

## Scenario 15-1 Flail Chest (Female)

Patient found below big rock in the center of Silver Belt. Marks in the snow show that she crashed well above the rock and then slid down and over the rock and dropped about ten feet to where she was found. Remarkably, she is conscious and coherent if shaken. Her breathing is rapid, shallow and labored and her chest hurts on the left side. On examination, a segment about as big as a hand is not moving with the rest of the chest. When the chest rises, it goes in. No C-spine complaint.

LOCATION: Center of Silver Belt

WEATHER: Warm and clear

SAMPLE: Has only one kidney – donated the other to twin sister who needed a transplant

INJURY: Flail chest segment

SYMPTOMS: Respiratory distress

VITALS: Initial: Pulse 120. Respiration 22 BP 110/75  
5 min: Pulse 120 or 160 if no O2. Respiration 22 or 35 if no O2. BP 90/60

OBJECTIVES: Load and go  
Respiratory distress

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognizes breathing problem  
Y N Quick equipment call  
Y N Ambulance call  
Y N quick but complete secondary  
Y N Clears neck and back  
Y N No backboard- bad side down  
Y N Hi flow O2  
Y N Head up transport  
Y N Load and go, go, go

## Scenario 15-2 Sucking Chest Wound

Sam collided with another skier and is found with major respiratory distress. On inspection, a puncture wound is found in the right chest wall with bubbles coming from it. The puncture must have been made by the other skier's pole. Which is lying on the ground nearby with blood on it.

LOCATION: Intermediate slope

WEATHER: Warm and clear

SAMPLE: Too much trouble breathing to do more than gasp out name and permission to treat

INJURY: Sucking chest wound

SYMPTOMS: Puncture wound in the right chest wall with bubbles coming from it  
Respiratory distress

OBJECTIVES: Occlusive dressing

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognizes breathing problem  
Y N Finds wound. Goes to skin  
Y N Quick equipment call  
Y N Ambulance call  
Y N Places occlusive dressing  
Y N quick but complete secondary  
Y N Clears neck and back  
Y N No backboard- bad side down  
Y N Hi flow O2  
Y N Head up transport  
Y N Load and go, go, go

## Scenario 15-3 Major Shoulder Damage & C-Spine Injury

Skier lost control and got going VERY fast on an easy intermediate slope. Skier ran into the back of a grooming machine. Patrollers are called by the operator. Two patrollers respond immediately with backboard and O2. Patient is lying on good side holding her shoulder. On exam, a thoracic spine injury is found.

This is a handling problem and a backboard improv. Patient must be rolled and strapped in without pressing on the shoulder. No splint is required for the shoulder.

LOCATION: Intermediate slope  
 WEATHER: Clear and sunny  
 SAMPLE: Pot  
 INJURY: Thoracic Spine injury  
 Crushed shoulder  
 SYMPTOMS: Pain in shoulder and back  
 VITALS: Unexceptional.  
 OBJECTIVES: Improv. Backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize neck injury  
 Y N Quick call  
 Y N Immediate head stabilization  
 Y N Identifies shoulder problem  
 Y N Good backboard mechanics  
 Y N Avoids hurting shoulder  
 Y N High flow O2  
 Y N Head up transport  
 Y N Complete within ten minutes

## Scenario 15-4 Major Hip Damage & C-Spine Injury

Skier lost control and got going VERY fast on an easy intermediate slope. Skier ran into Tower 3. Patrollers are called by the lift operator. Two patrollers respond immediately with backboard and O2. Patient is lying on good side holding her hip. On exam, a left side hip injury as well as a thoracic spine injury is found.

This is a handling problem and a backboard improv. Patient must be rolled and strapped in without pressing on the shoulder. No splint is required for the shoulder.

