

# Treatment Scenarios

## **Outdoor Emergency Care**

Bill Person  
Tahoe Backcountry Ski Patrol  
Fall, 1999

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## Scenario Based Instruction

This course introduces scenarios after about ten hours of instruction and devotes about one-half of remaining instructional time to scenarios. This structure restricts lecture to about thirty minutes of each three and one-half hour session. Lecture sessions are used to emphasize key subjects and to provide enrichment rather than to re-hash the material covered in the textbook. Each session provides about 45 minutes of guided practice to introduce new skills.

### Objectives

- Maintain patient care as the central focus of the course
- Improve skills retention by prompt integration of skills with patient care
- Heighten student interest by timely application of knowledge
- Emphasize role of assessment
- Enhance learning through student involvement in instruction

### Key Notions

- Initial instruction is strictly limited to those topics necessary to begin scenarios.
- Subjects are introduced only when they can immediately be applied in scenarios.
- Each class session has a guided practice session which provides new skills for the scenarios of the following session
- An instructor is assigned to work with each patient to ensure the patient is prepared for the scenario and that appropriate information and evaluation are effectively communicated to the responding students.

### Scenario Mechanics

- One-third of students are dedicated to being patients for a given class session. Remaining two-thirds of students are responders for that session.
- Each patient is given a unique written scenario at the previous class session so that they can prepare to present that scenario effectively. Written scenario includes an evaluation check list. Students are also provided the name and number of the instructor with whom they will work at the following class session.
- Each instructor is provided an advanced copy of the scenario they will be supervising and the name and number of the student who will be the patient for the scenario.
- The scenarios for a given session focus on integrating the material from guided practice at the previous session and on review of skills acquired so far.
- Preparation
  - Instructors are encouraged to contact patients before the class session regarding their scenario; symptoms, patient demeanor, moulage, etc.
  - Patients provide appropriate moulage for their scenario
  - Patients prepare to critique responder performance on their scenario with instructor assistance.
- Classroom
  - Each class has three to five rounds of scenarios. Responders rotate to care for all patients, each of which has a prepared scenario
  - Students alternate as primary responder. For minor problems, two responders treat a patient. For major problems (backboards) four students respond to the patient.
  - Patients provide feedback to responders with quiet oversight by instructors.
  - Each patient/evaluator is provided with copies of the evaluation check list to be completed and given to each primary responder.

## Scenario #5-1 Forehead Laceration

LOCATION: Intermediate slope (alpine)  
Steep trail (nordic)

WEATHER: Warm & sunny day

SAMPLE Had lunch 2 hours ago. Denies any medical problems. Crashed and slashed on icy patch.

INJURY Cut from ski edge on forehead.

SYMPTOMS Profuse bleeding but superficial damage  
Patient is agitated from all the blood. Getting in eyes and causing irritation.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Time: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Stops bleeding before secondary  
Y N Careful head and neck assessment  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N transports head up

## Scenario #5-2 Thigh Laceration with Hypothermia

LOCATION: Below chute going through trees

WEATHER: Sunny day but breezy, mid-afternoon. Patient in shorts and damp T-shirt.

SAMPLE: Had 3 beers for lunch, but no food except chips. Taking medication for hepatitis B. Slashed by stub of limb on tree as he went by.

INJURY: Laceration from tree on thigh.  
Shivering hypothermic

SYMPTOMS: Little bleeding but a good sized tear.  
Shivering.  
Has trouble focusing and answering questions.  
Speech slightly slurred.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Time: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
Y N Sorts out hypothermia  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N transports head up

## Scenario #5-3 Palm Laceration & Pot

LOCATION: Mogul slope (alpine)  
 Sharp turn in steep trail (nordic)

WEATHER: Warm and clear, mid-afternoon.

SAMPLE: POT Just a bit high. Reluctant to declare. Skipped lunch. Denies any medical history.

INJURY: Sliced palm of hand on ski. Alpine: lost ski. Nordic: ski twisted, hanging from leash.

SYMPTOMS: Moderate bleeding and pain.  
 Alert but a little under the influence.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
 Y N Sorts out hypothermia  
 Y N checks distal CMS before bandage  
 Y N Good bandage  
 Y N checks distal CMS after bandage  
 Y N transports head up

## Scenario #5-4 Forearm and Knee Abrasion

LOCATION: Ungroomed slope (alpine)  
Back Country (nordic)

WEATHER: Spring Skiing. Fall and slide down hill on morning ice. A moaning pile at the bottom of the hill

SAMPLE: Had a big breakfast. Denies any medical history.

INJURY: Bi-lateral forearm abrasions and one knee as well.

SYMPTOMS: Embarrassed. Claims it is just a scrape, but can't conceal pain.  
Mild resistance to secondary.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
Y N Sorts out hypothermia  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N transports head up



## Scenario # 5-5 -- Laceration on Forearm Bleeder/Shock

LOCATION: Lift Accident. Nordic: practicing telemarks in alpine area.

WEATHER: Spring skiing. Clear and sunny.

SAMPLE: Blood thinners/ prior heart attack

INJURY: Arterial Bleeding. Forearm laceration.

SYMPTOMS: Just as responder arrives at bottom of lift, guest is snagged by a chair. It drags him forward, tearing his forearm. Blood is gushing out. Requires direct pressure and pressure point to stop flow. Patient is 65.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Immediate response  
 Y N Stops bleeding before secondary  
 Y N checks distal CMS before bandage  
 Y N Good bandage  
 Y N checks distal CMS after bandage  
 Y N Ambulance transport  
 Y N transports head up  
 Y N PUC report

## Scenario # 5-6 -- Calf Laceration Severe Bleeding; Collision

LOCATION: Intermediate slope (alpine)  
Backcountry telemark slope (nordic)

WEATHER: Spring skiing. Clear and sunny.

SAMPLE: Ate breakfast 3 hours ago. Worried about bleeding – slight tendency to hemophilia.

INJURY: Arterial bleeding Calf laceration

SYMPTOMS: Just as responder skies past, patient falls and another skier skies over the patient's left calf, slicing it deeply. A severe bleed occurs which will stop in response to direct pressure and a pressure bandage. Patient to verbalize the extent of the bleeding, "Look at all the blood. Oh my God, it's soaking everything. Look at the snow.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Immediate response  
Y N Stops bleeding before secondary  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N Ambulance transport  
Y N transports head up  
Y N Red Flag - Management

## Scenario # 5-7 -- Finger Laceration

LOCATION: Top of slope, sitting on rock (alpine)  
Lunch break in woods (nordic)

WEATHER: Sunny and clear.

SAMPLE: Epileptic Allergic to sulfa.

INJURY: Index finger Laceration. Moderate bleeding.

SYMPTOMS: Deep cut in index finger from cutting sausage for lunch. Patient is very embarrassed.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Immediate response  
Y N Checks bleeding before secondary  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N Advise MD for stitches

## Scenario # 6-2 -- Impalement Thigh

Skier hit a tree branch. Impaled thigh near femoral artery. Extreme pain. Early shock. Skier wants to remove branch. Response has been delayed. Minor bleeding unless object is removed, then arterial bleed.

LOCATION: Edge of an intermediate slope

WEATHER: Overcast and breezy

SAMPLE: Ate lunch 1 hour ago.

INJURY: Impaled thigh near femoral artery  
Early shock

SYMPTOMS: Extreme Pain.  
Skier wants to remove branch.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Stops bleeding before secondary  
Y N Does Not Remove Branch  
Y N Cuts off and stabilizes  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N checks distal CMS after bandage  
Y N Ambulance transport  
Y N transports head down

## Scenario # 6-3 -- Burn hand, Arm & face around one eye

Alpine: Grease splash from deep fryer. Patroller is a few steps from deep fryer in cafeteria line.

Nordic: Cooking in a snow camp

LOCATION: Kitchen/snow camp

WEATHER: Indoors/outdoors

SAMPLE: Sulfa allergy

INJURY: First and second degree burns

SYMPTOMS: Screaming and rolling on the floor/snow.

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_

Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Immediate response
- Y N Cool injury with ice and water
- Y N clear clothing
- Y N Cover both eyes
- Y N Advise immediate MD
- Y N Worker's comp

## Scenario # 6-4 - Laceration Scalp/Ear

Beginning skier (age 10) off in the trees where she shouldn't have been. Skier snagged her ear on a broken tree branch while moving slowly. Lots of blood & gore. Fear and pain. There was NOT a head strike or neck injury. She knows her father is going to give her pure hell.

JUVENILE: Age 10

LOCATION: Off in the trees where she shouldn't have been.

WEATHER: Overcast and breezy

SAMPLE: Ate breakfast 2 hours ago. Has to take medicine for asthma sometimes.

INJURY: Superficial scalp cut and tear of external ear tissue.

SYMPTOMS: Lots of blood & gore. Fear and pain. There was NOT a head strike or neck injury

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Clear neck/back before move  
 Y N Good patient control  
 Y N Doesn't pull at ear accidentally  
 Y N Good bandage  
 Y N Backboard appropriate but not req.

## Scenario # 6-5 - Laceration Foot/Lower Leg

Spring Snow Camping. Walking in socks and plastic bag coming back from latrine. Broke through the crust and fell to a sharp and pointed rock. Embarrassed. Mild resistance to secondary. "It's just a scratch."

LOCATION: Back Country Snow Camp

WEATHER: Spring Conditions.

SAMPLE: Hasn't eaten breakfast yet. Feet are numbed from cold, hence no pain yet.

INJURY: Ugly cut on side of foot and a bit above the same ankle. Almost no bleeding.

SYMPTOMS: Minimal Pain. Embarrassment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
 Y N Checks for damage from fall  
 Y N checks distal CMS before bandage  
 Y N Good bandage  
 Y N Checks distal CMS after bandage

## Scenario # 6-6 – Chest Laceration/Severe Abrasion - Male

LOCATION: Base of intermediate slope

WEATHER: Spring Day

SAMPLE: Just ate breakfast. Diabetic.

INJURY: Arm, leg and chest abrasions. A bloody mess. Skier was skiing in shorts with no shirt on. Fell and slid on morning ice and to make things worse plowed across a bare gravel patch where he was found.

