



FR / EMR Scope of Practice Update Scenario: Multi-System Trauma

Scene Survey	
H azards	None
E nvironment	Single family multi-level residence
M echanism of Injury	Neighbours observed the patient fall 20 feet from the roof of their residence while cleaning gutters, landing on the concrete driveway below.
P atients (#)	One
A dditional Resources	Fire department first responders have arrived on scene with you.
PPE / G eneral I mpression	The patient is lying supine on the driveway, eyes closed, not moving.
Primary Survey	
LOC (AVPU)	The patient does not respond to voice, but when pain is applied the patient moans and the eyes flicker open briefly.
Delicate Spine / SMR	Direct a first responder to maintain spinal motion restriction
ABCs: <ul style="list-style-type: none"> • Airway • Breathing • Circulation 	Snoring sounds are initially heard, but resolve with a jaw thrust. Breathing is adequate, with visible chest rise. Carotid pulse is weak and rapid. Insert an NPA.
RBS	The pelvis is unstable on palpation (bilaterally). Nothing is observed when the pelvis is exposed. Direct a first responder to manually stabilize the pelvis.
Skin	Cold, pale, and clammy
O₂	Apply the SpO₂ monitor and oxygen – 15lpm via NRFM.
Airway	Maintained
Position	Maintain supine positioning due to SMR concerns.
Bandage & Blanket	Bind the patient’s pelvis (commercial pelvic binder or 3 overlapping triangular bandages). Apply a blanket.
Transport Decision	
Stable or Unstable?	Unstable. If EMR: Package & transport, and continue secondary en route.
Secondary Survey	
History/Interview: <ul style="list-style-type: none"> • Onset – OPQRST not obtainable • Provoke – • Quality – • Region/Radiation – • Severity – • Time – 	<ul style="list-style-type: none"> • Signs and Symptoms – DLOC / ? Pelvic # • Allergies – Unknown • Medications – Unknown • Past Medical History – Unknown • Last Oral Intake – Unknown • Events – 20’ fall onto a concrete driveway

Baseline Vital Signs: <ul style="list-style-type: none"> • LOC (GCS) • Blood Pressure • Respirations • SpO₂ • Pulse • Skin • Pupils • Blood Glucose • Temperature 	<ul style="list-style-type: none"> • P on AVPU (FR). GCS 223 = 7/15 (EMR) • 90/40 • 24. Shallow, but effective • 96% on 15lpm • 112, weak and rapid • Cool, pale, clammy • 4 x 4, equal and reactive • 5.6 mmol/L • Not applicable
Head to Toe: <ul style="list-style-type: none"> • Head • Neck • Chest • Lung Sounds(EMR) • Abdomen • Back • Pelvis • Lower Extremities • Upper Extremities 	<ul style="list-style-type: none"> • Contusion noted behind left ear. • Trachea is midline. No JVD is noted. • No injuries noted. • Clear, equal air entry bilaterally from apex to bases. • Soft x 4. No rigidity or guarding noted. • No injuries noted. • Bound (but found to be unstable during the RBS). • No injuries noted. Weak distal CMS in each limb. • Minor abrasions noted where skin is exposed. Weak distal CMS in each limb.
Ongoing Exam and Treatments	
Vitals Signs	Re-assess vital signs every 5 minutes (unstable patient).
Treatments	Cover minor abrasions on upper limbs if time allows.
Hospital Report	Name, Age, Gender, C/C, HxC/C, PmHx, Rx, Allergies, Vital Signs, Physical Findings, Protocols / Treatments and Results.