SAMPLE / OPQRST Scenarios

Outdoor Emergency Care

Bill Person
Tahoe Backcountry Ski Patrol
Fall, 1999

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SAMPLE/OPQRST Scenarios
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The idea for this presentation and some of the problems came from an EMT course taught by Victor Hernandez at Sierra College. Any mistakes in the implementation are mine.

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Overview and Introduction

Objective:

1. Introduce, train and reinforce SAMPLE and OPQRST questions for assessment of medical complaints.
2. Reinforce collection and use of vital signs
3. Establish connection to trauma exam
4. Motive learning for medical signs & symptoms.

Organization:

About 20 problems will be presented. Instructor initially functions as rescuer and then each student. Students are in a single group. They rotate in order through roles as:

Next patient
Patient
Assistant
Rescuer
Observers. (remaining students)

The "next patient" is on deck being prepared to present appropriately for the next scenario. Each student will play each role at least once.

Instructor behaviors:

This drill requires three instructors minimum:

(1) The “on deck” instructor prepares the “next patient” for the signs and symptoms the patient is to reflect and report.

(2) The “signs and symptoms” instructor initially reports skin signs and other appearance signs that cannot be effectively acted by the patient When vital signs are taken, the instructor reports the actual values.

(3) The “master rescuer” instructor evaluates and extends the examination and keeps things moving.

Remember the criticism sandwich. If the student asks SAMPLE and OPQRST effectively, then complete the round by clarifying after complementing the performance, especially by commenting on the ailment and the extension questions or treatment when appropriate. If SAMPLE/OPQRST is not done effectively, then quickly do the examination properly.

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(Female) Unidentified first trimester pregnancy (with spotting);

Possible ectopic pregnancy unknown to patient

Initial appearance reported by instructor:

Walk in to FAR

The patient is warm, moist and pink, not in extreme distress.

Vitals values reported by instructor when taken:

Pulse - 72

Respiration - 16

B/P - 110/70

Skin Signs - warm, pink, moist

LOC - A & O x 4

Patient symptoms - abdominal pain and nausea.

(Spotting revealed on probing[*see comment next scenario]* not usual for her)

Five weeks since last period

AMPLE:

Allergies - antibiotics

Meds - none noted

Prior history - none of note

Last oral intake - nothing today

Events leading to call - abdominal pain became worse

OPQRST:

Onset - last several weeks

Provokes - early in day. Proximity of food

Quality - crampy

Radiates - no

Strength - 5 of 10

Time - Substantial part of each day

Outcome:

Requires prompt medical care for spotting & pre-natal care

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(Female) Sexually Transmitted Disease

Initial appearance reported by instructor:

Employee - walk in to FAR

The patient is warm, moist and pink, not in extreme distress but obviously very worried.

Vitals values reported by instructor when taken:

Pulse - 80
Respiration - 16
B/P - 120/80
Skin Signs - warm/dry/pink
LOC - A&Ox4

Patient symptoms

Lower quadrant pain - just not right
(yellowish, bad smelling vaginal discharge revealed on probing *private medical history)*

AMPLE:

Allergies - none
Meds - insulin
Prior history - controlled diabetes (not relevant to current call)
Last oral intake - Dinner sandwich
Events leading to call - discharge worries her

OPQRST:

Onset - this week
Provokes - always there
Quality - burning, crampy
Radiates - no
Strength - 4 of 10
Time - constant, comes and goes

Outcome:

Requires prompt medical care for STD

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(Female) Urinary Tract Infection

Employee - walk in to FAR

Initial appearance reported by instructor:

The patient is warm, moist and pink, not in extreme distress but obviously worried

Vitals values reported by instructor when taken:

Pulse - 80
Respiration - 16
B/P - 120/80
Skin Signs - warm/pink/moist
LOC - A&Ox4

Patient symptoms

burning during urination; blood in urine, urgency to urinate, some back pain and low grade fever.

