 95%. There is no neck or back pain or tenderness. The patient does not want to go to the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (normal sinus rhythm).**

**The patient should be treated by the Near Drowning Protocol**

Protocol Specific Treatment: See 3.24 Near Drowning Protocol

SUMMARY: This young man may develop pulmonary edema over a period of hours.

### 3.25 Newborn Protocol 1

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 16-year-old female lying on the bed. She says that she is only 34 weeks pregnant and just gave birth. She has had no prenatal care. The mother's vital signs are normal and she is not bleeding. The female neonate is between her legs, still attached to the umbilical cord. The neonate is limp and blue.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Newborn Protocol**  
Protocol Specific Treatment: See 3.25 Newborn Protocol

SUMMARY: This is a premature infant who was born before you arrived. She may be acidotic from hypoventilation. Intubation may be needed.

### 3.25 Newborn Protocol 2

**Please read entire scenario as written.**

Your unit has responded to a general medical call. Upon arrival you find a 25-year-old female lying on the bed. She says that she is pregnant at term and is in labor. This is her 4<sup>th</sup> pregnancy and she has had no problems with any of her pregnancies. She receives her prenatal care at the health department. The pulse is 110, Respiration is 22 BPM, and BP is 110/70. She is crowning and you deliver a female infant almost immediately.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient should be treated by the Newborn Protocol**  
Protocol Specific Treatment: See 3.25 Newborn Protocol

### **3.26 Poisons and Overdoses – External/Inhalation Poisoning Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a farm where a 45-year-old male complains of headache and dizziness when he tries to stand. He has also had several episodes of diarrhea and is now wheezing though he has no history of asthma. His history is significant in that he has been spraying insecticide in his field all morning. When you examine the patient you see that he is salivating and his nose is running. His pupils are pinpoint and there is a garlic odor about him. BP is 90/70, pulse 50, respiration is 27 BPM. The lungs have bilateral basilar rales. Pulse oximeter reading is 89%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus bradycardia) and glucometer reading (110).**

**The patient should be treated by the External/Inhalation Poisoning Protocol**

Protocol Specific Treatment: See 3.26 Poisons and Overdoses – External/Inhalation Poisoning

SUMMARY: This is a case of organophosphate poisoning. If you carry a Mark I Nerve Agent Antidote kit you can use it to treat this.

### **3.26 Poisons and Overdoses – External/Inhalation Poisoning Protocol 2**

**Please read entire scenario as written.**

It is winter and your unit has responded to a home where a man whose electricity has been cut off has been trying to heat his bedroom with a charcoal grill. He is confused and complains of severe headache. BP is 90/70, pulse 130, respiration is 30 BPM. His skin is warm, dry, and pink and his lungs are clear. Pulse oximeter reading is 100%. You are 30 minutes from the hospital.

The scene is safe (local rescue squad has opened the doors and windows) and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (100).**

**The patient should be treated by the External/Inhalation Poisoning Protocol**

Protocol Specific Treatment: See 3.26 Poisons and Overdoses – External/Inhalation Poisoning

**SUMMARY:** This is a case of carbon monoxide poisoning. Pulse oximeter is unreliable, as it cannot differentiate between oxyhemoglobin and carboxyhemoglobin.

### **3.26 Poisons and Overdoses – Ingested Poisoning Protocol 1**

**Please read entire scenario as written.**

You have been called to a home where the parents tell you their daughter has attempted suicide by taking a bottle of her mother's antidepressant (Elavil). The 19-year-old girl responds only to pain. There is no sign of trauma. BP is 80/50, pulse 130, respiration is 8 BPM. Pulse oximeter reading is 85%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120).**

**The patient should be treated by the Internal Poisoning Protocol**

Protocol Specific Treatment: See 3.26 Poisons and Overdoses – Internal Poisoning Protocol

SUMMARY: This is a case of tricyclic drug overdose. These patients are prone to ventricular dysrhythmias and seizures.

### **3.27 Preeclampsia/Eclampsia Protocol 1**

**Please read entire scenario as written.**

You have responded to a general medical call. A 15-year-old primagravida who is 36 weeks pregnant has just had a seizure. She has had no prenatal care and the family says that she has been very swollen the last week. The family says she has no medical problems and has no allergies. She takes no medications. The patient is postictal. Her reflexes are 4+ and she has 3+ edema of the lower legs. BP is 170/110, pulse 110, respiration is 16 BPM. Pulse oximeter reading is 95%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120).**

**The patient should be treated by the Preeclampsia/Eclampsia Protocol**

Protocol Specific Treatment: See 3.27 Preeclampsia/Eclampsia Protocol

**SUMMARY:** This is a case of Eclampsia (has already had a seizure). There is about a 25% mortality for the fetus for every seizure. Magnesium sulfate should be used here.

