Pre-Event Checklist

- Runtime Documents Package (includes):
  - Exercise Controller Package
    - Exercise Controller Action Sheet
    - Guidelines for Exercise Management
    - Liaison Officer Worksheet(3)
  - System Controller Package
    - System Controller Action Sheet
    - Guidelines for Exercise Management
    - Liaison Officer Worksheet(3)
  - Executive Liaison Package
    - Executive Liaison Action Sheet
    - Guidelines for Exercise Management
    - Liaison Officer Worksheet(3)
    - Command Control Worksheet
  - Staff Liaison Package
    - Staff Liaison Action Sheet
    - Guidelines for Exercise Management
    - Liaison Officer Worksheet(3)
  - Physician Liaison Package
    - Physician Liaison Action Sheet
    - Guidelines for Exercise Management
    - Liaison Officer Worksheet(3)
    - Staff Assignment Roster
    - Staff Assignment Labels
    - Physician Chart Packages
      - Red 1
        - Cover Sheet
        - Charts
      - Red 2
        - Cover Sheet
        - Charts
      - Green 1
        - Cover Sheet
        - Charts
      - Green 2
        - Cover Sheet
        - Charts
      - Peds 1
        - Cover Sheet
- Reference Manual
- Disaster Plan (2) (includes):
  - Intro
  - Org Chart
  - Standard Operating Procedures
  - Job Action Sheets
  - Forms
- Hospital Map
- Evaluation Forms (25)
- Post-Test (25)
- Agenda (25)
- Patient Charts (175)

Exercise Controller

System Controller

Executive Liaison

Staff Liaison

Physician Liaison

Media

Media

Executive Liaison

Staff Liaison

Exercise Controller

System Controller

Physician Liaison

Area Red

Area Yellow

Area Green

Triage

Pediatrics

Conference Room

Exercise Controller (EC) Responsibilities

The Exercise Controller will act to oversee the overall control of the exercise.

Responsibilities of the Exercise Controller
Organizing and structuring all activities during the preparation phase
Organizing and coordinating the EM team staff
Creating all instructional material
Inviting the participants to the exercise
Preparing the participants for the exercise
Ensuring all activities begin and end on time
Co-ordinating all the activities throughout the exercise
Authorize and Facilitate manipulation of the scenario if required during the exercise. Notify System Controller to... ● Obtain the OR status ● Undelete and accidently discharged patient ● Book a STAT CT ● Book a STAT OR ● Add ED Beds ● Add a Hospital Resource
Combining input from Observers, Session Controllers, Lower Control, Higher Control, and Flank Control during the After Activity Review
Documenting any interactions with participants including response to questions and actions taken on the “Liaison Officer Worksheet.”
Providing explicit and no-fault feedback to exercise management staff and participants during the After Action Review

Please note that the scenario is designed to function smoothly with minimal input on your part. Your role will be mainly to address any unexpected requests or questions from participants or any disruptions in the scenario.

Guidelines for Exercise Management Staff

The overall goal is to encourage the participants to use the labor and resources in the simulation room to adequately treat the patients.

General Questions

- No agency is able to stop, divert, or delay the flow of patients.
- Additional physician assistance is available only from the Emergency Physican fan-out list
- All other services have already initiated their own fan-outs, and ensure us that they have maximized their capacity.

Questions Regarding Executive Support Generally answered by the Executive Liaison (EL)

Hospital Executive

- If requested to find a solution to admitted patients, the hospital executive will decree that an admitted patient be sent to the hallway of each ward. If this request is made, please contact the System Controller who will add 2 beds to each ward.
- If requested, other areas of the hospital, including plaster room or day-ward may be used. However, due to the shortage of nursing staff, only ambulatory patients can be diverted to these areas. If this occurs, please contact the system controller who will add another resource to the database.
- Hospital executives cannot do anything to prevent further patients from arriving.

Capital Health

- The hospital will have its Emergency Operations Center functional 45 min after the start of the disaster.
- The Health region is already negotiating with other health regions to find alternate places for patients.
- At present the regional authorities can do nothing to stop the influx of patients.

Emergency Medical Services

- EMS is unable to divert any patient in the scenario.
- EMS states that it is distributing the casualties equally between all hospitals. They cannot reduce the burden on our hospital further.
- If EMS is asked to stop resuscitation in the field, the reply is that the dispatcher is unable to reach them.

Other Hospitals

- Executives from other hospitals state that they too are overwhelmed and they are unable to provide any assistance.

Questions Regarding Physician Support
General answered by the Physician Liason (PL)

On-Call Physicians

- Physicians on call for all other services have been called to the hospital. All are busy with their respective services and none can come directly to the ED.
- The physician fan-out list will allow up to 10 physicians to be called into the emergency department. Delay times for each of the 10 physicians are listed below, which represent the time from initial request for staffing to arrival of the MD.

Physician Fan-Out Availability

	Time to arrival at department / min
1	1
2	5
3	10
4	10
5	10
6	15
7	15
8	25
9	30
10	30

Consultant Physicians

- If asked to provide additional labor, such as physicians or residents to assess patients directly, the consultant will reply that his/her service is overloaded also, due to the high number of consults being seen in emergency, and that they are unable to fulfill the request. The consultant services will see all consults in the ED as they are called, but cannot provide direct assessments of patients: all patients must be seen by an emergency physician first.
- All elective surgical cases have been canceled.

Questions Asked Regarding Support Staff
Generally answered by the Staff Liaison (SL)

Nursing

- Nursing staff have already been able to recruit adequate patient care nurses. Nursing care will not be a limiting factor.

Security

- Security has already called in adequate staff, and assure us that they will be able to perform all duties adequately.

X-ray

- Xray has ensured that emergency staff has been called in, and they are working at full capacity.

- Xray reports that all portable Xray machines are being used, but that they can perform portable Chest Xray only.

Laboratory
- Laboratory has ensured that emergency staff has been called in and they are working at full capacity.

Blood Bank
- Blood bank has ordered additional blood and assures that there will be no shortage.

Respiratory Therapy
- Respiratory therapy ensures that they have called back adequate staff, and that adequate respiratory therapists and ventilators are available to handle all intubated patients.
- Respiratory therapy is presently performing ABG as fast as possible, and cannot increase the speed any further.
- Adequate respiratory therapists are available to perform all tasks including an unlimited number of conscious sedations.

Orthopedic Technicians
- The Senior Orthopedic Technologist ensures that they have called back adequate staff, and that adequate Orthopedic technologists will be available.

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

System Controller (SC) Responsibilities

The System Controller will act to oversee the technical control of the exercise. this includes advance preparation of the computer model and acting in real-time as a technical assistant.

Responsibilities of the System Controller
Preparing all technical aspects of the scenario
Preparing the computer model with the baseline, pre-disaster, patient population
Controlling the computer system during the exercise
Assisting and Instructing Exercise Management staff and participants in the use of the computer system
Discussing with the Exercise Controller (EC) if urgent scenario modification is necessary during the exercise
Delivering output from the computer system to the Exercise Controller (EC) after the exercise completion. This should include for each simulated patient: ● Triage Code ● Time of registration into the computer system ● Time of assignment to a room ● Time of assignment to a physician ● Time of exit from the department
Documenting any interactions with participants including response to questions and actions taken on the “Liaison Officer Worksheet.”
Providing explicit and no-fault feedback to exercise management staff and participants during the After Action Review

Please note that the scenario is designed to function smoothly with minimal input on your part. Your role will be mainly to address any unexpected requests or questions from participants or any disruptions in the scenario.

