

# Japan

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Because “My Experiences with the Small Hospital Clinical Skills Enhancement Program” is too many words.

# Small Hospital Clinical Skills Enhancement Program (SHCSE): Mission

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- Small hospitals within AFMS
- Critical juxtaposition:
  - Militarily important sites- potential for major wartime/CBRNE threats
  - Isolated healthcare systems
  - Largely healthy/prescreened population

# Locations

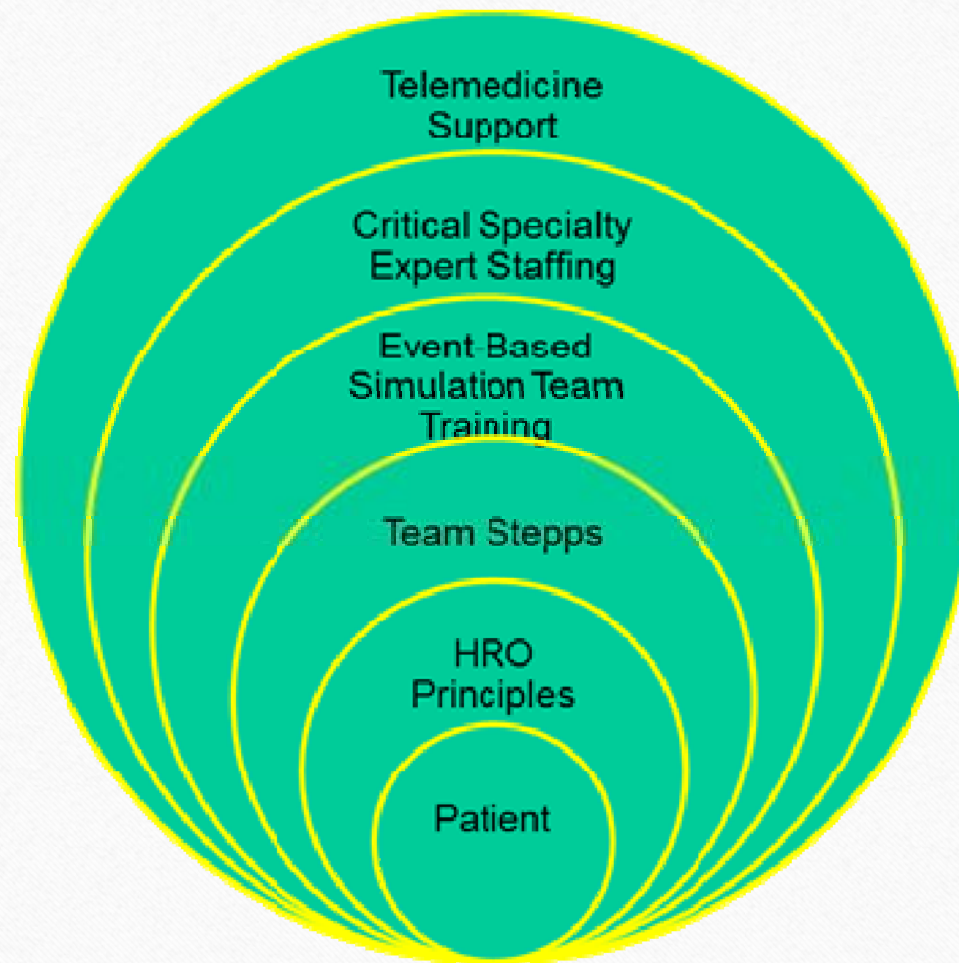
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Osan

Misawa

Yokota





# My Experience

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# Daily shifts

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**CHOOSE YOUR OWN ADVENTURE® 16**

THE CLASSIC SERIES IS BACK!  
CHOOSE FROM 29 POSSIBLE ENDINGS.