AMPLE:

Allergies - penicillin & sulfa
Meds - Prozac
Prior history - chronic depression
Last oral intake - dinner
Events leading to call - getting worse and worse pain

OPQRST:

Onset - 24 hours
Provokes - urination
Quality - burning
Radiates - to flanks
Strength - 7 of 10
Time - cyclic

Outcome:

Requires prompt medical care

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Severely dehydrated infant (3 months old)

Initial appearance reported by instructor:

Walk in to FAR by parent

The baby is lethargic, altered, flaccid. Pale, dry skin, eyes lackluster with dark circles, no tears with crying

Vitals values reported by instructor when taken:

Pulse - 100

Respiration -16

B/P - difficulty in measuring

Skin Signs - dry LOC - altered - lethargic

Fontanels (soft spots of skull) depressed

Patient symptoms

Baby is lethargic, will not nurse or respond to parent

(decrease of number of wet diapers than usual)

AMPLE:

Allergies - none known

Meds - vitamins

Prior history - respiratory infection

Last oral intake - hasn't nursed for over 24 hours

Events leading to call - extreme lethargy

OPQRST:

N/a

Outcome:

O2

This is an <u>extreme</u> medical emergency - code-3 ambulance

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Febrile seizures in infant (3 months old)

Walk in to FAR by parents

Initial appearance reported by instructor:

nasal discharge, baby had a seizure, screaming loudly

Vitals values reported by instructor when taken:

Pulse 140
Respiration 25
B/P not measured
Skin Signs - very hot/dry/pale
LOC - seizure

Patient symptoms

Baby is lethargic, will not nurse or respond to parent

AMPLE:

Allergies - none known
Meds – baby Tylenol
Prior history - none
Last oral intake - nursed one hour ago
Events leading to call – seizure. S/s of cold

OPQRST:

N/a

Outcome:

Immediate cooling with tepid water without causing shivering
urgent medical attention - hypoxia associated with seizures

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Infant Foreign Body Airway Obstruction (7 months old)

NOTE: Requires infant CPR skills

Initial appearance reported by instructor:

Interrupted lunch in cafeteria. Baby is purple and thrashing without making any sounds while attempting to cry. Parents are screaming and the infant has a look of fear.

Vitals values reported by instructor when taken:

Pulse - 120
Respiration – nil (none without stridor)
B/P - not measured
Skin Signs warm/red-purple/moist
LOC - altered

Patient symptoms:

Initial appearance.

AMPLE:

Allergies - none
Meds - none
Prior history - none
Last oral intake - was eating
Events leading to call - symptoms in cafeteria (usually unattended and discovered)

OPQRST:

N/a

Outcome:

Infant FBAO followed by urgent medical attention to deal with laryngeal edema or injury and injury secondary to back blows and chest thrusts

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Cocaine Overdose (15 years old)

Initial appearance reported by instructor:

Brought in by friend during concert
Patient appears gray/cool/clammy.

Vitals values reported by instructor when taken:

Pulse – uncountable, very fast
Respiration - rapid and shallow
B/P - 220/160
Skin Signs
LOC - Altered knows name and event (anxious!!!)

Patient symptoms

extreme agitation, belligerent and chest pain

AMPLE:

Allergies - hay fever
Meds - initially denies any. In fact doing "Black & White")
Prior history - none known
Last oral intake - none today
Events leading to call - friend frightened

OPQRST:

Onset - 20 minutes ago
Provokes - provoked by drug ingestion
Quality - crushing
Radiates - no
Strength - 10 of 10
Time - constant, increasing since onset

Black & White is codeine coupled with heroin. Heroin wears off and "speedy substance takes over" Also called Adam and Eve, Mary and Joseph and yin and yang)

Outcome:

O2
This is an <u>extreme</u> medical emergency

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Eating disorder (14 year old female)

Initial appearance reported by instructor:

Age 14 female
The patient appears to be in pain
Guest leads you to patient in woman's restroom

Vitals values reported by instructor when taken:

Pulse - 140
Respiration – 24 and shallow
B/P - not measurable
Skin Signs - cool/pale/clammy
LOC – Altered, complaining of thirst

Patient symptoms

Reluctant to report repeated vomiting
Anxiety & lethargy alternate

AMPLE:

Allergies - none
Meds - diet pills (*Dexatrim and others)*
Prior history - history of eating disorders (initially denied)
Last oral intake - nothing for five days
Events leading to call - friend found her in rest room altered LOC

OPQRST:

n/a

Outcome:

O2
This is an <u>extreme</u> medical emergency

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Alcohol poisoning (age 17)

