#1:

You are 250 miles from the nearest hospital or subregional clinic. You are on a call and receive notification at 1230am of a 4-wheeler accident involving severe injuries. It is summertime, the weather is good tonight. When you arrive at the scene, you have with you, your emergency kit and your eCHAM.

Where do you want to start? eCHAM Launch Page or Emergency Field Guide

The scene is safe, the 4 wheeler rolled over on its side and is several feet away from your patient. You see one patient wearing a helmet, moaning but not moving very much. A witness to the accident tells you the victim had been drinking and the 4 wheeler rolled over him.

Where will you go now that you know what kind of patient you are dealing with? Initial Assessment of a Trauma Patient

GA: Moaning, says stomach hurt;
Airway and Breathing: Open, breathing a little fast.
Circulation: pulse fast, weak.
No major bleeding.
Skin: normal, cool, dry.
Remove helmet: no
Rapid trauma exam pertinent positives: Abdomen RUQ tender.
VS: P 120, R 20, BP 98/85.
SAMPLE history: Not cooperative to answer questions.

Would you treat this person for shock? YES

Where will you go to determine how to treat this patient? Hint: there are 3 areas of treatment needed for this patient.

1. Abdominal Injury
2. Care while waiting for a medevac
3. Head Injury or Shock
#2

You receive a call shortly after arriving in the clinic, a young woman in your village advises you that she is unable to wake her grandmother up this morning. You arrive at their home with your emergency kit and your eCHAM. You find the 60 year old woman lying in bed, she does not appear to be awake or responsive to verbal cues.

**Where will you go from the eCHAM Launch page to decide how to treat this patient?**

**Emergency**

**Patient looks sick. Responds only to pain by moaning and moving a little.**
**Airway open, breathing slow and deep.**
**Circulation: Pulse slow, strong.**
**Skin: pink, warn, dry.**
**SAMPLE hx: No allergies or meds. High blood pressure for 2 years, didn’t want to take the medicine to treat it.**
**Other pertinent hx: Pt woke up during the night with a headache, but went back to sleep. Family has been unable to wake her up this morning.**
**Blood sugar: 92;**
**VS T: 97.4; P 60; R 12; BP 160/90; SpO2 92%**
**Rapid Exam: Pupils, right larger than left, slow to respond to light.**

**Where will you go to determine what additional history to get from this patient?**

**Evaluation of Non Trauma Medical Emergency**

**Additional hx you find out is negative except for headache and hx of HTN.**
**Additional Exam:**
**Neck is a little stiff when flexed.**
**Reflexes: you can’t tell if they are equal.**
**HgB: 12.2;**
**No urine.**

**What would be your assessment and plan # for this patient? Other cause of decreased LOC Emergency 38; Other Medical Emergency.**
Mother brings her 2 month old infant to the clinic. Mom tells you patient will not eat and she is very sleepy, mom says something is very wrong.

Where will you go from the eCHAM Launch page? Child younger than 8 who may be very sick

GA: pale, limp, sweaty, not moving.
Airway open, breathing fast, shallow, grunting.
Pulse is 180; hard to feel.
Skin feels cold, cap refill 4 seconds.
History getting sick over 2 days, won’t breastfeed or take a bottle now, was fussy and irritable, now just hard to wake up. Maybe had a fever, but feels cold now. No other symptoms.
T: 96.6; P 180; R60, irregular; SpO2 88; Blood sugar 68.
Eyes sunken, mouth dry. Chest clear. Abdomen soft, Arms/legs: floppy, limp

With the above information, what is your Assessment of/Plan for the Child?

Child 1 Very Sick Child

What does the eCHAM direct you to do FIRST? Report NOW.
#4

You see a 2 year old in the clinic today who presents with dad. Dad tells you that the patient has been fussy and running a fever well controlled by Tylenol. Last night the patient started pulling at his left ear. He has had a runny nose and a slight cough for the past 4 days.

**Where do you start? eCHAM Launch Page**

Child has none of the findings for very sick child

**Where do you go now? HPI on launch page**

Child does not look sick, temp is 102. He weighs 29#. Dad tells you last dose of Tylenol was 11 hours ago. Left ear is red, dull and you are not able to visualize the bony structures of the ear. Right ear perly gray. Rest of exam normal

**What is your assessment? What is the plan number you would chose for this patient?**

AOM Ear 3

**What type and dose of medication will you give to this patient?**

Amoxicillin 250mg/5mL 8 mL PO BID x 10 days; Tylenol
#5

You have a 30 year old pregnant woman who presents to the clinic for her 32 week check up. This is her first pregnancy.

