

Maximum time limit to perform task: 12 minutes

Assignment for competing team:

EMS Dispatch Center has received a call on emergency line and is sending you to event:

Congress centre, congress attendee tripped over chair, lying on floor, not moving, unconscious but breathing.

EMS was called by a congress center employee.

Your tasks (must be provided in maximum time limit to perform task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working and differential diagnoses, administer therapy.
- If hospitalization is needed, define direction.
- Inform the judge of any further steps.

Scene conditions:

Date: September 18, 2023 Time: 01:30pm Outside temperature °C/°F: 24/75 Weather: clear sky, no wind

Call to address time: 5 minutes

All requests and information to or from EMS Dispatch must be addressed to judge marked DISPATCH.

On-Scene Situation:

A congress attendee, teacher, lying on the floor, he seems to be sleepy, slurred speech, small laceration on his forehead. Teacher's head is supported by his jacket by a congress centre employee who has called the EMS, his bag is lying nearby. Alcohol odour present. After searching, crew can find in the pocket/bag insulin and a bottle of liquid, after opening alcohol can be recognized.

Correct procedure:

If crew proceed properly (give glucose, find insulin and alcohol), teacher regains full consciousness. Within diagnosis (medical report) suspicion of possible chronic problem with alcohol. He visited his primary care physician 14 days ago with sinusitis, is still on antibiotics, and suffers from diabetes.

If the crew doesn't find medications or alcohol, the patient will not talk about them.

Physical examination:

Teacher is sleepy, pupil isocoric, slowed reaction to light, breathing freely, clean, periphery pulse palpable well, pale skin, sweating, small abrasions on forehead, no other injuries.

Vital functions:

	After arrival	During task
BP (mm Hg)	140/90	-
Breathing (min)	18	-
CRT (s)	2	-
ECG	Sinus	-
GCS	E3 V3 M5 = 11	-
Glycaemia (mmol/l / mg/dl)	1,9/34	-
HR (min)	110	-
SpO2 (%)	96	-
Temperature (°C/°F)	36,6/98	-

Key words:

Hypoglycaemia, alcohol.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 400	
1	Orientation at the site, organization of activities	Evaluation of situation on site	Obtain the patient's history from the employee	Finding insulin	Finding alcohol		140	Orientation at the scene, get information from congress centre employee, find medication and alcohol in jacket and bag.
		20	20	60	40			
2	Primary examination	LOC, breathing, BP, HR, SpO2, 5 x 30	Glycaemia	Examination of the head (sight, palpation)	Palpation chest, abdomen, pelvis, limbs 4 x 30	GCS, pupils 2 x 30	420	Complete examination includes: LOC (level of consciousness), auscultation, BP, pulse, SpO2, glycaemia, physical examination of the head, chest, abdomen, pelvis, extremities, GCS and pupils.
		150	60	30	120	60		
3	Therapy	Glucose 40% 60 - 120 ml IV	Glucagon 1 dose IM	Laceration injury on forehead			230	Glucose 40% IV, 60 - 120 ml (after 60 ml regains full consciousness), eventually Glucagon one dose. Treating a wound on his forehead.
		200	100	30				
4	Patient history, secondary examination (after return to full consciousness)	Personal, drug, allergies and abuses history 4 x 30	LOC: site, time, personality 3 x 30	Neurological examination - FAST			270	Patient history including permanent treatment, allergic history, ingestion of alcohol, drugs, detect diabetes treated with insulin. Final examination, check for full consciousness.
		120	90	60				
5	Working diagnosis, direction	Hypoglycaemia within DM	Alcohol intoxication	Laceration wound on forehead	Direction: nearest ED		190	Transport by ground to nearest ED. Serious brain injury is unlikely due to mechanism of injury.
		100	30	30	30			
6	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	Leader receives and responds to information from the crew	Well managed and controlled patient handling	Team communication with patients and other actors	50	Crew cooperation as a team, obvious and visible teamleader. Unambiguous and clear communication with judges (no repeated questions about the same - usually vitals), patients and others. Introduce after arrival, informing the patient at every move, lift, touch, examination, procedure, transport and explaining why is this done.
		10	10	10	10	10		
7	Actors - players	Teacher	Employee				100	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		90	10					