BACKGROUND & DISPATCH INFORMATION FOR CANDIDATE

You are a paramedic on a transporting paramedic unit. You are working with a paramedic partner in a suburban EMS system. You are thirty (30) minutes away from the attending physician's office and fifteen (15) minutes from the community hospital.

At 1512 hours, you are dispatched to a residence for a non-emergent transport of a woman to her doctor's office. It is a clear spring day with a temperature of 68°F. A woman who identifies herself as the patient's daughter meets you at the door.

BACKGROUND INFORMATION			
EMS System description (including	Suburban EMS that responds to both emergency and non-emergency calls		
urban/rural setting)			
Vehicle Type/response capabilities	2 person paramedic level transporting service		
Proximity to and level/type of facilities	30 minutes to the attending physician's office		
	15 minutes to community hospital		
DISPATCH INFORMATION			
Nature of the call	Woman can't walk, requests transport to physician's office, non-emergent		
Location	Well kept walk-up single family dwelling		
Dispatch Time	1512 hours		
Weather	68°F spring day		
Personnel on scene	Daughter who is serving as primary care giver		
SCENE SURVEY INFORMATION			
Scene considerations	10 cement steps up to the front door		
	No access for stretcher from any other doorway		
Patient location	1 st floor, back bedroom, narrow hallways & doorways		
Visual appearance	Patient sitting in bed with multiple pillows holding her in an upright position,		
	pale in color, does not respond to your presence in the room		
Age, gender, weight	58 year old female, 200 pounds		
Immediate surroundings (bystanders,	Clean, neat, well-kept surroundings		
family members present)	Daughter is only family member present,		
PATIENT ASSESSMENT			
Chief Complaint	Altered level of consciousness		
History of present illness	Daughter states "My Mother just passed out a couple of minutes ago from the		
	pain." Patient woke this morning with a painful left leg that has increased in		
	pain, unable to walk without severe pain. Daughter states that her mother,		
	"Has a small sore on her left inner thigh that has gotten bigger over the past		
	few hours and her doctor wants to see her in his office."		
Patient responses, symptoms, and	Patient opens her eyes to loud verbal stimulus but does not verbally respond		
pertinent negatives			
PAST MEDICAL HISTORY			
Past Medical History	Adult onset diabetic controlled with diet and oral medication, hypertension,		
N. 1	hernia repair years ago		
Medications & Allergies	Glucophage bid, Lasix 20 mg qid, diltiazem qid, and Colace qid		
Conicl/formily compares	NKA		
Social/family concerns	Patient lives alone after death of husband two years ago, daughter comes to her		
	home each day to help her mother with daily chores		

EXAMINATION FINDINGS	
Initial Vital Signs	BP 100/palpation
C	P 130, rapid and weak
	R 8
Respiratory	Lung sounds are dimished bilaterally
Cardiovascular	Tachycardia, hypotensive
Gastrointestinal	
Genitourinary	
Musculoskeletal	
Neurologic	Opens her eyes to loud verbal stimulus and withdraws to pain
	Utters incomprehensible sounds
	Pupils equal and responds sluggishly to light
Integumentary	Large ecchymotic area over the patient's entire left inner thigh extending into
	the groin, pelvis, and left lower abdomen
	Area is hot to touch with crepitation under the skin
	Skin is pale, hot, and moist to touch
Hematologic	
Immunologic	
Endocrine	Blood glucose 370 mg/dL
Psychiatric	
PATIENT MANAGEMENT	
Initial stabilization	Assisted ventilation with high flow oxygen
Treatments	Assisted ventilation with high flow oxygen
	IV enroute
Monitoring	ECG sinus tachycardia, SpO ₂ 85%
Additional Resources	Consider transportation to facility with immediate surgical capabilities and
	hyperbarics
Patient response to interventions	No change
TRANSPORT DECISION	
Lifting and moving patient	Place in Reeves stretcher to ambulance stretcher
Mode	Rapid
Facilities	Emergency department
CONCLUSION	
Field Impression	Septic shock
Rationale for Field Impression	Rapidly extending extremity infection, febrile, hypotension, and tachycardia,
	with altered LOC
Related pathophysiology	What is the basis for the septic shock in this case?
1 1 5 25	Severe bacterial infection
Verbal Report	
MANDATORY ACTIONS	
	immediate transportation to the emergency department
High flow oxygen	
	NGEROUS ACTIONS ORDERED/PERFORMED
Delayed transportation for on scene i	
Taking the patietnt to the doctors offi	ice.