From the Launch page, where will you go? Return Prenatal in the index or TOC

Weight: 158 up 5.5 #. Urine dip wnl. BP 144/92. BP at last visit was 118/74. Patient tells you she feels well, but a little tired. She was diagnosed with high blood sugar four weeks ago, was seen at the hospital and sent home with diet and exercise as a treatment plan.

No signs of problem in pregnancy (danger signs). No contractions. Blood sugars at home 100-200. No signs of preeclampsia. Never had high blood pressure prior to pregnancy, but does have a family hx of HTN.

Exam: Patient measures 34cm, head down, FHT’s 140. Ankles are a little swollen. Hands and face are normal. Reflexes normal.

What is your assessment/plan of this patient? Prenatal care 32 weeks Gestational HTN Plan 5; Gestational DM

Should you report this patient? Yes, you always report new elevated BP.
You have a patient arrive in the village who is a 70 year old woman with terminal lung CA. She has come home to die. Her doctors at the regional facility advised that she has a life expectancy of approximately 8 weeks. The family calls the clinic requesting a home visit to help make the patient comfortable, as she is too ill to easily get to the clinic.

When you arrive at their home, where will you start? eCHAM Launch page

Once you have reviewed necessary 1st visit information, where would you proceed in the eCHAM to care for this patient?

Death and Dying

When you get back to the clinic you want to read about what to do in the event of village deaths. How will you find the information you want about this topic?

Death in the village
#7

A 2 year old child is brought into the clinic by her mom with a bad cough. Mom tells you she has been sick for 2 days and got worse last night. She felt warm to the touch. She has never had this before.

Mom denies allergies, patient does not take medication, denies 2nd hand smoke exposure.

Where will you go in the eCHAM to continue your visit with this patient? Respiratory Illness


Exam: GA: does not look very sick.
VS: T100.8 rectally; P 130; R 32; SpO2 95%
Patient has a barky cough, sounds a little wet. Sounds hoarse and has high-pitched sound (stridor) when crying. Chest clear to auscultation, mild retractions.

What is your assessment? Croup

What is your Plan #? Respiratory 10

When should this patient be reported? Signs of Respiratory Distress

When should you recheck this patient? Every 24 hours
#8

You have a 3 ½ year old brought to the clinic by Mom with fever and a bad sore throat.

Patient has been sick for 2 days, getting worse. Temp was 102.4F at home. She had strep throat 3 weeks ago, seems like the same problem again. No drug allergies, no meds, no smokers in house. No high risk health conditions.

Where will you go in the index? Pharyngitis or sore throat

Where does the index take you in the eCHAM? Respiratory Illness

Throat is very sore, hurts to swallow. No appetite but takes fluids well.
Exam: GA: looks a little sick, quiet, not playful.
VS: T 102.8F rectally; P 130; R 28; SpO2 97%;
Throat: red, swollen tonsils with white patches. Bad breath

Strep test: Positive

What is your assessment of this patient? Strep throat

What is your Plan #? Respiratory #7

You have a current standing order for this problem, when should you report this patient?

Signs of respiratory distress, recent positive strep

What medications will you dispense for her? Amoxicillin or PCN VK

When will you recheck her? Recheck every 3 days
#9

60 year old patient presents to the clinic complaining of a “chest cold” and cough. Patient has been sick for 10 days, getting worse. Cough is worst in the morning. He has had bronchitis twice in the past year. Patient denies drug allergies, does not take any medications. He smokes 2 packs/day. Not interested in stopping at this time. No high risk health condition reported.

Where will you go in the index? Cough, chest cold, respiratory illness

Where does the index take you for this problem? Respiratory illness

Patient states he is coughing up yellow sputum. It is worse in the morning and when he goes out into cold air. He feels a little more tired than usual. Sweating some. Has not had a flu shot this year. Patient has never had a pneumonia shot.

Exam: GA: looks a little tired. VS: T 99.8F; P 88; R 20; SpO2 97%

Chest: Rhonchi throughout, gets better after patient coughs. Percussion sounds the same throughout.

What is your assessment of this patient? Bronchitis

What plan number will you use for him? Respiratory 11

You have a current standing order for this problem, when should you report this patient? If the patient looks sick, coughing up blood, or under the age of 3, high risk health condition.

What medications will you dispense? Albuterol, Tylenol, Robitussin DM

When will you recheck? Recheck in 1 day
A 50 year old patient presents with complaints of bad stomach pain. The pain started 8 hours ago, it is getting worse, 7/10 pain. Started in upper left, moved to middle now hurts everywhere. Patient denies drug allergies, does not take any medicines. Denies use of tobacco and alcohol. No high risk health condition.

