



# GLOBAL EMERGENCY MEDICAL REGISTRY

## Trauma – Extremity Trauma w/ hypotension (ALS) Skills Documentation Form

Candidate (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Examiner (Instructor Name Printed): \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Note: Examiner will use a full scale simulator and manikin for this case to reflect an 18 year old pedestrian hit by a vehicle at a crosswalk, with impact to the patient’s left thigh/knee; driver states patient was caught by vehicles wheel and leg was pulled into wheel, then released. Patient is responsive with severe pain and obvious left leg trauma. HEENT: unremarkable, Neck: unremarkable, Chest: unremarkable with bilateral clear lung sounds with plural movement intact on ultrasound, Abdomen: unremarkable with no abnormal findings on ultrasound, Extremities: right leg unremarkable/left leg has significant deformity with open fracture present to distal femur and superior tibia. There is significant uncontrolled hemorrhage from the left leg in multiple wound locations. Vitals: Pulse = 130, RR = 30 with adequate tidal volume, SpO<sub>2</sub> = 92%, EtCO<sub>2</sub> = 25 mmHg, BP = 57 mmHg MAP, Temperature = 36.4<sup>0</sup> C. The candidate may have one assistant (1, EMT) and equipment as needed for skills below.

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

Task	Correct	Incorrect
Identifies unstable trauma patient through damage control resuscitation protocol		
Moves patient to a flat surface on a transport device or stretcher and pulls leg into anatomical position and secures leg/patient		
Oxygenate patient with apneic oxygenation (15L nasal cannula and “open flow rate” non-rebreather mask)		
Control Hemorrhage with bleeding control, then when ineffective, apply tourniquet		
Vascular Access, Large Bore (16g, 14g, 12g), Above the level of the diaphragm with IV fluid attached to extension tubing from IV catheter hub.		
Emergency Ultrasound exam (RUSH) – Identifies no abnormal findings		
Administer analgesic to reduce pain without risk to mean arterial pressure (i.e., Ketamine)		
Administer IV Fluid Bolus in a balanced solution with a SID of 24 or higher		
Consider Administration of 1-2 units O blood (whole blood or packed red cells)		
If blood administered, administer 1gm Calcium Chloride IV after initial blood administration, then 1gm following every four units of blood administered.		
Ensure patient is kept warm and prevent any cooling.		

Total Time for simulation: \_\_\_\_ minutes

*NOTE: Examiner may improve the vitals to the following after all care above (Pulse = 100, RR = 20 with adequate tidal volume, SpO<sub>2</sub> = 95%, EtCO<sub>2</sub> = 35 mmHg, BP = 68 mmHg MAP, Temperature = 37<sup>0</sup> C. )*



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## **Critical Failure Criteria**

	Failure to establish oxygenation for the patient
	Failure to take appropriate intervention, including analgesic, vascular access, blood, fluids, medications
	Failure to stop hemorrhage
	Failure to reach treatment goals within 15 minutes of patient management.
	Failure to manage the patient as a competent provider
	Failure to ensure all portions of the above checklist are provided for during case
	Exhibits unacceptable affect with patient or other personnel
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on the bottom or back of this form.