Case Studies

Campus Emergencies

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Something about me...

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EMT for 3 years AEMT for 6 years & serving as Captain for Dix Hills Rescue
Anyone out there??

- Officers
- ALS
- BLS
- Non-cardholders?
- Administrative
What’s in store...

- Off the record patient assessment review & pitfalls....
- Interactive Case Studies of alarms commonly seen on campuses across America...with a twist
- Not a review of EMT class!!
Patient Assessment Skills

- Keep in mind...the basics
- Always have an attack plan (to each his/her own)
- Obtain baseline vitals (even visual vitals!)
Patient Assessment Skills

AVPU, CUPS, DCAP-BTLS - Terrific EMT Test short-cuts but....I prefer MOI, UHOH, LLS, & others

Every call is an emergency...??
Patient Assessment Skills

- Number one important fact to remember!!!!!!

Besides EMS workers, we all are detectives as well.......
CASE #1: “The Runner”

- It’s cold March day and you just finished breakfast… you hear “EMS Charlie response: female respiratory difficulty in the gymnasium at the student sports complex, 0735 dispatcher 37”

- Thoughts going through your head??

- Upon arrival you find a very skinny female, 20 years old, just came in from running a few miles outside before class began for the day. She is sitting upright and looks anxious with SOB noted.
CASE #1: “The Runner”

- Develop your attack plan?
- What are some of the possibilities?
  - Pulmonary Embolism
  - Asthma Attack
  - AMI
  - Anxiety Attack
  - Infection??
CASE #1: “The Runner”

- A&O (person, place, time & events)
- Slightly flushed skin & slightly diaphoretic
- BP 90/P, Resps 24, Shallow
  - Pulse: feels like 100, lungs clear in all fields, she is very anxious & feels palpitations
- Denies any allergies, any drug usage, medications include Paxil & one other pill for her heart, surgery for a septal deviation at birth.
CASE #1: “The Runner”

- Transport or RMA?
- ALS or BLS?
- Initial Treatment
- Further vitals assessment & initial treatment?
CASE #1: “The Runner”

Further examination reveals an apical heart rate of 172, p02 of 97% w/ O2, heart monitor reveals a regular rate of 182 & the following:

Follow up treatment? Fluid Bolus for BP? Why or Why Not??
CASE #1: “The Runner”

Follow Up: Patient suffered from PSVT induced by the conditions of the morning and a pre-existing cardiac congenital condition. Patient was on a beta blocker as well as anti-anxiety medication. She felt well after administration of 6mg of Adenosine IV by Paramedics, which broke the SVT and the patient was transported to ER without further issue.
CASE #2: “Party Animal”

- It’s Commencement Weekend and your pager alerts “EMS Delta response: adult male seizures, behind the fraternity house on main drive, 0015 Dispatcher 45”

- Thoughts going through your head??
CASE #2: “Party Animal”

Upon arrival you find a 21y/o Male, who is lying on the grass behind a building, appears dazed with a crowd around him.

Develop your attack plan?

What are some the possibilities?

Seizures and/or Syncope, Drugs and/or Alcohol
Head Injury (assault, fall, etc), Septic Shock
CASE #2: “Party Animal”

- Pt responds to his name, not oriented to surroundings, unable to obtain good history.
- Red tint skin, diaphoretic & warm.
- BP 142/90, Resps 22 normal, Pulse: 96 regular, lungs clear in all fields, pt appears in a post-ictal state.
- Unknown allergies, reported heavily mixed drinking that day, pt gives you medications package which says z-pac on it.
CASE #2: “Party Animal”

- Transport or RMA?
- ALS or BLS?
- Initial Treatment
- Further Vitals Assessment
CASE #2: “Party Animal”

Further examination reveals no apparent trauma. His close friend reports that he has been acting odd all day but he was drinking heavily, so he blew it off. He also had slurred speech part of the day, on and off. Patient was seen at a party where drugs were used. Patient is still going in and out of consciousness now.

Follow up treatment? Narcan for AMS? Why or Why Not??
CASE #2: “Party Animal”

Follow Up: Patient was transported to a close hospital and remained post-ictal. Drug screen was negative for narcs, Alcohol level was elevated & Upon further examination via CT at the hospital they found the patient to have increased ICP and fever of 101. Patient had another seizure & progressed into comatose state for 3 days diagnosed with bacterial meningitis with confirmation from a spinal tap.
**CASE #3: “Mr. Clean”**

First day of Spring and you flick on your pager and hear, EMS Bravo response: adult male injuries from a fall, the rear stairway of the science building on north 1st street, 1908, Dispatcher 8”

Thoughts going through your head??
CASE #3: “Mr. Clean”

Upon arrival you find a 42 y/o Male member of the campus housekeeping staff, sitting at the bottom of a cement/tiled stairway in a corner. He is bleeding from the head & slumping over towards one side of the wall. Appears dazed & clothing is dirty.

Develop your attack plan?

