

Elite Training Scenario Minor Trauma (Transport)

Element	Call Data to Enter
RESPONSE TIMES PANEL (On the Top Right Side)	
Time 911 Called	(Blank)
Dispatch Notified	1700
Unit Dispatched	1701
Enroute	1704
Arrive Scene (Transp. Unit)	1712
Patient Contact	1713
En Route Hosp. / Left Scene	1758
Arrived Destination	1816
Unit In Service	1900
Call Completed	(Blank)
DISPATCH INFO TAB	
DISPATCH INFORMATION PANEL	
Type of Call	911 Response (Scene) - <i>Defaulted</i>
Dispatch Reason	MVC / Traffic / Transportation Incident
EMD Performed	Yes, Unknown if pre-arrival instructions given - <i>Defaulted</i>
INCIDENT NUMBERS PANEL	
Service use – Call # or ID	(Leave Defaulted Number)
Dispatch Assigned Incident #	(Type in an Incident Number)
RESPONSE TAB	
RESPONDING UNIT PANEL	
Primary Role of the Unit	ALS Ground Transport
Responding Unit Call Sign	Choose an option from the dropdown
EMS Vehicle (Unit) Number	Choose an option from the dropdown
Highest Responder Level + Equip (ALS/BLS) Avail	Paramedic
Crew Members	<Click "Add">
Crew Members	Choose a Paramedic Provider
Crew Response Role	Click on Response - Driver
Crew Response Role	Click on Transport - Primary Patient Caregiver
Crew Members	<Click "Add">
Crew Members	Click another Provider
Crew Response Role	Click on Transport – Driver
EMS Shift	A Shift
Response Urgency	Immediate - <i>Defaulted</i>
Response Mode to Scene	Emergent (Immediate Response) - <i>Defaulted</i>
Responding Traffic Alert	Lights and Sirens
INCIDENT LOCATION PANEL	
Location Type	Local/Residential/Business Road or Street
Incident Facility	<i>Leave Blank – you are not responding to a facility</i>
Street Address	600 Wicked Bad Country Road
Incident Address Line 2	(Blank)
Incident Zip Code	05731 <Click "Set From Postal Code">
SCENE PANEL	
Were You the First EMS Unit on Scene?	Yes
Other Agencies on Scene	<Click "Add">
Other Agencies on Scene	Choose "BENSON FIRST RESPONSE"
Other Agencies on Scene	Choose "Other EMS Agency" - <i>Defaulted</i>
SITUATION PANEL	
Number of Patients at Scene	Single - <i>Defaulted</i>
Incident/Patient Disposition	Patient Treated, Transported by this EMS Unit
Possible Injury?	Yes
Cardiac Arrest during this incident?	No

