

ALS Team Competition

Scenario Critique





ALS Trauma Scenario

- ❑ It is 9:30 pm on a mid-November night. You are dispatched to a local park where a 21 yof was hit by a compact car which was traveling at approximately 30 mph. The female was struck from behind and thrown over the roof of the vehicle.
- ❑ Upon arrival, you find the patient lying on the pavement, surrounded by a few witnesses. The car (and driver) is nowhere to be found.

Initial Impression

- ❑ Pale, cool to touch
- ❑ Disoriented, unable to form words
- ❑ Obvious deformities
- ❑ HX: unconscious for five minutes (bystander information)
- ❑ Pt. unable to verbalize CC but moans

Initial Findings

- GCS (3-2-4) = 9
- Bruise, crepitus over left eye
- Raccoon eyes
- Battle's sign
- Unequal pupils
- Blood in nasal cavity
- Left chest flail
- Right chest intact
- R femur deformity
- Gag reflex intact

Field Diagnosis

- ❑ Multi-system trauma
- ❑ Closed head injury
- ❑ Left tension pneumothorax

Appropriate Treatment

DEFINITE MUST DO

- ❑ Remove from cold and warm patient
- ❑ C-spine immobilization
- ❑ LSB & collar
- ❑ Assist ventilations
- ❑ Complete assessment
- ❑ Stabilize flail segment
- ❑ Needle compression
- ❑ Triage to trauma center
- ❑ 2-large bore IVs

POSSIBLE DO

- ❑ RSI with ETI to internally stabilize chest
- ❑ Traction splint depending on patient's condition and time on scene
- ❑ Lidocaine prior to RSI



Critical Fail Points

- ❑ Intubation without sedation
- ❑ Nasal intubation
- ❑ PASG
- ❑ Pericardiocentesis

Team Performance Commonalities

PRO & CON

- ❑ Great teamwork vs. loss of TL
- ❑ Use of bystander information
- ❑ Failed to treat or wrong side of chest decompressed
- ❑ Decompressed without stabilizing flail segment
- ❑ Incorrectly sized collar
- ❑ Need for 12 lead to R/O cardiac trauma or ectopy
- ❑ Possible injury to patient by pulling hair during LSB application

ALS Medical Scenario

- ❑ You are dispatched to a local residence for a 55 yof complaining of “not feeling right.” You’re responding in a rural county and your nearest hospital is approximately 20 minutes way. Upon your arrival, you find the patient seated on her couch, alert and conscious, but in obvious distress.



Initial Impression

- ❑ Heavy, rapid breathing (possibly hyperventilating); holding her stomach
- ❑ Speaks in short, rapid bursts due to abdominal pain. Today's episode was worse than other times.
- ❑ Onset: 2 hours ago while vacuuming
- ❑ Pain is severe but better while sitting
- ❑ Radiates to jaw and sometimes down her neck
- ❑ Took one Ativan for her nerves (anxiety)

