

# HEART FAILURE

Estimated Time: 15 minutes • Debriefing Time: 10 minutes



Scan to Begin



Patient Name: Henry Foster

## SCENARIO OVERVIEW

Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home.

Level 2 requires a “Scene Size-Up” and a “Primary Survey” based on the National Registry of Emergency Technicians Psychomotor Exam.

## LEARNING OBJECTIVES

1. Gather information related to dispatch
2. Perform a “scene size-up”
3. Perform a “Primary Survey”
4. Perform “History Taking”
5. Make a Transport Decision

## CURRICULUM MAPPING

### WTCS EMT-P PROGRAM OUTCOMES

- Prepare for incident response and EMS operations
- Integrate pathophysiological principles and assessment findings to provide appropriate patient care.
- Communicate effectively with others
- Demonstrate professional behavior
- Meet state and national competencies listed for EMT-Paramedic certification(s).

## SIMULATION LEARNING ENVIRONMENT & SET-UP

### PATIENT PROFILE

Name: Henry Foster

Gender: Male

DOB: 09/06/19 xx

Height: 175 cm (5 ft 10 in)

Age: 62

Weight: 81.8 kg (180 lbs)

### EQUIPMENT/SUPPLIES/SETTINGS

#### Patient

- Street clothes, flannel shirt, knit hat

- Side table in home contains various cues related to his condition: empty beer bottles, open potato chip packages, a bottle of whiskey, a gun, a wastebasket overflowing with tissue

### Monitor Settings

- none

### QR CODES



# TEACHING PLAN

## PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR code: “Scan to Begin”** while students are in Prebrief
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment.
  - Facilitator note: This scenario has been designed to flow without scanning additional QR codes for convenience in the classroom. For added flexibility, you may elect to use the QR codes provided above to design your own scenario flow.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials

## STATE 1

# RECEIVE DISPATCH

- Play “Dispatch” (on iPad): “ARISE EMS, respond emergent to the address of 2610 Main Street, in Anytown. Report of a 62-year-old male having shortness of breath, history of Congestive Heart Failure. Family is reporting increased shortness of breath, unable to get up today.”
- View the “En Route” message
- Preview the National Registry of Emergency Medical Technicians Psychomotor Examination form for Medical Patient Assessment/Management
- Possible Facilitator Question
  - What are your plans based on the dispatch you received?

## STATE 2

# SURVEY THE SCENE & PRIMARY ASSESSMENT

- Play “Scene Survey” video
- View the “Scene Size-Up” plaque with the following questions:
  - Verbalize if body substance isolation precautions are needed.
  - Is the scene safe?
- View the reminder plaque stating “Your transport decision must be made within 15 minutes.”
- View the “Patient” video
  - Verbalize how you would respond to the patient.
- View the “Family Member” video
  - Verbalize how you would respond to the family member
- View the “Primary Survey” plaque with the following questions:
  - Verbalize responsiveness/level of consciousness
  - Verbalize chief complaint/apparent life threats
  - Assess airway and breathing
    - Verbalize how you would assure adequate ventilation
    - Verbalize how you would initiate appropriate oxygen therapy
  - Assess circulation
    - Verbalize how you assess/control major bleeding
    - Verbalize how you would assess skin
    - Verbalize how you would assess pulse
- Identify priority patients/make a transport decision
- History taking
  - Verbalize the questions you would ask to obtain “History of Present Illness” (OPQRST)

- Verbalize the questions you would ask to obtain “Past Medical History”
- View plaque entitled “Indicate Transport Decision” with instructions to “Indicate you transport decision by tapping the Transport tab.”
  - Tap on the Menu icon in upper left hand corner of the screen, then the Transport tab to indicate transport decision. See further instructions below under Transport tab.
  - Tabbed iPad Content

## EMERGENCY HOME SCREEN

This is the home screen. In the top left corner is the “menu” icon where the tabs described below can be accessed.