What are some the possibilities?
- Drugs and/or Alcohol
- Head Injury
- Back Injury
CASE #3: “Mr. Clean”

- Alert but a little slow to respond, oriented to his surroundings. Someone next to him was helping to control his bleeding. No reported LOC.
- Skin appears normal & cool.
- BP 106/70, Resps 22 normal, Pulse: 100 regular, lungs clear in all fields,
- Allergy to PCN, is on enalpril but he’s going back to MD soon—it’s not cutting it, no drug or alcohol use.
CASE #3: “Mr. Clean”

- Transport or RMA?
- ALS or BLS?
- Initial Treatments
- Further Vitals Assessment
CASE #3: “Mr. Clean”

Further examination reveals he has a head lac about 4 inches across the back of his head, bleeding is almost controlled. Complains of a little back pain, no tenderness and a little deficit on the left side. Patient states he was at the top of the stairway (which has 10 steps) and fell after tripping on slippery floor. He also has an obvious fracture of the right arm which is compound.

Follow up treatment? Why or Why Not??
CASE #3: “Mr. Clean”

Follow Up: Patient was transported to a nearby level II trauma center by ambulance where he was evaluated by an MD, kept immobilized & sent for emergency x-ray & CT scan which revealed a displacement & fracture at C5 and a canal compromise which required surgical intervention and rehabilitation.
CASE #4: “Busy Bee”

It’s mid February, you just finished studying for the night and you hear “EMS bravo response: abdominal pain, sophomore brown housing building, 2123 Dispatcher 27”

Thoughts going through your head??
CASE #4: “Busy Bee”

Upon arrival you find a 19 y/o female sitting on her bed. She appears in obvious distress holding her stomach and has thrown up 1x prior to arrival.

Develop your attack plan?

What are some the possibilities?
   Appendicitis, bowel obstruction, food poisoning, etc
CASE #4: “Busy Bee”

- Alert & Oriented (p,p,t,e)
- Very Pale skin, slightly diaphoretic.
- BP 92/p, resps 24 & shallow, pulse is 116, lungs clear.
- NKA and on Ortho-cyclen only.
- Denies any history and has never had pain like this before. Denies any chance of being pregnant.
CASE #4: “Busy Bee”

- Transport or RMA?
- ALS or BLS?
- Initial Treatment
- Further Vitals Assessment
CASE #4: “Busy Bee”

Further examination & history reveals that the patient has been eating regularly and no apparent trauma. Patient has pain, with tenderness & guarding, lower right quadrant, not radiating.

Follow up treatment? Why or Why Not??
CASE #4: “Busy Bee”

Follow Up: Patient was transported to a local hospital in stable condition however she was seen by a doctor and confirmed via ultrasound to have a ruptured ectopic pregnancy. She denied being the possibility of being pregnant, however she was sexually active. Her pills were found to be expired and non functional, she was using her sisters last prescription before she got married and had her first child a year ago. She was too embarrassed to see a doctor for a prescription herself.....
CASE #5: “Bookworm”

- It’s the week before spring break and your pager alerts “EMS Delta response: unconscious victim, freshman dorm on west street, 1656 Dispatcher 8”

- Thoughts in your head??
CASE #5: “Bookworm”

Upon arrival you find what you assume to be a 17 or 18 y/o male who passed out, just outside the shower in the men’s restroom on the 2nd floor. Patient is unconscious.

Develop your attack plan?

What are some the possibilities?

Seizure and/or Syncope, Drugs and/or Alcohol
Head Injury, Cardiac, etc
CASE #5: “Bookworm”

- Responds barely to painful stimuli with incomprehensible sounds.
- Pale skin, diaphoretic or wet?.
- BP 106/68, resps 12 & shallow, pulse is 116 & thready, lungs clear,
- Unknown allergies, unknown meds, patient’s roommate ran to you with a bunch of pills in canisters labeled “No-doze”, “Stay awake”, and “Vita-rex”
CASE #5: “Bookworm”

- Transport or RMA?
- ALS or BLS?
- Initial Treatment
- Further Vitals Assessment
CASE #5: “Bookworm”

Further examination & history reveals that the patient also has not really left the room for 2 days prior, you find no evidence of trauma. Patient is regaining consciousness and beginning to speak confusing sentences.

Follow up treatment? Coma-Cocktail? Why or Why Not??
CASE #5: “Bookworm”

Follow Up: Patient was transported to a local hospital. He became alert after 50 dextrose IV and thiamine IV. He recovered after receiving feedings and psychological consult at the hospital. He was released after 3 days and still got an A+. 
Wrap It Up ! ! ! !

Always be the lead detective in a case, what may be textbook on the outside…..is not exactly what’s going on, on the inside….

Take a look at your surroundings, friends, items in rooms, etc may be indications or clues towards appropriate treatment.

These cases show good examples of BLS, ALS, & interaction between the two. ALS is not necessarily the answer! Transport & transport to the “right” facility is of important as well…..

Be wary, as these emergencies presented are more emergencies on college campuses around the country, which are more common than you may believe.
Final Comments....

- Any Questions???

- Anyone have any administrative questions, see me after.....

- THANKS FOR COMING!!! GET HOME SAFE!!!!!