

Scenario 17-1 Bi-lateral Femur & Spinal Complaint

Four patrollers respond to an auto accident on I-80. Two occupants in the car. One with both femurs fractured against the steering wheel and the other went into the windshield and hurt their neck. Single passenger ambulance will arrive first.

LOCATION: I-80

WEATHER: Cold, wet and windy

SAMPLE: Alcohol, admitted when patrollers find empty beer cans in car.

INJURY #1: Bi-lateral Femur

SYMPTOMS#1: Patient looks normal but quiet until examined
Swelling and pain in both thighs.
Internal bleeding / shock
A slight moan on palpating legs is all the response from the patient.

VITALS#1: Initial: Pulse 125. Shallow respiration 22. BP 100/70.
5 min: Pulse 140. No O2 --Shallow respiration 35. BP 70/50. (no radial pulse)
O2 -- Shallow respiration 22. BP 100/70

INJURY #2: Cervical spine problem. Facial lacerations and lots of blood.

SYMPTOMS#2: Modest bleeding. Cervical pain. Patient cries, screams, and demands attention trying to monopolize resources.

VITALS #2: As found - stable

OBJECTIVES: Bi-lateral femur – no traction
Extrication
Backboard practice
Two patient prioritization

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 Quick equipment call
Y N Ambulance call
Y N Priorities to femur patient
Y N Immediate head stabilization
Y N Good backboard mechanics
Y N High flow O2
Y N Avoids thigh/knee pressure
Y N Head down transport

Scenario 17-2 Crushed Chest & Open Forearm Fracture

A 300 pound novice (college football player), out of control on an intermediate slope, runs into and falls hard onto a small teenager. Recovers and is clumsily trying to do something about the arm, then trying to focus patrollers' attention on it.

LOCATION: Intermediate slope

WEATHER: Warm and calm

SAMPLE: Too much trouble breathing to do more than gasp out a few words

INJURY: Crushed Chest, open forearm fracture

SYMPTOMS: Respiratory distress. Rapid pulse and rapid, quiet respirations
Substantial bleeding from arm

OBJECTIVES: Prioritization and 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 Recognize injuries
 Y N Prioritize respiratory distress
 Y N Quick equipment call
 Y N Ambulance call
 Y N High flow O2
 Y N Gentle handling
 Y N Appropriate Transport

Scenario 17-3 Symmetric Pelvis Fracture

Patrollers respond to base of lodge stairs. Patient is conscious with lacerations on hands, face, and scalp due to metal stairs. Bleeding has stopped before patrollers arrive. Patient has fracture of pubis which is only found on effective palpation of pelvis or on attempting to get patient to stand. There is major internal bleeding and extensive compensation for shock (for first ten minutes)

LOCATION: Base of lodge stairs (two or three steps up from bottom)

WEATHER: Clear and warm

SAMPLE: Epileptic Medic-alert tag and patient report (if conscious)

INJURY: Pelvic fracture with internal bleeding leading to shock

SYMPTOMS: Lots of pain and blood from lacerations but no fresh bleeding
Pelvic fracture revealed during palpation only
Shock sets in in five minutes

VITALS: Initial: Pulse 80. Respiration 17. BP 110/70.
10 min: Pulse 140. Shallow respiration 26. BP 70/50. (no radial pulse)

OBJECTIVES: Assessment
Prioritization
Extrication
Backboard of pelvis

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 Quick equipment call
Y N Ambulance call
Y N Consider bleeding
Y N Immediate head stabilization
Y N Good backboard mechanics
Y N High flow O2
Y N Gentle handling
Y N Avoids pelvis pressure
Y N Immediate transport

Scenario 17-4 Cervical Spine

Patient went down Red Dog the hard way. Icy day. He ought have used his skis.

LOCATION: Bottom of Red Dog. Hard pack snow.

WEATHER: Clear and calm

SAMPLE: Bad hangover, had a few pick-me-ups to get rid of it.

INJURY: Cervical Spine

SYMPTOMS: Point tenderness on C-7

VITALS: Stable as found

OBJECTIVES: Clean 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 Immediate head stabilization
 Y N Get patient off snow
 Y N Good backboard mechanics
 Y N High flow O2
 Y N Head down transport

Scenario 18-1 Avalanche Midshaft Femur & Hypoxia

Patrollers have responded to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

This patient has a core temperature of about 88 degrees. No shivering, verbally responsive (sort of). Burial caused Blue and gasping but recovers respiratory function rapidly with O2. Then the pain from the mid-shaft femur takes hold.

SAMPLE: Medic Alert tag for high blood pressure

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

Look for:

- check scene
- protect scene
- Doesn't move patient before checking back/spine
- Stabilize neck
- Quick but complete secondary
- Hi-flow O2
- Good backboard mechanics
- Apply traction splint
- Check distal functions before and after
- Head down transport
- and on to the next problem

Scenario 18-2 Avalanche - Multiple Fractures & Frostbite

Patrollers respond to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

SAMPLE: Medic Alert Tag for Epilepsy

Vitals: Pulse 120; Respiration 16

Closed fracture of left upper humerus, open fracture of right forearm and closed tib-fib. Superficial frostbite of fingers of both hands. The hands and the open fracture are the primary complaints. Family of a patroller who is on duty.

Look for:

- Check the scene
- Secure the scene
- Find and stop the bleeding on primary
- Good secondary
- Recognize that this is not an emergency
- Recognize that o2 cannot be used here because it is in short supply.
- Find the other injuries
- Manual stabilization
- Good splints
- Distal NV checks before and after
- Backboard for mechanism
- head-up transport

Scenario 18-3 Avalanche - Crushed Chest & Snowblindness

Patrollers respond to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

This patient's breathing is rapid, shallow and labored. On examination, a segment about as big as a hand on right side is not moving with the rest of the chest. When the chest rises, it goes in. Multiple rib fractures on right side but no flail segment. No C-spine complaint.

Snowblindness is just a distraction. I can't see, my eyes hurt, etc. Also reported as extreme redness of eyes.

SAMPLE: None

Vitals: Pulse 120 going to 160 if no O2. Respiration 22 going to 35 stabilizes at 28 with oxygen. BP 110/75 going to 60/50

Look for:

- Recognizes breathing problem
- Quick but complete secondary
- No backboard or quick backboard as found;
patient transported flail side down
- Hi-flow O2
- Head up transport
- Load and go, go, go then on to the next patient

Scenario 18-4 Avalanche - Massive Head Injury

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Bleeding/CSF from the ears and nose. Pupils blown. Altered LOC. No Pulse 60 going to 25; Respiration Cheyn-Stokes; BP 100/70 going to 60/50.

Look for:

- Recognizes head injury by symptoms

- Quick but complete secondary

- Hi-flow O2

- Seated transport

- load and go go go

Scenario 18-5 Avalanche – Fractured Pelvis

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Pelvic pain, rigid abdomen on palpation Altered LOC due to shock.

Pulse 60 going to 125; Respiration 22 going to 35; BP 100/70 going to 60/50.

Look for:

- Recognizes internal bleeding by symptoms

- Quick but complete secondary

- Hi-flow O2

- load and go go go

Scenario 18-6 Avalanche – Spinal Complaint

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Pain at C-7, normal LOC.

Pulse; Respiration 16; BP 120/80

Look for:

- Recognizes injury
- Quick but complete secondary
- Hi-flow O2
- Good backboard