

OUTDOOR EMERGENCY CARE 5TH EDITION

Chapter 20

Scenario # 20-18

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Knee sprain - fixed position (2) Thumb sprain (1) Anxiety (0) Cold (0)	More difficult slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A first-time skier was coming down a more difficult run and "just fell." The skier is wearing rental skis and admits to being on a run too difficult for his abilities. Both skis are on.

INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to a skier down on the more difficult slope. Equipment and available personnel to be sent upon request.

PATIENT SUMMARY

The patient heard the knee "pop," has pain in the medial knee area, and is very reluctant to allow the position to be altered. The thumb injury is due to falling on the clutched pole. S/He was partying the night before, has inadequate clothing, and anxiety over the injuries.

VITAL SIGNS

Time in minutes	Pulse and respirations
Throughout	p + 15; r + 5 to as found by trainee

SCENARIO OBJECTIVES

Assessment

Verify scene safety; obtain permission to assist

Primary assessment reveals minor pain in knee and thumb

Request needed equipment and personnel

Secondary assessment, no other injuries found

Rote Skills

Standard Precautions

Ski removal

Fracture management – sprain of knee and thumb. Correctly splint knee and thumb

CMS before and after splinting

Cold management – Correctly treat possible pre-hypothermia

Dealing with patient anxiety

Lifting techniques; loading/position in toboggan

Problem Management

Patient stabilization

Treat for shock as appropriate

Verbalize appropriate transportation plan

Notify management for investigation of rental equipment as per area protocols

Scenario #20-18

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On a more difficult slope with no obstacles

Equipment: Toboggan with standard area equipment

Moulage: Inappropriate clothing for the temperature

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on your side, rolled toward your back slightly, head uphill, injured leg against the snow, still holding your poles.

Answers to SAMPLE

Signs and symptoms: minor knee pain and thumb pain, cannot move or bend

Allergies: none

Medications: none

Past history: none

Last meal: a doughnut and cup of coffee (a.m.); bowl of soup and Coke (p.m.)

Events leading: you are a first time skier on a slope beyond your ability, and you "just fell." You tried to get up, but your knee hurt too badly and you fell back down.

Behaviors: You are very upset about the whole situation and talk constantly. This was a trip with a

friend's ski club, and you only came along at the urging of a friend who said it would be a great "party" time. The bus ride yesterday was long, and you drank quite a bit. You have a hangover, along with too little sleep and not much to eat. Your clothing isn't suitable for the conditions, and thus you are cold and feeling miserable. You got talked into going on this slope, which is beyond your ability, and then your friends got impatient and took off. After you fell you tried to get back up, but your knee hurt and you fell back down. Your knee hurts like crazy—you heard and felt it go "pop" on the medial side, and "know" the injury is really bad—and your thumb is not far behind in pain. You do not want the knee moved in any way, but it will relax into a straighter position (you will apparently not even be aware this is happening) if you start to relax and warm up. You are upset about the money you spent on this trip, the fact that you think you'll lose your job due to this injury, that your friend talked you into this and then took off, the cold, etc., etc., and talk about these worries throughout the problem. Your chatter should be constant, but not so obstructive that you come across as uncooperative during the treatment.

SPECIFIC COMMENTS FOR EVALUATORS

If the temperature on the day of the evaluation would cause the patient to be cold, you could have the patient's clothing damp from snow or perspiration to provide the appropriate realism.

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Scenario #20-19

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Open lower leg fracture (3) Taking Zantac (0)	Moderate slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

This skier lost control while on a slope beyond his/her ability level and fell. Both skis are on. The injured lower leg is away from the slope and bent. Bleeding is not apparent upon approach.

INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to an injured skier on a more difficult hill. Equipment and available personnel to be sent upon request.

PATIENT SUMMARY

There is moderate bleeding from the open wound, and the fracture area is painful. Reassurance is sought throughout.

VITAL SIGNS

Time in minutes	Pulse and respirations
Throughout	As found by trainee

SCENARIO OBJECTIVES

Assessment

Verify scene safety; obtain permission to assist

Primary assessment reveals open lower leg fracture

Medication does not impact the problem

Request needed equipment and personnel

Secondary assessment, no other injuries found

Rote Skills

Standard Precautions

Bleeding control – direct pressure

Bandaging – correctly bandage wound

Ski removal

Fracture management – open lower leg fracture. Correctly applies lower extremity splint

CMS before and after splinting

Lifting techniques; loading/position in toboggan

Problem Management

Patient stabilization

Treat for shock as appropriate

Scene management - incident site cleanup

Verbalize appropriate transportation plan - EMS notification (based on local protocol)

Scenario #20-19

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: More difficult with no obstacles

Equipment: Toboggan with standard area equipment

Moulage: Open wound with bleeding that is not apparent until the ski pants are opened. Patient should be dressed in bibs or other shell-type fabric, something that will not absorb or show blood. The bleeding can be slowed and then stopped with direct pressure, if proper care is given. The patient should be well schooled in the use of a blood pumping device so that the proper bleeding pattern can be portrayed for both proper and improper care patterns.

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Lying on your side, head slightly uphill, facing downhill, injured leg on top. Both skis are on.

Answers to SAMPLE

Signs and symptoms: lower leg pain with open injury and bleeding

Allergies: None

Medications: Zantac for an ulcer—you have taken the appropriate dose for today

Past history: Ulcers

Last meal: report actual

Events leading: you were on a slope beyond your ability and just "lost it"

Behaviors: Your leg is very painful; you complain and say you are sure it is broken. If asked, you do feel wetness and/or stickiness. Once you see the blood you begin to express concern about that as well. Seek reassurance about your leg throughout the problem, but don't be obstructive.

SPECIFIC COMMENTS FOR EVALUATORS

Local protocols would determine if EMS would be notified.

The bloody snow should be dealt with in accordance with local protocols.