Initial Findings

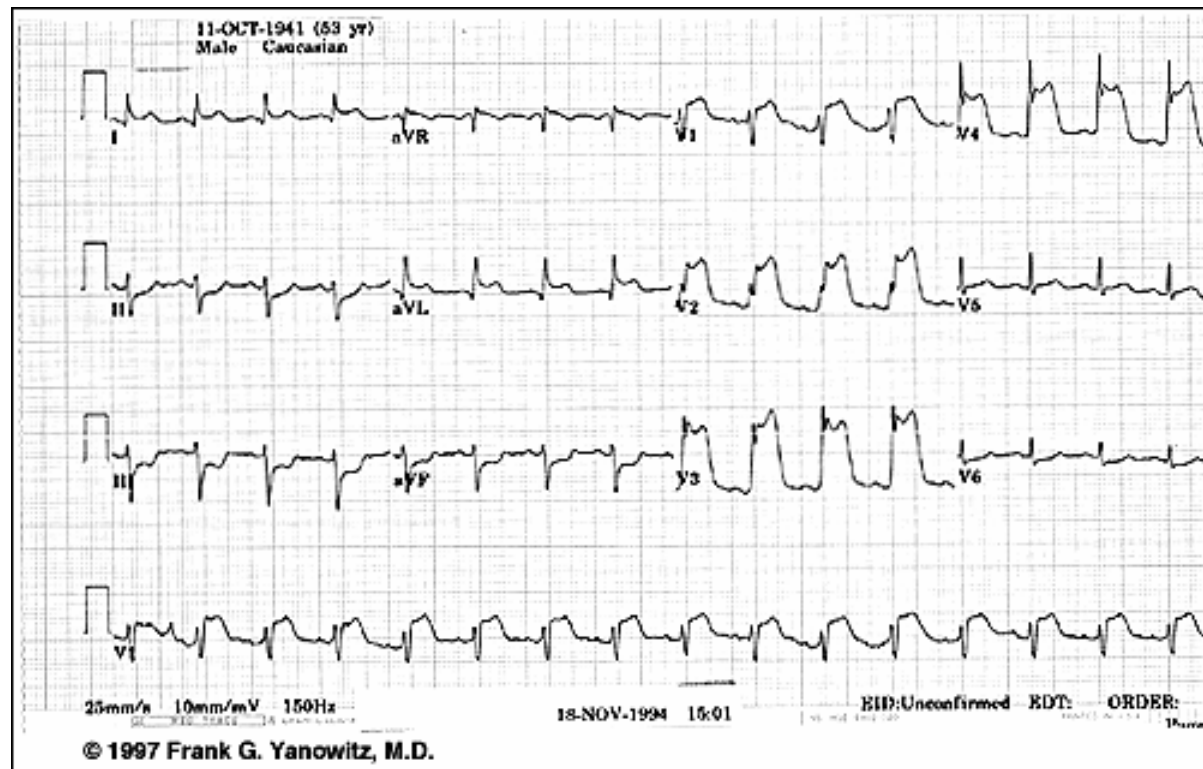
- ❑ Cool, diaphoretic, sitting tripod
- ❑ C/O diffuse vague abdominal pain
- ❑ “Feels like something is wrong”
- ❑ Two weeks ago seen in ED and treated for anxiety or panic attacks
- ❑ Discusses refusing service
- ❑ 3 lead EKG is ST with PVC
- ❑ 12 lead is marked elevation in V-leads
- ❑ Tactile fremitus in lower lobes of lung

Case Progression

- MI progresses
- CHF develops
- Loss of consciousness with apnea

Field Diagnosis

- ❑ Anterior MI (with atypical presentation)
- ❑ Decompensated, low output CHF develops



Appropriate Treatment

DEFINITE MUST DO

- VOMIT
 - (vitals, oxygen, monitor, IV, transport)
- ASA, NTG
- Recognize MI with diagnostic 12 lead
- Recognize developing shock
- Secure airway with ET
- Transport to appropriate facility

POSSIBLE DO

- Furosemide
- Judicious use of fluid bolus for shock vs. edema
- Positive inotropes such as dopamine or dobutamine
- Nasotracheal intubation
- CPAP
- Pacing
- Right sided EKG prior to NTG administration
- Evaluate blood sugar and capnography readings

Critical Fail Points

- ❑ Intubation without sedation prior to collapse
- ❑ Cardiazem in presence of bradycardia and possible Prinzmetal's angina (vs. AMI)
- ❑ Fluid overload while treating shock
- ❑ Focused on anxiety issues; administration of benzodiazepine
- ❑ Signed AMA and when home for pizza and beer!!

Team Performance Commonalities

PRO & CON

- ❑ Great teamwork
- ❑ No use of 12 lead
- ❑ Minimal definitive treatment for patient
- ❑ Failure to ventilate patient with RR=12 with poor presentation

Final thoughts...