What will you look up in the index? Abdominal Pain

Where does the index take you? Abdominal Pain

Pt tells you the pain started while watching TV. It initially felt like cramping, but is getting worse and worse. Hasn’t eaten today, feels nauseated. Hasn’t passed any gas, would feel better if she could. Last BM yesterday morning, had a hysterectomy 10 years ago.

Exam: GA: Looks sick, pale.

VS: T: 98.8F; P 92; R 20

Abdomen: no bowel sounds heard after 2 minutes. Tender everywhere, muscles feel tight. No rebound tenderness.

What is your assessment of this patient? Possible Acute Abdomen

What is your plan # for this patient? Digestive 2

Should this patient be reported? YES

What special care will you administer? Oxygen, IV, position of comfort, NPO, prep for suction, recheck VS q30m,

What medications will you give? Morphine if ordered by DR.
#11

Your patient presents to the clinic this morning after working on his fishing boat. He tells you he was working on the engine and cut the back of his arm. He finally got the bleeding to stop, but it looked pretty bad and his wife made him come down and get it checked out. She thinks it needs stitches.

After you review the information necessary for this patient on the eCHAM launch page, what will you look up in the TOC to continue treatment with this patient?

Laceration/Skin Wound

You have applied a clean dressing to the wound, which is only bleeding slightly at this time. Upon further questioning, the patient tells you that this injury happened around 8am today, just a couple of hours ago. He does not think anything got into the wound, he was just tightening up some bolts on the engine when his hand slipped and he got this cut to the back of his arm. He is able to move all of his arm, hand and fingers, he still has sensation to his digits. His last tetanus shot was after his son was born last year. Pt tells you he had sutures on his forehead a few years ago and did not have any trouble with the anesthesia or the sutures.

EXAM: GA: Patient looks well, he is chatting with you while you exam him. VS: T: 98.2F; P 95 RR 16 BP 122/84. Left upper extremity: 3 cm laceration to the dorsum of the forearm. Upon careful examination of the wound, you are not able to appreciate foreign body and you do not visualize any of the structures in the arm, like tendons or bone, the wound appears to be superficial. Patient is able to flex and extend his wrist, hand and all of his digits. Sensation to light touch intact distal to the wound. Brisk cap refill.

What is your assessment and plan # for this patient? Laceration Wound 1

You have reported this patient to your referral doctor and have been advised that you should suture this patient’s laceration, but you do not remember everything you will need to get to perform the suturing, where does the eCHAM take you to get the information you need?

Suturing in the Reference and Procedure section
#12

You have a patient present to the clinic stating he thinks he broke his arm. The weather is bad today in your village and you probably won’t be able to fly this patient out for x-rays until later today or tomorrow if you determine he needs them. The patient is a 24 yr old male who tells you he slipped on the ice and landed on outstretched hand trying to catch himself. The patient c/o right forearm pain. He denies pain anywhere else. He did not hit his head or lose consciousness when he fell. He does not have any open wounds on the arm. He rests it on a pillow while you continue his visit. He does not have any jewelry on the right arm or hand.

VS: T: 98.4F, P 88, RR 12, BP 138/88. He states his pain is a 6/10. You perform a rapid trauma exam and find he has sustained no other injuries. Upon examining the arm, you find that he has sensation to light touch intact, brisk cap refill in the digits, and diffuse tenderness in his wrist and forearm. You also note diffuse swelling to the forearm. When asked to move his wrist, he states it hurts to much, but can move his elbow and fingers without difficulty. He states it hurts quite a lot to try and grip or make a fist, so it is difficult to test strength at this time. He tells you he is most comfortable when he doesn’t move his arm/hand.

At this time what would your assessment of the patient be? Musculoskeletal pain, possible closed fracture

What is the plan # you will follow? Musc 2

You report this patient to your referral doctor and she advises you to place a plaster splint until the patient can get to town for x-rays. You have been taught to do splints, but forget all the details, you click on the Split the Injury link. How many layers of plaster are you advised to use under plaster splinting information?

15 layers
#13

You have a patient scheduled for a first prenatal visit today. She is 32 y/o, this is her third pregnancy.

Where will you start in the eCHAM for this visit? eCHAM launch page, then first prenatal.

VS: T 98.7F; P 78; RR 16; BP 108/70 LMP was 7 weeks ago, it was normal for the patient. She has had some nausea, breast tenderness and is more tired than usual.

Exam: screening physical exam is normal, no edema to hands, feet or face. She is less than 9 weeks, so you do not check for FHT’s or measure the uterus. You draw blood and review the appropriate labs to order with your referral physician.

What is your assessment for this patient? Prenatal Care, 1st prenatal visit 7 weeks pregnant

Is the pregnancy normal at this time? YES

What is your plan for this patient and when does it tell you to see her back again? Pregnancy 4, in 4 weeks.