Initial appearance reported by instructor:

Age 17
Patient stumbles into FAR with friend

Vitals values reported by instructor when taken:

Pulse - 72
Respiration – 8
B/P – 100/70
Skin Signs - cool/pale/clammy
LOC - Altered

Patient symptoms

Patient alternately high and sluggish. Has not vomited

AMPLE:

Allergies - none
Meds – alcohol
Prior history - chronic abuser
Last oral intake - nothing today other than alcohol
Events leading to call - fearful friend

OPQRST:

n/a

Outcome:

EMS/Law needed
O_2
Be prepared for airway management and vomiting

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New hypertension drug

Initial appearance reported by instructor:

Age 15
Patient appears pale, moist

Vitals values reported by instructor when taken:

Pulse - 110
Respiration – 20
B/P – 90/70
Skin Signs – pale, moist, cool
LOC - altered

Patient symptoms:

Weak, dizzy, altered

AMPLE:

Allergies - none
Meds – new hypertension drug this week
Prior history – juvenile hypertension
Last oral intake - unremarkable
Events leading to call - fearful friend

OPQRST:

n/a

Outcome:

Prompt medical attention due to low bp

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Exercise induced insulin shock with seizure

Initial appearance reported by instructor:

Cross-country skier

Unresponsive patient reported in lobby.

Vitals values reported by instructor when taken:

Pulse - 110

Respiration – 16

B/P – 110/75

Skin Signs – pale, cool

LOC – oriented to person, time, place but not events

Light headed

Patient symptoms:

Very lethargic, sleepy. Wearing medic alert - diabetic

Legs feel leaden

Friend reports patient exercising hard before collapsing and thrashing around

AMPLE:

Allergies - none

Meds - insulin

Prior history - diabetic

Last oral intake – very light breakfast

Events leading to call – collapsed in lobby

OPQRST:

N/a

Outcome:

Administer sugar & O2 for good measure. Medical attention.

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Heart attack (myocardial infarction/chest pain)

Initial appearance reported by instructor:

Respond to base of bunny hill

Age 55, in pain, gray, diaphoretic

Vitals values reported by instructor when taken:

Pulse – 120 & irregular
Respiration – 22 - can't catch breath/air hungry
B/P – 120/90
Skin Signs – pale, moist, diaphoretic
LOC – Altered/anxious

Patient symptoms:

Seated on ground clutching chest
Crushing chest pain

AMPLE:

Allergies - none
Meds – none
Prior history – nothing remarkable
Last oral intake - Lunch
Events leading to call – terrible chest pain

OPQRST:

Onset – 10 minutes ago
Provokes – any movement
Quality – crushing
Radiates – to left arm
Strength – 11 of 10
Time – continuous. Sitting still does not improve things

Outcome:

Heart attack in progress. O2 high flow & Code-3 EMS

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Stroke

Initial appearance reported by instructor:

Respond to cafeteria
Left eye doesn't focus, appears pale

Vitals values reported by instructor when taken:

Pulse - 90
Respiration – 16
B/P – 150/95
Skin Signs – pale
LOC – altered
Unequal grip if checked
Speech?

Patient symptoms:

Altered, anxious, absolutely horrible headache. Not photo-sensitive.

AMPLE: (from spouse)

Allergies - none
Meds – bp meds, takes irregularly
Prior history – hypertension
Last oral intake - lunch
Events leading to call – spouse frightened by altered state

OPQRST:

Onset – hour ago
Provokes – nothing
Quality – stabbing
Radiates – no
Strength – 15 of 10
Time – continuous. Nothing helps

Outcome:

Probably stroke; O2 & Code-3 EMS.

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Adult Foreign Body Airway Obstruction

Note: Requires adult CPR skills

Initial appearance reported by instructor:

In the cafeteria – another interrupted lunch

Vitals values reported by instructor when taken:

Pulse - 110
Respiration – 24
B/P – 140/88
Skin Signs – purple
LOC – A & O x 4

Patient symptoms:

Grasping neck. No sound.

AMPLE:

Allergies - none
Meds – none
Prior history – none
Last oral intake - eating
Events leading to call – obvious symptoms

OPQRST:

N/a

Outcome:

Heimlich clears it. Call EMS

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Extreme dehydration

Initial appearance reported by instructor:

Looks terrible. End of a skiing marathon.