SYMPTOMS: A myriad of little scrapes and tears with sand and dirt ground into them all. Patient hurts a lot and feels VERY dumb.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
 Y N Checks for damage from fall  
 Y N checks distal CMS before bandage  
 Y N Good bandages  
 Y N Checks distal CMS after bandage



## Scenario # 6-7 – Lacerated Shoulder - male

LOCATION: Midway down Disney tangled in a tower.

WEATHER: Spring conditions

SAMPLE: Allergic to sulfa drugs

INJURY: He never should have boarded through that old strap iron tower. No he shouldn't. Wonder why that bamboo and rope were there. Skin and muscle on the shoulder are sliced and torn to the bone. He is in for a lot of surgery and rehab.

SYMPTOMS: Biceps and scapular tendons are severed. Rotator cuff muscles are shredded. So unable to raise arm, rotate it, or raise forearm. Relatively little pain and little blood. Sensory function and grip are ok. Not a bad attitude given what has happened.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks bleeding before secondary  
 Y N Checks for damage from fall  
 Y N checks distal CMS before bandage  
 Y N Good bandage  
 Y N Checks distal CMS after bandage

## Scenario # 7-1 -- Skiers Thumb/Clavicle

LOCATION: Intermediate slope. Nordic: practicing telemarks.

WEATHER: Cloudy and windy afternoon, 40 degrees.

SAMPLE: On antibiotics for sinus infection

INJURY: Skier's thumb.  
Mid-clavicle break same side

SYMPTOMS: Complains of thumb.  
No report of clavicle unless found on secondary or shoulder/arm is moved so as to move bone ends

OBJECTIVES: Good splint/sling  
Find obscured injury (clavicle)  
SAMPLE checks

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Patient Choice Splint/Hand dressing  
Y N checks distal CMS before bandage  
Y N Good bandage  
Y N Sling/swath  
Y N Applies Ice  
Y N Checks distal CMS after bandage  
Y N Strong X-ray recommendation

## Scenario # 7-2 – Wrist Fracture

Snowboarder. Cold and wet with an attitude. No Insurance. Resists medical recommendation. Try to disrupt full body survey and see if patroller can still do a complete one.

LOCATION: Middle of terrain park

WEATHER: Overcast 25 degrees

SAMPLE: Alcohol. No breakfast

INJURY: Wrist Fracture

SYMPTOMS: Moderate pain and minor angulation

OBJECTIVES: Proper splint for wrist  
Successful secondary in face of distraction of non-cooperating patient

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Splint and hand roll  
Y N checks distal CMS before bandage  
Y N Good splint  
Y N Applies Ice (cold trade off)  
Y N Checks distal CMS after bandage  
Y N Advise MD/ER

## Scenario # 7-3 -- Angulated Forearm/Hypothermia

(Do scenario outdoors. dress warmly!!! Bring a pad.)

No specific complaint due to cold. Have to find injury. If they move the break, give them hell. Pulse is impaired by splint. They must align and re-splint. Fake this by clamping down on your pressure point

LOCATION: Intermediate slope

WEATHER: Cold and wet. 34 degrees and misting

SAMPLE: Had a few beers and some chips for lunch. Denies any medical history.

INJURY: Angulated forearm  
Hypothermia

SYMPTOMS: Cold/altered responsiveness  
No injury complaint

OBJECTIVES: Recognize/treat hypothermia  
Find masked injury without moving patient  
Forearm splint  
Response to impairment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Checks for bleeding b4 secondary  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splint  
Y N Good splint and hand roll  
Y N Sling/swath  
Y N No Ice (cold trade off)  
Y N Checks distal CMS after splint  
Y N remove/re-align/re-splint  
Y N Advise MD/ER

## Scenario # 7-4 – Humerus

(Perform scenario outdoors. dress warmly Bring a pad)

Fell on a rock. Break just above elbow. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

LOCATION: Broken Arrow in the rocks

WEATHER: Spring skiing

SAMPLE: Ate breakfast 2 hours ago. Taking medication for high blood pressure.

INJURY: Fractured distal Humerus

SYMPTOMS: Severely Impaired Distal NV  
Cannot tolerate adjustment  
Impaired NV does not recover

OBJECTIVES: Humerus splint  
Proper treatment of distal NV impairment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Eliminate spinal/cervical  
Y N Recognize urgent impairment  
Y N Checks for bleeding b4 secondary  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splint  
Y N Good splint  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N remove/re-align/re-splint  
Y N Immediate MD/ER

## Scenario # 7-5 – Elbow Fracture

(Perform scenario outdoors. dress warmly. Bring a pad)

Fell forward. Break/dislocation of elbow. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

LOCATION: Intermediate slope

WEATHER: Overcast 25 degrees

SAMPLE: Ate lunch 1 hour ago. Has some balance problems because of ear infection.

INJURY: Elbow Fracture

SYMPTOMS: Locked in position  
Severe distal NV impairment  
Cannot tolerate adjustment  
Distal NV does not recover

OBJECTIVES: Elbow splint  
Proper treatment of distal NV impairment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Eliminate spinal/cervical  
Y N Recognize urgent impairment  
Y N Checks for bleeding b4 secondary  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splint  
Y N Good splint (angled "boards")  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N remove/re-align/re-splint  
Y N Immediate MD/ER

## Scenario # 7-6 – Open Forearm

Thirteen year old took a big fall on the cafeteria steps. Patient believes, “I just bruised it badly.”

LOCATION: Cafeteria steps

WEATHER: Overcast 25 degrees

SAMPLE: Diabetic with medic alert tag. Not a problem here.

INJURY: Open forearm fracture with substantial bleeding, but no blood showing. Minor angulation. Bone ends retracted.

SYMPTOMS: Modest pain, fully alert and responsive. A nice young person.

OBJECTIVES: Forearm splint. Detect/handle bleeding.  
Remove sweatshirt. All medic alerts are not active problems.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Eliminate spinal/cervical  
Y N Find bleeding  
Y N Control bleeding promptly  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splint  
Y N Good splint and bandage  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Management red pack call  
Y N MD/ER

## Scenario # 7-7 – Multiple Finger/hand Crush

Lost control of loaded toboggan on icy slope, ran over hand.

LOCATION: Advanced slope.

WEATHER: Cold and clear.

SAMPLE: Asthma.

INJURY: Fingers and hand crushed

SYMPTOMS: Swelling, deformity, substantial pain. Cannot move fingers/hand. Very sensitive to any touch. Hand is already in position of function.

OBJECTIVES: Bulky hand dressing with splint.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize urgency  
 Y N Ask patient to self splint  
 Y N Good upper extremity exam  
 Y N checks distal CMS before splint  
 Y N Good splint  
 Y N Sling/swath  
 Y N Ice pack  
 Y N Checks distal CMS after splint  
 Y N Management – worker's comp  
 Y N Immediate MD/ER



## Scenario # 8-1 -- Anterior Shoulder & thumb

Fell backwards on bunny slope. Thumb around the pole. Arm presents about three inches from chest. Patient has no ability to get it closer.

LOCATION: First Aid Room

WEATHER: Inside

SAMPLE: Epileptic

INJURY: Anterior Shoulder Dislocation  
Skier's Thumb

SYMPTOMS: Shoulder presents 3" from chest. Very painful.  
Thumb injury is masked

OBJECTIVES: Good SAMPLE.  
Practice pigs in a blanket  
Practice forearm splint/hand roll

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective shoulder splint  
Y N Good forearm splint  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario # 8-2 -- Posterior Shoulder circulation impairment

High speed run and a long yard sale. Perform scenario outside.

LOCATION: Bottom of KT-22

WEATHER: Cool & Overcast

SAMPLE: Ibuprofen for yesterday's crash.  
Everything broken at least once

INJURY: Posterior Shoulder Dislocation  
Numbness, limb cold,

SYMPTOMS: Arm is high and to the rear.  
Bruised all over, sore and proud of it.  
Unable to move arm except to rotate forearm and bend elbow.  
Patient is moderately disoriented from the banging he took and annoyed at himself.

OBJECTIVES: Posterior Shoulder Splint  
Reinforce secondary

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check Spinal/disqualify  
Y N Check for bleeding  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N Recognize urgency of impairment  
Y N checks distal CMS before splints  
Y N Effective shoulder splint  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario # 8-3 -- Anterior Shoulder (high presentation)

Patient fell backwards from the deck and caught themselves with their hand. Forearm is six inches from chest. Hurts like hell but otherwise ok.

LOCATION: Deck of Café in the Clouds

WEATHER: Fair

SAMPLE: Alcohol: had "a few" beers at lunch

INJURY: Anterior Shoulder Dislocation

SYMPTOMS: Forearm six inches from chest  
High Pain Level

OBJECTIVES: Correct Pigs In Blanket

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splint  
Y N Effective shoulder splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 8-4 -- AC-separation & elbow dislocation (locked/impairment)

Snowboarder with a total attitude did a 540 and came down on the rail. Hit shoulder and elbow. Perform scenario outside.

LOCATION: Half Pipe

WEATHER: Cold and Windy

SAMPLE: Did a little pot at lunch. Oh yeah, just diagnosed with TB. Thinks it's a joke.

INJURY: AC-separation  
Elbow Dislocation/Fracture

SYMPTOMS: Elbow Pain and NO movement.  
Presents at slightly less than 90 degrees.  
AC-Separation. No report until palpated or major shoulder movement.  
Impaired CMS below elbow. Nerve is trapped in the joint.  
Arm comes to chest provided shoulder movement is minimized.

OBJECTIVES: Elbow Splint  
Reinforce Secondary  
Reinforce trying for anatomical position for splint/sling

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check Spinal/disqualify  
Y N Check for bleeding  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N Recognize urgency of impairment  
Y N checks distal CMS before splint  
Y N Effective elbow splint  
Y N Sling  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario # 8-5 – Wrist, Forearm and Same Side Clavicle

Snowboarder caught forward edge and came down hard on arm. Perform scenario outside.

LOCATION: Half Pipe

WEATHER: Cold and Windy

SAMPLE: Well, taking some steroids but that's not really a drug.

