

## EMT Basic Scenario – Head Injury - Musculoskeletal Trauma

Dispatch: You respond to a parking garage for a possible assault victim. Police are on the scene when you arrive and are waving you over toward them. They are standing over your patient, who is lying prone on the ground with a small puddle of blood around his head. You do not notice any spontaneous movement from the patient as you approach. An officer has secured a tire iron approximately 10 feet away from the patient.

Takes, or verbalizes, body substance isolation precautions	Scene is Safe
Determines the mechanism of injury/nature of illness	Blunt trauma to the head
Determines the number of patients	1
Requests additional help if necessary	Yes
Considers stabilization of spine	Yes
Verbalizes general impression of the patient	Well-dressed man, approximately 35 years old, on the ground after being beaten in the head with a tire iron
Determines responsiveness/level of consciousness	Responds to painful stimuli only
Determines chief complaint/apparent life threats	No complaint verbalized
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; three front teeth have been knocked out  26 breaths/min with an irregular pattern  (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	Bleeding from laceration on the back of the head  Radial pulse is rapid and weak bilaterally  Cool, pale, and clammy
Identifies priority patients/makes transport decisions based on calculated GCS	High Priority
SAMPLE history	S—Possible depressed skull fracture A—Unknown M—Unknown P—Unknown L—Unknown E—Walking to his car?
Head assessment – DCAP-BTLS Inspects mouth, nose, and assesses facial area Inspects and palpates scalp and ears Assesses eyes for PERRL	Possible skull fracture on left side; blood and/or CSF draining from left ear; no Battle’s sign or raccoon eyes
Neck Assessment – DCAP-BTLS Checks position of trachea Checks jugular veins Palpates cervical spine	No JVD or tracheal shift; no obvious injury

<p>Chest Assessment – DCAP-BTLS</p> <p>Inspects chest</p> <p>Palpates chest</p> <p>Auscultates chest</p>	<p>No injury noted</p>
<p>Abdomen Assessment – DCAP-BTLS</p> <p>Inspects and palpates abdomen</p> <p>Assesses pelvis</p> <p>Verbalizes assessment of genitalia/perineum as needed</p>	<p>Stable pelvis; abdomen soft and nontender in all four quadrants; no genital injury</p>
<p>Lower Extremities Assessment – DCAP-BTLS</p> <p>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</p>	<p>PMS present in extremities</p>
<p>Upper Extremities Assessment – DCAP-BTLS</p> <p>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</p>	<p>PMS present in extremities</p>
<p>Posterior Thorax, Lumbar, and Buttocks Assessment – DCAP-BTLS</p> <p>Inspects and palpates posterior thorax</p> <p>Inspects and palpates lumbar and buttocks area</p>	<p>No injuries noted</p>
<p>Vitals (obtains/directs baseline vital signs)</p>	<p>Blood pressure—186/118 mm Hg</p> <p>Pulse—58 beats/min</p> <p>Respirations—26 breaths/min, irregular</p> <p>SaO<sub>2</sub>—94% on room air</p> <p>PEARRL</p>
<p>Manages secondary injuries and wounds appropriately</p>	<p>No secondary injuries</p> <p>Maintain manual c-spine; maintain patent airway with oropharyngeal airway; suction airway as needed; apply cervical collar; oxygen via NRB mask at 10–15 L/min; secure patient to a long backboard; elevate head of long backboard 30 degrees; reassess mental status and vital signs every 5 minutes</p>
<p>Reassesses Patient</p>	<p>Every 5 minutes during transport</p>