<u>Instructor Practical Problem Instruction</u>

- Reminder Station 4 primary function to make sure each OEC tech completes
 Primary, secondary and ongoing survey competently.
- There are 5 problems and each OEC Tech shall lead one problem. One other patroller will need to be a Patient (except problem #5) and other patrollers will be helpers as needed.
- Read to Group the first paragraph of each problem. Start with problem #1 and go in order through problem 5 as they tell a story. Balance of information on front of card is to be given to group as problem progresses.
- Note information on the back of cards. This is a summary of points to cover with the group for each problem.

Problem 1_(Pt with Amputated thumb and crushing injury)

You are called to the maintenance garage for an injury. Upon arrive at scene find Paul who is a 38 y/o male, standing behind a groomer holding his hand. The hand was crushed in the groomer tracks and thumb was amputated as he pulled his hand out from under the groomer. The amputated thumb is lying on the ground at patient's feet. Bleeding is uncontrolled. Splinting can be verbalized but will need to apply direct pressure, bandage wound and will require a tourniquet.

Vital: P- 128 R-22 and skin is cool and clammy. CR is greater than 2 seconds.

SAMPLE as is.

Problem 2 (Pt. with Substance Abuse and Behavioral problem after becomes Conscious & Oriented)

You Assist to load Paul into Ambulance from problem #1 and as you are walking out of the garage you notice a lift attendant you know in the back of the building slumped back in a chair, maybe sleeping? You call over to George and no response. As you walk up to George, you hear snoring respirations and attempt to wake the Pt.; but no response. Pt. is cool to the touch and greyish in appearance. There is no one else around.

Once OEC tech administers Naloxone the Pt. begins to arouse. As he regains consciousness the Pt. starts yelling "how could this happen" repeatedly and becomes very agitated. He is unable to stay focused and is trembling, complaining and seems to be getting very upset.

Initial Vitals: P- 56 and irregular, R-10 and shallow. Pupils constricted and non-reactive. SAMPLE unknown.

Problem 3_(Eldeerly Pt. with severe dog bit and Avulsion)

Finish up problem #2 and transfer care of George to EMS. Meanwhile, John the maintenance manger showed up to start some paperwork. And the police with K-9 unit also show up for the potential illegal drug use. Unfortunately, John and the K-9 police dog got into a scuffle and the dog bit John in the lower leg. Pt. is 71 y/o with bleeding moderate and easily controlled but there is an avulsed piece of skin folded backwards on itself.

Vitals: P- 96 and regular, R-20 and normal. Good distal CSM to the injured extremity. SAMPLE- PMH of a heart arrythmia and Pt is on medications Eliquis and Crestor.

Problem 4 (Pt. with a gunshot wound in mid-thigh)

In problem #3 while John and the K-9 dog were entangled, the Police officer heeding the dog pulled back on the leash and fell backwards on the groomer. His gun safety was not on and the weapon discharge accidently. The police officer named Ringo, shot himself in the mid-thigh. Ringo is 45 y/o and very upset/agitated from the incident. The wound is about 2 inches in circumference and bleeding profusely. Balance of PE unremarkable.

Vitals: P- 120 and regular, R-24 and labored. Good distal CSM to the injured extremity. SAMPLE- Allergy to Penicillin with no other no other PMH.

Problem 5 (Pediatric Pt. with back pain and hand burn)

While transfer care of Ringo from problem #4 to EMS, you hear a call on Radio for an injured child out on the patio of the lodge next door. Upon arrival on scene, you find mom sitting with her 4 y/o daughter also sitting. The child's name is Yoko and mom said Yoko put her hand in to feel the warmth of the outdoor fire pit and burnt her hand. The hand is all red and starting to see clear blisters. Yoko reacted to the hot fire and jumped back; which caused her to fall under the railing and 8 foot below onto the steps. Upon PE OEC tech finds point tenderness to midline of the spine approx. T1 to T2 area

Vitals: P- 100 and regular, R-24 and shallow and CR less than 2 seconds. Unable to understand child if any numbness/tingling to distal extremities. SAMPLE- per mother, nothing pertinent.