INJURY: Wrist fracture  
Same Side Forearm Fracture  
Same Side Clavicle  
Hypothermia

SYMPTOMS: Lots of pain from wrist and forearm  
Clavicle pain concealed  
Not fully responsive due to hypothermia  
Shivering

OBJECTIVES: Recognize/treat hypothermia  
Find concealed injury  
Practice forearm splint  
Practice sling/swath

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize/treat Hypothermia  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective shoulder splint  
Y N Good forearm splint  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 8-6– Humerus fracture & Penetrating Wound

Snowboarder tried to duck under a tree, blasted his arm on the tree and became a pin cushion.

LOCATION: In the trees

WEATHER: Cold and Windy

SAMPLE: Not cooperative about answering questions, wants you to do something now.

INJURY: Small limb impaled in upper arm with probable humerus fracture  
Hypothermia

SYMPTOMS: Lots of pain from humerus – minimal bleeding  
Fracture is concealed  
Not fully responsive due to hypothermia  
Shivering

OBJECTIVES: Recognize/treat hypothermia  
Find fracture  
Practice humerus splint  
Practice penetrating wound  
Practice sling/swath

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize/treat Hypothermia  
Y N Ask patient to self splint  
Y N Supports impaled object  
Y N Deals with bleeding  
Y N Good upper extremity exam  
Y N Finds fracture  
Y N checks distal CMS before splint  
Y N Effective humerus splint  
Y N Good treatment of penetration  
Y N Sling/swath  
Y N Ice pack (probably not)  
Y N Checks distal CMS after splint

## Scenario # 8-7 – Humerus and wrist fracture

Skier fell in big moguls.

LOCATION: Lower part of KT-22

WEATHER: Spring Day

SAMPLE: Penicillin allergy

INJURY: Humerus fracture  
Concealed same side wrist fracture

SYMPTOMS: Lots of pain from humerus  
Wrist pain concealed

OBJECTIVES: Find concealed injury  
Practice forearm splint  
Practice humerus splint  
Practice sling/swath

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N Finds wrists fracture  
Y N checks distal CMS before splints  
Y N Effective humerus splint  
Y N Good forearm splint  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 9-1 -- Wrist & medial co-lateral

Slow fall. Ski didn't release. Pleasant patient. Knee wants to be slightly bent. Does not want knee moved.

LOCATION: Bunny Hill

WEATHER: Warm and Clear Day

SAMPLE: Ate too much lunch, was feeling a little drowsy.

INJURY: First Degree MCL strain

SYMPTOMS: Knee doesn't want to move  
Pain on medial side on palpation  
Fractured wrist.

OBJECTIVES: Quick Splint Application  
Reinforce forearm splint  
Multiple injury prioritization

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint wrist  
Y N Good upper extremity exam  
Y N Good lower extremity exam  
Y N Appropriate prioritization  
Y N checks both distal CMS b4 splints  
Y N Effective quick splint  
Y N Good forearm splint  
Y N Sling/swath  
Y N Ice packs  
Y N Checks both distal CMS after splint



## Scenario # 9-2 -- Clean Tib-Fib

Boot weight will torque break and cause extreme pain. Give a raft if the leg isn't supported.

LOCATION: Trail at bottom of intermediate slope.

WEATHER: Cold, wet & windy day.

SAMPLE: None reported but medic alert tag for diabetic. Not a problem in this case.

INJURY: Tib-Fib Fracture three inches below the knee.

SYMPTOMS: Modest pain if well supported. Extreme pain if not well supported  
Patient is very cold and not fully responsive.

OBJECTIVES: Quick splint usage  
Reinforce secondary/SAMPLE

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Excellent stabilization thruout.  
Y N Good lower extremity exam  
Y N checks distal CMS before splints  
Y N Effective quick splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 9-3 -- ACL

Fell backwards and toward downhill. Tried to recover. Outside edge of ski railed. Knee went POP.

LOCATION: At the edge of the bumps

WEATHER: Clear and warm

SAMPLE: Juvenile rheumatic fever/heart enlargement. Not an issue for treatment.

INJURY: ACL Rupture

SYMPTOMS: No pain. Heard pop.  
Knee unstable.  
Loose to Lachman test

OBJECTIVES: Quick Splint Application  
Lachman Test  
Reinforce SAMPLE

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Good lower extremity exam  
Y N checks distal CMS before splint  
Y N Effective quick splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 9-4 – Ankle and Knee (FEMALE)

Lost it coming down and landed in a pile at the bottom.

LOCATION: Backcountry. At the bottom of cardiac hill.

WEATHER: Clear and 45 degrees. Calm.

SAMPLE: Three months pregnant and very pleased about it.  
You do not consider it a medical problem or an illness. You have been to your OB/Gyn.

INJURY: First degree MCL sprain.  
Fractured ankle same side.

SYMPTOMS: Little knee pain. Substantial ankle pain  
Knee almost straight.

OBJECTIVES:

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Good lower extremity exam  
Y N checks distal CMS before splints  
Y N Effective improvised leg splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 9-5 – Boot Top Tib-Fib Disguised as Knee

Thinks it is a tweaked knee but just wait until they try and remove the boot!

Skier collision. Hit & run. If they do a secondary and check the lower leg, indicate the problem. Otherwise, don't give any hint of Tib-Fib problem until they try and remove the boot or torque the leg without supporting it then scream and come about six inches off the snow. Wearing rental boots from the ski area.

LOCATION: Intermediate slope

WEATHER: Fair and clear.

SAMPLE: Epileptic. Controlled pretty well by medications.

INJURY: Boot-top Tib-Fib

SYMPTOMS: No pain until probed or jiggled or boot removed. Then total stabilization is critical.

OBJECTIVES: Alpine: cardboard splint. Nordic: SAM splint  
 Boot removal  
 Collision Procedures

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Good lower extremity exam  
 Y N Quick splint removal with support  
 Y N Continuous stabilization  
 Y N Good boot removal with support  
 Y N checks distal CMS before splints  
 Y N Effective box splint w/ padding  
 Y N Checks distal CMS after splint  
 Y N Management for collision

## Scenario # 9-6 – Anterior Shoulder and Wrist

LOCATION: Intermediate slope

WEATHER: Fair and clear

SAMPLE: Just recovering from a case of hepatitis B, and now this has to happen.

INJURY: Anterior Shoulder dislocation with non-angulated wrist fracture on same side

SYMPTOMS: Overpowering pain from shoulder. All you can talk about. Wrist injury is concealed till palpation or mis-handling

OBJECTIVES: Anterior Shoulder Splint practice  
 Assessment of multiple injuries on same limb  
 How to combine forearm splint with Pigs in Blanket  
 Proper hand wrap for wrist injury

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks for blood  
 Y N Good upper extremity exam  
 Y N Detects wrist problem  
 Y N Continuous stabilization  
 Y N checks distal CMS before splints  
 Y N Effective splints  
 Y N Checks distal CMS after splint  
 Y N Applies ice.

## Scenario # 9-7 – Posterior Shoulder & MCL & Hypothermia

LOCATION: Bottom of Granite Chief

WEATHER: Misting and 35 degrees.

SAMPLE: Diabetes

INJURY: Posterior Shoulder Dislocation  
 Medial Collateral Ligament first degree sprain  
 Hypothermia due to cotton clothes and mist

SYMPTOMS: Shoulder pain is extreme. Hand will go to top of head. Knee injury concealed.

OBJECTIVES: Posterior shoulder practice  
 Quick Splint/Stabilization practice  
 Complete Assessment Training  
 When in doubt, apply sugar

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Checks for blood  
 Y N Detects knee problem  
 Y N Good upper extremity exam  
 Y N Good lower extremity exam  
 Y N Treats hypothermia  
 Y N Correct prioritization  
 Y N Continuous shoulder stabilization  
 Y N checks distal CMS before splints  
 Y N Effective posterior splint  
 Y N Effective quick splint  
 Y N Checks distal CMS after splints

# Scenario # 10-1 -- Open Forearm Fracture (bone protruding) FEMALE PATIENT

Snowboarders rule. This one was trying out the snow just below the cliffs and whacked herself on a protruding rock. Cold, windy and snow flurries. She is not a happy camper. Lying in the snow, cold and definitely out of sorts but doesn't know what is wrong. Forearm break is not evident until palpated. Moderate blood inside jacket. Watch for appropriate order of treatment.

Severe PMS symptoms. Act them out but don't immediately identify it as PMS until queried. This is intended to familiarize guys with what they might expect and throw in a bit of a confusion factor.

LOCATION: Below the cliffs near a protruding rock

WEATHER: Cold, windy and snow flurries

SAMPLE: Prior break of same wrist

INJURY: Open Wrist Fracture

SYMPTOMS: Mild Hypothermia  
Severe PMS Symptoms

OBJECTIVES: Order of treatment.  
Open fracture treatment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

## General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

## Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

## Specific

- Y N Find and control bleeding (Donut)
- Y N Ask patient to self splint
- Y N Good upper extremity exam
- Y N checks distal CMS before splints
- Y N Excellent manual stabilization
- Y N Effective wrist splint/hand roll
- Y N Sling/swath
- Y N Ice pack
- Y N Checks distal CMS after splint
- Y N Sorts out PMS

## Scenario # 10-2 -- Posterior shoulder

Crashed in the trees. Shoulder is very painful and will not move. Complain a lot if you are not urged to self splint and the shoulder moves.

LOCATION: In the trees

WEATHER: Overcast 25 degrees

SAMPLE: Taking medication for migraine headaches.

INJURY: Posterior shoulder dislocation

SYMPTOMS: Very painful. Will not move.

OBJECTIVES: cardboard shoulder splint  
patient psychology

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_

Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y n Check for blood  
Y N Ask patient to self splint to head  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective shoulder splint  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER



## Scenario # 10-3 -- Laceration of shoulder and ear

Skier tried and duck and cut under a tree with a protruding dead limb. Bad call. Two fairly deep tears on the shoulder and the ear is almost torn about 1/2 inch. OUCH. A fair amount of blood. Patient is very anxious.

This is intended as an assessment exercise. Does it need a backboard? Is there a serious head injury? Is the patient in danger of shock. Is there any real damage behind the lacerations? All these are negative. Just a bit of blood and mess.

