



GLOBAL EMERGENCY MEDICAL REGISTRY

Trauma – Poly Trauma w/ hypotension and hypoxia (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 a 40 year old patient who fell onto his chest from a bridge rail approximately 5 meters (15 feet) on to a concrete highway divider. Patient is unresponsive with obvious right chest trauma. HEENT: abrasion to right face, Neck: no trauma noted, Chest: right chest has significant instability from 2nd rib to RUA of abdomen with significant hematoma and subcutaneous emphysema, left chest appears without trauma, Lung Sounds: Right chest has no lung sounds/Left Chest has lung sounds present but difficult to auscultate (ultrasound shows right tension pneumothorax and hemothorax), Abdomen: RUQ has distension and hematoma (ultrasound shows positive hepatic/renal margin free fluid, remainder of exam unremarkable), Extremities: obvious right humeral/radial/ulna fracture multiply deformed, remaining extremities unremarkable. Vitals: Pulse = 122, RR = 8 with minimal tidal volume, SpO₂ = 78%, EtCO₂ = 25 mmHg, BP = 50 mmHg MAP, Temperature = 35^o C. The candidate may have up to two assistants (maximum 1, EMT and 1, AEMT) 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 consider back up/head elevated position		
Oxygenate patient with apneic oxygenation (15L nasal cannula and “open flow rate” non-rebreather mask)		
Control Hemorrhage		
Vascular Access, Large Bore (16g, 14g, 12g), Above the level of the diaphragm with IV fluid attached to extension tubing from IV catheter hub.		
Endotracheal Intubation completed with EtCO ₂ in place using systematic approach to intubation with pharmacologic assistance (i.e.: Ketamine and Succinylcholine)		
Assures proper oxygenation of the patient and establishes advanced airway with 100% oxygen ventilation rate of 10 breath/min and 6-8 ml/kg/PBW with a maximum of 30 cmH ₂ O pressure of ventilation.		
Emergency Ultrasound exam (RUSH, CAUSE, or CASA) – Identifies right pneumothorax and right hepatic/renal margin (Morrison’s pouch) with free fluid		
Administer IV Fluid Bolus with 1 gm Tranexamic Acid (TXA) in a balanced solution with a SID of 24 or higher		
Administer 1-2 units O blood (whole blood or packed red cells)		
Performs right simple thoracostomy and/or places chest tube		
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.		



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Total Time for simulation: ____ minutes

*Note to Examiner: Following adequate adherence to the skills sheet, the examiner may improve the patient vital signs to:
Pulse = 100, RR = 10 with BVET or ET Vent, SpO₂ = 92%, EtCO₂ = 30 mmHg, BP = 60 mmHg MAP, Temperature = 37⁰ C*

Critical Failure Criteria

	Failure to establish oxygenation, advanced airway, and ventilation for the patient
	Failure to take appropriate intervention, including advanced airway management, vascular access, blood, fluids, medications, and simple thoracostomy or chest tube placement
	Failure to identify Right pneumothorax and RUQ abdominal trauma
	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.