Guidelines for Exercise Management Staff

The overall goal is to encourage the participants to use the labor and resources in the simulation room to adequately treat the patients.

General Questions

- No agency is able to stop, divert, or delay the flow of patients.
- Additional physician assistance is available only from the Emergency Physican fan-out list
- All other services have already initiated their own fan-outs, and ensure us that they have maximized their capacity.

Questions Regarding Executive Support Generally answered by the Executive Liaison (EL)

Hospital Executive

- If requested to find a solution to admitted patients, the hospital executive will decree that an admitted patient be sent to the hallway of each ward. If this request is made, please contact the System Controller who will add 2 beds to each ward.
- If requested, other areas of the hospital, including plaster room or day-ward may be used. However, due to the shortage of nursing staff, only ambulatory patients can be diverted to these areas. If this occurs, please contact the system controller who will add another resource to the database.
- Hospital executives cannot do anything to prevent further patients from arriving.

Capital Health

- The hospital will have its Emergency Operations Center functional 45 min after the start of the disaster.
- The Health region is already negotiating with other health regions to find alternate places for patients.
- At present the regional authorities can do nothing to stop the influx of patients.

Emergency Medical Services

- EMS is unable to divert any patient in the scenario.
- EMS states that it is distributing the casualties equally between all hospitals. They cannot reduce the burden on our hospital further.
- If EMS is asked to stop resuscitation in the field, the reply is that the dispatcher is unable to reach them.

Other Hospitals

- Executives from other hospitals state that they too are overwhelmed and they are unable to provide any assistance.

Questions Regarding Physician Support
General answered by the Physician Liason (PL)

On-Call Physicians

- Physicians on call for all other services have been called to the hospital. All are busy with their respective services and none can come directly to the ED.
- The physician fan-out list will allow up to 10 physicians to be called into the emergency department. Delay times for each of the 10 physicians are listed below, which represent the time from initial request for staffing to arrival of the MD.

Physician Fan-Out Availability

	Time to arrival at department / min
1	1
2	5
3	10
4	10
5	10
6	15
7	15
8	25
9	30
10	30

Consultant Physicians

- If asked to provide additional labor, such as physicians or residents to assess patients directly, the consultant will reply that his/her service is overloaded also, due to the high number of consults being seen in emergency, and that they are unable to fulfill the request. The consultant services will see all consults in the ED as they are called, but cannot provide direct assessments of patients: all patients must be seen by an emergency physician first.
- All elective surgical cases have been canceled.

Questions Asked Regarding Support Staff
Generally answered by the Staff Liaison (SL)

Nursing

- Nursing staff have already been able to recruit adequate patient care nurses. Nursing care will not be a limiting factor.

Security

- Security has already called in adequate staff, and assure us that they will be able to perform all duties adequately.

X-ray

- Xray has ensured that emergency staff has been called in, and they are working at full capacity.

- Xray reports that all portable Xray machines are being used, but that they can perform portable Chest Xray only.

Laboratory
- Laboratory has ensured that emergency staff has been called in and they are working at full capacity.

Blood Bank
- Blood bank has ordered additional blood and assures that there will be no shortage.

Respiratory Therapy
- Respiratory therapy ensures that they have called back adequate staff, and that adequate respiratory therapists and ventilators are available to handle all intubated patients.
- Respiratory therapy is presently performing ABG as fast as possible, and cannot increase the speed any further.
- Adequate respiratory therapists are available to perform all tasks including an unlimited number of conscious sedations.

Orthopedic Technicians
- The Senior Orthopedic Technologist ensures that they have called back adequate staff, and that adequate Orthopedic technologists will be available.

Media Interview
Suggested Questions

Can you tell me what is happening?
How many patient casualties have their been?
What should people do if they are looking for a family member? Should they just come to the hospital?
We have had calls from people in the community who want to help. Many have first aid experience. Can they come to the Emergency Department to help?
Can people come to the emergency department to donate blood?
Can we interview one of the patients?

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Executive Liaison (EL) Responsibilities

As Executive Liaison you will be responsible for simulating the actions and responses of all executive staff who are not represented by participants in the simulation. Participants will be instructed that any questions or requests to Executive Staff not present in the simulation be made to you.

As EL you will act the role of:

- Hospital Executive Staff
- Regional Executive Staff
- Executive Staff of other hospitals
- All political representative
- EMS executive staff
- Law enforcement executive

Responsibilities
Complete the "Benchmarks for Command and Control" worksheet paying special attention to the exact time that the benchmarks are reached.
Responding to any requests or questions that the participants would direct to any Executive staff.
Using your knowledge of job responsibilities and the simulation scenario to respond in a manner that would be expected under the circumstances. Consult the "Guidelines for Exercise Management Staff" as needed.
Discussing with the Exercise Controller (EC) any issues which need to be urgently addressed
Suggesting real-time modifications to the scenario IF urgently necessary to preserve the exercise. Notify System Controller to... ● Obtain the OR status ● Undelete and accidently discharged patient ● Book a STAT CT ● Book a STAT OR ● Add ED Beds ● Add a Hospital Resource
Documenting any interactions with participants including response to questions and actions taken on the "Liaison Officer Worksheet."
Providing explicit and no-fault feedback to exercise management staff and participants during the After Action Review

Please note that the scenario is designed to function smoothly with minimal input on your part. Your role will be mainly to address any unexpected requests or questions from participants.

Guidelines for Exercise Management Staff

The overall goal is to encourage the participants to use the labor and resources in the simulation room to adequately treat the patients.

General Questions

- No agency is able to stop, divert, or delay the flow of patients.
- Additional physician assistance is available only from the Emergency Physican fan-out list
- All other services have already initiated their own fan-outs, and ensure us that they have maximized their capacity.

Questions Regarding Executive Support Generally answered by the Executive Liaison (EL)

Hospital Executive

- If requested to find a solution to admitted patients, the hospital executive will decree that an admitted patient be sent to the hallway of each ward. If this request is made, please contact the System Controller who will add 2 beds to each ward.
- If requested, other areas of the hospital, including plaster room or day-ward may be used. However, due to the shortage of nursing staff, only ambulatory patients can be diverted to these areas. If this occurs, please contact the system controller who will add another resource to the database.
- Hospital executives cannot do anything to prevent further patients from arriving.

Capital Health

- The hospital will have its Emergency Operations Center functional 45 min after the start of the disaster.
- The Health region is already negotiating with other health regions to find alternate places for patients.
- At present the regional authorities can do nothing to stop the influx of patients.

Emergency Medical Services

- EMS is unable to divert any patient in the scenario.
- EMS states that it is distributing the casualties equally between all hospitals. They cannot reduce the burden on our hospital further.
- If EMS is asked to stop resuscitation in the field, the reply is that the dispatcher is unable to reach them.

Other Hospitals

- Executives from other hospitals state that they too are overwhelmed and they are unable to provide any assistance.