Look for:

- Goes to skin immediately
- See that bleeding is stopped.
- Re-assure the patient
- Consider trauma of mechanism and possibility of head injury
- Consider anxiousness as a shock symptom
- Complete secondary
  - especially skull, ears, eyes, battle sign, inside mouth, facial bones, neck & spine
- upper extremity exam
- Clean up and bandage
- MD/ER
- Report

LOCATION: Near bottom of intermediate slope, in sight of first aid room

WEATHER: inside

SAMPLE: None. Oriented times 4

INJURY: Shoulder and ear lacerations.

SYMPTOMS: Anxious.  
Considerable blood.

OBJECTIVES: Assessment Exercise to eliminate backboard.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Check/control bleeding
- Y N Good upper extremity exam
- Y N checks distal CMS before bandage
- Y N Effective shoulder bandage
- Y N Checks distal CMS after bandage

## Scenario # 10-4 -- Ankle Sprain - Backcountry

Second degree sprain of ankle. Skier is one flat mile from the trailhead at 2pm. Skier is good natured and rather stoic. Ankle will not bear weight unsupported but with a bit of splint, it will.

This is a transport problem and a splint choice problem. Good answers are a SAM splint or a wrap around blanket splint. Evacuation by sled or helicopter is probably not indicated. How will they help the skier during the trip out. What do they need to worry about and watch for?

LOCATION: Backcountry, flat terrain  
 WEATHER: Nice Day  
 SAMPLE: Denies medical history.  
 INJURY: Second degree ankle sprain  
 SYMPTOMS: Modest pain  
 Will not bear weight without splint  
 OBJECTIVES: Transportation choice  
 Severity evaluation

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Good lower extremity exam  
 Y N checks distal CMS before splints  
 Y N Effective ankle splint  
 Y N Ice pack  
 Y N Checks distal CMS after splint

## Scenario # 10-5 -- Forearm 2 inches above wrist

It's that young snowboarder again. One of the ones with an attitude. Here last year with the other forearm. In an auto accident in the summer and is full of dreams of backboards, MRI, ambulances, and all that stuff. Knows everything is horrible. Maybe he will die. The patrollers need to get him calmed down and get the forearm splinted. The forearm is somewhat angulated downward. Everyone else is having a nice day

LOCATION: terrain park

WEATHER: nice

SAMPLE: Thinks he has some vague, undiagnosed medical problems resulting from auto accident. Wants to talk about it, get your opinions.

INJURY: Closed forearm fracture

SYMPTOMS: Severe fear.  
Modest angulation

OBJECTIVES: Patient Management

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Good patient management  
Y N Ask patient to self splint  
Y N Check for blood  
Y N Good upper extremity exam  
Y N Continuous manual stabilization  
Y N checks distal CMS before splints  
Y N Good forearm splint/hand roll  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 10-6 – MCL & Opposite Wrist

LOCATION: terrain park

WEATHER: nice

SAMPLE: History of knee problems.

INJURY: Medial Collateral Ligament first degree strain  
Closed wrist fracture

SYMPTOMS: Severe fear. Look at that ugly wrist.  
Angulation of wrist  
Knee injury is concealed

OBJECTIVES: Patient Management  
Quick Splint practice  
Wrist splint practice

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Good patient management  
Y N Ask patient to self splint  
Y N Check for blood  
Y N Good upper extremity exam  
Y N Good lower extremity exam  
Y N Continuous manual stabilization  
Y N checks distal CMS before splints  
Y N Good forearm splint/hand roll  
Y N Proper quick splint application  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 10-7 – Fibula Fracture

LOCATION: Bunny Slope

WEATHER: nice

SAMPLE: Walking pneumonia from last ski outing, probably shouldn't be out here, but spouse didn't want to waste the reservations

INJURY: High fibular fracture. Closed

SYMPTOMS: Fear of spouse's reaction  
Asymptomatic until patient tries to stand or top of fibula is palpated

OBJECTIVES: Quick splint practice  
Effective assessment – lower limb palpation

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check for blood  
Y N Good lower extremity exam  
Y N checks distal CMS before splint  
Y N Proper quick splint application  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 11-1 -- Bent Knee

Knee is locked at almost 90 degrees. Pain behind patella. Moderate pain unless movement is attempted. Movement gives extreme pain. This is a difficult one to splint. It is fundamentally a splint choice problem. Work it out.

LOCATION: Bunny Hill

WEATHER: Warm & Bright

SAMPLE: Taking medication for high blood pressure but it is "under control."

INJURY: Soft tissue injury of knee

SYMPTOMS: Knee is locked at almost 90 degrees.  
Pain behind patella.  
Moderate pain unless movement is attempted.  
Movement gives extreme pain.

OBJECTIVES: Bent Knee Splint (Alpine environment)  
Splint Choice

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Good lower extremity exam  
Y N checks distal CMS before splints  
Y N Effective bent knee splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario # 11-2 – Distal Femur. Reported as knee.

14 year old male reports that he really did a job on his knee. Not showing much discomfort and complaining about the knee but pretty good natured. Stated objective is to remove boot and package in a cardboard splint

This is an assessment problem recognizing that with a distal femur fracture and hemophilia, this is a **REQUIRED IMMEDIATE CODE-3** transport for internal bleeding and shock. This patient should not be re-packaged. However, If patrollers try and pull the boot without identifying the distal femur, all hell breaks loose. **SCREAM!** And then go into shock right then.

If after finding the femur fracture, the patrollers elect to continue with boot removal, the leg requires an extreme degree of support during boot removal. If they don't do a really good job of supporting the leg, **SCREAM!** And immediate shock.

Five minutes into treatment, the patient becomes very anxious and shows altered LOC due to big-time shock regardless of how he/she is treated. Patient was compensating for shock and went over the edge. Vitals go all to hell. Within one to two minutes of onset of shock or when the patient is mis-handled, patient is in and out of consciousness.

LOCATION: Advanced slope

WEATHER: Warm & sunny

SAMPLE: Hemophilia. Patrollers had better find this before they get to work.

INJURY: Distal femur with internal bleeding

SYMPTOMS: Initial Vitals: BP 120/80; Pulse 105 and so-so; breathing 16  
 Five min vitals: BP 80/65 ; Pulse 140 weak and thready; breathing 30  
 Pain on palpation of distal femur

OBJECTIVES: Assessment Reinforcement  
 Urgency Evaluation

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Check for bleeding  
 Y N Recognize Emergency/Ambulance  
 Y N Continuous Vitals  
 Y N checks distal CMS before splints  
 Y N Continuous Stabilization (if splint)  
 Y N Adequate splint (if done)  
 Y N Distal CMS after splint  
 Y N Ice pack  
 Y N Checks distal CMS after splint

## Scenario 11-3 Tib-Fib

Trail at bottom of intermediate slope. Package and then continue in first aid room. This is a multiple fracture from a twisting fall with very little structure left in the lower leg from the knee down. You are very sensitive to pain and there is a lot. You are cold. This is a stabilization and boot removal problem. Need to work boot removal even though the patient is not comfortable.

LOCATION: Trail at bottom of intermediate slope.

WEATHER: Cold, wet & windy day

SAMPLE: Nothing exceptional

INJURY: Tib-Fib multiple fracture

SYMPTOMS: Pain in lower leg.  
Mild Hypothermia

OBJECTIVES: . Stabilization and boot removal

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Treat hypothermia  
Y N Good lower extremity exam  
Y N checks distal CMS before splints  
Y N Continuous stabilization  
Y N Effective quick splint  
Y N Good cardboard splint  
Y N Ice pack once in first aid  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER



## Scenario 11-4 Humerus Fracture with Nerve Impairment

(outdoors. dress warmly. Bring a pad)

Hit tower five. Break is high, just below shoulder. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

LOCATION: Tower 5

WEATHER: Cool & calm evening

SAMPLE: Asthma

INJURY: Proximal humerus  
Severe CMS impairment

SYMPTOMS: Pain, especially when fractured arm is handled

OBJECTIVES: Find injury and recognize impaired distal functions.  
Splint with minimum of movement/jiggling to avoid unnecessary pain.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Disqualify C-Spine  
Y N Check for blood  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective humerus splint  
Y N Sling/swath  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER  
Y N Management report of lift accident

## Scenario 11-5 Posterior Shoulder

Skiing through the trees, Joe Cool hooks a ski pole on a tree limb and is stopped abruptly. Shame he had his straps on.

LOCATION: In the trees

WEATHER: Cold and snowing

SAMPLE: Nothing exceptional

INJURY: Posterior Shoulder dislocation

SYMPTOMS: Extreme pain. Can reach head but cannot re-position arm  
Distal NV is impaired.

OBJECTIVES: Practice posterior shoulder splint

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Disqualify C-Spine  
Y N Check for blood  
Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective posterior shoulder splint  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario 11-6 Skier's Thumb, Mild Hypothermia & Rib Fracture

LOCATION: Bottom of Roundhouse

WEATHER: Cold and damp

SAMPLE: Antibiotics for bronchitis (not helping because infection is viral)

INJURY: Probable rib fracture  
Skier's Thumb

SYMPTOMS: Dopey due to hypothermia.  
Thumb problem is concealed  
Breathing, especially deeply, is uncomfortable  
Rib palpation gives pain response.  
Pain is local to one rib if they palpate thoroughly.  
SSAMPLE is available with difficulty.

OBJECTIVES: Through assessment  
Going to skin on rib problem

NOTE: Hand bandage without splint or no thumb treatment at all is ok depending on how urgent they believe the breathing problem is.

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Disqualify C-Spine  
Y N Check for blood, esp. ribs  
Y N Good upper extremity exam  
Y N checks distal CMS before splints  
Y N Effective forearm splint  
Y N Sling/swath  
Y N Transport rib problem down  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario 11-7 Elbow Fracture from fall due to Diabetic Shock

LOCATION: Intermediate slope with friend

WEATHER: Warm and clear. Hard pack snow.

