



## RPPEO Scenario

### **CERT-ACP-BradyMD-2013-01**

**Title:** Unstable Bradycardia

#### **Learning/Evaluation Objectives:**

- TCP
- Dopamine
- Sedation

**NOTE:** If paramedic does not demonstrate all skills required within time allotted for scenario, stop scenario. (You may allow the paramedic to demonstrate the skill within the scenario if you see that they're going to perform it.)

#### **Timeline:**

<b><u>PCP</u></b> 1 min orientation 10 min scenario + 5 mins for skill 4 min reset	<b><u>ACP</u></b> 1 min orientation 15 min scenario + 5 mins for skill 4 min reset
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## RPPEO Scenario

Call Information (For the student)	Current time. The paramedic is dispatched code 4 to the local grocery store. A 36 year old female patient collapsed in the grocery aisle. She is moaning but not opening her eyes.				
Patient Presentation (For the student)	An overweight (~110kg) woman is lying supine on the floor. She is breathing rapidly, and appears pale. She has some minor active bleeding from the nose.				
Distractors	Can rule out C-spine, bystanders say she collapsed – C-spine can be taken as precaution Some blood in throat from bleeding nose				
Health History	Name: Summer Smith D.O.B.: 1977-06-19 Allergies: NKA Medication: Lipitor, Metformin Past Health History: High cholesterol, Diabetes Last Meal: Had previous meal, good appetite		Onset: Sudden Prov/Pall: None Quality: None Radiation: None Severity: Never experienced this before Time: 15 min previous, lasting till now		
Incident History	Events Leading: The patient was carrying a basket and shopping. The witnesses saw the patient tip forward suddenly, grabbing for the shelves as she fell. She struck her nose off a shelf on the way down. The patient then rolled onto her back and has been in that state ever since.				
Vital Signs	Set #1 (Initial)	Set #2 (After TCP and N.S. Bolus)	Set #3 (After Dopamine @ 5ug/kg/min)	Set #4 (After Midazolam and/or Fentanyl)	
	LOA	0/4	1/4 – 0 time, 0 place, 0 events, + name	3/4 – 0 time, + place, + events, + name	3/4 – 0 time, + place, + events, + name
	LOR	2/4 – 0 spontaneous, 0 voice, + touch and + pain	3/4 +voice	4/4 fully responsive	3/4 +voice
	Skin	Pale, Cool, Dry	Pink, Cool, Dry	Pink, Warm, Dry	Pink, Warm, Dry
	GCS	GCS 7 (E1V2M4)	GCS 12 (E3V4M5)	GCS 14 (E4V4M6)	GCS 12 (E3V4M5)
	HR	HR 34 weak/regular	HR 80(TCP) strong and regular	HR 80 str + reg(if TCP first) or 70-90 str + irr	HR 80(TCP) str + reg
	RR	RR 24 shallow/reg	RR 20 full and clear	RR 20 full + clear	RR 18 full + clear
	BP	BP 77/44	BP 86/52	BP 102/62	BP 98/60
	SPO2	SPO2 97% room air	SPO2 100% any O2	SPO2 100% any O2	SPO2 100% any O2
	ECG	ECG 3 <sup>rd</sup> Degree Block	ECG Paced	ECG Paced (pain from TCP) or NSR with PVC's if dopamine only	ECG Paced
	12-Lead	Wide complex ST elevation in multiple leads			
	BGL	BGL 6.5	BGL 6.5		
	Temp	36.5*C	36.5*C		
Pupils	PEARL 6mm	PEARL 6mm	PEARL 4mm	PEARL 4mm	
Airway	Some minor bleeding from nose into throat	Clear if suctioned	Clear	Clear	



Physical Exam	<b>Initial/Rapid:</b> Patient supine, moans to touch, doesn't open her eyes, has blood leaking slowly into the back of her airway, no other visible trauma, Lungs clear, nothing else remarkable, Pupils PEAARL 3	<b>Secondary:</b> (DCLAPSTIC / DRT) No incontinence, no trauma, no edema, nothing remarkable
Case Progression	<b>Patient:</b> The patient had been ignoring chest pain for a few days. This patient suffered a dysrhythmia due to a RAD coronary blockage that caused the pt to go into a 3 <sup>rd</sup> degree block. Her perfusion decreased dramatically causing her to fall unconscious. She did not injure herself other than striking her nose. Once the airway is clear, the paramedic should: oxygenate, initiate fluid bolus, initiate either TCP or Dopamine and when one is insufficient, initiate the other. Then the paramedic should give pain control and or sedation	<b>Bystander:</b> Patient did not look well when she was shopping, collapsed to floor, has been unresponsive since
Treatment	<i>ACP Consider:</i> <ul style="list-style-type: none"><li>• Suction, BVM, IV, NS Bolus, TCP, 2<sup>nd</sup> IV, Dopamine, Sedation</li><li>• Atropine has no effect, if paramedic considers. (but they shouldn't)</li></ul> <i>PCP Consider:</i> <ul style="list-style-type: none"><li>•</li></ul>	