Questions Regarding Physician Support
General answered by the Physician Liason (PL)

On-Call Physicians

- Physicians on call for all other services have been called to the hospital. All are busy with their respective services and none can come directly to the ED.
- The physician fan-out list will allow up to 10 physicians to be called into the emergency department. Delay times for each of the 10 physicians are listed below, which represent the time from initial request for staffing to arrival of the MD.

Physician Fan-Out Availability

	Time to arrival at department / min
1	1
2	5
3	10
4	10
5	10
6	15
7	15
8	25
9	30
10	30

Consultant Physicians

- If asked to provide additional labor, such as physicians or residents to assess patients directly, the consultant will reply that his/her service is overloaded also, due to the high number of consults being seen in emergency, and that they are unable to fulfill the request. The consultant services will see all consults in the ED as they are called, but cannot provide direct assessments of patients: all patients must be seen by an emergency physician first.
- All elective surgical cases have been canceled.

Questions Asked Regarding Support Staff
Generally answered by the Staff Liaison (SL)

Nursing

- Nursing staff have already been able to recruit adequate patient care nurses. Nursing care will not be a limiting factor.

Security

- Security has already called in adequate staff, and assure us that they will be able to perform all duties adequately.

X-ray

- Xray has ensured that emergency staff has been called in, and they are working at full capacity.

- Xray reports that all portable Xray machines are being used, but that they can perform portable Chest Xray only.

Laboratory
- Laboratory has ensured that emergency staff has been called in and they are working at full capacity.

Blood Bank
- Blood bank has ordered additional blood and assures that there will be no shortage.

Respiratory Therapy
- Respiratory therapy ensures that they have called back adequate staff, and that adequate respiratory therapists and ventilators are available to handle all intubated patients.
- Respiratory therapy is presently performing ABG as fast as possible, and cannot increase the speed any further.
- Adequate respiratory therapists are available to perform all tasks including an unlimited number of conscious sedations.

Orthopedic Technicians
- The Senior Orthopedic Technologist ensures that they have called back adequate staff, and that adequate Orthopedic technologists will be available.

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Command and Control Performance Indicators

Activity	Goal	Completed Time
1. Declare a Major Incident	1 min	
2. Deciding on level of preparedness for strategic management	3 min	
3. Deciding what additional resources will be needed.	3 min	
4. Deciding which areas should receive patients from the incident.	5 min	
5. Establish contact with scene (either directly or through EMS agency.)	5 min	
6. Decide on guidelines for designating patients to appropriate area.	10 min	
7. Notify guidelines to areas designated to receive patients.	10 min	
8. Formulate general guidelines for the medical response.	15 min	
9. Inform the media, either directly or through the media representative.	15 min	

Staff Liaison (SL) Responsibilities

As Staff Liaison you will be responsible for simulating the actions and responses of all staff (excluding Executive and Physician Staff) who are not represented by participants in the simulation. Participants will be instructed that any questions or requests to staff not present in the simulation be made to you.

As SL you will act the role of:

- Nursing staff not present in the simulation
- Respiratory therapy
- Laboratory staff
- Security
- All other ancillary staff

Staff Liaison (SL) Responsibilities
Responding to all questions and requests participants make to any hospital staff members not present in the simulation room.
Using your knowledge of job responsibilities and the simulation scenario to respond in a manner that would be expected under the circumstances. Consult the "Guidelines for Exercise Management Staff" as needed.
Discussing with the Exercise Controller (EC) any issues which need to be urgently addressed
Suggesting real-time modifications to the scenario IF urgently necessary to preserve the exercise
Documenting any interactions with participants including response to questions and actions taken on the "Liaison Officer Worksheet."
Notify System Controller to... ● Obtain the OR status ● Undelete and accidently discharged patient ● Book a STAT CT ● Book a STAT OR ● Add ED Beds ● Add a Hospital Resource
Providing explicit and no-fault feedback to exercise management staff and participants during the After Action Review
Conduct a simulated media interview of the Incident Commander or Delegate

Please note that the scenario is designed to function smoothly with minimal input on your part. For instance most nursing, lab, and X-ray will occur without your input. Your role will be mainly to address any unexpected requests or questions from participants.

Guidelines for Exercise Management Staff

The overall goal is to encourage the participants to use the labor and resources in the simulation room to adequately treat the patients.

General Questions

- No agency is able to stop, divert, or delay the flow of patients.
- Additional physician assistance is available only from the Emergency Physican fan-out list
- All other services have already initiated their own fan-outs, and ensure us that they have maximized their capacity.

Questions Regarding Executive Support Generally answered by the Executive Liaison (EL)

Hospital Executive

- If requested to find a solution to admitted patients, the hospital executive will decree that an admitted patient be sent to the hallway of each ward. If this request is made, please contact the System Controller who will add 2 beds to each ward.
- If requested, other areas of the hospital, including plaster room or day-ward may be used. However, due to the shortage of nursing staff, only ambulatory patients can be diverted to these areas. If this occurs, please contact the system controller who will add another resource to the database.
- Hospital executives cannot do anything to prevent further patients from arriving.

Capital Health

- The hospital will have its Emergency Operations Center functional 45 min after the start of the disaster.
- The Health region is already negotiating with other health regions to find alternate places for patients.
- At present the regional authorities can do nothing to stop the influx of patients.

Emergency Medical Services

- EMS is unable to divert any patient in the scenario.
- EMS states that it is distributing the casualties equally between all hospitals. They cannot reduce the burden on our hospital further.
- If EMS is asked to stop resuscitation in the field, the reply is that the dispatcher is unable to reach them.

Other Hospitals

- Executives from other hospitals state that they too are overwhelmed and they are unable to provide any assistance.

Questions Regarding Physician Support
General answered by the Physician Liason (PL)

On-Call Physicians

- Physicians on call for all other services have been called to the hospital. All are busy with their respective services and none can come directly to the ED.
- The physician fan-out list will allow up to 10 physicians to be called into the emergency department. Delay times for each of the 10 physicians are listed below, which represent the time from initial request for staffing to arrival of the MD.

Physician Fan-Out Availability

	Time to arrival at department / min
1	1
2	5
3	10
4	10
5	10
6	15
7	15
8	25
9	30
10	30

Consultant Physicians

- If asked to provide additional labor, such as physicians or residents to assess patients directly, the consultant will reply that his/her service is overloaded also, due to the high number of consults being seen in emergency, and that they are unable to fulfill the request. The consultant services will see all consults in the ED as they are called, but cannot provide direct assessments of patients: all patients must be seen by an emergency physician first.
- All elective surgical cases have been canceled.

Questions Asked Regarding Support Staff
Generally answered by the Staff Liaison (SL)

Nursing

- Nursing staff have already been able to recruit adequate patient care nurses. Nursing care will not be a limiting factor.

Security

- Security has already called in adequate staff, and assure us that they will be able to perform all duties adequately.

X-ray

- Xray has ensured that emergency staff has been called in, and they are working at full capacity.

- Xray reports that all portable Xray machines are being used, but that they can perform portable Chest Xray only.

Laboratory
- Laboratory has ensured that emergency staff has been called in and they are working at full capacity.

Blood Bank
- Blood bank has ordered additional blood and assures that there will be no shortage.