### **3.27 Preeclampsia/Eclampsia Protocol 2**

**Please read entire scenario as written.**

You have responded to a general medical call. A 16-year-old primagravida who is 38 weeks pregnant complains of weakness and swelling of her legs. She has had no prenatal care and has taken no medications. She has no medical problems and has no allergies. She has 3+ edema of the lower legs and her knee jerk reflexes are 4+. BP is 170/110, pulse 110, respiration is 16 BPM. Pulse oximeter reading is 95%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor**

**The patient should be treated by the Preeclampsia/Eclampsia Protocol**

Protocol Specific Treatment: See 3.27 Preeclampsia/Eclampsia Protocol

SUMMARY: This is a case of Preeclampsia (has not had a seizure but has hypertension, edema and hyper-reflexia). She could have a seizure at any time. OLMD should be consulted for possible use of Magnesium sulfate.

### **3.28 Respiratory Distress Protocol 1**

**Please read entire scenario as written.**

You have responded to a general medical call. A 6-year-old child with a history of asthma has been wheezing all day and has not responded to home nebulizer treatments. She has had a “cold” with cough and low-grade fever for several days. BP is 90/60, pulse 110, respiration is 26 BPM with audible wheezing. She has wheezing bilaterally. Pulse oximeter reading is 92%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia)**

**The patient should be treated by the Respiratory Distress Protocol**

Protocol Specific Treatment: See 3.28 Respiratory Distress Protocol

SUMMARY: This is a “routine” case of asthma. Remember that asthma can be fatal.

### **3.28 Respiratory Distress Protocol 2**

**Please read entire scenario as written.**

You have responded to a general medical call. A 65-year-old female who is one week post-op total knee replacement complains of sudden onset of severe dyspnea. She has a history of degenerative arthritis and takes prednisone 20 mg each day plus Lortab (hydrocodone) for pain. She has no allergies. BP is 90/60, pulse 120, respiration is 26 BPM. Her chest is clear. Pulse oximeter reading is 92%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia)**

**The patient should be treated by the Respiratory Distress Protocol**

Protocol Specific Treatment: See 3.28 Respiratory Distress Protocol

SUMMARY: This may represent a post-op pulmonary embolus. Oxygen and transport is all we have to offer in the field.

### 3.29 Seizures Protocol 1

**Please read entire scenario as written.**

You have responded to a seizure call. The patient is a 37-year-old male who is postictal. Family says that he takes Dilantin for seizures but is noncompliant with his medication. He has no other medical history other than alcohol abuse. He has no allergies. He was on the couch when he had the seizure. BP is 130/70, pulse 120, respiration is 16 BPM. His chest is clear. Pulse oximeter reading is 98%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120).**

**The patient should be treated by the Seizures Protocol**

Protocol Specific Treatment: See 3.29 Seizures Protocol

SUMMARY: This is a common paramedic call. Be alert for recurrent seizures.

### 3.29 Seizures Protocol 2

**Please read entire scenario as written.**

You have responded to a seizure call. You find a 9-month-old male with no history of seizures. Family says that he developed a fever an hour before the seizure. The seizure was generalized and lasted about a minute. He has no allergies. He was on the couch when he had the seizure. BP is 90/60, pulse 140, respiration is 18 BPM. His chest is clear and his neck is not stiff. Pulse oximeter reading is 98%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia) and glucometer reading (120).**

**The patient should be treated by the Seizures Protocol**

Protocol Specific Treatment: See 3.29 Seizures Protocol

SUMMARY: This is probably a febrile seizure and will probably need no further prehospital treatment unless he seizes again.

### **3.30 Hypovolemic Shock Protocol 1**

**Please read entire scenario as written.**

You have responded to an accident call. You find a 29-year-old male who fell through a sliding glass door and cut his right arm. He is still bleeding and is covered with blood. BP is 90/60, pulse 140, respiration is 18 BPM. He denies any medical problems, takes no medications, and has no allergies. He ate 3 hours ago. Pulse oximeter reading is 98%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia).**

**The patient should be treated by the Hypovolemic Shock Protocol**

Protocol Specific Treatment: See 3.30 Shock – Hypovolemic Shock Protocol

SUMMARY: Since you can stop the bleeding it is OK to get the pressure up to normal. If the bleeding were internal, it would be better to maintain BP at about 80-100 systolic.

