

OEC Refresher '24 Cycle B - Station 4 Cheat Sheet V3 rev 9/9/24

If you have questions or improvements please reach out
Rick Shandler nsp@shandler.net or 215.327.9423

• **Adaptive Skier**

○ **General Guide Lines**

- Try to establish direct communication with pt
- DO NOT assume mental disability
- Respect and dignity are very important, as is as much self sufficiency as they are able to perform
- Offer assistance, allow them to accept or reject it
- Meet Pt at their mentation level
- Try to be at eye level, if possible
- Solicit information from the patient, and then the assistant and then other adaptive staff
- Understand the pt history and level of disability
- Understand the limits of pt sensation
- Understand the level of physical support/ bracing they currently have
- Be prepared to deal with bracing, ostomy bags, and other medical adjuncts
- Inquire of baseline vitals are typical for this specific pt
- Understand the trend the vitals are telling you
- Be conservative in treatment and transport ie ALS
- Each adaptive device is unique and you may need instructions to remove pt from their devices
- Consider adaptive program as a resource
- Understand the causes and issues surrounding autonomic dysreflexia (See Below)

Adaptive considerations

- Colostomy bag
- Urostomy bag
- Referred pain
- Lack of sensation
- Custom ski equipment
- Special bracing
- Communication barriers
- Cognitive barriers
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Autonomic Dysreflexia

- **Any patient with paraplegia or quadriplegia who complains of a severe headache or is found unconscious should immediately undergo screening for possible autonomic dysreflexia by checking their blood pressure and comparing it to their baseline level.**
- **Systolic blood pressure >150 mmHg or >40 mmHg above baseline should be considered highly suggestive of autonomic dysreflexia and appropriate measures should be taken.**

The six "B"s that are the common causes of autonomic dysreflexia:

1. Bladder (catheter blockage, distension, stones, infection, spasms)
2. Bowel (constipation, impaction)
3. Back passage (hemorrhoids, rectal issues, anal abscess, fissure)
4. Boils (skin lesions, infected ulcers, decubiti)
5. Bones (fractures, dislocations)
6. Babies (pregnancy)

Hands on!

- Have OEC Technicians get down and physically do hands on, head to toe assessment
- Use chair for sit ski
- use back board "seat belts" for belt into chair
- can have legs strapped together, possibly velcro or nylon strap for simulation
- can create colostomy bag moulage
- can create some kind of bracing
- Have them interact with pt and assistant (role play)

You can run this more than once, changing the level of physical or cognitive impairment, with in time allowed

This is an assessment problem. The sit ski/ adaptive equipment does not change the assessment paradigm, but it does make the patroller "dig deeper". They must do excellent hands on, as they can not rely solely on the patient pain or sensation to direct them, and they must ask very good questions of both the patient and the companion.

Adaptive Skier Scenario

Pt is a paraplegic, has limited sensation below T-8. They were injured in a motorcycle accident 8 years ago. They are an experienced para athlete. They were cruising down an intermediate trail when a snowboarder cut them off and crashed into them. Their outrigger (not present) got caught, and they dislocated the shoulder that they are laying on, which prohibits them from righting themselves.

Impaled Objects

- Stabilization - think in 3D

- Consider angle of entry
- Check for Exit wound
- Treat bleeding,
- Assess the situation then come up with a plan, then execute to minimize pt movement
- Leverage is your enemy on longer objects
- The higher you stabilize the better
- Think pyramid- wide base and tall
- Stiffer taller items ie blanket(s), CID Blocks can work in this instance
- Do not push down on object when creating stabilization or binding the stabilization
- Consider Spinal precautions!
- Packaging and orientation are an issue,
- Treat for shock/ O2
- ALS transport

Impaled Sim

- The "impaled object" is a simulation device.
- There is a waist belt with a small battery pack, with an ON/OFF switch. The buzzer is attached to the battery pack.
- A length of PVC tube going into a round white "puck" with a flexible rubber top
- When used properly, if the impaled object is moved more than a small amount while doing the stabilization it will buzz, like the game Operation, giving immediate feedback to the participants. You can make this a fun feature of the station.
- For consistency sake we have been locating the impaled object in the Lower Right Quadrant
- There are @ 8-10 button down dress shirts to wear over the impaled object. if they've been used before there should be a hole cut in the approximate location, if not just poke a hole
- Patient can adjust the belt that holds things in place so that its snug and doesn't rotate around inappropriately
- There is the capability to deliver fake blood out of the tube while doing the sim. If you choose to use standard moulage you can skip below
 - This adds a layer of realism and forces them to work with gloves on and actually manage the bleeding (somewhat)
 - Denis has the fake blood, squirt bottle, ingredients all in a box
 - I squirted in a small amount via a squirt bottle that is with the supplies.
 - If you choose to do this the patients must wear an under layer to keep them from getting all sticky.
 - This is easily made from a large plastic trash bag with head and armholes cut out (kind of like a sleeveless t shirt)
 - The fake blood is mostly laundry detergent and washes out very easily
 - If you do use the blood, the sim units should be wiped down at the end of the day. The belts are removable for washing and drying

- It is much easier to have the same patient(s) for this station for every evolution to save time, mess, clean up, switching around , etc. so take that into consideration. I would not do the blood if you don't have the same pt for a number of evolutions, as it takes too much time.

• **General Station Notes**

- Because of the buzzing I recommend that either you create some separation physically between each small working group, or alternate starting ie 1,3,5 start with sit ski and 2,4,6 start with impaled object.
- Each sub station should have:
 - tarp
 - chair that can be laid on its side for the sit ski
 - 2 blankets minimum
 - 4-8 cravats
 - roller gauze
 - trauma dressings
 - large absorbing pads
 - gloves
 - impaled object