LOCATION: Intermediate slope  
 WEATHER: Clear and sunny  
 SAMPLE: Taking prozac  
 INJURY: Thoracic Spine injury  
 Hip fracture  
 SYMPTOMS: Pain in hip and back  
 VITALS: Unexceptional.  
 OBJECTIVES: Improv. Backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize back injury  
 Y N Quick call  
 Y N Immediate head stabilization  
 Y N Identifies hip problem  
 Y N Good backboard mechanics  
 Y N Avoids hurting hip  
 Y N High flow O2  
 Y N Head up transport  
 Y N Complete within ten minutes

## Scenario 16-1 Mid-shaft Femur

On the edge of Olympic Lady, skier meets rock. Patrollers arrive to find a great noise. The worst pain one can imagine.

LOCATION: On the edge of Olympic Lady

WEATHER: Clear and sunny

SAMPLE: Medic Alert tag for penicillin allergy

INJURY: Mid-shaft femur

SYMPTOMS: Mid-shaft pain.  
Leg shortened and externally rotated.  
Goes into shock about seven minutes into scenario.

OBJECTIVES: Traction splint mechanics

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
Y N Quick call  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Check distal CSM before splint  
Y N Apply traction splint  
Y N Check distal CSM after splint  
Y N Head down transport

## Scenario 16-2 Pelvic Fracture

On Upper Prospector, middle-aged female gets headed straight down the slope and straddles a large tree just above Gunners. Intense pain throughout lower abdomen.

LOCATION: Upper Prospector

WEATHER: Cloudy and Windy

SAMPLE: Taking Mevicor for high cholesterol

INJURY: Pelvic Fracture

SYMPTOMS: Pelvic pain  
Crepitiis in pelvic exam  
Immediate shock and reduced LOC.

VITALS: Initial: Pulse 140. Shallow respiration 25. BP 100/70.  
5 min: Pulse 170. Shallow respiration 35. BP 70/50.

OBJECTIVES: Pelvic fracture backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
Y N Quick equipment call  
Y N Ambulance call  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Avoids pelvic pressure  
Y N Head down transport

## Scenario 16-3 Distal Femur

Two patrollers respond to missing person report finding tracks leading eastward out of bounds from the top of Lakeview. Patient is found not far into the trees about 500 vertical feet below the run lying prone and semi-conscious. Patient is found 65 minutes after last seen at top of Silver Belt.

The key to this problem is gentle handling. The damage from cold is done. The problem is to not set patient into Ventricular Fibrillation.

LOCATION: Out of bounds east of Lakeview

WEATHER: Cold, wet and windy

SAMPLE: Unavailable

INJURY: Distal Femur  
 Profound Hypothermia

SYMPTOMS: Swelling and pain just above knee.  
 Internal bleeding leads to shock  
 Hypothermia is primary cause of altered LOC.  
 Patient is cold to the touch and is beyond shivering.  
 A slight moan on palpating leg is all the response from the patient.

OBJECTIVES: Distal femur – no traction  
 Handling of profound hypothermia

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Ambulance call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Gentle handling
- Y N Avoids thigh/knee pressure
- Y N Head down transport

## Scenario 16-4 Mid-shaft Femur and Forehead Lacerations

Two patrollers watch as patient meets tree at base of advanced run. Patient is fully oriented and does not report any abnormal mental status. Did not lose consciousness. Standby is empty, so it is a long time before a traction splint will arrive.

LOCATION: Bottom of Red Dog

WEATHER: Cold and sunny February day

SAMPLE: Scored a little coke in the bathroom, still has a buzz from it.

INJURY: Mid-shaft Femur  
Forehead lacerations with lots of blood

SYMPTOMS: Swelling and pain in mid-femur.  
Internal bleeding may lead to shock

OBJECTIVES: Mid-shaft femur –traction splint  
Not getting distracted by forehead lacerations

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injuries  
Y N Stops bleeding  
Y N Quick equipment call  
Y N Ambulance call  
Y N Immediate head stabilization  
Y N Applies manual traction  
Y N Competent traction splint  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Gentle handling  
Y N Avoids thigh/knee pressure  
Y N Head down transport