### **3.30 Cardiogenic Shock Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical call. You find a 67-year-old male who is complaining of chest pain and shortness of breath that began an hour ago. He is pale and diaphoretic. BP is 80/50, Pulse 130 and irregular, Respiration 28 BPM. Pulse oximeter is 88%. He has a history of heart disease and has had a myocardial infarction in the past. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia)**

**The patient should be treated by the Cardiogenic Shock Protocol**

Protocol Specific Treatment: See 3.30 Shock – Cardiogenic Shock Protocol

**SUMMARY:** Cardiogenic shock is caused by pump failure. When the heart is so damaged that it cannot maintain circulation the mortality rate is very high.

### **3.30 Shock – Distributive Protocol 1**

**Please read entire scenario as written.**

You have responded to a trauma call. You find a 27-year-old male who has fallen from a scaffold. He is alert and oriented and complaining of pain in his lower neck. BP is 80/50, Pulse 70, Respiration 14 BPM. Pulse oximeter is 92%. He is unable to move below the neck. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia)**

**The patient should be treated by the Distributive Shock Protocol and Suspected Spinal Injury Protocol**

Protocol Specific Treatment: See 3.30 Shock – Distributive Shock Protocol and 3.31 Suspected Spinal Injury Protocol

SUMMARY: This patient has neurogenic shock. As long as he is supine he will probably be able to have satisfactory perfusion. Level of consciousness is a good guide here; a normal level of consciousness usually means adequate perfusion.

### **3.30 Obstructive Shock Protocol 1**

**Please read entire scenario as written.**

You have responded to a trauma call. You find a 27-year-old male who has fallen from a scaffold. He is alert and oriented and complaining of chest pain and shortness of breath. BP is 80/50, Pulse 140, Respiration 30 BPM. Pulse oximeter is 85%. He has distended neck veins and decreased breath sounds on the right side. The chest is hyper-resonant on the right side. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus tachycardia)**

**The patient should be treated by the Obstructive Shock Protocol**

Protocol Specific Treatment: See 3.30 Shock – Obstructive Shock Protocol

SUMMARY: This patient has a tension pneumothorax. Chest decompression can be life-saving.

### **3.31 Suspected Spinal Injury Protocol 1**

**Please read entire scenario as written.**

You have responded to a trauma call. You find a 27-year-old male who has fallen from a scaffold. He is alert and oriented and complaining of pain in his lower back. BP is 120/80, Pulse 90, Respiration 14 BPM. Pulse oximeter is 98%. He able to move all extremities but complains of pain and “tingling” in both legs.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus rhythm)**

**The patient should be treated by the Suspected Spinal Injury Protocol**

Protocol Specific Treatment: See 3.31 Suspected Spinal Injury Protocol

SUMMARY: This patient has symptoms of a spinal injury. Careful, gentle stabilization is extremely important in this case.

### **3.31 Suspected Spinal Injury Protocol 2**

**Please read entire scenario as written.**

You have responded to a trauma call. You find a 27-year-old female who was parked at a red light when her small car was struck from behind. The impact was severe enough to break her seat back. She is alert and oriented and complaining of pain in her neck and lower back. BP is 120/80, Pulse 90, Respiration 14 BPM. Pulse oximeter is 98%. She able to move all extremities but complains of pain and “tingling” down both arms.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus rhythm).**

**The patient should be treated by the Suspected Spinal Injury Protocol**

Protocol Specific Treatment: See 3.31 Suspected Spinal Injury Protocol

SUMMARY: This patient has symptoms of a spinal injury. Careful, gentle stabilization is extremely important in this case.

### **3.32 Stroke Protocol 1**

**Please read entire scenario as written.**

You have responded to a medical call. You find 77-year-old male who is unable to move his left side. Family says that he has a history of hypertension but has been out of medication for a week. He has no allergies. The patient complains of severe headache. BP is 190/130, pulse 60, respiration is 12 BPM. His chest is clear. Pulse oximeter reading is 93%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus rhythm) and glucometer reading (120).**

**The patient should be treated by the Stroke Protocol**

Protocol Specific Treatment: See 3.32 Stroke Protocol

SUMMARY: Stroke is now a time dependent disease and thus should be transported immediately. If your hospital has a stroke team you should call ahead so that they can be notified.

### **3.32 Stroke Protocol 2**

**Please read entire scenario as written.**

You have responded to a medical call. The husband of a 77-year-old female has called because his wife has slurred speech and left sided weakness. Husband states the symptoms started 30 minutes prior to your arrival. The patient is type II diabetic. BP is 140/90, pulse 60, respiration is 12 BPM. His chest is clear. Pulse oximeter reading is 93%. You are 30 minutes from the hospital.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5-minute clock begins with the EMT treating the patient. You cannot give any additional information except the rhythm on the cardiac monitor (sinus rhythm) and the glucometer reading (160).**

**The patient should be treated by the Stroke Protocol**

Protocol Specific Treatment: See 3.32 Stroke Protocol

**SUMMARY:** Stroke is now a time dependent disease and thus should be transported immediately. If your hospital has a stroke team you should call ahead so that they can be notified.

