

# Roof Man

## Scenario Overview:

The first aiders are faced with a trauma scenario where they are called to a man who has fallen from a roof of a two storey building and is screaming in pain. You could consider adding in a worried bystander to complicate the scene if you wanted to make it more difficult. The scenario will include central neck pain, rib injury, fractured pelvis and fractured mid-shaft femur leading to haemorrhagic shock.

## Difficulty:

Ambulance Crew (non HCP)

## How the scenario should progress:

If the femur and pelvis are not splinted effectively/efficiently and shock not treated you could get the patient to become unresponsive. When/if the patient is boarded, consider getting vomit or blood to 'block' or partially block the airway to test airway management. Patient condition will obviously not improve - depending on speed and effectiveness of intervention and extrication you can scale the deterioration to unconsciousness and decrease bp, increase pulse rate and resps accordingly. Sats will maintain as low 90s on 100% O2. If no O2, Sats will fall.

## Actor Tips:

You are in lots of pain so act it. You will not be able to concentrate that well on what's going on (voice response) because of all the pain and the internal blood loss. You will; need to potentially change how you act depending on how you are treated (the facilitator can help with this).

## Patient 1:

**Name:** Fred Lang **Age:** 34 **Sex:** Male

## Medication:

None Known

## Allergies:

Poppy seeds

## Past medical/family/social history:

Generally fit and well usually.

## Findings on examination:

Agonising pain in right leg, which is slightly shortened and inwardly rotated. Patient had fallen from the roof when inspecting what work needed to be done (for his job). Patient last ate a meal an hour or so ago. Small wound to head with bruising on left hand temple. Pupils equal and reactive. Mild pain in the centre of his neck. Patient can't remember exactly how he landed. Slightly bloody mouth. Trachea central, no deformity of the clavicle, ulna, radius or humerus. Pain on inhalation on left hand side with tenderness in chest wall. Abdomen soft with no guarding. Slight asymmetry in pelvis. Tibia and fibula appear ok on both legs. Skin colour is pale and is cold/clammy.

## Possible treatment from first aiders:

Spinal precautions, neurological assessment, respiratory exam, oxygen, Pelvis and femur splinted, ALS backup.

**Time after start:** 0 mins

<b>Response:</b>	Voice
<b>Airway:</b>	Partially blocked (blood)
<b>Breathing?</b>	Yes
<b>Respirations:</b>	21 shallow
<b>Pulse:</b>	135 weak
<b>Oxygen Sats:</b>	92 (maintained on O2)
<b>Pain Score:</b>	10/10 leg + other pain
<b>Blood Pressure:</b>	Systolic 92
<b>Blood Glucose:</b>	6.4