

F.R. PRACTICAL EXAM
TRAUMA SCENARIO -- StairFall

Proctor: Please be consistent in what information is given to students. Conduct the station as if it were a real ambulance call. Give information only when it is needed, asked for, or fits the scenario.

Bring the students to their “kit”, give them a chance to see what is in it. In the meantime, read their scenario, ask if there are any questions. Tell him/her that he/she has an imaginary crew of one EMT-B, who will do as directed. Tell him/her to discuss pt. care so you know what is happening, what he/she is thinking. Remind the student that he/she is responsible for everything from safety, communications, calling for additional help, determining transport, need for ALS, etc.

It is 0900 on a sunny spring day. You are called to a commercial building where a person has fallen down a long flight of steel stairs. You are told that the patient is semi-conscious, breathing on her own. Your scene is at a 2-story office building with an outside staircase. You are 10 miles outside town, 20 to 25 minutes for an ambulance to get to you & it takes them 25 minutes to drive to the hospital. You are responsible for providing or directing all the patient’s care & the transfer to ambulance. “Package” the patient & prepare for ambulance arrival.

REVEAL AS IT IS ASKED. The patient is a young woman, laying near the bottom of a set of steel stairs. You (the evaluator) are a witness. She was carrying some boxes up the stairs & tripped on the last step, falling backwards, hitting her head, tumbling. You haven’t done anything except try and keep her airway open when she was in convulsion or something. You know nothing of her history. You two had breakfast together this AM early.

APPEARANCE: Pt is laying on her side, almost on her stomach. She has a large hematoma near her left temple. She has a laceration over her left eye – no significant bleeding. She is pale & clammy. She has a large bruise on her upper arm (crepitus & painful response), where she hit her arm on the railing. Lungs, chest, abd, pelvis, thighs, are neg. Left knee is tender to touch, eliciting a painful response- no obvious deformity or crepitus.

Initial: HR= 104; RR = 16; BP = 150 / 104

In 10 min: HR = 76; RR = 10; BP = 162 / 110

(beyond initial assessment of pulse & resp, it is OK for student to assign vitals to partner, give results when appropriate)

((hi-flo O2 with opa/nap is marginally acceptable, BVM assist is better))

(When patient is placed on her back on a LLB, pt starts snoring respirations that are “fixed” by manual jaw-thrust or by opa/nap. If neither, pt seizes very soon after move.)

PROCTOR: Please note any additional information you give the students to make the scenario “work”.

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