# MEDICAL ASSESSMENT FORM



National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points Points Awarded

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)		
Assesses circulation		
-Assesses/controls major bleeding (1 point)      -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness	8	
-Onset (1 point)      -Quality (1 point)      -Severity (1 point)		
-Provocation (1 point)      -Radiation (1 point)      -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point)		
-Medications (1 point)      -Last oral intake (1 point)		
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system	5	
-Cardiovascular      -Neurological      -Integumentary      -Reproductive		
-Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social		
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient		
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	<b>TOTAL</b>	42

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

© 2011 by the National Registry of Emergency Medical Technicians, Inc., Columbus, OH e202/10-12  
All materials subject to this copyright may be photocopied for the non-commercial purpose of educational or scientific advancement.

EMT | LEVEL: 2



## PATIENT PROFILE

---

Demographic information about the patient is displayed under this tab.

## SCENE SURVEY

---

Tap here to replay the video of the scene.

## PATIENT

---

Tap here to replay the video of the patient.

## FAMILY MEMBER

---

Tap here to replay the video of the family member.

## TRANSPORT

---

Tap here to indicate transport decision. The following text appears:

- “Have you made your transport decision? Yes/No”
- If student selects “No”: a 15-minute timer appears with reminder “Your transport decision must be made within 15 minutes.”
- If student selects “Yes”: Another question appears: “Will you transport?”
- If student selects Yes: Student will see “Prepare to Transport” message followed by a message “Scenario objectives have been met. You may exit the scenario.”
- If student selects No: Student will see “Communicate your decision to dispatch”

Note: Students have 15 minutes to indicate a Transport decision or they are automatically exited from the scenario. Students will receive a 10-minute warning.

## SCANNER

---

Use this to scan optional QR Codes.

## EXIT

Students may exit the scenario after indicating their Transport decision under the Transport tab.

If the student taps the Exit tab before indicating their transport decision, the iPad reads, “Are you sure you want to exit? All data will be lost.”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

When the student taps the Exit tab after making their transport decision, the iPad reads, “All scenario objectives have been completed. Would you like to exit the scenario?”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

**DEBRIEF**

Nothing needed from the iPad.

**QUESTIONS**

1. How did you feel this scenario went?
2. Review understanding of scenario learning objectives.
  - a. Was the scene safe? Explain.
  - b. What actions are required when a patient is in a car?
  - c. What body isolation precautions were appropriate?
  - d. What is the nature of the patient's illness?
  - e. Did you require additional EMS assistance? Why or why not?
  - f. What did you discover during your Primary Survey?
  - g. What information did you gather while performing History Taking?
  - h. What was your transport decision? Why?
  - i. If you could "do over," would you do anything differently?
3. Summary/Take Away Points:
  - a. "Today you analyzed the scene and performed a Scene Sizeup and Primary Survey for a 62-year-old patient with chronic heart failure, at his home, complaining of increased shortness of breath. What is one thing you learned from participating in this scenario that you will take with you into your EMS practice?" (Each student must share something different from what the others' share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing

## SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
  - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
  - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
  - a. [https://ircvtc.co1.qualtrics.com/SE/?SID=SV\\_6Mwfv98ShBfRnBX](https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX)

## CREDITS

National Registry of Emergency Medical Technicians (2011). Emergency Medical Technician Psychomotor Examination: Patient Assessment/Management - Medical. Downloaded from <https://www.nremt.org/rwd/public/document/psychomotor-exam>

## REFERENCES

American Heart Association (2016). Get with the Guidelines: Heart Failure. Downloaded from [http://www.heart.org/HEARTORG/HealthcareResearch/GetWithTheGuidelines/GetWithTheGuidelines-HF/Get-With-The-Guidelines-Heart-Failure\\_UCM\\_306087\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthcareResearch/GetWithTheGuidelines/GetWithTheGuidelines-HF/Get-With-The-Guidelines-Heart-Failure_UCM_306087_SubHomePage.jsp)

International Nursing Association for Clinical Simulation and Learning (2016). Standards of Practice: Simulation. Downloaded from <http://www.inacsl.org/i4a/pages/index.cfm?pageid=3407>

Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJV, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WHW, Tsai EJ, Wilkoff BL. (2013) ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;128:e240–e327. **DOI: 10.1161/CIR.0b013e31829e8776**



This work by the Wisconsin Technical College System TAACCCT IV Consortium is licensed under a [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Third party marks and brands are the property of their respective holders. Please respect the copyright and terms of use on any webpage links that may be included in this document.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This is an equal opportunity program. Assistive technologies are available upon request and include Voice/TTY (771 or 800-947-6644).