NAEMT
Serving our nation's EMS practitioners

Team Leader: _____   Instructor: _____   Date: _____

Instructor Information:

This skill station involves a mountain biker who overlooked a single fence wire when re-entering a paved street while traveling downhill on a dirt road. He was ejected from his bike and landed on his chin. The patient's initial Glasgow Coma Scale (GCS) is 8 (E-2, V-2, M-4) and requires fast critical airway management and rapid transport. Follow the written scenario and provide information to all team members as the scenario progresses or as the team members ask.

Patient Information:

Moulage:	Jaw fracture with blood in and around mouth and multiple body abrasions
Position:	Lying on his side in fetal position
Actions:	Eyes open to pain, incoherent moaning, and motor response to pain

Dispatch Information:

You and your partner work for a rural emergency medical service. Your ambulance has been dispatched to a bike accident in a remote side valley of your response area. It is noontime in midsummer, clear sky with 98.5°F (37°C). The closest hospital with an emergency department (ED) is 25 minutes by ground; the closest Level I trauma center is a 55-minute ride.

Scene Assessment / Initial Observations:

The intersection of a rural dirt road with no traffic and a paved street. On scene is the biker's friend who followed him but stopped before hitting the obstacle.

Primary Assessment:

☐	A:	Obstructed - noisy
☐	B:	Rapid and shallow
☐	C:	Various small abrasions on hands and feet with minor bleeding, fast radial pulse, skin cool and clammy, capillary refill <2 seconds
☐	D:	Opens eyes to pain; unintelligible noises
☐	E:	N/A

Treatments / Critical Actions: *Note: Icon indicates a Critical Action.

☐	Manual opening of the airway with suctioning of the oropharynx	⚠️
☐	Insert nasal airway and assist ventilations with oxygen and bag-mask	⚠️
☐	Rapid transport to closest ED	⚠️
☐	Full spinal immobilization	⚠️
☐	Cover to maintain body heat and consider IV (LR or NS) TKO in transport	

Notes:

_____

_____

_____

_____

_____

_____

Team Leader: _____ **Instructor:** _____ **Date:** _____

Initial Patient Impression:		☐ Critical / Rapid Transport

Secondary Assessment:

Initial Vital Signs:			Reassessment:		Body Systems:	
☐	B/P:	110/76	☐	120/86	☐ Head:	Obvious deformity and bleeding from jaw
☐	P:	140	☐	130	☐ Neck:	Unremarkable
☐	R:	32	☐	24, assisted	☐ Chest:	Equal, bilateral breath sounds and labored
☐	SpO$_2$:	86%	☐	93% with airway	☐ Skin:	Cool and clammy
☐	GCS:	8 (E-2, V-2, M-4)	☐	8 (E-2, V-2, M-4)	☐ Abd/Pelvis:	Abrasion of upper left abdominal quadrant
☐	Glucose:	90 mg/dl (5 mmol/l)	☐	No change	☐ Extremities:	Abrasions, unremarkable
☐	Signs / symptoms:	Reduced LOC			☐ Neurological:	No focal findings
☐	Allergies:	Unknown			☐ Posterior:	Unremarkable
☐	Past medical history:	Unknown				
☐	Last oral intake:	A small lunch less than 20 minutes ago				
☐	Event leading to incident:	Overlooked fence				

☐	**Transport Timing:**	Emergent
☐	**Destination:**	Trauma center

Discussion Points:

What are the basic and advanced methods to maintain an airway?

Notes:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____