



RPPEO Scenario

CERT-ACP-BradyMD-2013-02

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:

<u>PCP</u> 1 min orientation 10 min scenario + 5 mins for skill 4 min reset	<u>ACP</u> 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 bank. A 40 year old female employee fainted at work.			
Patient Presentation (For the student)	A middle aged woman is sitting upright in a chair. 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 slumped into the chair when she saw blood Some blood in throat from bleeding nose			
Health History	Name: Summer Smith D.O.B.: 1974-06-19 Allergies: NKA Medication: Eltroxin Past Health History: Hypothyroid 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 got up to have lunch with her coworkers. When she stood her nose started bleeding. At the sight of the blood on her hand she collapsed back into her chair unresponsive for about five minutes. Since waking she has been pale, cool, diaphoretic.			
Vital Signs	Set #1 (Initial)	Set #2 (After N.S. Bolus and atropine 0.5mg IV)	Set #3 (After Dopamine @ 5ug/kg/min)	Set #4 (Patch for pacing denied, pt young, no cardiac hx, gcs 14)
	LOA	3/4 confused about events	3/4 confused about events	3/4 confused about events
	LOR	4/4 fully responsive	4/4 fully responsive	4/4 fully responsive
	Skin	Pale, Cool, Wet	Pink, Cool, Dry	Pink, Warm, Dry
	GCS	GCS 14 (E4V4M6)	GCS 14 (E4V4M6)	GCS 14 (E4V4M6)
	HR	HR 45 weak and irregular	HR 45 weak and irregular	HR 90 str + irr
	RR	RR 24 shallow/reg	RR 20 full and clear	RR 20 full + clear
	BP	BP 87/64	BP 86/62	BP 102/62
	SPO2	SPO2 99% room air	SPO2 100% any O2	SPO2 100% any O2
	ECG	Second degree Type I	Second degree Type I	Sinus with occasional PVC's
	12-Lead	Nothing remarkable		
	BGL	BGL 6.5	BGL 6.5	
	Temp	36.5°C	36.5°C	
	Pupils	PEARL 6mm	PEARL 6mm	PEARL 4mm
Airway	Some minor bleeding from nose into throat	Clear if suctioned	Clear	
Physical Exam	Initial/Rapid: Patient sitting, fully responsive but pale, cool, diaphoretic, and weak, rapid panicked breathing, irregular weak pulse, confused about events, nothing else remarkable		Secondary: (DCLAPSTIC / DRT) No incontinence, no trauma, no edema, nothing remarkable	



Case Progression	Patient: The patient has been dieting, not eating properly for two weeks The patient has had nose bleeds before that are unremarkable and due to the dry office environment	Bystander: It is common to get nose bleeds in this dry office. The patient has been on a strange diet for a couple weeks or more.
Treatment	<i>ACP Consider:</i> <ul style="list-style-type: none">• Suction, NRB, IV, NS Bolus, atropine, 2nd IV, Dopamine,• Atropine has no effect	
	<i>PCP Consider:</i> <ul style="list-style-type: none">• 	

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Evaluation Considerations (Specific Target Goals)

<ul style="list-style-type: none">• SA: 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	<ul style="list-style-type: none">• RU: 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
<ul style="list-style-type: none">• HG: 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	<ul style="list-style-type: none">• COM: 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
<ul style="list-style-type: none">• PA: 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	<ul style="list-style-type: none">• PS – (Skill name/description) 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
<ul style="list-style-type: none">• DM 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 & timely for outcome Highly Competent: plus additional actions made Exceptional: could find nothing worthy of improvement	<p>NOTE: 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 bank. A 40 year old female employee fainted at work.

General Impression:

A middle aged woman is sitting upright in a chair. 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 (Coworker):

Character Information:

You are Summer's coworker. You have known her for years and go to lunch with her every day.

You know summer suffers from Hypothyroidism and that is why she has trouble losing weight. She takes medication.

Summer has been dieting for the past two weeks or more, not eating properly in your opinion.

Scripted lines:

"It is very dry in this office, nose bleeds happen all the time"

"Summer hasn't been getting proper nutrition for a couple weeks"