SAMPLE: Diabetic Medic Alert Tag

INJURY: Elbow fracture due to outstretched hand – arm almost straight

SYMPTOMS: Patient lost full consciousness and fell on outstretched arm  
 Altered LOC -- Quick recovery with sugar administration  
 Fruity breath (Lifesavers?)  
 Friend reports no food today  
 CSM impairment with elbow fracture. Limb cold, numb. Restricted motor ability

OBJECTIVES: Reinforce importance of SAMPLE  
 Introduce diabetes treatment  
 Practice elbow splint

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Disqualify C-Spine  
 Y N Find diabetes – administer sugar  
 Y N Check for blood  
 Y N Ask patient to self splint  
 Y N Good upper extremity exam  
 Y N checks distal CMS before splints  
 Y N Effective elbow splint  
 Y N Support arm somehow  
 Y N Ice pack  
 Y N Checks distal CMS after splint  
 Y N Immediate MD/ER

## Scenario 12-1 Anterior Shoulder Dislocation

Patient fell backwards after getting off the lift and caught him/herself with one hand. Forearm is six-eight inches from chest. Hurts like hell. Worse than you can imagine. Patient is showing shock symptoms from the intensity of the pain.

LOCATION: Top of ski lift

WEATHER: Clear and sunny day

SAMPLE: High blood pressure, taking a medication for it

INJURY: Anterior shoulder dislocation

SYMPTOMS: Severe pain. Cannot bring forearm to body

OBJECTIVES: Oxygen Admin  
Practice anterior shoulder splint

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint  
Y N Good upper extremity exam  
Y N Administer O2  
Y N checks distal CMS before splints  
Y N Effective shoulder splint  
Y N Ice pack  
Y N Checks distal CMS after splint  
Y N Immediate MD/ER

## Scenario 12-2 Heart Attack

After getting off lift, patient complains to staff member about an elephant standing on his chest and falls to snow but remains conscious. Pain radiates to left arm. Patient is anxious. Lift operator yells for patroller. Patient has nitro but administration doesn't help.

LOCATION: Top of ski lift

WEATHER: Cool and clear

SAMPLE: Angina but this is different

INJURY: Heart Attack

SYMPTOMS: Elephant standing on chest  
Pain radiates to left arm

OBJECTIVES: Heart attack analysis  
O2 administration

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Bring Oxygen on call.  
Y N Administer O2 immediately  
Y N Immediate ambulance call  
Y N Seated position  
Y N Administer O2  
Y N Use PQRST

## Scenario 12-3 Simple closed Tib-Fib and Non-specific Respiratory Distress

Hit & run collision with snowboarder who split. Middle of intermediate hill. Mellow about the collision but the leg hurts. General anxiousness.

LOCATION: Middle of intermediate hill.

WEATHER: C..c..c..cold outside. -12 F clear and dry

SAMPLE: Antibiotics for bronchitis

INJURY: simple closed Tib-Fib

SYMPTOMS: Respiratory Distress due to Bronchitis  
Modest Tib-Fib pain

OBJECTIVES: O2 administration  
Quick Splint Usage

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Ask patient to self splint  
Y N Good lower extremity exam  
Y N Administers O2 - canula  
Y N checks distal CMS before splints  
Y N Effective quick splint  
Y N Ice pack?  
Y N Checks distal CMS after splint

## Scenario 12-4 Skiers Thumb and Major Bruise on opposite Humerus/Shoulder

This scenario allows judgment on treating the shoulder. It isn't a break and doesn't require a splint.

Complains of thumb. No report of bruise unless found on secondary. Bruise causes some minor numbness and motion difficulty but no pain on attempted displacement. Pain & swelling is on outside of limb only. There is no blood.

LOCATION: First Aid Room

WEATHER: Clear and warm outside

SAMPLE: On antibiotics for sinus infection

INJURY: Skier's Thumb  
Bruise on Humerus

SYMPTOMS: Humerus is masked

OBJECTIVES: Evaluation scenario  
Hand roll/splint  
Humerus evaluation/possible splint

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check for blood both sides  
Y N Ask patient to self splint  
Y N Good upper extremity exams  
Y N checks distal CMS before splints  
Y N Hand Roll  
Y N Optional forearm splint  
Y N Optional Humerus splint  
Y N Ice pack both sides  
Y N Checks distal CMS after splints  
Y N Immediate MD/ER for thumb



## Scenario 12-5 Rib Fractures & Closed Forearm Fracture

Fell ass over teakettle and bounced off a few BIG moguls.

LOCATION: Expert Mogul Slope

WEATHER: Clear and warm outside

SAMPLE: Has had chest cold for a while

INJURY: Multiple rib fractures, no penetration, no flail segment  
Simple closed forearm fracture (Opposite side)

SYMPTOMS: Hurts to breathe in deeply but breathing is not particularly distressed  
Coughing. It hurts like hell.

OBJECTIVES: Forearm splint, sling, etc.  
O2 administration. Recognize that this is NOT an extreme emergency  
Figure out how to transport it. (Probably hurt side down)

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check for blood both places  
Y N Uses OPQRST  
Y N Applies Oxygen  
Y N Good upper extremity exam  
Y N Checks CMS before splint  
Y N Applies good forearm splint  
Y N Checks CMS after splint  
Y N Recognizes non-emergency  
Y N MD/ER

## Scenario 12-6 Altitude Sickness and Twisted Knee

While you are a visiting patroller at Copper Mountain in Colorado. You and your buddies arrived last night. One of your buddies goes down in a twisting fall on his first run. You know that he is a better skier than what you just saw. This is your buddy's first skiing outside of the Tahoe area.

LOCATION: Intermediate Slope at Copper Mountain (11,000 feet)

WEATHER: Clear and cold outside. No wind.

SAMPLE: Denies any medical history, can't understand why he/she is feeling so bad.

INJURY: 2<sup>nd</sup> degree MCL. Torn meniscus.  
Altitude Sickness.

SYMPTOMS: The knee will straighten most of the way, but it is uncomfortable both in place and more so on movement.  
Throbbing Headache, Dizziness, Nausea, Insomnia, Apathy.

OBJECTIVES: Oxygen Administration  
Learn to encourage straightening  
Quick Splint Application

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Check for blood  
Y N OPQRST for altitude sickness  
Y N Administer O2  
Y N Good lower extremity exam  
Y N checks distal CMS before splints  
Y N Good quick splint  
Y N Ice pack  
Y N Checks distal CMS after splint

## Scenario 12-7 Humerus Laceration with substantial bleeding

He was skiing very fast and whacked a slow sign. The bolt holding the sign to the pole somehow got his arm. OUCH. He is sitting a few feet below the broken sign.

LOCATION: Intermediate slope

WEATHER: Clear and warm outside

SAMPLE: Allergic to penicillin/

INJURY: Humerus Laceration with substantial bleeding

SYMPTOMS: Arterial blood flow (spurting) Lots of blood all around.  
Patient is very anxious, distracted.  
After a few minutes, the LOR decreases markedly.

OBJECTIVES: Pressure bandaging  
Oxygen administration

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Immediately stops blood flow  
Y N Ask patient to assist with bleeding  
Y N Good upper extremity exam  
Y N Recognizes need for O2 for shock  
Y N checks distal CMS after bandaging  
Y N Optional Humerus splint  
Y N Ice pack  
Y N MD/ER

## Scenario 13-1                      Fall from a Chair Lift

Patrollers called to respond to an emergency stop of Roundhouse Chair. Patrollers respond with sled, backboard and O2. At Tower 7, patient is lying face down on a pile of snow covered rocks. Patient is hard unconscious with unknown internal injuries. This is a load and go backboard. Speed is everything.

This calls for an abbreviated secondary - all that head and back stuff is irrelevant; ABC, breaks and bleeding, backboard and out we go.

LOCATION:        Roundhouse Chair Tower 7

WEATHER:        Cold and clear

SAMPLE:        Unavailable

INJURY:        Massive Internal Injuries

SYMPTOMS:    Unconscious – not pain responsive  
                   Cold and clammy.  
                   No deformity.  
                   Abdomen is hard all over.  
                   Minor lacerations with minimal bleeding, face, head & hands.

VITALS:        Initial:    Pulse 140;                      Respiration labored and shallow 25 ;                      BP 100/70  
                   5 min:    Pulse 180 and faint;                      Respiration labored and shallow 35;                      BP 60/50.

OBJECTIVES:    Recognize Urgency  
                   Assessment Judgement  
                   Fast backboard skills

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize no pain response  
 Y N Recognize urgency  
 Y N Prompt ambulance call  
 Y N Abbreviated secondary  
 Y N Oral airway applied  
 Y N O2 applied  
 Y N Good backboard mechanics  
 Y N Excellent speed thruout

## Scenario 13-2 Walk in Standing Precautionary Backboard

Patient skis up to patroller at lift line. When queried, she responds that she fell on the ice and felt her back go crunch. On palpation, patient identifies point tenderness in vicinity of L-1.

LOCATION: Lift line, base of slope.

WEATHER: Warm & sunny

SAMPLE: None

INJURY: possible lumbar spine fracture

SYMPTOMS: point tenderness at L-1  
Heard back go crunch

OBJECTIVES: Standing backboard practice

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Immediate head immobilization  
Y N Interrupts secondary for backboard  
Y N good backboard mechanics  
Y N Precautionary O2  
Y N Complete secondary b4 depart  
Y N Ambulance call

## Scenario 13-3 High Speed Collision with Tree (ICP)

Mr. Macho Man is reported in the trees on an advanced slope. Hit a big one. Initially unconscious. Regains consciousness (sort of) during secondary. Neck pain at C-7. Anxious, agitated and somewhat combative. Partial paralysis in extremities and spontaneous jerking of lower limbs. Decreasing LOC. Headache.

LOCATION: In the trees off an advanced slope

WEATHER: Snow flurries and cold

SAMPLE: Alcohol

INJURY: Inner-cranial pressure (ICP)

SYMPTOMS: Initially unconscious  
 Regains consciousness (sort of) three min. after equipment.  
 Neck pain at C-7.  
 Anxious, agitated and somewhat combative.  
 Partial paralysis in extremities and spontaneous jerking of lower limbs.  
 Decreasing LOC. Headache.

Vitals: Initial: Pulse 60; Respiration Cheyn-Stokes; BP 100/70.  
 5 min: Pulse; 25 Respiration Cheyn-Stokes; BP 60/50.