Respiratory Therapy
- Respiratory therapy ensures that they have called back adequate staff, and that adequate respiratory therapists and ventilators are available to handle all intubated patients.
- Respiratory therapy is presently performing ABG as fast as possible, and cannot increase the speed any further.
- Adequate respiratory therapists are available to perform all tasks including an unlimited number of conscious sedations.

Orthopedic Technicians
- The Senior Orthopedic Technologist ensures that they have called back adequate staff, and that adequate Orthopedic technologists will be available.

Physician Liaison (PL) Responsibilities

As Physician liaison you will be responsible for simulating the actions and responses of all physicians not represented by participants in the simulation. Participants will be instructed that any questions or requests to physicians not present in the simulation be made to you.

As PL you will act the role of:

- All consultant physicians
- Physicians who are not presently in the hospital
- Physician specialists who may act as technical support

Physician Liaison (PL) Responsibilities
Assigning a role to all participants as they enter the simulation room. Documenting the name of each participant adjacent to their role in the Participant Assignment Roster. Giving each participant the appropriate name tag for their role.
For participants who are assigned to roles already in the department, ensuring that they are given the Chart Packages upon position assignment.
If a request is made for additional physician resources, initiating a “Fan Out” by recalling the appropriate staff at the time intervals indicated on the the Participant Assignment Roster. Note recall times are minutes after the request is made.
Responding to all questions and requests participants make to any physician not present in the simulation room. This includes acting as the consultant for all services.
Using your knowledge of job responsibilities and the simulation scenario to respond in a manner that would be expected under the circumstances
Supplying a Radiology report when requested. Obtain the results from the Disastermed.Ca Administrators web interface and give a verbal report. If verbal radiology reporting becomes overwhelming, inform the System Controller who will enable web-based radiology reports.
Discussing with the Exercise Controller (EC) any issues which need to be urgently addressed
Notify System Controller to... ● Obtain the OR status ● Undelete and accidently discharged patient ● Book a STAT CT ● Book a STAT OR ● Add ED Beds ● Add a Hospital Resource
Suggesting real-time modifications to the scenario IF urgently necessary to preserve the exercise
Documenting any interactions with participants including response to questions and actions taken on the Liaison Officer Worksheet
Providing explicit and no-fault feedback to exercise management staff and participants during the After Action Review

Please note that the scenario is designed to function smoothly with minimal input on your part. For instance, participants have been informed that most consultations and admissions will proceed without your input. Your role will be mainly to address any unexpected requests or questions from participants. that most consultations and admissions will proceed without your input. Your role will be mainly to address any unexpected requests or questions from participants.

Guidelines for Exercise Management Staff

The overall goal is to encourage the participants to use the labor and resources in the simulation room to adequately treat the patients.

General Questions

- No agency is able to stop, divert, or delay the flow of patients.
- Additional physician assistance is available only from the Emergency Physican fan-out list
- All other services have already initiated their own fan-outs, and ensure us that they have maximized their capacity.

Questions Regarding Executive Support Generally answered by the Executive Liaison (EL)

Hospital Executive

- If requested to find a solution to admitted patients, the hospital executive will decree that an admitted patient be sent to the hallway of each ward. If this request is made, please contact the System Controller who will add 2 beds to each ward.
- If requested, other areas of the hospital, including plaster room or day-ward may be used. However, due to the shortage of nursing staff, only ambulatory patients can be diverted to these areas. If this occurs, please contact the system controller who will add another resource to the database.
- Hospital executives cannot do anything to prevent further patients from arriving.

Capital Health

- The hospital will have its Emergency Operations Center functional 45 min after the start of the disaster.
- The Health region is already negotiating with other health regions to find alternate places for patients.
- At present the regional authorities can do nothing to stop the influx of patients.

Emergency Medical Services

- EMS is unable to divert any patient in the scenario.
- EMS states that it is distributing the casualties equally between all hospitals. They cannot reduce the burden on our hospital further.
- If EMS is asked to stop resuscitation in the field, the reply is that the dispatcher is unable to reach them.

Other Hospitals

- Executives from other hospitals state that they too are overwhelmed and they are unable to provide any assistance.

Questions Regarding Physician Support
General answered by the Physician Liason (PL)

On-Call Physicians

- Physicians on call for all other services have been called to the hospital. All are busy with their respective services and none can come directly to the ED.
- The physician fan-out list will allow up to 10 physicians to be called into the emergency department. Delay times for each of the 10 physicians are listed below, which represent the time from initial request for staffing to arrival of the MD.

Physician Fan-Out Availability

	Time to arrival at department / min
1	1
2	5
3	10
4	10
5	10
6	15
7	15
8	25
9	30
10	30

Consultant Physicians

- If asked to provide additional labor, such as physicians or residents to assess patients directly, the consultant will reply that his/her service is overloaded also, due to the high number of consults being seen in emergency, and that they are unable to fulfill the request. The consultant services will see all consults in the ED as they are called, but cannot provide direct assessments of patients: all patients must be seen by an emergency physician first.
- All elective surgical cases have been canceled.

Questions Asked Regarding Support Staff
Generally answered by the Staff Liaison (SL)

Nursing

- Nursing staff have already been able to recruit adequate patient care nurses. Nursing care will not be a limiting factor.

Security

- Security has already called in adequate staff, and assure us that they will be able to perform all duties adequately.

X-ray

- Xray has ensured that emergency staff has been called in, and they are working at full capacity.

- Xray reports that all portable Xray machines are being used, but that they can perform portable Chest Xray only.

Laboratory
- Laboratory has ensured that emergency staff has been called in and they are working at full capacity.

Blood Bank
- Blood bank has ordered additional blood and assures that there will be no shortage.

Respiratory Therapy
- Respiratory therapy ensures that they have called back adequate staff, and that adequate respiratory therapists and ventilators are available to handle all intubated patients.
- Respiratory therapy is presently performing ABG as fast as possible, and cannot increase the speed any further.
- Adequate respiratory therapists are available to perform all tasks including an unlimited number of conscious sedations.

Orthopedic Technicians
- The Senior Orthopedic Technologist ensures that they have called back adequate staff, and that adequate Orthopedic technologists will be available.

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Liaison Officer Worksheet

Officer Name: _____

Role (Circle): EL PL SL

Time	Question / Request	Response

Simulation Participant Assignment
MD

Role	Name	Telephone	Arrival Delay /min
RED/YELLOW MD #1 †			
GREEN MD #1 †			
RED/YELLOW MD #2 †			
GREEN MD #2 †			
Pediatric MD #1 †			
Pediatric MD #2			
Trauma Team Leader			10
On Call MD #1			1
On Call MD #2			5
On Call MD #3			10
On Call MD #4			10
On Call MD #5			10
On Call MD #6			15
On Call MD #7			15
On Call MD #8			25
On Call MD #9			30
On Call MD #10			30

Role	Name	Telephone	Arrival Delay /min
On Call MD #11			30
On Call MD #12			30
On Call MD #13			30
On Call MD #14			30
On Call MD #15			30
On Call MD #16			30
On Call MD #17			30
On Call MD #18			30
On Call MD #20			30

†Participant requires chart package

RED/YELLOW MD #1

GREEN MD #1

RED/YELLOW MD #2

GREEN MD #2

Pediatric MD #1

Pediatric MD#2

On Call MD #1 (1 min)

