

CBT 445 Head Spine Chest Neck Face Trauma 2012

Dispatch: 71 Y/O female, with a head laceration after a fall from a standing position

Potential injury or illness (en route):

Head injury, bleeding control, causes of the fall(syncope, cardiac arrhythmia, trip) c-spine

5 Key Teaching points:

1. Appreciate MOI
2. Emergency care of spine trauma
3. Management of chest injuries
4. Management of head injuries
5. IOS patients taking anti-coagulants

Subjective: Arrived to find patient sitting on curb with a full thickness laceration to forehead, bleeding controlled by direct pressure, patient complaining of forehead laceration and headache.

Objective:

Onset: 20 minutes	Signs and symptoms: Dull headache, full thickness lac to forehead
Provocation: Head movement	Allergies: Spironolactone
Quality: Dull ache	Medications: Lopressor, Coumadin, Diltiazem
Radiation: NA	Previous medical history: HTN, atrial fibrillation, new drug (Lopressor)
Severity: 3 out of 10	Last food intake: 45 minutes ago
Time since onset: 24 minutes	Events leading up to the illness: Walking to get mail and tripped on a stick

Vitals:	<u>1st set</u>	<u>2nd set</u>
Blood Pressure	192/78	192/74
Pulse	68	62
Respirations	16	16
Skin	Warm/pink/dry	
Pupils	PEARL	
Temperature	Normal	
Lung Sounds	=/clear	
Capillary refill	+2	+2
Level of Consciousness	15 /15(GCS)	15 /15(GCS)
Neurological Response	No deficit	
O2 Saturation	97%	97%
Blood Glucose	NA	

****Sick or Not Sick- NOT SICK**

Assessment: Fullthickness forehead laceration, headache

Call for a Medic from on-scene (yes or no), why? **NO, Stable patient**

Plan:

- Hx, Exam, Vitals, wound care, CC/LBB,
- Transport (yes or no); mode: **YES - BLS Transport**

Evaluator's notes: Patient taking an anti-coagulant, (IOS) of head bleed, new medication (IOS) medication reaction, (MOI) for elderly fall patients striking head

CBT 445 Head/Spine/Chest/Neck/Face/Trauma 2012

Dispatch: 2 car T-Bone accident, 27 Y/O female complaining of left rib pain. All patients are out of the cars and walking

Potential injury or illness (en route):

Rib fractures, abdominal contusions, splenic injury, pulmonary contusion, hip fracture

5 Key Teaching points:

1. Appreciate MOI
2. Emergency care of spine trauma
3. Management of chest injuries
4. Management of head injuries
5. IOS patients taking anti-coagulants

Subjective: Arrived to find patient talking to Police complaining of LUQ pain. Patient's car has 18 inches of drivers side intrusion. Patient wants to go home.

Objective:

Onset: 15 minutes	Signs and symptoms: Angulated right forearm (good distal pulses), abrasions
Provocation: Pain on palp	Allergies: NKA
Quality: Sharp	Medications: Amoxicillin
Radiation: None	Previous medical history: Recent ear infection
Severity: 3 out of 10	Last food intake: Snack 45 minutes ago
Time since onset: 35 minutes	Events leading up to the illness: Playing upstairs next to open window

Vitals:	<u>1st set</u>	<u>2nd set</u>
Blood Pressure	98/62	90/70
Pulse	120	134
Respirations	30	36
Skin	warm/pink/dry	warm/moist/pale
Pupils	=/reactive	
Temperature	99.6	
Lung Sounds	crying=/ good tidal volume	
Capillary refill	+3	+4
Level of Consciousness	15 /15(GCS)	15 /15(GCS)
Neurological Response	Decrease movement to (R) arm	
O2 Saturation	99%	
Blood Glucose	NA	

****Sick or Not Sick- *SICK***

Assessment: High fall patient with right arm fracture

Call for a Medic from on-scene (yes or no), why? ***YES, due to height of the fall, vitals***

Plan:

- Hx, Exam, Vitals, CC/LBB, Medic upgrade, splint right arm,
- Transport (yes or no); mode: ***YES - ALS Transport***

Evaluator's notes: Do to the height of the fall recheck vitals often for internal bleeding(shock)

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