OBJECTIVES: Combative backboard  
 Recognize, treat ICP

Look for:

- Recognizes head injury by symptoms
- Quick but complete secondary
- Immediate head stabilization with pack, etc.
- Quick call
- Good backboard mechanics
- Hi-flow O2 -- hyperventilate with BVM
- Head up transport

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize ICP
- Y N Fast secondary
- Y N Early stabilization
- Y N Quick call
- Y N Good backboard mechanics
- Y N Hyperventilate with O2.
- Y N Head up transport

## Scenario 13-4 Fall in Cafeteria

Aunt Millie slipped on the steps while going to the bathroom. Conscious but her lower back hurts badly and she complains a lot anyway. Whine Whine Whine.

LOCATION: Steps near bathroom

WEATHER: Inside

SAMPLE: High BP medication. Forgot it this morning.

INJURY: Pulled muscles in back

SYMPTOMS: Pain is exclusively on left side of the back  
Has been nauseous since Sunday

Vitals: Initial: Pulse 60; Respiration 12; BP 150/95.  
5 min: Pulse; 25 Respiration 12; BP 150/95.

OBJECTIVES: Not everything is a backboard

Look for:

Recognizes non-spinal injury  
Backboard is optional but not a good idea

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Fast secondary  
Y N Early stabilization  
Y N Recognizes time line of nausea  
Y N Evaluates back appropriately  
Y N Optional backboard – ask patient?  
Y N Management Call – slip & fall

## Scenario 13-5 -- Snowboarder Meets Rock – Thoracic fracture

Sara Snowboarder started down Silver Belt on Thanksgiving. Big mistake. There is just enough snow to ski on the groomed runs. Makes it across first big rock and hits the second with her back after cart wheeling in the air. Patient is found draped over the rock.

LOCATION: Rocks in Silver Belt

WEATHER: Cold and clear

SAMPLE: unavailable

INJURY: Thoracic Spine Injury

SYMPTOMS: Unconscious but pain responsive  
Back pain at T-4.  
Partial loss of sensation in and spontaneous jerking of lower limbs.

Vitals: Initial: Pulse 60; Respiration 15; BP 120/70.  
5 min: Pulse; 60 Respiration 16; BP 120/70.

OBJECTIVES: Unconscious backboard

Look for:

Quick but complete secondary  
Immediate head stabilization with pack, etc.  
Quick call  
Good backboard mechanics  
Hi-flow O2  
Head down transport

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Fast secondary  
Y N Early stabilization  
Y N Quick call  
Y N Good backboard mechanics  
Y N High flow O2.  
Y N Head up transport



## Scenario 14-1 Head over heels flip

On a nice day, two patrolers are standing watching a snowboarder coming down KT-22. Then she caught a front edge of her board. She managed the first few flips with handstands, then lost it and tumbled down about 300 vertical feet. Verbal but minimally oriented at the bottom.

LOCATION: Bottom of KT-22

WEATHER: Clear and cold

SAMPLE: Unavailable – not alert enough to answer questions requiring thought

INJURY: Pain and deformity at C-7.  
Closed forearm fracture.  
Facial bleeding due to icy conditions

SYMPTOMS: Minimally oriented  
Cervical pain  
Forearm fracture pain is masked till palpation

VITALS: Initial: Pulse 125      Respiration 24.    BP 110/75  
5 min: Pulse 145.      Respiration 35.    BP 60/50

OBJECTIVES: BACKBOARD SPEED

Look for:

- Recognizes neck injury
- Quick call after checking femurs
- Quick but complete secondary
- Immediate head stabilization with pack, etc.
- Good backboard mechanics
- Hi-flow O2
- Head up transport
- Problem done in no more than ten minutes

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize neck injury
- Y N Quick call
- Y N Immediate head stabilization
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head up transport
- Y N Within ten minutes

## Scenario 14-2 Snowmobile Accident

Lift mechanic was traversing across an intermediate slope to reach a stopped lift when his snowmobile rolled over on top of him and then rolled on down the hill. Patient has impaired breathing due to flail chest segment. Patient's nose & facial bones are fractured with substantial bleeding down the throat. No pain or deformity found in head, neck, or back.

LOCATION: Intermediate slope

WEATHER: Cold and clear

SAMPLE: Can't talk intelligibly because of facial injuries

INJURY: Flail Chest Segment

SYMPTOMS: impaired breathing due to flail chest segment.  
nose & facial bones are fractured  
substantial bleeding down the throat

VITALS: Initial: Pulse 120      Respiration 18      BP 110/75  
5 min: Pulse 145.      Respiration 35.      BP 60/50

OBJECTIVES: Chest injury treatment

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognizes breathing problem  
Y N Quick equipment call  
Y N Ambulance call  
Y N quick but complete secondary  
Y N Clears neck and back  
Y N No backboard- bad side down  
Y N Hi flow O2  
Y N Head up transport  
Y N Load and go, go, go

## Scenario 14-3 Skier Collision

Hot shot flies down the hill and hits matron from the back. Hot shot is unconscious about six feet from matron but unobtrusive. Matron is basically uninjured but frightened and angry. Getting blood all over her new white Bolger jacket.

LOCATION: Bottom of Intermediate slope

WEATHER: Nice day

SAMPLE: Hot shot: Unavailable  
Matron: Estrogen

INJURY: Hot Shot: Broken jaw,  
avulsed tooth,  
compromised airway,  
unconscious.  
No oral bleeding.  
Matron: Sore knee,  
scalp cut,  
frightened and loud

SYMPTOMS: Hot Shot: unconscious but pain responsive  
Airway fails when rolled on back

### OBJECTIVES:

Recognize and put off matron;  
Hot: Find two patients  
Unconscious person is priority  
Quick call  
Airway and Hi-flow O2  
Good backboard mechanics  
Protect tooth  
Matron: Complete Secondary  
Bandage  
Splint  
Check distal pulses before and after  
Transport

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Find two patients  
Y N Unconscious priority  
Y N quick call  
Y N Oral Airway  
Y N Good backboard mechanics  
Y N Protect tooth  
Y N Head up transport  
Y N Quick transport

## Scenario 15-1 Flail Chest (Female)

Patient found below big rock in the center of Silver Belt. Marks in the snow show that she crashed well above the rock and then slid down and over the rock and dropped about ten feet to where she was found. Remarkably, she is conscious and coherent if shaken. Her breathing is rapid, shallow and labored and her chest hurts on the left side. On examination, a segment about as big as a hand is not moving with the rest of the chest. When the chest rises, it goes in. No C-spine complaint.

LOCATION: Center of Silver Belt

WEATHER: Warm and clear

SAMPLE: Has only one kidney – donated the other to twin sister who needed a transplant

INJURY: Flail chest segment

SYMPTOMS: Respiratory distress

VITALS: Initial: Pulse 120. Respiration 22 BP 110/75  
5 min: Pulse 120 or 160 if no O2. Respiration 22 or 35 if no O2. BP 90/60

OBJECTIVES: Load and go  
Respiratory distress

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognizes breathing problem  
Y N Quick equipment call  
Y N Ambulance call  
Y N quick but complete secondary  
Y N Clears neck and back  
Y N No backboard- bad side down  
Y N Hi flow O2  
Y N Head up transport  
Y N Load and go, go, go

## Scenario 15-2                      Sucking Chest Wound

Sam collided with another skier and is found with major respiratory distress. On inspection, a puncture wound is found in the right chest wall with bubbles coming from it. The puncture must have been made by the other skier's pole. Which is lying on the ground nearby with blood on it.

- LOCATION:        Intermediate slope
- WEATHER:      Warm and clear
- SAMPLE:        Too much trouble breathing to do more than gasp out name and permission to treat
- INJURY:        Sucking chest wound
- SYMPTOMS:    Puncture wound in the right chest wall with bubbles coming from it  
Respiratory distress
- OBJECTIVES:   Occlusive dressing

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognizes breathing problem
- Y N Finds wound. Goes to skin
- Y N Quick equipment call
- Y N Ambulance call
- Y N Places occlusive dressing
- Y N quick but complete secondary
- Y N Clears neck and back
- Y N No backboard- bad side down
- Y N Hi flow O2
- Y N Head up transport
- Y N Load and go, go, go

## Scenario 15-3 Major Shoulder Damage & C-Spine Injury

Skier lost control and got going VERY fast on an easy intermediate slope. Skier ran into the back of a grooming machine. Patrollers are called by the operator. Two patrollers respond immediately with backboard and O2. Patient is lying on good side holding her shoulder. On exam, a thoracic spine injury is found.

This is a handling problem and a backboard improv. Patient must be rolled and strapped in without pressing on the shoulder. No splint is required for the shoulder.

LOCATION: Intermediate slope  
 WEATHER: Clear and sunny  
 SAMPLE: Pot  
 INJURY: Thoracic Spine injury  
 Crushed shoulder  
 SYMPTOMS: Pain in shoulder and back  
 VITALS: Unexceptional.  
 OBJECTIVES: Improv. Backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize neck injury  
 Y N Quick call  
 Y N Immediate head stabilization  
 Y N Identifies shoulder problem  
 Y N Good backboard mechanics  
 Y N Avoids hurting shoulder  
 Y N High flow O2  
 Y N Head up transport  
 Y N Complete within ten minutes

## Scenario 15-4 Major Hip Damage & C-Spine Injury

Skier lost control and got going VERY fast on an easy intermediate slope. Skier ran into Tower 3. Patrollers are called by the lift operator. Two patrollers respond immediately with backboard and O2. Patient is lying on good side holding her hip. On exam, a left side hip injury as well as a thoracic spine injury is found.

This is a handling problem and a backboard improv. Patient must be rolled and strapped in without pressing on the shoulder. No splint is required for the shoulder.