On Call MD #2 (5 min)

On Call MD#3 (10 min)

On Call MD #4 (10 min)

On Call MD#5 (10 min)

On Call MD#6 (15 min)

On Call MD#7 (15 min)

On Call MD#8 (25 min)

On Call MD#9 (30 min)

On Call MD#10 (30 min)

On Call MD#11 (30 min)

On Call MD#12 (30 min)

On Call MD#13 (30 min)

On Call MD#14 (30 min)

On Call MD#15 (30 min)

On Call MD#16 (30 min)

On Call MD#17 (30 min)

On Call MD#18 (30 min)

Trauma Team Leader

Executive Liaison

Staff Liaison

Exercise Controller

System Controller

Physician Liaison

Simulation Participant Assignment
MD
Role: Red MD 1

- Please read this entire page carefully before proceeding.
- You are playing the role of an MD currently working in the department.
- Attached are the charts of the patients you are currently managing in the department. The patients are at various phases of their workups.
- On the simulation, your patients will be labeled with the physician “Peds MD 1”. Please change this to your own name to avoid confusion.
- You are responsible for the remaining workup of these patients including, as needed:
  - History/Physical Exam
  - Laboratory Testing
  - Radiographic Studies
  - Procedures
  - Disposition
  - Completion of charting

PATIENT CHARTING

Patient #: 10010		Age: 47		Time:	
Triage Complaint: Chest Pain Cardiac Features					
P 75	BP 218/93	RR 20	T 36.4	Sao2 99	GCS 15
Triage Code: CTAS: 3		NATO: 3		START: G	
Triage Note: After dialysis today developed retrosternal chest pain after walking up stairs. Took nitroglycerin and pain resolved. Pain free at present.					
Allergies: Penicillen, Streptokinase, Lidocaine		Medications: Nitroglycerin, lorazepam, insulin, ASA		Tetanus Status: CURRENT	

Physician's Note:

After dialysis today walking up stairs and developed sever chest pain radiating to left shoulder. Took nitroglycerin, pain was relieved, but then recurred. No pain free after second nitroglycerin. Feels similar to previous angina but more severe.

Past Medical History: Diabetic, Dialysis, Coronary artery bypass grafting, angina
Social History: Non-contributory
Examination: Alert, oriented, no apparent distress. Chest clear, Cardiac normal, abdomen soft and non-tender, extremities normal with no edema.

EKG: Sinus with nonspecific T wave changes

Assessment: Angina

PLAN: ASA, Nitroglycerin, Cardiology to see.

Physician's Orders:

- ASA 160 mg PO
- Nitroglycerin 0.3mg sl q5 min PRN for chest pain
- IV NS at 50 ml/hr
- Chest Xray, CBC, electrolytes, urea, creatinine, troponin.

Consultations:	Disposition: Time_____
1. Cardiology 2. _____ 3. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10017		Age: 64		Time:	
Triage Complaint: Chest Pain					
P 121	BP 185/120	RR 42	T 38.2	Sao2 82%	GCS 15
Triage Code: CTAS: 3 NATO: 2 START: Y					
Triage Note: Right sided chest pain radiating to neck and back. Nausea, vomiting, and fever. Cough productive of green sputum.					
Allergies: NONE		Medications: Salbutamol, Hydrocholorthiazide, Nifedipine		Tetanus Status: CURRENT	
Physician's Note:					
Physician's Orders: ●					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 10024		Age: 23		Time:	
Triage Complaint: Chest Pain					
P 81	BP 114/64	RR 17	T 36.7	Sao2 97	GCS 15
Triage Code: CTAS:2		NATO: 3		START: G	
Triage Note: History of pericarditis. States sharp pain to left chest and dyspnea with deep breathing. States feels similar to previous episodes pericarditis.					
Allergies: NONE		Medications: Ibuprofin		Tetanus Status: CURRENT	

Physician's Note:

Ongoing chest pain, increasing over past 2 weeks. Sharp left sternal pain, up to 8/10. Worse on exertion or with deep breath. Low grade fever.

Past Medical History: Repair of Patent Ductus Arteriosis at age 2. Osteomyelitis left ribs necessitating excision. Previous pericarditis.

Examination: Alert, appears comfortable. Chest clear, Cardiac exam normal. Abdomen soft and non-tender. Extremities normal with no edema.

EKG: Normal

Assessment: Possible pericarditis

PLAN: Cardiology to see

Physician's Orders:

- IV NS at 100ml/hr
- Ketorolac 30 mg IV
- CBC, troponin, electrolytes.
- EKG
- Chest Xray.

Consultations:	Disposition: Time_____
1. Cardiology 2. _____ 3. _____ 4. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10031		Age: 54		Time:	
Triage Complaint: Trauma / Head Injury					
P 66	BP 148/78	RR 18	T 36.4	Sao2 96	GCS 15
Triage Code: CTAS: 2 NATO: 2 START: Y					
Triage Note: Industrial accident. Hit on head with heavy object (beam). Not wearing head protection. Laceration to head with bleeding. Complains of neck pain and numbness to right thumb. Moving all limbs appropriately. In full spinal precautions.					
Allergies: NONE		Medications: Anti-lipid medication (??)		Tetanus Status: Unknown	

Physician's Note:
At work, heavy beam fell onto head. Not wearing any head protection. Denies loss of consciousness or amnesia. States initially felt numbness in right thumb, but this has now improved. Bleeding from laceration at occiput.

Past History: High cholesterol. Otherwise healthy.

Exam: Alert, GCS=15/15. 10 cm laceration to occiput. Mild cspine midline tenderness. Chest clear. Cardiac normal. Abdomen soft and non-tender. Normal strength and sensation all extremitites.

Physician's Orders:

- IV NS at 150 ml/hr
- Morphine 2.5 -5 mg IV PRN
- Xray chest, cervical spine, thoracic spine, lumbar spine,
- CT scan head.
- Tetanus toxoid 0.5ml IM

Consultations: 1. _____ 2. _____ 3. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10038		Age: 75		Time:	
Triage Complaint: Abdominal Pain					
P 106	BP 122/84	RR 16	T 36.8	Sao2 96	GCS 15
Triage Code: CTAS: 3		NATO: 3		START: 3	
Triage Note: Abdominal pain with dark-colored emesis for past 2 days. Unable to tolerate any PO intake. Large right inguinal swelling.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:
Vomiting and abdominal pain for 2 days. Unable to tolerate any PO intake. Obstipation. Large mass in right groin, previously was intermittently present for past 6 months, now constantly present past 48 hours. Pain right inguinal area.

Past History: Lung cancer, had chemotherapy and radiation. Unsure if cured.

Exam: Alert, obvious pain. Chest clear. Cardiac normal. Abdomen: large palpable mass in right inguinal area, very tender. Not reducible. Remainder of abdomen mildly tender to palpation.

