SCENARIO FORM
Airway #1
Heroin Overdose

Student Name_____ Date_____

Examiner Name_____ Examiner Signature_____

Dispatch/Background Information: At 2310 hours you are dispatched Code 3 to an abandoned warehouse for a 28 year old male patient not breathing. You are an EMT on a dual BLS ambulance. PD is on scene and has cleared your entry. You are 15 minutes away from a basic ED. You meet the patient's worried friend and fellow squatter at the entrance to the warehouse, who informs you that the patient just "shot up" and became immediately unresponsive.

Yes "x"		
	SCENE SIZE UP	
	Personal Protective Equipment	Safety glasses, gloves
	Environmental Safety/Considerations	- Night, with no street lights or interior lights. - Abandoned warehouse, with multiple squatters. - Large accumulation of trash. - Heroin OD- contaminated sharps present. - Patient's unkempt, with low level of cleanliness and unknown biological hazard
	Number of Patients	1
	Mechanism of injury/Nature of Illness	Unresponsive on small mattress inside warehouse
	Additional Resources	- No base contact or no cell phone coverage - You have enough resources present
	Need For C-Spine	Not at present
	PRIMARY SURVEY	
	General Impression (CBC)	Poor
	AVPU	Unresponsive to deep, painful stimuli
	Alert and oriented x ____	0
	a. Person	No
	b. Place	No
	c. Time	No
	d. Event	No
	Chief Complaint/Life-threats	Respiratory arrest
	Airway (Assess & Manage)	Agonal gasps
	Breathing (Assess & Manage)	None
	a. Lung sounds	None * clear with assisted ventilations only
	b. Work of breathing	None
	Circulation (Assess & Manage)	----------
	a. radial pulse -rate & quality	- Radial not present - brachial pulse present bilaterally - slow and barley palpable
	b. skin signs	Cool, pale, dry. Lips and finger nails cyanotic.
	c. capillary refill	Delayed >3 seconds
	Neurological exam	N/A
	Identifies priority/transport decision	Priority patient, Code-3 transport
	HISTORY TAKING	
	Signs & Symptoms	Poor skin signs, agonal respirations, hypotension
	Allergies	NKDA
	Medications	None
	Pertinent Past history	Intravenous Drug Use (IVDU)
	Last Meal	Soup kitchen 24 hours ago
	Events	Shot up heroin, unresponsive/respiratory depression
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	Onset	Heroin use
	Provokes	N/A
	Quality	N/A
	Radiation	N/A
	Severity	N/A
	Time	10 minutes PTA
	Targeted History (Pulmonary, Cardiac, Neurological, OB/GYN, GI/GU, Musculoskeletal, Integumentary, Psychological/Social, etc…	AEIOU-TIPS Drug use specifics- type, quantity, route, new type of drug/dealer? OD history

	SECONDARY ASSESSMENT	
	Assess affected body part/system or if indicated performs rapid assessment.	Airway, respiratory, circulatory, central nervous system
	Skin	Cool, pale, dry. Lips and finger nails cyanotic.
	Head	Atraumatic. No deformities, depressions, crepitus.
	ENT	Mucous membranes moist, cyanotic.
	Neck	Negative for: C-spine tenderness, step off, restriction to movement, JVD, tracheal deviation, or accessory muscle use.
	Chest	- No chest wall movement - Emaciated appearance.
	Respiratory	Agonal gasping.
	Cardiovascular	Hypotensive, no radial pulses present, delayed cap refill
	Abdomen/GI/GU	Non-distention, no masses, soft in all quadrants, no scars, and no G-tube
	Pelvis	No Foley catheter, stable pelvis, and no urinary/fecal incontinence
	Posterior	No bedsores or sacral edema
	Extremities	Heavily scarred, positive for track marks in all four extremities. No deformities, shunts, or bleeding.
	Psychological	N/A
	VITAL SIGNS/DIAGNOSTICS	
	Pulse	50
	Respirations	Agonal gasps 4/min
	Blood Pressure	80/46
	Temperature	96.5
	Pupils	Pinpoint, fixed bilaterally
	SPO2	70% Room air
	FIELD IMPRESSION & ***DIFFERENTIAL DIAGNOSIS***	
	Field Impression	Respiratory arrest secondary to heroin OD
	Differentials	Hypoglycemia, Seizure, FBAO
	TREATMENT PLAN	
	Intervention	Head tilt-chin lift, airway suctioning (if indicated), adjunct placement, assisted ventilations with BVM and O_2
	Reassessment	LOC: Unresponsive. Skin signs: Less pale, cyanosis improving. BP: 80/50 RR: Assisted HR: 50 SPO_2: 82% w/ assisted ventilations & O_2
	Intervention	Load patient and continued airway management
	Reassessment	Patient vomits.
	Intervention	Removes airway adjunct, rolls patient, and suctions using proper catheter. Continues airway/respiratory management.

	Reassessment	LOC: Unresponsive. Skin signs: Less pale, cyanosis improving. BP: 80/48 RR: Assisted HR: 54 SPO2: 87% with assisted ventilations and O_2
	Transport Decision	Code-3, nearest facility
	REASSESSMENT	
	Repeats Primary Survey	Same as above
	Repeats Vital Signs	Same as last set
	Evaluates Response To Treatment	Airway protection/management provided, oxygenation improving
	Repeats secondary as appropriate	Same as previous findings

POST SCENARIO DEBRIEF:

Provide me with a hospital turn over report.

What is your field impression? Give me your rationale.

Give me three differential diagnoses you considered?

List your interventions. Why do they work in this particular setting?