

## EMT Basic Scenario – Vehicle versus Pedestrian Accident - Musculoskeletal Trauma

Dispatch: You are dispatched to the intersection of Main and Vine streets for a pedestrian hit and run. You arrive to find a 22-year-old man lying supine on the ground and not moving. Witnesses state that the victim was trying to cross the intersection and walked in front of a car that ran a red light and kept going. Law enforcement and an engine company are also on scene to assist with scene safety and crowd control.

Takes, or verbalizes, body substance isolation precautions	Scene is Safe
Determines the mechanism of injury/nature of illness	Vehicle vs. pedestrian
Determines the number of patients	1
Requests additional help if necessary	Yes
Considers stabilization of spine	Yes
Verbalizes general impression of the patient	Man on the ground after vehicle collision
Determines responsiveness/level of consciousness	Responsive and answers questions appropriately
Determines chief complaint/apparent life threats	Severe left leg, hip, and back pain
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  18 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 pulse rapid and thread  Cool, pale, and dry
Identifies priority patients/makes transport decisions based on calculated GCS	High Priority
SAMPLE history	S—No other signs seen A—NKA M—None P—No pertinent PMH L—Lunch approximately 15 minutes ago E—Walked in front of vehicle while attempting to cross the road
Head assessment – DCAP-BTLS Inspects mouth, nose, and assesses facial area Inspects and palpates scalp and ears Assesses eyes for PERRL	No injuries noted

<p>Neck Assessment – DCAP-BTLS</p> <p>Checks position of trachea</p> <p>Checks jugular veins</p> <p>Palpates cervical spine</p>	<p>No JVD or tracheal shift; no obvious injury</p>
<p>Chest Assessment – DCAP-BTLS</p> <p>Inspects chest</p> <p>Palpates chest</p> <p>Auscultates chest</p>	<p>No injury noted; breath sounds are clear and equal</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>Unstable left hip; abdomen soft and non-tender 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>Left femur swelling, and deformity to the left tibia/fibul; 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—106/76 mm Hg</p> <p>Pulse—112 beats/min</p> <p>Respirations—18 breaths/min</p> <p>SaO2—94% on room air</p> <p>PEARRL</p>
<p>Manages secondary injuries and wounds appropriately</p>	<p>Abrasions to left leg and hip</p> <p>Maintain manual c-spine; apply cervical collar; place patient on a long backboard; apply cervical immobilization device; splint left leg in position of comfort</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>