Physician's Orders:

- IV NS at 150 ml/hr
- Morphine 2.5 – 5 mg IV PRN
- Dimenhydrinate 50mg IV q4h PRN
- XRAY: Chest, abdomen upright, Abdomen supine.
- CBC, electrolytes, urea, creatining, coagulation studies

Consultations: 1. _____ 2. _____ 3. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

Simulation Participant Assignment
MD
Role: Red MD 2

- Please read this entire page carefully before proceeding.
- You are playing the role of an MD currently working in the department.
- Attached are the charts of the patients you are currently managing in the department. The patients are at various phases of their workups.
- On the simulation, your patients will be labeled with the physician “Peds MD 1”. Please change this to your own name to avoid confusion.
- You are responsible for the remaining workup of these patients including, as needed:
  - History/Physical Exam
  - Laboratory Testing
  - Radiographic Studies
  - Procedures
  - Disposition
  - Completion of charting

PATIENT CHARTING

Patient #: 10004		Age: 54		Time:	
Triage Complaint: Weakness Left arm and leg					
P 61	BP 130/80	RR 12	T 36.2	Sao2 97	GCS 15
Triage Code: CTAS: 2 NATO: 3 START: G					
Triage Note: Patient arrives via ambulance with headache for 2 days. Left facial droop and slurred speech noticed by husband 90 min ago.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Unwell for past 2 days. Headache for 2 days with left facial droop. Decreased appetite. Nausea.

Past History: Abdominal aortic aneurysm(repaired). Subarachnoid hemmorhage secondary to cerebral aneurysm, repaired 18y ago, and shunt placed.

Exam: Alert, no apparent distress. Pupils equal and reactive to light. Shunt reservoir depresses easily but returns very slowly. Chest, cardiac, and abdominal exam normal. Mild weakness left arm and leg. Slight right sided facial droop. Mildly slurred speech.

CT scan head: no apparent acute abnormality

Assess: Shunt dysfunction

Plan: Neurosurgery to assess.

Physician's Orders:

- IV NS at 100ml/hr
- CT scan Head
- Morphine 2.5 – 5 mg IV PRN

Consultations:	Disposition: Time_____
1. Neurosurgery 2. _____ 3. _____ 4. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10022		Age: 65		Time:	
Triage Complaint: Abdominal pain					
P 87	BP 134/87	RR 16	T 38.5	Sao2 99	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: G					
Triage Note: Acute moderate epigastric and right lower quadrant pain. Constant, crampy in nature. Vomitting.					
Allergies: NONE		Medications: Simvistatin		Tetanus Status: CURRENT	

Physician's Note:

Epigastric abdominal pain began approximately 12 hours ago. Now localized to right lower quadrant. Severe. Vomitting, anorexia.

Past Medical History: Hyperlipidemia, Hysterectomy.

Examination: Alert, oriented. Chest clear. Cardiac normal. Marked right lower quadrant abdominal tenderness with guarding and rebound. No pulsatile abdominal masses.

Assessment:

PLAN:

Physician's Orders:

- CBC/electrolytes/urea/creatine
- Chest Xray, CT scan abdomen
- IV NS at 150 ml/hr
- Morphine 2.5 to 5 mg IV PRN
- Metoclopramide 10 mg IV q4h PRN

Consultations:	Disposition: Time_____
1. _General Surgery_____ 2. _____ 3. _____ 4. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 19006		Age: 53		Time:	
Triage Complaint: Major Trauma / Motor Vehicle Collision					
P 84	BP 118/62	RR 12	T 36.0	Sao2 100%	GCS 3
Triage Code: CTAS: 1 NATO: 1 START: Red					
Triage Note: Driver in three vehicle rollover motor vehicle collision. Was wearing seatbelt. Very agitated / combative / confused on scene, intubated by EMS					
Allergies: Codeine		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Multiple vehicle collision. Rollover. Wearing seatbelt. Intubated by EMS.

Past Medical History: Non-contributory
Social History: Non-contributory
Examination: Intubated, sedated, GCS=3/15. No air entry left chest. No movement of extremities to pain. Large bleeding scalp laceration

Assessment:

PLAN: Chest tube(DONE)

Physician's Orders:

- IV NS (two lines) at 150 ml/hr
- Fentanyl 25mcg IV PRN for sedation
- Midazolam 2.5mg IV PRN for sedation
- Left chest tube to pleuri-vac
- Xrays: Tspine, Chest, Lspine, Pelvis,
- CT head, Chest Xray, CT chest, CT cervical spine,
- CBC, electrolytes, urea, creat, type and screen.
- EKG, Foley Catheter

Consultations:	Disposition: Time_____
1. _____ 2. _____ 3. _____ 4. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 19020		Age: 73		Time:	
Triage Complaint: Abnormal Lab Values					
P 93	BP 147/83	RR 20	T 36.6	Sao2 95	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: 3					
Triage Note: Saw family doctor yesterday and bloodwork drawn. States called today because platelets were low, and advised to come to emergency department. States asymptomatic. No previous history of same.					
Allergies: NONE		Medications: Hydrochlorothiazide, ACE-inhibitor, Vitamins		Tetanus Status: CURRENT	
Physician's Note: States had “routine” bloodwork yesterday, and told to come to ED today for low platelets. Feels well. No bleeding, no spontaneous bruising. History of “borderline” low platelets for the past 1 year. Lab review: Platelets 130 6months ago; 3 yesterday. Exam: Alert, no apparent distress, chest clear, cardiac normal, abdomen soft. No skin bruising, no pettechiae.					
Physician's Orders: ● IV NS at 150ml/hr ● CBC, electrolytes, urea, creatinine ●					
Consultations: 1. Hematology 2. _____ 3. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 19021		Age: 89		Time:	
Triage Complaint: GI Bleed					
P 105	BP 83/51	RR 24	T 36.1	Sao2 96	GCS 15
Triage Code: CTAS: 2 NATO: 2 START: Y					
Triage Note: Arrives by ambulance. Unwell for past 2 weeks with lightheadedness and weakness. Now presyncopal. Dark black stools.					
Allergies: NONE		Medications: Warfarin, Digoxin, Fursemide, Diltiazam, l-thyroxine		Tetanus Status: CURRENT	
Physician's Note: Unwell for past 2 weeks with severe fatigue. Dark black stools past several days. Mild abdominal pain. No vomitting. Today felt pre-syncopal. History: Congestive heart failure, atrial fibrillation, severe aortic stenosis. On coumadin, last INR=2.2. Exam: Alert, pale. Chest clear. Cardiac normal. Abdomen soft with mild epigastric tenderness. Rectal: dark black melena stools. Occult blood positive. Hgb=76 on ABG.					
Physician's Orders: ● IV NS 250 ml bolus then 100 ml/hr ● Pantoprozal 80mg IV bolus then 8 mg/hr ● Vitamin K 5mg IV ● Fresh Frozen Plasma 2 units IV ● Transfuse Packed Red Cells 2 units IV ● CBC, Differential, Coagulation Studies, Crossmatch					
Consultations: 1. _____ 2. _____ 3. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

Simulation Participant Assignment
MD
Role: Green MD 1

- Please read this entire page carefully before proceeding.
- You are playing the role of an MD currently working in the department.
- Attached are the charts of the patients you are currently managing in the department. The patients are at various phases of their workups.
- On the simulation, your patients will be labeled with the physician “Peds MD 1”. Please change this to your own name to avoid confusion.
- You are responsible for the remaining workup of these patients including, as needed:
  - History/Physical Exam
  - Laboratory Testing
  - Radiographic Studies
  - Procedures
  - Disposition
  - Completion of charting

PATIENT CHARTING

Patient #: 10007		Age: 37		Time:	
Triage Complaint: Right Hand Injury					
P 66	BP 148/78	RR 18	T 36.4	Sao2 96	GCG 15
Triage Code: CTAS:4		NATO:3		START:Green	
Triage Note: Punched another person's head. Now swelling over fifth metacarpal.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

States punched another person in the head with right hand. Now swelling and pain in right hand.