Vitals values reported by instructor when taken:

Pulse – 115
Respiration – 24
B/P – 120/80
Skin Signs – hot, dry, flushed
LOC – slightly altered

Patient symptoms:

Nausea.

AMPLE:

Allergies - none
Meds – none
Prior history – nothing, a super jock
Last oral intake – Nothing to eat or drink during race
Events leading to call – worried coach

OPQRST:

N/a

Outcome:

Possible fluids & EMS

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Transient Ischemic Attack

Initial appearance reported by instructor:

Walk in to FAR with spouse
Looks disoriented
Spouse reports patient was "really out of it." For a while. Crazy with pain.

Vitals values reported by instructor when taken:

Pulse - 90
Respiration – 16
B/P – 150/95
Skin Signs – pale
LOC – altered

Patient symptoms:

Anxious, bad headache. Getting a little better now. Not photo-sensitive.
Prior episodes of poor recall, aberent behavior

AMPLE: (from spouse)

Allergies - none
Meds – bp meds, high cholesterol meds
Prior history – hypertension, cholesterol meds
Last oral intake - lunch
Events leading to call – spouse frightened by altered state

OPQRST:

Onset – 15 minutes ago
Provokes – it just came on in an instant
Quality – stabbing
Radiates – no
Strength – 10 of 10
Time – Was worst for just a few seconds. Now it just hurts.

Outcome:

Probable TIA; O2 & EMS or immediate medical attention.

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Gall Bladder

Initial appearance reported by instructor:

Gray, diaphoretic

Vitals values reported by instructor when taken:

Pulse - 90
Respiration – 20
B/P – 140/90
Skin Signs – pale, cool, diaphoretic
LOC – A & O x 4

Patient symptoms:

Severe central chest pain - *low substernal*

AMPLE:

Allergies - none
Meds – hypertensive drugs
Prior history – hypertension
Last oral intake - Lunch
Events leading to call – Chest pain

OPQRST:

Onset – just after lunch (an hour ago)
Provokes –lunch?
Quality - squeezing
Radiates - no
Strength – 7 of 10
Time – lessening now

Outcome:

O2 & EMS possible heart attack. Later identified as gall bladder.

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Severe Migraine Headache

Initial appearance reported by instructor:

Patient appears normal

Vitals values reported by instructor when taken:

Pulse - 72
Respiration – 16
B/P – 120/80
Skin Signs – normal
LOC – A & O x 4

Patient symptoms:

Patient reports neurological impairment and lack of motor ability in arms and shoulders. Episode occurred about an hour ago. Reports headache now. Photosensitive. Reports “aura” early this morning on way up the hill. Carsick on way to mountains

AMPLE:

Allergies - none
Meds – none
Prior history – Migraine Headaches
Last oral intake – Breakfast plus recent soda.
Events leading to call – worried about impairment

OPQRST:

Onset – about an hour ago
Provokes - nothing
Quality - exploding
Radiates - no
Strength – 9 of 10
Time - pulses

Outcome:

Symptoms of migraine. Advised MD.

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Asian parasite - joint pain and fever

Initial appearance reported by instructor:

Employee walks into first aid room
Minor stiffness walking

Vitals values reported by instructor when taken:

Pulse – as found
Respiration – as found
B/P – as found
Skin Signs – pink, hot, moist
LOC – A & O x 4

Patient symptoms:

Fever, lethargy, joint pain.

AMPLE:

Allergies - none
Meds – malaria prophylaxis
Prior history – none
Last oral intake - normal
Events leading to call – symptoms seem worse today

OPQRST:

Onset – three days ago
Provokes – motion hurts
Quality – needles in joints
Radiates - nope
Strength – 3 of 10
Time – constant with motion

Outcome:

Advise prompt MD
Rview travel history and foot problems (some of these are picked up by entering through skin of feet)

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Fall - ruptured spleen slow bleed

Initial appearance reported by instructor:

Looks pale, ashen

Vitals values reported by instructor when taken:

Pulse - 115
Respiration – 22
B/P – 90 (by palpation)
Skin Signs – pale, gray, cool
LOC – A & O x 4
Referred shoulder pain (Kehr's sign)

Patient symptoms:

Age=50; non-skier, been in cafeteria all day. Reports no slip and fall. Upper abdominal pain. Denies food problem. On extensive questioning admits taking a fall from the attic onto the corner of the washing machine this morning.