Required Reportable Conditions	None
Was This a School Related Incident?	No
RESPONSE DELAYS PANEL	
Type of Dispatch Delay	Not Recorded - <i>Defaulted</i>
Type of Response Delay	None/No Delay - <i>Defaulted</i>
Type of Scene Delay	None/No Delay - <i>Defaulted</i>
PATIENT INFO TAB	
PATIENT INFO PANEL	
Repeat Patient Look Up	Search for the last name of Doe, select the first option
PATIENT ADDRESS PANEL	
	<i>Auto-filled from Repeat Patient Lookup</i>
GUARDIAN / EMERGENCY CONTACT PANEL	
	(Blank)
MEDICAL HISTORY PANEL	
Barriers to Patient Care	None Noted - <i>Defaulted</i>
Medical/Surgical History	Select "Asthma" and "Other GI Condition NOS"
Current Medications	Select "Albuterol"
Medication Allergies	(Blank)
Environmental/Food Allergies	(Blank)
Medical History Obtained From	Patient
Pregnancy	No
Advance Directives	(Blank)
PATIENT CONDITION TAB	
ASSESSMENT PANEL	
Initial Patient Acuity	Potentially Unstable
Patient Complaints	<Click Add>
Complaint Type	<Click> Primary
Complaint	My arm hurts
Duration of Complaint	10
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Hand, Arm or Shoulder
Organ/Body System of Chief Complaint	Musculoskeletal/Skin
Primary Symptom	Pain, Shoulder, Arm, Hand
Date/Time of Symptom Onset	1655
Other Associated Symptoms	(Blank)
Provider's Primary Working Diagnosis	Injury, Wrist, Hand or Fingers
Provider's Other Diagnoses	Alcohol Abuse and Effects
Signs of Suspected Alcohol/Drug Use	Patient Admits to Alcohol Use & Smell of Alcohol on Breath
INJURY/TRAUMA PANEL	
Cause of Injury	MVC - Injured occupant of car (driver or passenger)
Type of Injury	Blunt
Main Area of the Vehicle Impacted by the Collision	2
Location of Patient in Vehicle	Front Seat-Left Side (or motorcycle driver)
Airbag Deployment	No Airbag Present
Patient Safety Equipment Used	None
Trauma Triage Injury Risk Factor	Blank
Trauma Center Criteria	Blank
SPINAL ASSESSMENT PANEL	
Mechanism of Injury That Could Cause a Spinal Injury Including High Risk or Questionable Injury Mechanisms	No
PROVIDER ACTION TAB	
EXAM PANEL	
Vitals	<Click "Add">
Basic Vitals	Obtained Prior to this Unit's EMS Care – No (<i>Defaulted</i>)

	Date/Time - 17:13 Crew – (Select Crew Member) BP 140/70 Resp. 18 Pulse 80 <i>When you are done, click "OK"</i>
Assessment	<Go to the "Assessment Power Tool – right hand panel">
Medical Assessment	Date/Time - 17:13 Mental status – Oriented to Event, Person, Place, Time Neurological – Tremors Head – Normal Face – Normal Eyes – Bilateral, 5 mm & Dysconjugate Gaze Neck – Normal Chest/Lungs – Normal Abdomen – Generalized, Normal Pelvis - Normal Back/Spine – Back-General, Normal Arm Upper - Right, abrasion, bleeding controlled, contusion Skin – Dry <i>When you are done, click "OK"</i>
TREATMENT PANEL	
Protocol Used	General - Routine Patient Care/ Initial Patient Contact - <i>Defaulted</i>
Add Procedure	<Click Add>
Date/Time Procedure Performed	17:15
Procedure Performed Prior to this Unit's EMS Care	No - <i>Defaulted</i>
Procedure Crew	Choose a paramedic provider
Role/Type of Person Performing the Procedure	Paramedic
Procedure	Splinting
Procedure Successful	Yes
Response to Procedure	Unchanged
Procedure Complication	(Blank)
Procedure Authorization	Protocol (Standing Order) – <i>Defaulted</i>
Procedure Comments	(Blank)
Finished	Click "ok" at top of page
TRANSPORT TAB	
TRANSPORT STATUS AND PRIORITY PANEL	
How was patient moved to Ambulance?	Stretcher
Position Pt. Secured in During Transport	Supine
EMS Transport Method	Ground Ambulance
Transport Priority	Non-Emergent
Transporting Traffic Alert	No Lights or Sirens
Final Patient Acuity	Stable
DESTINATION INFORMATION PANEL	
Destination Name	DARTMOUTH HITCHCOCK MEDICAL CENTER
Type of Destination	Hospital –Emergency Department
Reason for Choosing Destination	Closest Facility
Destination Address Information	<i>Auto-filled</i>
TRANSPORT DELAYS PANEL	
Type of Transport Delay	None/No Delay - <i>Defaulted</i>
Type of Turn-Around Delay	None/No Delay - <i>Defaulted</i>
NARRATIVE TAB	
NARRATIVE PANEL	
Narrative	Type your Narrative
PROVIDER CARE SIGNATURE PANEL	

Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Right Side)	
Loaded Miles/Destination Odometer	12