Past Medical History: non-contributory
Social History: non-contributoru
Examination: Swelling and tenderness over distal fifth metacarpal. No punctures, lacerations, deformity, or scissoring.

Assessment:

PLAN:

Physician's Orders:

- Xray right hand.
- Hydromorphone 2mg PO

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10011		Age: 75		Time:	
Triage Complaint: Acute Aphasia/Speech Problem					
P 80	BP 142/83	RR 20	T 36.2	Sao2 99	GCS 15
Triage Code: CTAS: 2		NATO: 3		START: Green	
Triage Note: Acute onset of aphasia 1 hour prior to arrival. No motor weakness					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Apparently patient was working outside and had a sudden onset of inability to speak starting 1 hour prior to arrival. Unable to speak, but obeys commands appropriately.

Past Medical History: Non-contributory, no previous CVA.
Social History: Non-contributory
Examination: Expressive aphasia. Chest, cardia, abdominal examination normal. Normal strength and sensation all extremities. Obeys commands appropriately.

Assessment:

PLAN:

Physician's Orders:

- CT head
- CBC, electrolytes, urea, creatinine
- EKG
- Cardiac Monitor

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10015		Age: 57		Time:	
Triage Complaint: Laceration/Puncture Right Foot					
P 66	BP 101/62	RR 16	T 36.8	Sao2 93	GCS 15
Triage Code: CTAS: 4		NATO: 3		START: G	
Triage Note: Stepped on piece of glass at work. 2 cm laceration to great toe on right foot.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Patient stepped on piece of glass at work. Pain in right foot

Past Medical History: Non-contributory

Social History: Non-contributory

Examination: 2cm laceration right foot. No obvious foreign body. Neurovascular intact.

Assessment:

PLAN:

Physician's Orders:

- Xray right foot (rule out foreign body)
- Percocet 2 PO

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10030		Age: 37		Time:	
Triage Complaint: Right Ankle Injury					
P 36.3	BP 126/71	RR 20	T 36.3	Sao2 95	GCS 15
Triage Code: CTAS: 3		NATO: 3		START: G	
Triage Note: Patient landed on right ankle while playing tennis. Has swelling and 'protrusion' on back of left ankle. Severe pain and unable to weight bear on right leg.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	
Physician's Note: Sudden onset of severe heel/calf pain while playing tennis. Unable to weight bear. Exam: Right Achilles tendon feels intact to palpation. Thomson test normal. Marked bruising at Achilles. Severe tenderness to posterior aspect of calcaneous.					
Physician's Orders: ● Xray right calcaneous. ● Hydromorphone 4mg PO					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 19010		Age: 29		Time:	
Triage Complaint: Left Ankle Pain					
P 90	BP 132/72	RR 12	T 37.3	Sao2 100	GCS 15
Triage Code: CTAS: 4		NATO: 3		START: G	
Triage Note: Rolled dumpster over heel at work. Slight bruising over heel. Swollen					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Rolled dumpster over heel at work.

Past Medical History: Non-contributory

Social History: Non-contributory

Examination: Tender to palpation localized to left heel. Normal acchilles tendon function. No forefoot tenderness. Unable to weight bear on left foot due to pain.

Assessment:

PLAN:

Physician's Orders:

- Xray Left ankle
- Percocet 2 PO

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 19014		Age: 65		Time:	
Triage Complaint: Abdominal Pain					
P 65	BP 139/86	RR 18	T 36.5	Sao2 96	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: G					
Triage Note: Yesterday had severe upper abdominal pain. Pain improved today but continues. Returned today for ultrasound.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	
Physician's Note: Yesterday had severe upper abdominal pain, continues today but less severe. No vomitting or nausea. No fever. Past History: Reflux gastritis, Hypertension, Breast Cancer Exam: Alert, no apparent distress. Chest clear, cardiac normal. Very mild diffuse abdominal tenderness. Extremities normal. Lab: Bilirubin 34. Otherwise normal					
Physician's Orders: ● CBC, electolytes, liver function tests. ● Ultrasound abdomen					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

Simulation Participant Assignment
MD
Role: Green MD 2

- Please read this entire page carefully before proceeding.
- You are playing the role of an MD currently working in the department.
- Attached are the charts of the patients you are currently managing in the department. The patients are at various phases of their workups.
- On the simulation, your patients will be labeled with the physician “Peds MD 1”. Please change this to your own name to avoid confusion.
- You are responsible for the remaining workup of these patients including, as needed:
  - History/Physical Exam
  - Laboratory Testing
  - Radiographic Studies
  - Procedures
  - Disposition
  - Completion of charting

PATIENT CHARTING

Patient #: 10005		Age: 59		Time:	
Triage Complaint: Seizure					
P 64	BP 142/70	RR 18	T 36.3	Sao2 99	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: G					
Triage Note: Three seizures today. Fell a few days ago and abrasions noted to face. Gait unsteady. denies any drug or alcohol use. Fronatl headache. Past history of seizures.					
Allergies: NONE		Medications: Phenytoin, topomax, gravol		Tetanus Status: CURRENT	
Physician's Note: Three witnessed seizures today. Last seizure laster approximately 1 minute. Confuses speech since. Complains for frontal headache and anxiety. Fall several days ago with possible head injury. Patient does not recall events. Past History: Known seizure disorder, previous cranial surgery Examination: Alert, oriented, no apparent distress. Pupils equal and reactive to light. Neck supple. No evidence head injury. Chest, cardiac, and abdominal exam normal. Normal strength and sensation all extremities. Phenytoin level: 73 (therapeutic range 40-80)					
Physician's Orders: ● IV NS at 100ml/hr ● CBC, electolytes, urea, creatinine ● CT scan head					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 10016		Age: 95		Time:	
Triage Complaint: Sensory Loss Paresthesias					
P 66	BP 150/78	RR 18	T 36.4	Sao2 96%	GCG 15
Triage Code: 3					
Triage Note: States passed out on wednesday night and now unable to use right hand properly. States right hand much weaker than left. No change in speech. Ambulatory.					

Allergies:	Medications:	Tetanus Status:
NONE	Immovane, Furosemide, Zopiclone, Sennosides	Current

Physician's Note:
Patient states right hand not working properly. Took several doses of immovane and fell asleep at table. When awoke, unable to use hand properly. Unable to write when attempted to do crossword. States now much improved.

PmHX: No previous CVA. Prior breast cancer(Cured).

On Exam: Normal abdomen, chest, cardiac exam. Normal strength all extremities. No pronator drift, normal finger-nose test. Good writing, able to write sentence and reproduce clock face. Normal speech and gait.

