

Mountain Division First Aid Competition - 2010 Scenario

Patroller is called to respond to a report of a skier down, upon arrival the patroller finds two people on site. Patients #1 & 2 were skiing together, they crossed paths and had a near collision. Patient #2 fell in a twisting manner trying to avoid their friend and he/she has a lot of pain in their lower leg and knee. The patient #1 person on site appears unhurt but visibly upset about their friend and possibly causing the incident. Weather, as presented.

Patient #1 position

Kneeling beside the injured skier both skis or snowboard are off. They were wearing a helmet.

Patient #2 position

Found lying on their right side, across the fall line, left ski off. They were wearing a helmet.

Patient #1 response:

Conscious, responds to questions, states left wrist hurts. He/she is really upset as they feel they may have caused this incident. Refuses treatment initially and claims they will be OK, insists the patroller should help their friend. Each time their friend cries out in pain they become more upset and agitated. After treatment has been started on their friend, cries of pain continue. This person who has moved a little ways away from patient #2 starts to experience chest tightness/pain and some shortness of breath. They will sit down and move their hand to their chest with their respiration rate increasing. If asked, the patient will relate that they have experienced angina before but it has been under control.....they have nitro spray but it is back at the hotel.

Patient #2 response:

Patient is conscious and can respond to the patroller. Knows what happened, they were skiing together got a little too close, almost collided and as they were trying to avoid the collision caught an edge and fell in a twisting motion. Will allow help, but is experiencing a lot of pain in the right knee and mid third of lower right leg. He/she is breathing rapidly (shallow non-labored breathing) due to the pain in the leg, and it does not hurt to take a deep breath. Patient must vocalize pain any time the limb is touched or manipulated.

Injuries #1:

Sprained left wrist, chest pain/tightness, shortness of breath (Angina).

Vitals/Signs/Symptoms Patient #1:

Primary - Pulse rapid, strong and regular; Breathing slightly fast, becoming labored; skin becoming pale, warm and dry; LOC alert and orientated. **Pain in left wrist at first, - sternum & left clavicle, as scenario proceeds (2nd vitals) also radiating to the inside of the left bicep.**

1st set of Vitals - Airway open/patent
Resp. 20 labored
Pulse 100 strong and regular
Skin pale, warm, and dry
Eyes equal and reactive
LOC alert
Pain wrist 2/10, chest 3/10

2nd set of Vitals - Airway open/patent
Resp. 28 labored
Pulse 120 weak and regular
Skin pale, cooler, and clammy
Eyes equal and reactive
LOC alert
Pain 6/10 chest/clavicle

Injuries #2:

Fracture at mid third of the right lower leg (boot top), pain and unable to straighten right knee.....extreme pain being experienced upon treatment.

Vitals/Signs/Symptoms Patient #2:

Primary - Pulse rapid, strong; rapid, shallow non-labored breathing; skin pink, warm and moist; LOC alert and orientated. Extreme pain upon palpation of lower right leg and knee, deformity and discoloration at top of boot (closed fracture).

1st set of Vitals - Airway open/patent
Resp. 24, shallow and non-labored
Pulse 96 strong and regular
Skin pink, warm and moist
Eyes equal and reactive
LOC Alert
Right leg 9/10

2nd set of Vitals - Airway open/patent
Resp. 20 shallow and non-labored
Pulse 80 strong and regular
Skin pink, warm, & moist
Eyes equal and reactive
LOC alert
Right leg 8/10

Treatment:

Assessment of Patient 1: Primary, immobilize left wrist, ask about medication, aspirin protocol not permitted (patient is on Plavix (blood thinner) and Crestor (cholesterol med), administer oxygen, call for AED, toboggan, and EMS.....try to calm patient / monitor vitals.

This patient becomes 1st priority (LOAD & GO).

Assessment of Patient 2: Primary, Secondary, splint right leg (will not straighten), oxygen due to vitals and pain level, call EMS due to leg injury.....came to the ski area by bus. **(Stay and Stabilize)**

NOTES:

Patient #1 no Medic alert – 6 months since last episode (had to use Nitro spray) – diagnosed 9 months ago, family history of coronary artery disease.

Patient #2 no previous knee injuries – no medical conditions