## SECRET OF THE NINJA

BY JAY LEIBOLD

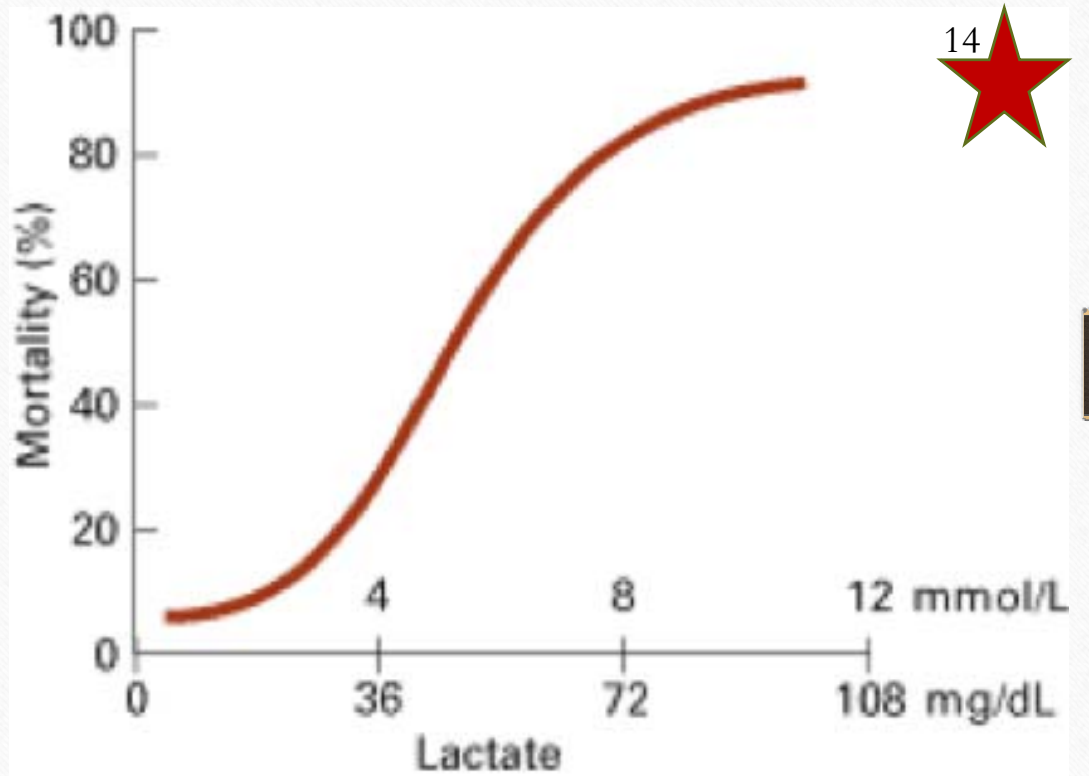


# Interesting Cases

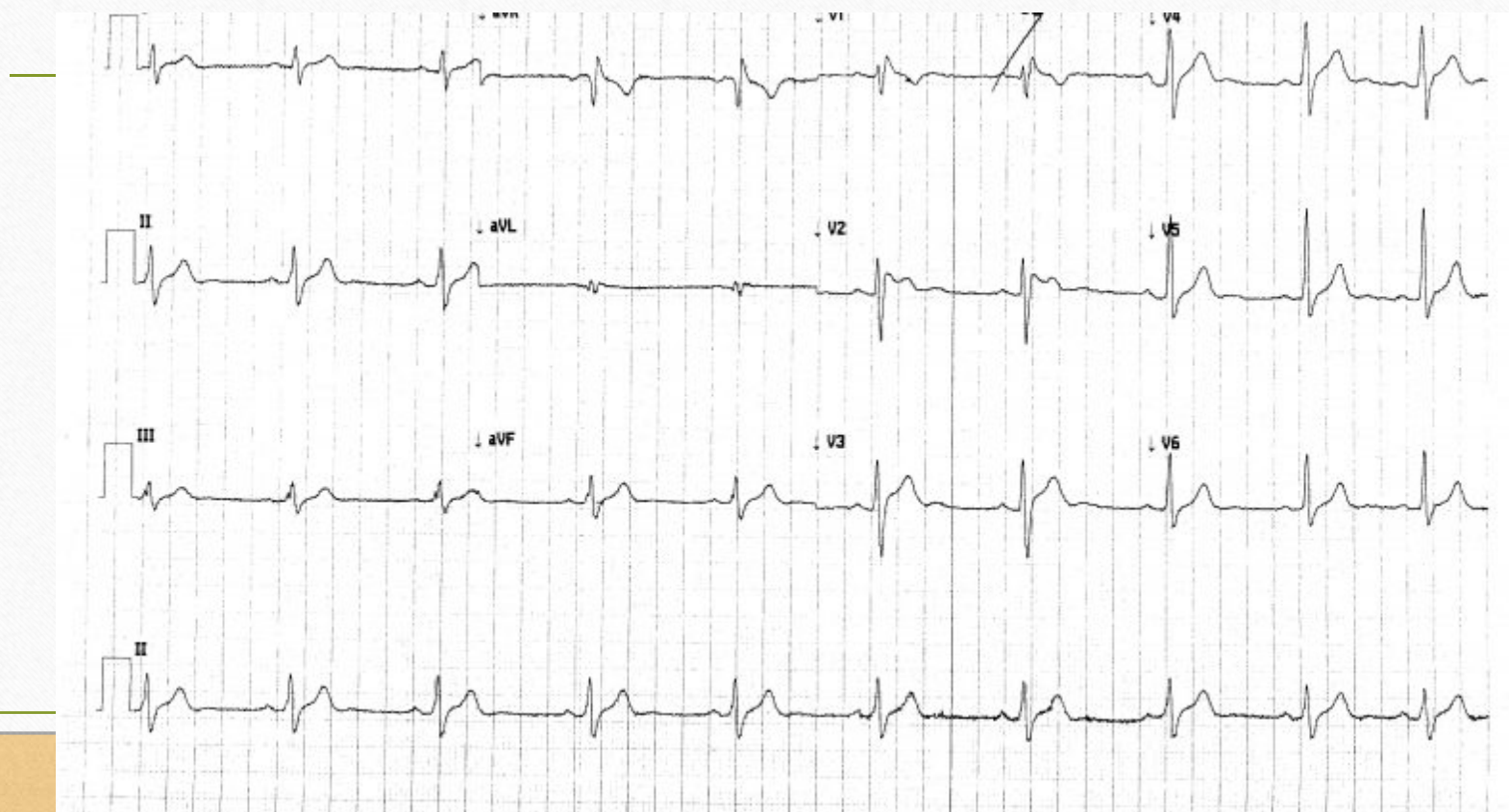


## Interesting Cases

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# Interesting Cases



# Interesting Cases

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# Interesting Cases



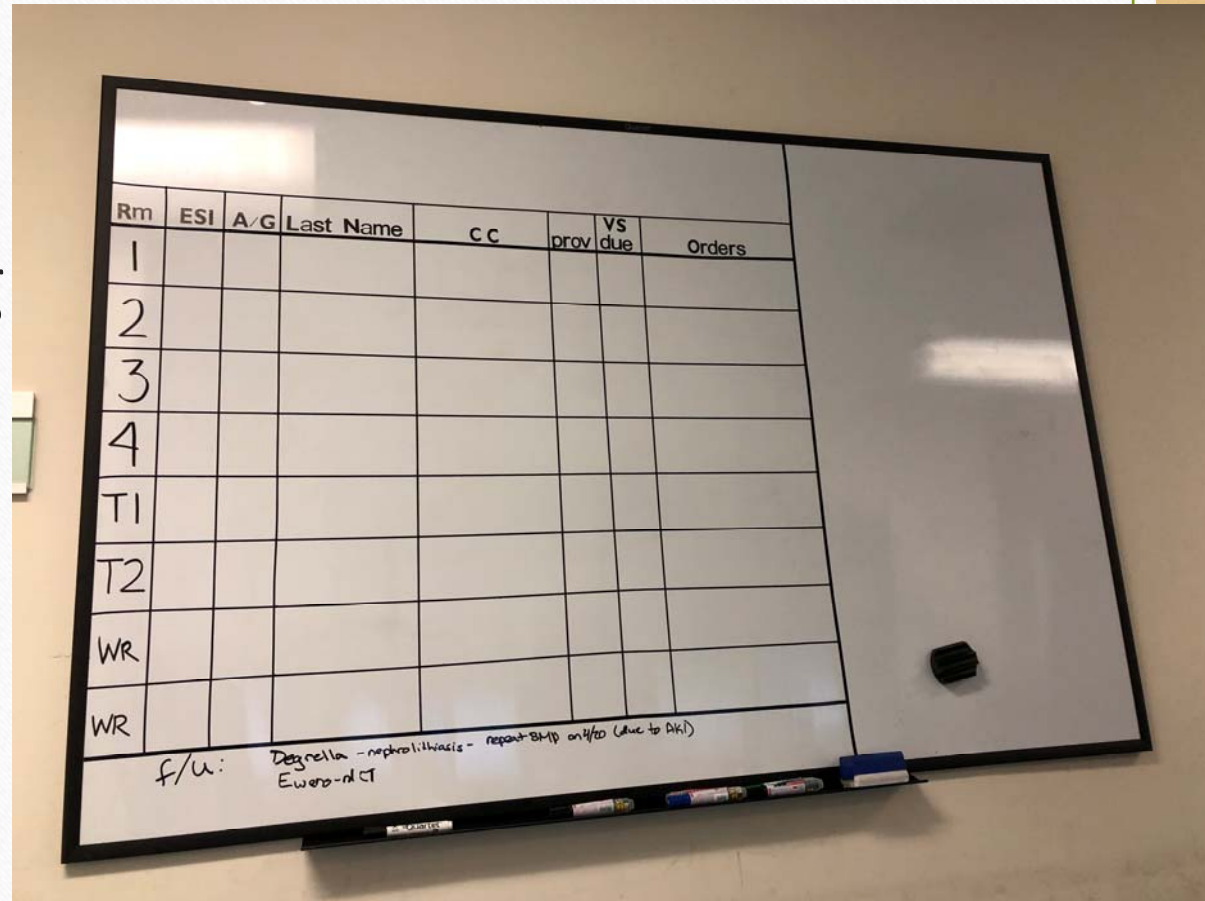
# On Shift Teaching

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# On Shift Teaching

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A whiteboard with a grid for patient care. The grid has 8 columns: Rm, ESI, A/G, Last Name, CC, prov, VS due, and Orders. The rows are numbered 1 through 4, followed by T1, T2, WR, and WR. At the bottom of the whiteboard, there are handwritten notes: f/u: Degrella - nephrolithiasis - repeat BMP on 4/20 (due to AKI) and Ewers - n/c.

Rm	ESI	A/G	Last Name	CC	prov	VS due	Orders
1							
2							
3							
4							
T1							
T2							
WR							
WR							

f/u: Degrella - nephrolithiasis - repeat BMP on 4/20 (due to AKI)  
Ewers - n/c

