

Northwest Community EMS System April 2024 CE: Trauma Case Studies Credit Questions				
Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

This packet should take 2 hours to complete – which earns the equivalent of the 2-hour live CE class.

Sources of information/answers

April CE Participant slide deck handout, M-8 Policy, PBPI 2023 Trauma Query/ Level 1 Trauma Incident Review Handout, Trauma Case Studies Class Handout & NWCEMSS SOPs.

1. What should a NWCEMSS practitioner do should they experience a medical device failure. Where is this information found?

2. Two new pieces of optional equipment have been added to the NWCEMSS Drug & Supply list. Watch each view link next to the product name then write a brief explanation of what the product is/ used for.
 - A. IT Clamp <https://youtu.be/83Mi2Rf-qRY>
Explain: _____

 - B. Sotair https://youtu.be/hZoc95FS_7g
Explain: _____

The following questions #3-10 are check for understanding questions from February 2024 Cardiac Arrest CE (you can also refer to CA SOP)

3. Once pulseless and not breathing is confirmed what is EMS's TOP PRIORITY? _____
Followed by? _____
4. **True or False** (circle one) A mechanical compression device should be applied prior to defib pads and/or defibrillation if needed.
5. For the LUCAS device, what setting should it be on prior to advanced airway? _____
6. Preoxygenation requires what equipment on cardiac patients unless contraindicated?

7. **True or False** (circle one) Inline EtCO₂ are only applied after advanced airway is established.

- 8. ApOx; to ventilate or not is the question. Which TWO patient presentations does EMS NOT ventilate, only oxygenate in CA? _____
- 9. Epinephrine is administered how often? _____
- 10. **True or False** (circle one) An agency that does not have an IV pump, cannot administer norepi to a child less than 40 kgs?

The following questions can be answered based on the information provided on the PBPI 2023 Trauma Query Level 1 Trauma Incident Review handout.

- 11. What was the top reason/ cause of injury documented in 2023 for NWCEMS System? _____
- 12. For Level 1 decision for transport, what are the 5 physiologic criteria?
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
- 13. What was the percentage the EMS System transported to a Level 1 Trauma Center based on;
 - GCS Motor <6? _____ %
 - RR <10 or > 29 (age >2)? _____ %
 - HR > SBP? _____ %
 - SpO2 < 90 % on RA? _____ %
 - SBP <90 (10 <age < 65)? _____ %
 - SBP <110 (age ≥ 65)? _____ %

Read the scenario and answer the following two questions

Dispatched for car vs cyclist. U/A found a 56 y/o F A+Ox4, sitting on curb of intersection. Pt states she was approaching intersection when a car hit her bike. Pt fell onto R shoulder and part of vehicle drove over pts chest. Pt c/o face, neck, chest, and R shoulder pain. Pain on palpation to all areas noted. No deformities and SMV's intact. Lung sounds clear. Pt denies LOC. She was not wearing a helmet. C-collar applied and 12 lead acquired.

BP 132/72 (92) HR 72 strong regular RR 24 normal SpO2 98% RA EtCO2 Not Documented
GCS 15 Pain Rating Not Documented 4 Lead & 12 Lead ecg SR

- 14. What concerns/ considerations should EMS be thinking of based on the patient's statements and complaints?

- 15. Where is the patient being transported to? _____

16. In initial trauma care, what are EMS priorities during the primary assessment. (refer to ITC SOP pg. 43)

1. _____
2. _____
3. _____
4. _____
5. _____

Watch the training video on Celox and answer the question that follows <https://www.youtube.com/watch?v=RxauVOwOKxE>

17. List three takeaways for life threatening hemorrhage bleeding control

1. _____
2. _____
3. _____

Watch the training video on tourniquet application and answer the questions that follow <https://www.narescue.com/c-a-t-tourniquet-generation-7-two-handed-application-video.html>

18. List three takeaways for life threatening hemorrhage bleeding control

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

19. List three tourniquet pitfalls

1. _____
2. _____
3. _____

Complete the questions for the run review as follows:

Run Review #1

Dispatched to two car accident. Pt vehicle had moderate front end passenger side damage, starring windshield, steering wheel deformity, air bag deployment, no intrusion. 73 y/o F, alert to pain, slow to respond. Pt conscious and breathing in outward signs of pain & was yelling out her back hurts. Pt pale & diaphoretic. Awaiting extrication manual c-spine held & vitals obtained. Pt continuously yelled out in pain that her back hurts. Trauma assessment revealed pupils PERRLA, face was pale and clammy, trachea midline, lung sounds clear.

20. What are the initial concerns/ considerations for this patient?

Run Review # 1 continued:

Abdomen had a horizontal line contusion with distention. Pain upon palpation to the middle of the back. Strong radial and pedal pulses present with positive CMS. Pelvis, hips and lower extremities were unremarkable. Further abdominal assessment revealed generalized pain and tenderness, no rigidity noted. Pt was uncooperative and upset, tried taking off medical equipment numerous times.

Scene delay due to extrication, patient uncooperative, and obesity. Crew unable to obtain pt history, medications, etc. due to the patient being uncooperative. Crew transferred to L2 ED, no orders.

21. What are other concerns for this patient based on the additional information given?

22. Why might this patient be agitated or uncooperative?

23. How can EMS prevent/ treat hypoxia?

1. _____
2. _____
3. _____

24. How can EMS prevent hypotension?

1. _____
2. _____
3. _____
4. _____
5. _____

25. Define shock index. What is the importance?

26. What is the goal for vascular access in trauma patients who need fluid resuscitation? _____

27. When venous access is unable or attempted x 2 w/o success; what is the next option? _____

28. What type of fluids should be administered? _____

29. What is the preferred site of an IO in a trauma patient? _____
Explain _____
30. What is the trauma triad of death? (what is going to harm a trauma patient, likely to cause death).
1. _____
 2. _____
 3. _____
31. What are some special considerations for head injured patients?
1. _____
 2. _____
32. How can EMS prevent/ treat hypoxia?
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Review the three Case Studies in the Class Handout and answer the questions that correlate with each.

Case Study # 1

33. Based on pts vitals, what were the three physiologic criteria that determined the pt met L1 TC criteria?
1. _____
 2. _____
 3. _____
34. Pt was complaining of abdominal and hip pain. The combination of the two indicates the pt possibly has what type of life-threatening injury? _____
35. What additional finding(s) suggested the patient had a decreased cardiac output (hint: there are 3) ? _____

Case Study # 2

36. Based on pts vitals, what were the two physiologic criteria that determined the pt met L1 TC criteria?
1. _____
 2. _____
37. Does EMS need permission from closest hospital to transport to a L1 TC? _____
Can EMS call a L1 TC directly? _____

Case Study # 3

38. What methods did the EMS crew document they used to prevent hypothermia? _____
39. What are some additional suggestions EMS may have done or could do in the future to prevent hypothermia for this patient? _____
40. Given advanced airway insertion was unable d/t clenched jaw, what medication can EMS administer to alleviate that issue? _____