Simulation Guidelines
(For Instructors)

For each simulation have the paramedic and EMT simulate their activities. This will reinforce learning and provide an opportunity for them to ask questions and discuss important issues.

1. You are called to transport a 56-year-old male patient who is in an urgent care clinic. He walked into the office 1 hour ago with a chief complaint of dizziness. He has been pale and sweaty. BP 108/78 HR- 72 Respirations- 24 Spo2- 94 % RA. The doctor did an EKG, which was normal. He has an IV of 0.9% NS in place and he is to be transported to the emergency department for evaluation.

a. What paperwork should accompany the patient? Who is responsible for ensuring that all paperwork accompanies the patient?

Answer: It is the responsibility of the paramedic to ensure that all EKG, nurse's notes, physician's notes are transported with the patient.

b. Is it an EMTALA violation to transport this patient from the urgent care to an emergency department?

Answer: It is not an EMTALA violation because he is going to a higher level of care (clinic to ER).

c. Is base contact required under Reference No. 1200.2?

Answer: Paramedics may treat the patient based on Treatment Protocol (TP) 1230, Dizziness/Vertigo. Paramedics may not take orders from the doctor on scene unless he/she is willing to assume care for the patient and accompany the patient to the receiving hospital. If the patient is considered stable for transport; base contact is not required unless there is a change in the patient's condition.

d. Have each team member simulate preparing the patient for transport.
- Oxygen titrated to Spo2 94-99%
- Monitoring (patches have fallen off and need to be replaced)
- IV of Normal Saline is running TKO.

2. The above patient is in the back of the ambulance. The paramedic is completing his/her paperwork when the patient suddenly has what appears to be a seizure. What should be the immediate actions of the team members?

a. What should the paramedic do?

Answer: Immediately call for help while he/she protects the patient, maintains an open airway and assesses the ABCs.

b. How will the EMT-I know there is an emergency in the back of the ambulance?

Answer: The transport team should establish a communication system that is practical. It is recommended that ongoing drills be conducted and emergency responses rehearsed.

c. What should the EMT do?

Answer: Safely pull the rig over to the side of the road as he/she notifies dispatch.

d. What are the immediate needs of the patient?

Answer: Maintain airway and protect the patient. Administer midazolam per TP 1231, Seizure. Once the seizure is over, assess ABC's, and check vital signs. It will be a good idea to do a finger stick for a glucose test. Document the event. Although base hospital contact is not required for this patient unless specified in the TP, consider making base contact if unsure or if consultation would be helpful per Reference 1200.1, General Instructions.

e. Have each team member simulate their roles for this emergency:

i. Paramedic: call for help, protect the patient, and assess ABCs. Can midazolam be given prior to base hospital contact per TP 1231?
Answer: yes

ii. EMT: safely pull the rig over to the side of the road and enter the back of the ambulance.

iii. EMT: get airway bag, drug box and turn on the suction.

iv. Paramedic: maintain airway, suction if necessary and get a blood sample for a glucose test.

3. The seizure stops and the paramedic reassess the patient. He is not breathing and his color is dusky. The monitor shows ventricular fibrillation (V-FIB). He is pulseless and apneic.

a. What is the immediate action of the EMT?

Answer: The EMT should initiate chest compressions and be prepared to assume airway management and ventilate the patient with a BVM.

b. What is the immediate action of the paramedic?

Answer: The patient needs IMMEDIATE defibrillation.
Treat patient per TP 1210, Cardiac Arrest

c. When should base hospital contact be made?

Answer: Base contact is required prior to transport for all patients in cardiac arrest who do not meet criteria for determination of death per Ref. 814.
Treat patient per TP 1210, Cardiac Arrest

d. Who should make base contact?