LOCATION: Intermediate slope  
 WEATHER: Clear and sunny  
 SAMPLE: Taking prozac  
 INJURY: Thoracic Spine injury  
 Hip fracture  
 SYMPTOMS: Pain in hip and back  
 VITALS: Unexceptional.  
 OBJECTIVES: Improv. Backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize back injury  
 Y N Quick call  
 Y N Immediate head stabilization  
 Y N Identifies hip problem  
 Y N Good backboard mechanics  
 Y N Avoids hurting hip  
 Y N High flow O2  
 Y N Head up transport  
 Y N Complete within ten minutes

## Scenario 16-1 Mid-shaft Femur

On the edge of Olympic Lady, skier meets rock. Patrollers arrive to find a great noise. The worst pain one can imagine.

LOCATION: On the edge of Olympic Lady

WEATHER: Clear and sunny

SAMPLE: Medic Alert tag for penicillin allergy

INJURY: Mid-shaft femur

SYMPTOMS: Mid-shaft pain.  
Leg shortened and externally rotated.  
Goes into shock about seven minutes into scenario.

OBJECTIVES: Traction splint mechanics

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
Y N Quick call  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Check distal CSM before splint  
Y N Apply traction splint  
Y N Check distal CSM after splint  
Y N Head down transport



## Scenario 16-2 Pelvic Fracture

On Upper Prospector, middle-aged female gets headed straight down the slope and straddles a large tree just above Gunners. Intense pain throughout lower abdomen.

LOCATION: Upper Prospector

WEATHER: Cloudy and Windy

SAMPLE: Taking Mevicor for high cholesterol

INJURY: Pelvic Fracture

SYMPTOMS: Pelvic pain  
Crepitiis in pelvic exam  
Immediate shock and reduced LOC.

VITALS: Initial: Pulse 140. Shallow respiration 25. BP 100/70.  
5 min: Pulse 170. Shallow respiration 35. BP 70/50.

OBJECTIVES: Pelvic fracture backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
Y N Quick equipment call  
Y N Ambulance call  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Avoids pelvic pressure  
Y N Head down transport

## Scenario 16-3 Distal Femur

Two patrollers respond to missing person report finding tracks leading eastward out of bounds from the top of Lakeview. Patient is found not far into the trees about 500 vertical feet below the run lying prone and semi-conscious. Patient is found 65 minutes after last seen at top of Silver Belt.

The key to this problem is gentle handling. The damage from cold is done. The problem is to not set patient into Ventricular Fibrillation.

LOCATION: Out of bounds east of Lakeview

WEATHER: Cold, wet and windy

SAMPLE: Unavailable

INJURY: Distal Femur  
 Profound Hypothermia

SYMPTOMS: Swelling and pain just above knee.  
 Internal bleeding leads to shock  
 Hypothermia is primary cause of altered LOC.  
 Patient is cold to the touch and is beyond shivering.  
 A slight moan on palpating leg is all the response from the patient.

OBJECTIVES: Distal femur – no traction  
 Handling of profound hypothermia

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Ambulance call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Gentle handling
- Y N Avoids thigh/knee pressure
- Y N Head down transport

## Scenario 16-4 Mid-shaft Femur and Forehead Lacerations

Two patrollers watch as patient meets tree at base of advanced run. Patient is fully oriented and does not report any abnormal mental status. Did not lose consciousness. Standby is empty, so it is a long time before a traction splint will arrive.

LOCATION: Bottom of Red Dog

WEATHER: Cold and sunny February day

SAMPLE: Scored a little coke in the bathroom, still has a buzz from it.

INJURY: Mid-shaft Femur  
Forehead lacerations with lots of blood

SYMPTOMS: Swelling and pain in mid-femur.  
Internal bleeding may lead to shock

OBJECTIVES: Mid-shaft femur –traction splint  
Not getting distracted by forehead lacerations

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injuries  
Y N Stops bleeding  
Y N Quick equipment call  
Y N Ambulance call  
Y N Immediate head stabilization  
Y N Applies manual traction  
Y N Competent traction splint  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Gentle handling  
Y N Avoids thigh/knee pressure  
Y N Head down transport

## Scenario 17-1 Bi-lateral Femur & Spinal Complaint

Four patrollers respond to an auto accident on I-80. Two occupants in the car. One with both femurs fractured against the steering wheel and the other went into the windshield and hurt their neck. Single passenger ambulance will arrive first.

LOCATION: I-80

WEATHER: Cold, wet and windy

SAMPLE: Alcohol, admitted when patrollers find empty beer cans in car.

INJURY #1: Bi-lateral Femur

SYMPTOMS#1: Patient looks normal but quiet until examined  
Swelling and pain in both thighs.  
Internal bleeding / shock  
A slight moan on palpating legs is all the response from the patient.

VITALS#1: Initial: Pulse 125. Shallow respiration 22. BP 100/70.  
5 min: Pulse 140. No O2 --Shallow respiration 35. BP 70/50. (no radial pulse)  
O2 -- Shallow respiration 22. BP 100/70

INJURY #2: Cervical spine problem. Facial lacerations and lots of blood.

SYMPTOMS#2: Modest bleeding. Cervical pain. Patient cries, screams, and demands attention trying to monopolize resources.

VITALS #2: As found - stable

OBJECTIVES: Bi-lateral femur – no traction  
Extrication  
Backboard practice  
Two patient prioritization

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injuries  
Y N Quick equipment call  
Y N Ambulance call  
Y N Priorities to femur patient  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Avoids thigh/knee pressure  
Y N Head down transport

## Scenario 17-2 Crushed Chest & Open Forearm Fracture

A 300 pound novice (college football player), out of control on an intermediate slope, runs into and falls hard onto a small teenager. Recovers and is clumsily trying to do something about the arm, then trying to focus patrollers' attention on it.

LOCATION: Intermediate slope

WEATHER: Warm and calm

SAMPLE: Too much trouble breathing to do more than gasp out a few words

INJURY: Crushed Chest, open forearm fracture

SYMPTOMS: Respiratory distress. Rapid pulse and rapid, quiet respirations  
Substantial bleeding from arm

OBJECTIVES: Prioritization and respiratory distress

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injuries  
Y N Prioritize respiratory distress  
Y N Quick equipment call  
Y N Ambulance call  
Y N High flow O2  
Y N Gentle handling  
Y N Appropriate Transport

## Scenario 17-3 Symmetric Pelvis Fracture

Patrollers respond to base of lodge stairs. Patient is conscious with lacerations on hands, face, and scalp due to metal stairs. Bleeding has stopped before patrollers arrive. Patient has fracture of pubis which is only found on effective palpation of pelvis or on attempting to get patient to stand. There is major internal bleeding and extensive compensation for shock (for first ten minutes)

LOCATION: Base of lodge stairs (two or three steps up from bottom)

WEATHER: Clear and warm

SAMPLE: Epileptic Medic-alert tag and patient report (if conscious)

INJURY: Pelvic fracture with internal bleeding leading to shock

SYMPTOMS: Lots of pain and blood from lacerations but no fresh bleeding  
Pelvic fracture revealed during palpation only  
Shock sets in in five minutes

VITALS: Initial: Pulse 80. Respiration 17. BP 110/70.  
10 min: Pulse 140. Shallow respiration 26. BP 70/50. (no radial pulse)

OBJECTIVES: Assessment  
Prioritization  
Extrication  
Backboard of pelvis

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
Y N Place skis uphill?  
Y N Introduce self to patient?  
Y N Ask permission to treat?  
Y N Gloves?  
Y N Timely call for equipment and help?  
Y N Appropriate equipment?  
Y N Good communication with patient?  
Y N Proper treatment of each problem?  
Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
Y N Unconscious, Vision Oriented?  
Y N Clear Neck and Back?  
Y N Determine chief complaint(s)?  
Y N Complete SAMPLE?  
Y N Head, eyes, ears, nose, mouth?  
Y N Throat, Clavicle, Chest?  
Y N Abdomen, Pelvis?  
Y N Legs, Push/Pull?  
Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injuries  
Y N Quick equipment call  
Y N Ambulance call  
Y N Consider bleeding  
Y N Immediate head stabilization  
Y N Good backboard mechanics  
Y N High flow O2  
Y N Gentle handling  
Y N Avoids pelvis pressure  
Y N Immediate transport

## Scenario 17-4 Cervical Spine

Patient went down Red Dog the hard way. Icy day. He ought have used his skis.

LOCATION: Bottom of Red Dog. Hard pack snow.

WEATHER: Clear and calm

SAMPLE: Bad hangover, had a few pick-me-ups to get rid of it.

INJURY: Cervical Spine

SYMPTOMS: Point tenderness on C-7

VITALS: Stable as found

OBJECTIVES: Clean backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
 Y N Quick equipment call  
 Y N Immediate head stabilization  
 Y N Get patient off snow  
 Y N Good backboard mechanics  
 Y N High flow O2  
 Y N Head down transport

## Scenario 18-1 Avalanche Midshaft Femur & Hypoxia

Patrollers have responded to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

This patient has a core temperature of about 88 degrees. No shivering, verbally responsive (sort of). Burial caused Blue and gasping but recovers respiratory function rapidly with O2. Then the pain from the mid-shaft femur takes hold.

SAMPLE: Medic Alert tag for high blood pressure

Symptoms. Mid-shaft pain. Leg shortened and externally rotated. Goes into shock about seven minutes into scenario.

Look for:

- check scene
- protect scene
- Doesn't move patient before checking back/spine
- Stabilize neck
- Quick but complete secondary
- Hi-flow O2
- Good backboard mechanics
- Apply traction splint
- Check distal functions before and after
- Head down transport
- and on to the next problem

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport



## Scenario 18-2 Avalanche - Multiple Fractures & Frostbite

Patrollers respond to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

SAMPLE: Medic Alert Tag for Epilepsy

Vitals: Pulse 120; Respiration 16

Closed fracture of left upper humerus, open fracture of right forearm and closed tib-fib. Superficial frostbite of fingers of both hands. The hands and the open fracture are the primary complaints. Family of a patroller who is on duty.

Look for:

- Check the scene
- Secure the scene
- Find and stop the bleeding on primary
- Good secondary
- Recognize that this is not an emergency
- Recognize that o2 cannot be used here because it is in short supply.
- Find the other injuries
- Manual stabilization
- Good splints
- Distal NV checks before and after
- Backboard for mechanism
- head-up transport

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 18-3 Avalanche - Crushed Chest & Snowblindness

Patrollers respond to a reported avalanche. Mountain Safety and other staff have exposed nine buried customers and staff members. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

This patient's breathing is rapid, shallow and labored. On examination, a segment about as big as a hand on right side is not moving with the rest of the chest. When the chest rises, it goes in. Multiple rib fractures on right side but no flail segment. No C-spine complaint.