Physician's Orders:

- IV NS at 100ml/hr
- Cardiac Monitor
- CT scan Head
- Electrolytes, urea, creat,
- EKG

Consultations:	Disposition: Time_____
1. _____ 2. _____ 3. _____ 4. _____	■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 10019		Age: 26		Time:	
Triage Complaint: Abdominal Pain					
P 96	BP 136/89	RR 18	T 37.1	Sao2 97	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: G					
Triage Note: Chest pain, intermittent squeezing, and shooting down left arm. Nausea and vomiting x 3. Abd pain past 4 days, and chest pain past 24 hours. Vomiting aggravates chest pain.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	
Physician's Note: Chest pain past 24 hours and abdominal pain for past four days. Diarrhea past 1 week. Chest pain is left sided, and radiates down left arm. Squeezing. Pain is worse after vomiting or when exhaling. Abd pain is right upper quadrant and stabbin in nature. Episodic lasting 30 sec to 2 min at a time. Past Medical History: Similar Right sided abdominal pain 1 year ago Social History: Non-contributory Examination: Chest clear, Cardiac normal. Abdomen soft, tender in right upper quadrant with positive murphy's sign. Extremities normal.					
Physician's Orders: ● IV NS at 150 ml/hr ● Morphine 2.5 – 5 mg IV PRN ● Dimenhydrinate 50mg IV q4h PRN ● CBC, electrolytes, urea, creatinine, troponin, liver function tests ● EKG ● Chest Xray					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 10035		Age: 38		Time:	
Triage Complaint: Upper Extremity Injury Left Hand					
P 73	BP 138/86	RR 16	T 36.4	Sao2 94	GCS 15
Triage Code: CTAS: 4 NATO: 3 START: G					
Triage Note: Possible dislocation to left small finger. Playing football, jammed finger, and now deformed. Moderate pain.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	
Physician's Note: Jammed finger while playing football. Obvious deformity at distal intra-phalyngeal joint.					
Physician's Orders: ● Xray left hand. ● Hydromorphone 4mg PO					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 19012		Age: 38		Time:	
Triage Complaint: Abdominal Pain					
P 70	BP 128/72	RR 16	T 36.4	Sao2 95	GCS 15
Triage Code: CTAS: 4		NATO: 3		START: G	
Triage Note: Bilateral upper quadrant pain x 3 months. Nausea with no vomitting, and no diarrhea.					
Allergies: ASA		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

Upper abdominal pain for past 3 months, worse in the past day. Constant, sharp, worse on the right side. Nausea, with not vomitting. Decreased appetite.

Past Medical History: Non-contributory

Social History: Non-contributory

Examination: Alert, oriented, no apparent distress. Chest clear. Cardiac normal. Abdomen tender to palpation in right upper quadrant with no rebound or guarding.

Assessment:

PLAN:

Physician's Orders:

- CBC, Electrolytes, urea, creatining, Liver function tests
- IV NS at 150 ml/hr
- Morphine 2.5 – 5 mg IV PRN
- Gravol 50 mg IV q6h prn

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

PATIENT CHARTING

Patient #: 19019		Age: 39		Time:	
Triage Complaint: Nausea and Vomiting					
P 107	BP 117/76	RR 24	T 38.5	Sao2 99	GCS 15
Triage Code: CTAS: 3 NATO: 3 START: 3					
Triage Note: Nausea, vomiting, and right flank pain for the past 2 days. States burning with urination began 4 days ago. Febrile. Cloudy, dark urine. History of pyelonephritis.					
Allergies: NONE		Medications: NONE		Tetanus Status: CURRENT	

Physician's Note:

4 day history of burning with urination. Past 2 days has had fever, vomiting, nausea, and pain in right flank. Frequent urination. Felt febrile at home,but did not take her temperature.

History of previous pyelonephritis.

Exam: Febrile, chest clear, right CVA tenderness. Abdomen soft with mild diffuse tenderness; not peritoneal signs.

Physician's Orders:

- IV NS 1000 ml bolus, then 150 ml/hr
- Metoclopramide 10mg IV.
- Acetaminophen 975mg PO
- CBC, Electrolytes, Urea, Creatinine, Urinalysis

Consultations: 1. _____ 2. _____ 3. _____ 4. _____	Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue
Physician Name	Signature

Simulation Participant Assignment
MD
Role: Peds MD 1

- Please read this entire page carefully before proceeding.
- You are playing the role of an MD currently working in the department.
- Attached are the charts of the patients you are currently managing in the department. The patients are at various phases of their workups.
- On the simulation, your patients will be labeled with the physician “Peds MD 1”. Please change this to your own name to avoid confusion.
- You are responsible for the remaining workup of these patients including, as needed:
  - History/Physical Exam
  - Laboratory Testing
  - Radiographic Studies
  - Procedures
  - Disposition
  - Completion of charting

PATIENT CHARTING

Patient #: 18001		Age: 8		Time:	
Triage Complaint: Fever					
P 105	BP 99/61	RR 21	T 38.9	Sao2 98	GCS 15
Triage Code: CTAS: 2 NATO: 2 START: Y					
Triage Note: Known history of leukemia. Last chemotherpy 5 days ago. Febrile today. No respiratory symptoms. Chest clear. Nauseated. Cap refill brisk. Alert and active. Abdomen soft.					
Allergies: NONE		Medications: Ondansetron		Tetanus Status: CURRENT	
Physician's Note: Known history of leukemia. Unwell since yesterday, decreased energy and decreased appetite. Today, fever up to 38.9c. Slightly hoarse voice. No rhinorrhea or cough. Last chemotherapy 5d ago. Past History: Leukemia. Immunizations up to date. Exam: Alert, active, looks unwell but not toxic. Normal head and neck exam. Neck supple. Chest clear. Abdomen soft and non-tender. Cardiac exam normal. ASESS: Fever ?neutrapenia					
Physician's Orders: ● IV Saline Lock ● Cbc, differential, chest xray, urinalysis. ●					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		

PATIENT CHARTING

Patient #: 19026		Age: 8		Time:	
Triage Complaint: Abdominal Pain					
P 119	BP 100/62	RR 28	T 37.9	Sao2 97	GCS 15
Triage Code: CTAS: 3		NATO: 3		START: G	
Triage Note: Abdominal pain began periumbilical yesterday and now focused in right lower quadrant. Vomiting yesterday. Abdomen soft and tender in the right lower quadrant.					
Allergies: Penicillin		Medications: Salbutamol, Inhaled steroid.		Tetanus Status: CURRENT	
Physician's Note: Abdominal pain began yesterday in periumbilical region. Now pain has move to right lower quadrant. Severity up to 8/10 but varies in intensity. Vomiting once yesterday, but none today. Decreased appetite. Sore throat for the past 2 days. Past History: Traumatic hepatic laceration 4 months ago, surgically treated. Asthma Exam: Alter, oriented, no apparent distress. Bilateral cervical nodes. Mild erythema pharynx. Chest clear. Cardiac normal. Abdomen soft but markedly tender in right lower quadrant with no guardian or rebound. Scar in right upper quadrant.					
Physician's Orders: ● IV saline lock. ● NPO ● Cbc, differential, liver function tests, urinalysis. ●					
Consultations: 1. _____ 2. _____ 3. _____ 4. _____			Disposition: Time_____ ■ Discharge ■ Transfer ■ Operating Room ■ Admit ■ Morgue		
Physician Name			Signature		