Answer: The paramedic.

e. Simulate the actions of the team members:

i. The EMT and paramedic should immediately position the patient in a supine position and assess ABCs.

ii. The paramedic should request that the EMT IMMEDIATELY begin CPR and BVM ventilation with 100% oxygen (one rescuer CPR).

iii. The paramedic should prepare for IMMEDIATE defibrillation while the EMT is performing chest compressions and ventilating the patient.

iv. The paramedic should defibrillate every 2 minutes and administer Epinephrine (0.1 mg/mL) 1 mg (10mL) IVP every 3-5 minutes, per TP 1210.

v. **For return of spontaneous circulation (ROSC)** > perform 12-lead ECG while the EMT drives CODE 3 to the most accessible SRC receiving hospital.

vi. **If resuscitation is unsuccessful** > if patient does not meet ALL criteria per Reference 814 II.A, contact the base hospital to consult with the physician

vii. Discuss the essentials of documentation for this scenario.

4. What if the patient has had gone into cardiac arrest while the transport team was on scene?

Answer: Contact 911 and defer the call to the jurisdictional 911 provider agency. Treat the patient while awaiting arrival of the 911 agency.

5. On the way back to the station, the ambulance crew observes a traffic collision.

a. **What is the responsibility of the crew?**

Answer: Discuss your company policy regarding stopping at the scene of an accident. In general, the ambulance crew should ensure that the 9-1-1 provider is enroute

b. Can the ALS unit function as a 9-1-1 responder and assume care of the patients?

Answer: The jurisdictional 9-1-1 provider agency must be notified of the incident. They may request the assistance of the transport crew.

6. The 1:1 transport crew is called to transport an 18-year-old asthmatic patient who is no longer wheezing and is stable. He is being transported to another hospital for insurance purposes.

a. **Since the patient is very stable, can the EMT ride in the back with the patient while the paramedic drives?**

Answer: Even though the patient appears stable, the paramedic is the most highly trained professional on board – he/she MUST attend the patient.

7. The 1:1 transport crew is called to a clinic to transport a patient who has been assessed by the physician and is to be transferred to an emergency department for evaluation. Upon arrival, the patient is sitting on the side of the bed and appears to have slightly labored respirations with very mild wheezing. He has had several Albuterol treatments, with some improvement. His vital signs are within normal limits. The receiving hospital is approximately 10 minutes from the clinic.

a. Can you transport to a facility that is 10 minutes away?

Answer: Yes, the patient is stable.

8. During transport, the patient develops increased difficulty breathing with diminished lung sounds. What should you do?

a. Is base hospital contact required?

Answer: Base contact is not required per TP 1237, Respiratory Distress. Up to 2 Albuterol treatments may be administered as needed for wheezing. The paramedic may consider CPAP if authorized for use by the EMS agency, and/or Epinephrine (1mg/mL) administer 0.5mg (0.5mL) IM. Base hospital should be contacted if there is no improvement with CPAP or it is not an available option.

b. Can the doctor at the clinic give the paramedic "standing orders" to continue the Albuterol while enroute?

Answer: No – paramedics may not work under the orders of the clinic physician unless he will accept full patient responsibility and ride along with the patient. Base contact must be made to accept orders from a physician on scene. They cannot direct paramedic care without base consent.

c. Have each team member simulate preparing the patient for transport:

i. The paramedic should do a complete patient assessment while the EMT places the monitor electrodes and moves the Oxygen tubing to the portable unit. The patient has an IV of normal saline, which is running at a TKO rate. The paramedic should check the IV site and the IV flow rate.

ii. The paramedic should ensure that all transport paperwork is received (medical records, X-rays, etc.).

iii. The EMT should assume responsibility for the patient's belongings.

iv. Once the patient is in the back of the rig – the EMT will drive while the paramedic attends to the patient.

v. While enroute the IV becomes dislodged. Does the paramedic need to make base hospital contact to restart the IV?

Answer: No – since he/she is simply continuing a treatment that was initiated at the clinic. He/she must document the fact that the IV became dislodged and the size and location of the newly inserted IV.