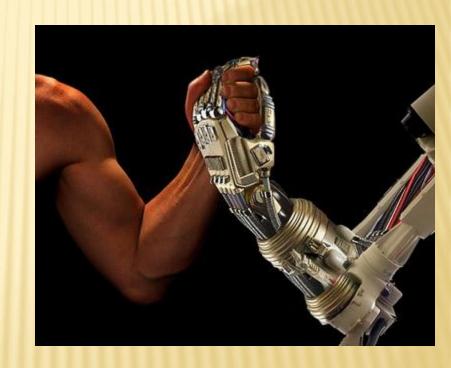


October 12, 2012 – NYSVARA Pulse Check Conference Beth McNeill, EMT-B, MS, Regional Faculty

# CASE STUDIES FOR THE EMT-B

## WHY CASE STUDIES?

- Robot vs Thinker
- Testing vs "real life"
- Check boxes vs thinking off the page
- Cooperative learning



#### **PASSIVE LEARNING**

### **ACTIVE LEARNING**

- Lecture hall
- × TV
- × Internet

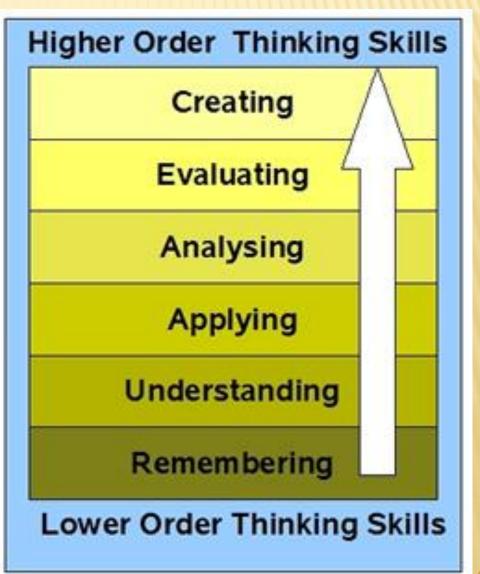
- Group learning
- Problem based learning
- Learner centered learning
- Facilitated discussion

Time and place for both

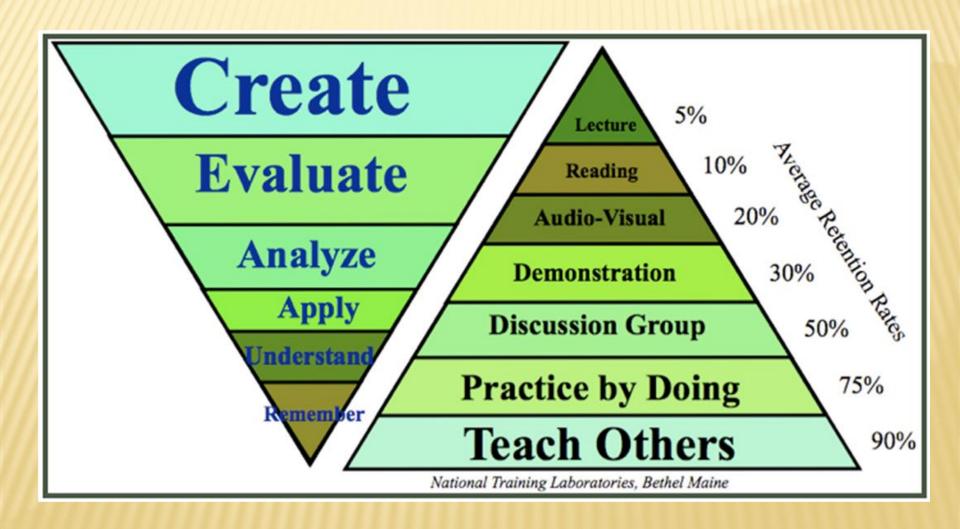
## PASSIVE LEARNING VS ACTIVE LEARNING

## THINKING SKILLS

Bloom's Taxonomy

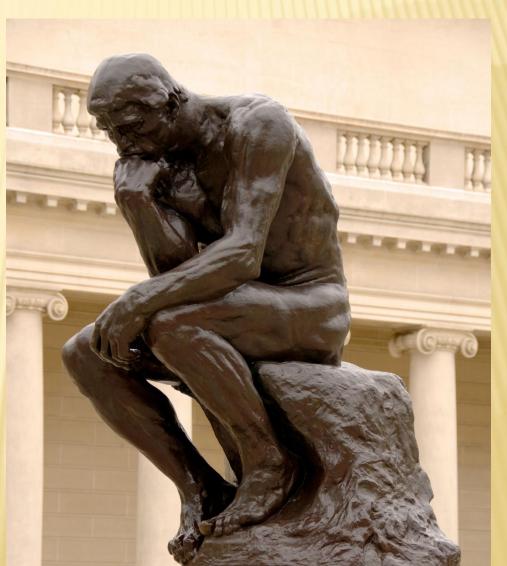


## LEARN BY DOING



## CASE STUDIES AND CRITICAL THINKING

- Knowing
- Applying
- × Doing
- Thinking outside the box/boxes



### CASE STUDIES: DEVELOPING SKILLS

- Problem solving
- Analytical
- Decision making in complex situations
- Coping with ambiguities



## CASE STUDY ONE



## SCENE SIZE UP

- What information can you gain from looking around the residence as you walk toward the patient?
- Can this information help you on this call?