# On Shift Teaching

## YOKOTA UC Adult Standing Orders

Instructions: After intake and bed placement, initiate protocols if the provider is not available

<u>WHEEZING: h/o asthma/COPD (no CP)</u>	<u>CHEST PAIN/SOB</u>	<u>VOMITING/DIARRHEA</u>	<u>ABDOMINAL PAIN</u>
<input type="checkbox"/> DuoNeb (ipratropium 0.5mg/albuterol 2.5mg) x1, may follow with Albuterol neb 2.5mg x2 PRN	<input type="checkbox"/> EKG <input type="checkbox"/> CXR (PA/Lat if stable, portable if not) <input type="checkbox"/> Cardiac Set: <i>(only for pts &gt;33yrs)</i> CBC, CMP, troponin	<input type="checkbox"/> female: UA, urine hCG <input type="checkbox"/> Zofran 8mg ODT x1 if vomiting <input type="checkbox"/> PO Challenge after 20 mins of Zofran	<input type="checkbox"/> NPO, IV lock <input type="checkbox"/> UA, urine hCG <input type="checkbox"/> CBC, CMP, Lipase <input type="checkbox"/> >35 yrs: EKG
<u>FEVER</u>	<u>SYNCOPE/NEAR SYNCOPE</u>	<u>VAGINAL BLEEDING/D/C PELVIC PAIN</u>	<u>FLANK PAIN/KIDNEY STONE</u>
<input type="checkbox"/> Tylenol 975mg PO x1 <input type="checkbox"/> If male or post-menopausal female: Ibuprofen 800mg PO x1 <input type="checkbox"/> if urinary sx: UA, urine hCG	<input type="checkbox"/> D-stick