NREMT Ural Station Template v.3/18/00 @ 1600 hours

BACKGROUND INFORMATION	
EMS System description (including	
urban/rural setting)	
Vehicle Type/response capabilities	
Proximity to and level/type of facilities	
DISPATCH INFORMATION	
Nature of the call	
Location	
Dispatch Time	
Weather	
Personnel on scene	
SCENE SURVEY INFORMATION	
Scene considerations	
Patient location	
Visual appearance	
Age, gender, weight	
Immediate surroundings (bystanders,	
family members present)	
PATIENT ASSESSMENT	
Chief Complaint	
History of present illness	
Patient responses, symptoms, and	
pertinent negatives	
PAST MEDICAL HISTORY	
Past Medical History	
Medications and allergies	
Social/family concerns	

NREMT Oral Station Template v.3/18/00 @ 1600 hours

EXAMINATION FINDINGS		
Initial Vital Signs	BP	
-	P	
	R; SpO ₂ %	
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Neurologic		
Integumentary		
Hematologic		
Immunologic		
Endocrine		
Psychiatric		
PATIENT MANAGEMENT		
Initial stabilization		
Treatments		
Monitoring		
Additional Resources		
Patient response to interventions		
TRANSPORT DECISION		
Lifting and moving patient		
Mode		
Facilities		
CONCLUSION		
Field Impression		
Rationale for Field Impression		
Related pathophysiology		
Verbal Report	"Please provide me with a verbal report on this patient."	
	Must include chief complaint, interventions, current patient condition, and	
	ETA.	
MANDATORY ACTIONS		
POTENTIALLY HARMFUL/DANGEROUS ACTIONS ORDERED/PERFORMED		



National Registry of Emergency Medical Technicians Advanced Level Practical Examination

ORAL STATION

Candidate:Examiner:		
Date:Signature:		
Scenario:		
Time Start:	Possible Points	
Scene Management		1
Thoroughly assessed and took deliberate actions to control the scen	e 3	
Assessed the scene, identified potential hazards, did not put anyone	in	
danger	2]
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		1
Completed an organized assessment and integrated findings to expa	and	
further assessment	3	
Completed initial, focused, and ongoing assessments	2	
Performed an incomplete or disorganized assessment	1	
Did not complete an initial assessment	0	
Patient Management		1
Managed all aspects of the patient's condition and anticipated further	r needs 3	1
Appropriately managed the patient's presenting condition	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal relations		1
Established rapport and interacted in an organized, therapeutic mani	ner 3	1
Interacted and responded appropriately with patient, crew, and bysta		
Used inappropriate communication techniques	1	1
Demonstrated intolerance for patient, bystanders, and crew	0	
Integration (verbal report, field impression, and transport decision)		1
Stated correct field impression and pathophysiological basis, provide	d	1
succinct and accurate verbal report including social/psychological co		
and considered alternate transport destinations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Stated correct field impression, provided succinct and accurate verba	al _	
report, and appropriately stated transport decision	2	
Stated correct field impression, provided inappropriate verbal report	or	
transport decision	1	
Stated incorrect field impression or did not provide verbal report	0	
Time End:	TOTAL 15	
Critical Criteria		
Failure to appropriately address any of the scenario's "Mandatory Ac	tions"	
Performs or orders any harmful or dangerous action or intervention		