### Evaluation Considerations (Specific Target Goals)

<ul style="list-style-type: none"><li>• <b>SA:</b> Unsafe: no paramedic level K,S,A reflecting SA Unsatisfactory: no familiarity demonstrating SA Poor: missed relevant needs Marginal: understood needs but slowly or not complete Competent: understood needs in timely manner Highly Competent: understood all needs quickly Exceptional: could find nothing worthy of improvement</li></ul>	<ul style="list-style-type: none"><li>• <b>RU:</b> Unsafe: no paramedic level K,S,A reflecting RU Unsatisfactory: no familiarity demonstrating RU Poor: no goals given or goals not achieved Marginal: incomplete goals given but goals achieved Competent: partner and allies given clear goals Highly Competent: goals given and improved outcome Exceptional: could find nothing worthy of improvement</li></ul>
<ul style="list-style-type: none"><li>• <b>HG:</b> Unsafe: no paramedic level K,S,A reflecting HG Unsatisfactory: no familiarity demonstrating HG Poor: missing more than most SAMPLE Marginal: incomplete SAMPLE Competent: complete SAMPLE Highly Competent: plus specific questions Exceptional: could find nothing worthy of improvement</li></ul>	<ul style="list-style-type: none"><li>• <b>COM:</b> Unsafe: no paramedic level K,S,A reflecting COM Unsatisfactory: no familiarity demonstrating COM Poor: doesn't always listen Marginal: listens but no feedback Competent: feedback acknowledged Highly Competent: feedback loop continuous Exceptional: could find nothing worthy of improvement</li></ul>
<ul style="list-style-type: none"><li>• <b>PA:</b> Unsafe: no paramedic level K,S,A reflecting PA Unsatisfactory: no familiarity demonstrating PA Poor: late relative finding causing delay Marginal: incomplete primary and/or secondary Competent: LOC/ABC/H-T and secondary focused Highly Competent: plus specific focused assessment Exceptional: could find nothing worthy of improvement</li></ul>	<ul style="list-style-type: none"><li>• <b>PS – (Skill name/description)</b> Unsafe: no paramedic level K,S,A reflecting core PS Unsatisfactory: no familiarity demonstrating core PS Poor: performance poorly affected outcome Marginal: performance took away from efficiency Competent: familiar or better with all necessary skills Highly Competent: competent with all skills Exceptional: could find nothing worthy of improvement</li></ul>
<ul style="list-style-type: none"><li>• <b>DM</b> Unsafe: no paramedic level K,S,A reflecting DM Unsatisfactory: no familiarity demonstrating DM Poor: decisions poorly affected outcome Marginal: decisions not effective for outcome Competent: decisions appropriate &amp; timely for outcome Highly Competent: plus additional actions made Exceptional: could find nothing worthy of improvement</li></ul>	<p><b>NOTE:</b> While some of these skills will be delegated, it is the team leader's responsibility to ensure that these skills are being performed to standard. Note: when setting up your station and briefing your helpers, stress that they are to perform these interventions as if they themselves are being evaluated and not to "fake" performing these skills.</p>



## Information Sheet:



### Call Information:

Current time. The paramedic is dispatched code 4 to the local grocery store. A 36 year old female patient collapsed in the grocery aisle. She is moaning but not opening her eyes.

### General Impression:

An overweight (~110kg) woman is lying supine on the floor. She is breathing rapidly, and appears pale. She has some minor active bleeding from the nose.

**You have 15-PCP/20-ACP minutes, including skill demonstration to manage this case according to the performance expectations as evaluated by the Global Rating Scale; time begins when the horn/chime sounds.**



## Station Set Up & Simulation Requirements

### Patient Information:

- Megacode Kelly (Adult Manikin)
- SimPad
- Linkbox
- Battery for Linkbox
- ECG Simulator in case SimPad fails

### Personnel Requirements:

- Partner: Peer/Student Paramedic
- Bystanders (Witness)/Reader: RPPEO Evaluator (ACP/PCP)
- Evaluator: RPPEO Evaluator (ACP)

### Equipment Requirements:

- Response Bag
- IV Kit
- Intubation Kit
- Medication Kit (ACP/PCP) c/w Dopamine & Dial-a-drip
- Patient Monitor

### Props/Scene Set Up:

- Patient laying supine on ground

### Notes:

- *(none)*



## Information Sheet (Bystander):

### Character Information:

**(EXAMPLE)** You are a Suzie's neighbor. You called 911 because Suzie is your friend, and you couldn't bear to see anything happen to her. You're very concerned and want to see that she's ok. Invasive procedures alarm you, and cause you to ask what's going on and why you're doing those things to her.

### Scripted lines:

**(EXAMPLE)** (when asked what happened) "I was out shoveling the driveway, and saw her kitchen light on. I thought I'd go over and say hi, but she didn't answer the door. I used her hidden key to go inside and found her lying on the ground, hand covered in blood! She wouldn't answer me no matter what I did!"

(when asked about her medical conditions) "She's got lots o' problems with her heart, don't know what. She's also got the diabeetus. She takes some pills for that."

Etc...