## IN THE DEN

Mrs.Klein tells you her husband slid out of his recliner and she is unable to lift him back up. She just wants you to put him back into his recliner.



## PRIMARY ASSESSMENT

- What do you need to know before moving Mr.Klein off the floor?
- What are some possible reasons for Mr.Klein to be on the floor?



### THINGS THAT MAKE YOU GO "HMMMM..."

- You kneel down to check Mr.Klein's level of consciousness and he does not answer you or move when you touch his shoulder.
- You note that he is breathing and has good color to the skin but skin temperature is very warm. Patient remains unresponsive.
- \* There are no visible signs of blood anywhere.
- Mrs.Klein insists that you pick her husband up off the floor.

## HISTORY GATHERING

- Mrs.Klein is now insisting that you move her husband off the floor to the bedroom down the hall.
- You explain to her that you cannot move him yet as he is unconscious and you don't know why.
- She then walks over to her husband and pokes at him and loudly says "Harry, wake up!"
- She tells you "he does this all the time".
- He remains unresponsive but breathing adequately.

### PRIMARY ASSESSMENT AND HPI CONTINUED

- What concerns do you have for this patient at this time?
- What is your gut instinct telling you about this situation?
- What else do you need to determine before moving this patient anywhere?
- Should this be a lift assist or transport? Why or why not?



### SOMETHING JUST ISN'T RIGHT HERE...

- The situation is not making sense to you.
- You leave your EMT-B partner with the patient and walk into the kitchen to talk to the adult daughter who has just arrived.



- What do you want to know from the daughter?
- How can this information help you with this call, if at all?



### GATHERING ADDITIONAL INFORMATION

- \* The daughter tells you that her father is usually ambulatory and very "with-it" and alert.
- As a matter-of-fact, she just spoke to her dad on the phone this morning and he was fine.
- She agrees that her father should be transported to the hospital.

### TRANSPORT DECISION

- You have ruled out any trauma to the head, neck and spine.
- You tell Mrs.Klein that her husband needs to be transported because he is not conscious.
- She is still insisting that you just move him to his bed, but reluctantly agrees to the transport.

- You gently package the patient and move him to the ambulance.
- The patient is placed on oxygen and you perform a detailed physical exam.
- Nothing remarkable from the exam other than his pre-existing arm injury and warm skin temperature.
- Patient remains unresponsive throughout 15-minute transport.

### TRANSFER OF CARE

What specific information should be included in this transfer of care to the triage nurse and ED staff? Why?



## FOLLOW UP

- About three days later you follow up on the patient to find out what was wrong.
- Turns out the patient had septicemia and would have likely died had you not transported him that day.

### CASE STUDY TWO

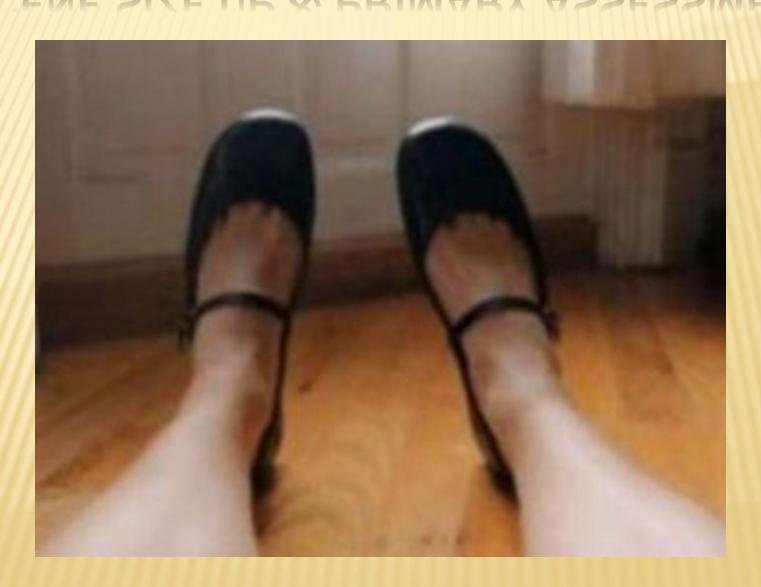


- You receive a call for a woman at an assisted living facility who has fallen in her apartment. The staff believes she has a possible hip fracture due to the fall.
- Time out for the call is 0930 hours.



What can you infer from the dispatch information about this call?

# SCENE SIZE UP & PRIMARY ASSESSMENT



Why is it relevant to briefly inspect the surroundings of a patient's environment, especially that of an elderly patient?

What type of consent are you obtaining from Gertie at this time?



What is the best way to immobilize this injury?

How will you proceed to move Gertie from the floor to the gurney?



**CLOSED FEMUR FRACTURE** 

## CASE STUDY THREE



### QUESTIONS...

- What questions do you want to ask this patient and why?
- Based on the primary assessment, how would you prioritize this patient?

What type of consent will you use to treat this patient?

What is your role as a BLS provider once ALS has arrived on the scene?



## MOM ARRIVES ON SCENE

What verbal defusing strategies can you use when communicating with this patient's mother to ensure a calm siutation?



## TRANSPORT AND TRANSFER

What information should you give to the triage nurse?



## CASE STUDY FOUR

You are dispatched at 2333 hours for a man injured in a swimming pool at a local single family residence.