glucose <input type="checkbox"/> EKG <input type="checkbox"/> IV lock	<input type="checkbox"/> UA, urine hCG <input type="checkbox"/> CBC If Pregnant or suspected: <input type="checkbox"/> hCG quantitative <input type="checkbox"/> ABO blood type	<input type="checkbox"/> UA, urine hCG <input type="checkbox"/> CBC, CMP <input type="checkbox"/> If male or post-menopausal female: ketorolac 15mg IV x1
<u>BEHAVIORAL/OD</u>	<u>SUSPECTED FRACTURE</u>	<u>LACERATION</u>	<u>GENERAL ORDERS</u>
<input type="checkbox"/> SI Panel: CBC, CMP, EtOH, acetaminophen level, salicylate level, TSH, UA, urine drug screen <input type="checkbox"/> urine hCG <input type="checkbox"/> EKG	<input type="checkbox"/> X-ray site of maximal pain <input type="checkbox"/> Obvious deformity: x-ray joint above and below as well <input type="checkbox"/> NPO	<input type="checkbox"/> Irrigate copiously with normal saline <input type="checkbox"/> obtain date of last tetanus shot	<input type="checkbox"/> Visual acuity for eye complaints <input type="checkbox"/> proparacaine 0.5% 1-2gtt for eye pain <input type="checkbox"/> If getting labs, start IV+saline lock.

