

## EMT Basic Scenario – Motor Vehicle Accident - Head and Spine Injuries

Dispatch: You are dispatched at 2am to a single-car crash with possible injuries. Law enforcement and the fire department are also enroute. Upon arrival, you observe a mid-size sedan that had crashed head-on into an oak tree on the shoulder of a poorly lit rural road. Law enforcement is on scene and has cleared the scene. They inform you that there is only one patient and that he appears to be under the influence. You approach the driver's side of the car to find a middle-aged man, unrestrained, complaining of a headache and not being able to find his beer. He does not recall the accident or how he got there. The last thing that the patient can remember is being at the bar with his friends. There is moderate front-end damage, the air bags have deployed, and the windshield is intact.

Takes, or verbalizes, body substance isolation precautions	Scene is Safe
Determines the mechanism of injury/nature of illness	Vehicle vs. tree
Determines the number of patients	1
Requests additional help if necessary	Yes
Considers stabilization of spine	Yes
Verbalizes general impression of the patient	Middle-aged man unrestrained in the driver's seat of his vehicle
Determines responsiveness/level of consciousness	Responsive and answers some questions appropriately; alcohol-like odor is noticeable on his breath
Determines chief complaint/apparent life threats	Headache
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  20 breaths/min  (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 pulses strong and equal  Warm, pink, and dry
Identifies priority patients/makes transport decisions based on calculated GCS	High Priority
SAMPLE history	S—Headache; minor abrasions to the face from air bag deployment A—NKA M—Lopressor P—Hypertension L—Unknown E—Drinking at the bar with his buddies

<p>Head assessment – DCAP-BTLS  Inspects mouth, nose, and assesses facial area  Inspects and palpates scalp and ears  Assesses eyes for PERRL</p>	<p>No injuries noted</p>
<p>Neck Assessment – DCAP-BTLS  Checks position of trachea  Checks jugular veins  Palpates cervical spine</p>	<p>No JVD or tracheal shift; no obvious injury</p>
<p>Chest Assessment – DCAP-BTLS  Inspects chest  Palpates chest  Auscultates chest</p>	<p>No injury noted; breath sounds are clear and equal</p>
<p>Abdomen Assessment – DCAP-BTLS  Inspects and palpates abdomen  Assesses pelvis  Verbalizes assessment of genitalia/perineum as needed</p>	<p>No injuries noted</p>
<p>Lower Extremities Assessment – DCAP-BTLS  Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</p>	<p>PMS present in extremities</p>
<p>Upper Extremities Assessment – DCAP-BTLS  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  Inspects and palpates posterior thorax  Inspects and palpates lumbar and buttocks area</p>	<p>No injuries noted</p>
<p>Vitals (obtains/directs baseline vital signs)</p>	<p>Blood pressure—146/92 mm Hg  Pulse—78 beats/min  Respirations—20 breaths/min  SaO2—97% on room air  PEARRL</p>
<p>Manages secondary injuries and wounds appropriately</p>	<p>Abrasions to the face from air bag deployment</p> <p>Maintain manual c-spine; apply cervical collar; immobilize the patient in the vehicle using a short backboard; place patient on a long backboard; apply cervical immobilization device</p> <p>High-flow oxygen via NRB mask at 15 L/min; monitor vital signs for signs of shock</p>
<p>Reassesses Patient</p>	<p>Every 5 minutes during transport</p>