AMPLE:

Allergies - none
Meds – none
Prior history – none
Last oral intake - none
Events leading to call – decreasing condition

OPQRST:

Onset – 3 hours ago
Provokes - nothing
Quality - burning
Radiates – to shoulder
Strength – 8 of 10
Time – getting worse and worse

Outcome:

O2 & Code-3 EMS

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Exercise induced asthma

Initial appearance reported by instructor:

Patient walks into FAR

Vitals values reported by instructor when taken:

Pulse - 80
Respiration – rapid, shallow and quiet
B/P – 110/70
Skin Signs – slightly pale
LOC – A & O x 4

Patient symptoms:

There is no problem, but patient speaks in one or two word phrases. Denies any problem. Seems to be whispering. Shallow breathing is not obvious and almost impossible to count. W*heezing*

AMPLE:

Allergies - many nasal allergies
Meds –Initially denies inhaler. Doesn't have it with her.
Prior history – Asthma, but considers it ancient history
Last oral intake - lunch
Events leading to call – friend insisted she come in

OPQRST:

Onset – 30 minutes ago
Provokes - exercise
Quality – shortness of breath
Radiates – n/a
Strength – nothing like this before
Time – seems constant

Outcome:

O2 and time let her return to normal. Advise MD.

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Early Appendicitis

Initial appearance reported by instructor:

Patient has normal appearance.
Walk in to FAR

Vitals values reported by instructor when taken:

Pulse - 110
Respiration – 20
B/P – 120/80
Skin Signs – hot, dry, flushed
LOC – A & O x 4

Patient symptoms:

Hot. Belly ache. On palpation, pain is central tending to lower right quadrant.

AMPLE:

Allergies - Sulfa drugs
Meds – none
Prior history – none
Last oral intake - Lunch
Events leading to call – increasing stomach pain

OPQRST:

Onset – 2 hours ago
Provokes – movement or shaking
Quality - sharp
Radiates - no
Strength – 6 of 10
Time - Increasing

Outcome:

Advise immediate MD.

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Chronic Back Pain

Initial appearance reported by instructor:

Age 45. Nothing special.

Vitals values reported by instructor when taken:

Pulse - 60
Respiration – 16
B/P – 130/80
Skin Signs – normal
LOC – A & O x 4

Patient symptoms:

"My back hurts something awful"

AMPLE:

Allergies – Penicillin
Meds – none
Prior history – none
Last oral intake - Lunch
Events leading to call – Back pain

OPQRST:

Onset – 3 years ago
Provokes – bending, standing
Quality - dull
Radiates - no
Strength – 3 of 10
Time – spasmodic

Outcome:

Advised routine MD.

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Bleeding ulcer - blood in stool

Initial appearance reported by instructor:

Age 40. Normal

Vitals values reported by instructor when taken:

Pulse - 80
Respiration – 20
B/P – 135/90
Skin Signs – normal
LOC – A & O x 4

Patient symptoms:

Upper belly pain. Weakness. On query only, black, terrible smelling, tarry stools.

AMPLE:

Allergies - none
Meds – antacids
Prior history – heartburn
Last oral intake – lunch (chili)
Events leading to call – stomach pain much worse.

OPQRST:

Onset – An hour ago
Provokes – food?
Quality - burning
Radiates - no
Strength – 7 of 10
Time – pretty constant

Outcome:

Advised immediate MD

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Food poisoning

Initial appearance reported by instructor:

Looks sick

Vitals values reported by instructor when taken:

Pulse – as found
Respiration – as found
B/P – as found
Skin Signs – sort of pale
LOC – A & O x 4

Patient symptoms:

Reports stomach pain. On query only, admit to vomiting several times

AMPLE:

Allergies - none
Meds – none
Prior history – none
Last oral intake – Yesterday's chicken salad sandwich (3 hours ago)
Events leading to call – symptoms.

OPQRST:

Onset – 30 minutes ago
Provokes - nothing
Quality – cramps
Radiates - no
Strength – 6 of 10
Time – pretty constant

Outcome:

Advised prompt MD.

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