### 3.33 Syncope Protocol 1

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 19-year-old female lying on the floor in a college classroom. Class had just been dismissed and she stood up to leave and passed out. No seizure activity was noted. There is no history of seizures or fainting in the past. She was unconscious for only a moment or two. She is now awake and denies pain and states she was not injured when she fell. She is very embarrassed and just wants to go to her dorm room. When asked if she might be pregnant she becomes indignant and denies any possibility of this being true. Her friends roll their eyes. She does admit that her last normal menstrual period was 2 months ago. She denies vaginal bleeding. The pulse is 70, Respiration is 20 BPM, and BP is 110/60. When you examine her abdomen she is nontender, there are no masses, and bowel sounds are present.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than the rhythm on the cardiac monitor (sinus rhythm) and glucometer reading (105).**

**This patient has syncope. She should be treated by the Syncope Protocol**

Protocol Specific Treatment: See 3.33 Syncope Protocol

SUMMARY: This patient may be pregnant. She has probably has vasovagal syncope but you should monitor for development of hypovolemic shock.

### 3.33 Syncope Protocol 2

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 56-year-old male lying on the floor in a local bank. He worked at the bank and was witnessed to pass out while sitting in a chair. There is no history of seizures or fainting in the past. He was unconscious for only a moment or two. He is now awake and denies any pain and states he was not injured when he fell. He states that he felt like he was having palpitations just before he passed out. He denies any history of heart disease but has had some palpitations and “weak spells” in the recent past. The pulse is about 70 but is irregular, Respiration is 20 BPM, and BP is 130/80.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information other than the rhythm on the cardiac monitor (sinus rhythm with**

**occasional PVCs with some couplets) and the glucometer reading (105).**

**This patient has syncope. He should be treated by the Syncope Protocol and the Cardiac Dysrhythmias Protocol**

Protocol Specific Treatment: See 3.33 Syncope Protocol and 3.10 Cardiac Dysrhythmias Protocol

**SUMMARY:** This patient has probably had syncope from a cardiac arrhythmia, possibly a run of V-tach. Notify OLMD per Cardiac Arrhythmia (PVCs) Protocol. You may be asked to give Lidocaine (category B). You may also be asked to send a 12-lead EKG.

### **3.34 Vaginal Bleeding Protocol 1**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 19-year-old female lying on the bed. She complains of sudden onset of severe abdominal cramping and profuse vaginal bleeding with many clots. This began just before you were called. She has already used 5 Kotex pads. She feels weak and gets light headed when she stands. Her last normal menstrual period was 2 months ago. There is no prior history of severe vaginal bleeding and she has never been pregnant. The pulse is 110, Respiration is 26 BPM, and BP is 110/60. When you examine her abdomen she is tender over the lower abdomen but there is no mass felt. Bowel sounds are present.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient has vaginal bleeding. She should be treated by the Vaginal Bleeding Protocol**

Protocol Specific Treatment: See 3.34 Vaginal Bleeding Protocol

SUMMARY: This patient may be pregnant. While not in shock, she should be transported immediately and IVs begun during transport. Monitor closely for development of hypovolemic shock.

### **3.34 Vaginal Bleeding Protocol 2**

**Please read entire scenario as written.**

Your unit has responded to a general sickness call. Upon arrival you find a 53-year-old female lying on the bed. She complains of sudden onset of severe abdominal cramping and profuse vaginal bleeding with many clots. This began just before you were called. She has already used 5 Kotex pads. She feels weak and gets light headed when she stands. Her periods have been irregular and heavy for several years. She has been told that she has fibroid tumors of the uterus and is supposed to have a hysterectomy soon. The pulse is 110, Respiration is 26 BPM, and BP is 110/60. When you examine her abdomen she is tender over the lower abdomen but there is no mass felt. Bowel sounds are present.

The scene is safe and you have taken body substance isolation precautions. Please provide appropriate care based on State protocols.

**The 5 minute clock begins with the EMT treating the patient. You cannot give any additional information.**

**This patient has vaginal bleeding. She should be treated by the Vaginal Bleeding Protocol**

Protocol Specific Treatment: See 3.34 Vaginal Bleeding Protocol

**SUMMARY:** It is unlikely that this patient is pregnant, but she is still in danger of developing hypovolemic shock. She should be transported immediately and IVs begun during transport.