Orders entered by: \_\_\_\_\_/time \_\_\_\_\_

Drawn and sent by: \_\_\_\_\_/time \_\_\_\_\_

Affix Patient Label Here

# Hospital Teaching



# Hospital Teaching

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# Hospital Teaching

18	32	red		not moving, follows commands, no respiratory distress, no major hemorrhage, but no radial pulse
19	41	black	open airway	not moving, not breathing, apneic after repositioning.
20	46	green		runs to treatment area, very anxious but without obvious injuries. obeys commands, strong radial pulse, no trouble breathing
21	24	black	open airway	severe head and neck injuries, not breathing. Not breathing after airway positioning.
22	50	red	open airway	severe head injury. Not breathing initially, but starts breathing after airway is opened. Unresponsive, has pulse, no hemorrhage
23	41	red		shrapnel impaled in neck. Breathing 1/second with bubbles from neck wound. Not responsive. No peripheral pulse.
24	28	red	bleeding control	spurting blood from left thigh. Still bleeding after tourniquet. Faint radial pulse.
25	52	red		Tried to make it to treatment area but has to sit down to catch breath. Obvious respiratory distress but no signs of chest injury
26	30	red	open airway	unable to walk (dazed/confused), bilateral lower extremity deformities, severe facial trauma, unable to breathe. Able to follow commands
27	8	yellow		unable to walk due to leg trapped under fallen debris. Obvious femur deformity, but obeys commands, has a radial pulse
28	57	red	needle decompression	unable to walk due to severe shortness of breath. Blunt trauma to left side of chest with flail segment. Weak radial pulse
29	19	red	bleeding control	unable to walk with severe pain and pulsatile bleeding from right thigh. No peripheral pulse. Obeys commands, no trouble breathing
30	9	red	open airway	unconscious, not breathing but respirations restart after airway opening and 2 rescue breaths. Weak peripheral pulse, no pulse
31	5	black	open airway	unresponsive, apneic after airway positioning and 2 rescue breaths. Faint carotid pulse.
32	55	red	bleeding control	unresponsive, but breathing. Severe cut on left thigh, heavy bleeding (responds well to TKT)
33	27	red		unresponsive, large laceration to right temple with moderate bleeding. Strong radial pulse, no trouble breathing.
34	4	black	open airway, rescue breaths	unresponsive, not breathing. Still apneic after airway opening and rescue breaths. No major bleeding, no pulse.

# Hospital Teaching

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## Scenario 3

### 911 call:

"I'm over by that construction in building 12345, and one of the walls just came down! Some of my guys are hurt, please send help quick!"

### EMS Arrival:

You arrive at scene and see a partially collapsed building. Fire has already arrived and you can see multiple bodies on the ground.

When asked, Fire Incident Commander reports that the scene is safe as long as you don't go into the building. The fire team has cleared the building and dragged all patients out into the parking lot, but they aren't sure about the total number of patients.