Snowblindness is just a distraction. I can't see, my eyes hurt, etc. Also reported as extreme redness of eyes.

SAMPLE: None

Vitals: Pulse 120 going to 160 if no O2. Respiration 22 going to 35 stabilizes at 28 with oxygen. BP 110/75 going to 60/50

Look for:

- Recognizes breathing problem
- Quick but complete secondary
- No backboard or quick backboard as found;
- patient transported flail side down
- Hi-flow O2
- Head up transport
- Load and go, go, go then on to the next patient

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 18-4 Avalanche - Massive Head Injury

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Bleeding/CSF from the ears and nose. Pupils blown. Altered LOC. No Pulse 60 going to 25; Respiration Cheyn-Stokes; BP 100/70 going to 60/50.

Look for:

- Recognizes head injury by symptoms
- Quick but complete secondary
- Hi-flow O2
- Seated transport
- load and go go go

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 18-5 Avalanche – Fractured Pelvis

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Pelvic pain, rigid abdomen on palpation Altered LOC due to shock.

Pulse 60 going to 125; Respiration 22 going to 35; BP 100/70 going to 60/50.

Look for:

Recognizes internal bleeding by symptoms

Quick but complete secondary

Hi-flow O2

load and go go go

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?  
 Y N Place skis uphill?  
 Y N Introduce self to patient?  
 Y N Ask permission to treat?  
 Y N Gloves?  
 Y N Timely call for equipment and help?  
 Y N Appropriate equipment?  
 Y N Good communication with patient?  
 Y N Proper treatment of each problem?  
 Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?  
 Y N Unconscious, Vision Oriented?  
 Y N Clear Neck and Back?  
 Y N Determine chief complaint(s)?  
 Y N Complete SAMPLE?  
 Y N Head, eyes, ears, nose, mouth?  
 Y N Throat, Clavicle, Chest?  
 Y N Abdomen, Pelvis?  
 Y N Legs, Push/Pull?  
 Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury  
 Y N Quick equipment call  
 Y N Immediate head stabilization  
 Y N Get patient off snow  
 Y N Good backboard mechanics  
 Y N High flow O2  
 Y N Head down transport

## Scenario 18-6 Avalanche – Spinal Complaint

Patrollers respond to a reported avalanche. The hill slid down and around the loading ramp for Mt. Disney. Mountain Safety and other staff have exposed twelve buried customers and lift operators. Pros have brought all available sleds. Pros are transporting via snowmobile. O2 availability is limited. The head pro patroller directs you to the high priority patients. Patients have been buried for about twenty minutes. It is cold and clear after a major storm.

Symptoms: Pain at C-7, normal LOC.

Pulse; Respiration 16; BP 120/80

Look for:

- Recognizes injury
- Quick but complete secondary
- Hi-flow O2
- Good backboard

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 19-1 Abdominal Impalement / Shock

Call to the cafeteria. Snowboarders horsing around pushed guest through glass door. Glass shard penetrated abdomen.

Injury: Glass shard in gut.

Symptoms: Pain, protruding intestine, shock

SAMPLE: Medic Alert - Penicillin

Vitals: bp 130/90 → 80/60; pulse 110 → very fast; Respir 20 → 35

Look for:

- Check the scene
- Secure the scene
- Quick secondary
- Emergency call
- Protect wound; don't remove shard
- moist dressing; support shard
- hi flow O2
- load and go

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 19-2 Hip Dislocation/Fracture

Elderly patient fell down a full flight of stairs in front of the lodge and landed on their hip.

Injury: Fracture of proximal end of femur and probably of hip socket.

Symptoms: Extreme pain, interior rotation; shock

SAMPLE: High blood pressure

Vitals: bp 130/90 → 80/60; pulse 110 → very fast; Respir 20 → 35; goes unconscious in two minutes flat.

Look for:

Check the scene

Secure the scene

Quick secondary; gets SAMPLE before patient passes out

good spine exam - negative

Emergency call

hi flow O2

good backboard mechanics; secure to the board

(remove head restraint and check for movement)

Transport head down

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_

Complete: \_\_\_\_\_

### General

Y N Ask if scene safe?

Y N Place skis uphill?

Y N Introduce self to patient?

Y N Ask permission to treat?

Y N Gloves?

Y N Timely call for equipment and help?

Y N Appropriate equipment?

Y N Good communication with patient?

Y N Proper treatment of each problem?

Y N Good use of helper(s)?

### Assessment

Y N Primary Survey (ABC)?

Y N Unconscious, Vision Oriented?

Y N Clear Neck and Back?

Y N Determine chief complaint(s)?

Y N Complete SAMPLE?

Y N Head, eyes, ears, nose, mouth?

Y N Throat, Clavicle, Chest?

Y N Abdomen, Pelvis?

Y N Legs, Push/Pull?

Y N Shoulders/Arms, Grip?

### Specific

Y N Recognize injury

Y N Quick equipment call

Y N Immediate head stabilization

Y N Get patient off snow

Y N Good backboard mechanics

Y N High flow O2

Y N Head down transport

## Scenario 19-3 Seizure & momentary unconsciousness

Male patient, twelve years old, is found sitting on intermediate run. Says he just fell and is OK. However, the real problem here is that the skier passed out due to a minor seizure and crashed. Patient says, I don't know, I just lost it. He is ashamed of his problem and doesn't want to reveal it. About five minutes into the problem, the skier convulses and is out for a few seconds then returns to consciousness, unaware anything special happened.

Injury: Nothing of substance  
 Symptoms: petit mal seizures.  
 SAMPLE: Medic Alert Tag - epilepsy  
 Vitals: Normal

Look for:

- Check the scene
- Secure the scene
- Complete secondary
- Identify problem
- Get him off the hill
- Parents, Management, etc.
- Contact parents

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport



## Scenario 19-4 Tension Pneumothorax (Female)

Patient is found at bottom of jump. Ski pole nearby has blood on its tip. Wound on anterior chest just below breast. Extreme respiratory distress, displaced trachea, unbalanced chest; cyanotic.

Injury: tension pneumo-thorax from ski pole. Rescuer may try and open wound to allow air to exit. Effort succeeds wildly. Great gush of air and fluid and breathing eases. Then use occlusive dressing and then its a relatively routine emergency

Symptoms: SAMPLE: none

Vitals: bp 130/90 → 70/50; pulse 130 → very fast; Respir 20 → 35+ very shallow patient non-responsive.

Look for:

- Check the scene
- Secure the scene
- Find the problem on ABC; recognize EXTREME urgency.
- Quick call & ambulance call
- Try and open wound
- Occlusive dressing
- No/minimal secondary
- Hi-flow O2
- Seated transport
- go, go go

Leader: \_\_\_\_\_ Assistant: \_\_\_\_\_ Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_ Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

- Y N Primary Survey (ABC)?
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- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
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- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N Immediate head stabilization
- Y N Get patient off snow
- Y N Good backboard mechanics
- Y N High flow O2
- Y N Head down transport

## Scenario 19-5 Mid-shaft Femur Fracture

You watch a crazy Boreal snowboarder fly down the half-pipe and out and on to the steel rail, slide down and try for a 540 just a bit too soon. Down on the rail he goes, and the femur goes pop. It hurts like hell but he is cool if bummed out. Got major air though. Natch, the skier is all in cotton and wet.

Weather: Cold and windy

Injury: mid-shaft femur and bruised ego; danger of shock & hypothermia

SAMPLE: none

Symptoms: pulse 110; respiration 16. After 10 minutes, shock sets in suddenly if the leg doesn't have traction. If patient is not protected from wind, hypothermia sets in.

Look for:

- Check the scene

- Secure the scene

- Quick secondary

- good spine exam - negative

- protect from cold and wind

- Emergency call

- hi flow O2

- good backboard mechanics; secure to the board; pad with blanket if necessary

  - (remove head restraint and check for movement)

- Transport head down

## Scenario # 20-1 -- Clean Tib-Fib

Trail at bottom of intermediate slope.

SAMPLE: None reported but medic alert tag for diabetic. Not a problem in this case.

Cold, wet & windy day.

Patient is very cold and not fully responsive. Single break is about three inches below knee.

Look for:

CONTINUOUS support/stabilization. Boot weight will torque break and cause extreme pain. Give a raft if the leg isn't supported.

Complete secondary

lower extremity exam

distal N/V before -- OK

padding and quick splint

Ice pack

distal Neuro/Vascular after

Report

Continue in first aid room and re-package in cardboard

## Scenario # 20-2 – Elbow Fracture

(outdoors. dress warmly. Bring a pad)

Fell forward. Break/dislocation of elbow. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

Look for:

- Must disqualify spinal/cervical injury.
- Must check for blood
- Request patient to self splint
- Recognize urgent nature of impairment -- immediate transport (ambulance?)
- Complete secondary
- upper extremity exam
- distal N/V before -- poor
- Resistance. Patient does not splint/hand roll
- sling/swath
- Ice pack
- distal Neuro/Vascular after
- Immediate MD/ER

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Patient: \_\_\_\_\_

Times: Begin: \_\_\_\_\_ Call: \_\_\_\_\_

Complete: \_\_\_\_\_

### General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

### Assessment

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- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

### Specific

- Y N Recognize injury
- Y N Quick equipment call
- Y N checks distal CMS before bandage
- Y N Good bandage
- Y N checks distal CMS after bandage
- Y N High flow O2

## Scenario # 20-3 -- Humerus

(outdoors. dress warmly. Bring a pad)

Fell on a rock. Break just above elbow. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

Look for:

- Must dis-qualify spinal/cervical injury.

- Must check for blood

- Request patient to self splint

- Recognize urgent nature of impairment -- immediate transport (ambulance?)

- Complete secondary

- upper extremity exam

- distal N/V before -- poor

- Resistance. Patient does not

- splint/hand roll

- sling/swath

- Ice pack

- distal Neuro/Vascular after

- Immediate MD/ER