

303D ARRS SITUATIONAL MEDICAL PROBLEM

PROBLEM NO. 1

SITUATION: Pararescue Team deployed to scene two hours after notification from National Park Service that they were searching for a lost hiker. He is found laying on stomach with left leg bent up, and right leg extended with noticeable laceration on right lower leg and moderate hemorrhage coming from site of wound. Victim is unconcious, the weather is clear and warm. Diagnose and treat this victim.

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PARARESCUE

PROBLEM- 1

EVALUATION/TREATMENT	RX. SEQUENCE	INFORMATION SUPPLIED	TREATMENT
INITIAL EVALUATION:			
Breathing	☐	Airway clear & breathing	Airway/Cricco/O2/M to M
Hemorrhage controlled	☐	venous	Elev/Digital/D-Press/T
Shock	☐		Norm/Head High/Ft.Elev/ Blanket/Heat packs
VITAL SIGNS: (Every 15-30min)			
Temperature	☐	99 degrees F.	Oral/Rectal/Axillary/
Pulse	☐	65 per minute	
Respiration	☐	11 per minute	
Blood Pressure	☐	165/110	
Written Record Maintained	☐		
EXAMINATION:			
Verbal History	☐	Victim unconscious	SUSPECTED DIAGNOSIS: Fractured Skull
Allergies	☐	Victim unconscious	
Head	☐	Bump behind rt. ear	EVACUATION METHOD: Helicopter _____ Litter _____ Add'l PJ's _____
Eyes	☐	Rt. eye dilated	
Ears	☐	Blood not clotting	NC - no's : Morphine, left alone, IV to much- to fast, unnecessary movement, anything by mouth
Nose	☐	Normal	
Skin	☐	Normal	ORAL: Polymagma _____ Tetracycline _____ Meclizine _____ Chloroquine _____ H2O Tabs. _____ Aspirin _____ Dexedrine _____
Mouth & Throat	☐	Normal	
Neck	☐	Normal	TOPICAL: Zephrine _____ Bacitracin _____ Phisoex _____ Collodian _____ Tetracaine _____ Neosporin _____ Norm.Saline _____
Chest	☐	Normal	
Abdomen	☐	Normal	INJ: Morphine _____ Codeine _____ Demerol _____ Phenergan _____ Epinephrine _____ Penicillinase _____ Chloramphenicol _____ Wyamine _____ Penicillin G _____ Anti-venom _____ Dextran _____ Dextrose/So.C _____
Genitalia	☐	Normal	
Extremities	☐	As stated in problem	
SPINE	☐	Normal	
Neurological	☐	Unconscious	

303 ARRS, 19 Aug 70

PROBLEM NO. 1INSTRUCTOR GUIDE

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DIAGNOSIS: 1. Skull Fracture
2. Increased intracranial pressure
3. Lower leg laceration with venous hemorrhage

TREATMENT: 1. Establish and maintain open airway.
2. Apply pressure dressing to wound site.
3. Obtain vital signs and keep written record.
4. Record all clinical findings, any changes in the victims condition:
a. Level of consciousness
b. Temperature every two hours
c. Vital signs, every 15-30 minutes
4. Head elevated (shock position for head injury).
5. Treat for shock
6. Establish IV Dextrose and Sodium Chloride or Lactated Ringers solution. Drip should be regulated to a slow drip (probably 15-30 drops per min.).
7. Administer antibiotic (chloramphenicol, I.V., or Penicillin G).
8. Catheterize and monitor I & O.
9. Never leave the patient unattended.
10. Conduct an adequate general examination to determine any further injury.

CONTRAINDICATIONS: 1. Anything by mouth.
2. Morphine or Narcotic.
3. I.V. to fast.
4. Unnecessary movement.