

EMT Basic Scenario – Chest Injuries - Blunt Chest Trauma

Dispatch: You are dispatched to the university baseball field for an injured player. Upon arrival you are escorted to the dugout, where a player is sitting up, complaining of chest pain and shortness of breath. He was in the batter’s box when he was struck in the left side of the chest with a 90-mile-an-hour fastball.

Takes, or verbalizes, body substance isolation precautions	Scene is Safe
Determines the mechanism of injury/nature of illness	Blunt chest trauma
Determines the number of patients	1
Requests additional help if necessary	Yes
Considers stabilization of spine	None
Verbalizes general impression of the patient	Young man sitting in the dugout in moderate to severe respiratory distress
Determines responsiveness/level of consciousness	Responsive and answers questions appropriately
Determines chief complaint/apparent life threats	Left-side chest pain and shortness of breath
Assesses airway and breathing Opens and assesses airway Inserts adjunct if indicated Indicates appropriate oxygen therapy Assures adequate ventilation Manages any injury which may compromise breathing/ventilation	Airway is Open and patent 24 breaths/min; shallow & diminished lung sounds on the left (Oxygen via NRB mask at 15 L/min)
Assesses circulation Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature, and condition) If indicated, begins shock management	No major bleeding seen Radial pulse rapid, strong, and equal Warm, pink, and diaphoretic
Identifies priority patients/makes transport decisions based on calculated GCS	High Priority
SAMPLE history	S—Acute onset of left-sided chest pain and shortness of breath A—Penicillin M—None P—No pertinent previous medical history (PMH) L—Dinner 2 hours ago E—Struck in the left chest with baseball
Head assessment – DCAP-BTLS Inspects mouth, nose, and assesses facial area Inspects and palpates scalp and ears Assesses eyes for PERRL	No injuries noted
Neck Assessment – DCAP-BTLS	No JVD or tracheal shift; no obvious injury

Checks position of trachea Checks jugular veins Palpates cervical spine	
Chest Assessment – DCAP-BTLS Inspects chest Palpates chest Auscultates chest	Bruising and tenderness over the left ribs; breath sounds are diminished on the left side
Abdomen Assessment – DCAP-BTLS Inspects and palpates abdomen Assesses pelvis Verbalizes assessment of genitalia/perineum as needed	No injuries noted
Lower Extremities Assessment – DCAP-BTLS Inspects, palpates, and assesses motor, sensory, and distal circulatory functions	PMS present in extremities
Upper Extremities Assessment – DCAP-BTLS Inspects, palpates, and assesses motor, sensory, and distal circulatory functions	PMS present in extremities
Posterior Thorax, Lumbar, and Buttocks Assessment – DCAP-BTLS Inspects and palpates posterior thorax Inspects and palpates lumbar and buttocks area	No injuries noted
Vitals (obtains/directs baseline vital signs)	Blood pressure—95/60 mm Hg Pulse—122 beats/min Respirations—24 breaths/min; shallow SaO2—95% on room air PEARL
Manages secondary injuries and wounds appropriately	High-flow oxygen via NRB mask at 15 L/min Reassess vital signs
Reassesses Patient	Every 5 minutes during transport