### SALT Triage/DIME count:

Patient #: 3R, 2Y, 1G, 1B (D2 I3 M1 E1)

### Critical points:

1. Scene Safe/Coordination with IC
2. Recognize MCI, Activate MCRP
3. SALT Triage
4. DIME Count
5. Patient loading, transport

### NOTES:

# Anaphylaxis



# Anaphylaxis



## Section I: Scenario Demographics

Scenario Title:	Anaphylaxis
Date of Development:	
Target Learning Group:	<input checked="" type="checkbox"/> Medics <input type="checkbox"/> Nurses <input type="checkbox"/> Docs <input type="checkbox"/> All Groups

## Section II: Scenario Developers

Scenario Developer(s):	
Affiliations/Institution(s):	
Contact E-mail (optional):	

## Section III: Curriculum Integration

Learning Goals & Objectives	
Educational Goal:	To manage a patient who presents to 911 with anaphylaxis.
Medical Objectives:	1) Identify patients who are experiencing anaphylaxis 2) Identify indications for and appropriately administer an epinephrine auto-injector 3) Identify patients who require oxygen support during anaphylaxis 4) Identify patients who might benefit from benadryl and/or albuterol 5) Identify patients who require a second epinephrine auto-injector

## Section IV: Scenario Script

Case Summary: Brief Summary of Case Progression and Major Events
A 30y/o male experiences anaphylaxis after a bee sting. He responds well initially to an Epi-pen, Benadryl, and albuterol, but then worsens and requires a second epi-pen. He then stabilizes for transport.

A. Clinical Vignette: To Read Aloud at Beginning of Case
You are called to (random outdoor location) for a patient with rash and trouble breathing.

B. Role Players	
Patient:	<input type="checkbox"/> Computerized Mannequin <input type="checkbox"/> Mannequin <input checked="" type="checkbox"/> Evaluator acts as patient <input type="checkbox"/> Task Trainer
Others:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Required Equipment	
<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> epi-pen x2
<input checked="" type="checkbox"/> Stethoscope	<input checked="" type="checkbox"/> albuterol and nebulizer set-up
<input checked="" type="checkbox"/> Monitor/Defibrillator	<input checked="" type="checkbox"/> oxygen
<input checked="" type="checkbox"/> IV Bags/Lines	<input type="checkbox"/>
<input checked="" type="checkbox"/> IV Push Medications (IM Benadryl)	<input type="checkbox"/>

Scenario States, Modifiers and Triggers			
Patient State	Patient Status	Learner Actions, Modifiers & Triggers to Move to Next State	
<b>1. Baseline State</b> HR: 110 BP: 90/70 RR: 30 O <sub>2</sub> SAT: 90% T: 98.7F	Patient is anxious, having trouble breathing.	<u>Learner Actions</u> <input type="checkbox"/> scene safe/BSI <input type="checkbox"/> ABCs eval and recognition of anaphylaxis <input type="checkbox"/> Monitor, full set of vitals <input type="checkbox"/> appropriate H&P <input type="checkbox"/> epipen IM x1	<u>Triggers</u> <ul style="list-style-type: none"> <li>If epipen administered →#2</li> <li>If no epipen w/in first 5 minutes, →#5</li> </ul>
<b>2. Patient improves, but still symptomatic</b> HR → 80 BP → 110/90 RR still elevated	Patient starts to feel better after Epi-pen, but still complaining of itchy rash and difficulty breathing	<u>Learner Actions</u> <input type="checkbox"/> diphenhydramine 25-50mg IM <input type="checkbox"/> albuterol 2.5mg in 3cc NS	<u>Triggers</u> <ul style="list-style-type: none"> <li>After 5 minutes, →#3</li> </ul>
<b>3. Anaphylaxis rebounds</b> HR →120 BP→90/60 RR increases, worsening wheezing	Patient states "oh man, I'm starting to feel worse again"	<u>Learner Actions</u> <input type="checkbox"/> Epi-pen IM x1	<u>Triggers</u> <ul style="list-style-type: none"> <li>If 2<sup>nd</sup> epi-pen given →#4</li> <li>If no repeat epi, →#5</li> </ul>
<b>4. Improvement</b> HR →80 BP→120/80	Patient improves significantly	<u>Learner Actions</u> <input type="checkbox"/> give appropriate report <input type="checkbox"/> transport	<u>Triggers</u> <b>END SCENARIO</b>
<b>5. Worsens/Arrests</b> SpO <sub>2</sub> →80% HR → very tachy, then arrest BP → dropping, then arrest	Patient experiences dropping blood pressures and then codes.	<u>Learner Actions</u> <input type="checkbox"/> BLS algorithm	<u>Triggers:</u> run BLS code for a few minutes, then stop the sim.  <b>END SCENARIO</b>





Questions?

