# Round 1

|               | Trauma   | D's of Stroke Care                           | Trauma   | Stroke-research/articles                                     | Trauma  |
|---------------|--|--|--|--|---|
| Round one     |  |  |  |  |   |
|               |  |  |  |  |   |
| .00 (easiest) | Question:  | Question:                                    | Question:  | Question:  | Question:   |
|               | The following are classic  | What is rapid recognition of stroke          | What prehospital approved analgesic  | On average-how often does a                                  | Name the life-threatening   |
|               | assessment findings of what                                      | symptoms?                                    | medication is associated with these notable side effects: hypersalivation, | Stroke occur?  | neurological syndrome that can occur  |
|               | type of traumatic injury?  | Answork                                      | laryngospasm, dysphoria, and nystagmus?                                    | Answer   | after an initial concussion and explain   |
|               | Shortened or abnormal rotations of affected limb,                | Answer:                                      | 0  | Answer:  | how it can cause death in less than 3-<br>5 minutes.                            |
|               | palpable or painful motion of                                    | Detection                                    | Answer   | 40 seconds   | 5 minutes.  |
|               | pelvis, hypovolemic shock,                                       |  | Ketamine   |  | Answer:   |
|               | hematuria, rectal bleeding.                                      |  |  |  |   |
|               |  |  |  |  | Second impact syndrome due to   |
|               | Answer:  |  |  |  | rapid increase in intracerebral<br>pressure                                     |
|               | Lateral compression pelvic                                       |  |  |  |   |
|               | fracture   |  |  |  |   |
|               |  |  |  |  |   |
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|               |  |  |  |  |   |
| 200           | Question:  | Question:                                    | Question:  | Question:  | Question:   |
|               |  | What is appropriate triage to stroke         |  |  |   |
|               | You arrive at the scene of a car accident where a 5-year-old     | What is appropriate triage to stroke center? | Balanced resuscitation includes<br>"permissive hypotension, limiting       | What principle emphasizes the time-sensitive nature of early | You are called to an MVC to attend to a<br>female who is approximately 30 weeks |
|               | was improperly restrained in                                     |  | crystalloid use, and this?   | identification of patients with a                            | pregnant with her second child. she is  |
|               | the back seat with a lap belt                                    | Answer:                                      |  | suspected ischemic stroke?                                   | awake but very anxious, pale, cool,   |
|               | only and no child restraint seat.                                | Door   | Answer:  |  | moist to touch. HR 140, RR 32, BP 80<br>systolic. The patient's pants are wet   |
|               | The child is alert and tearful,<br>and refuses/is unable to move |  | transfusion of blood products in   | Answer:  | systolic. The patient's pants are wet,<br>and she is not able to tolerate       |
|               | his legs. He had loss of bladder                                 |  | rations similar to whole blood   | "time is brain"  | abdominal palpation due to severe   |
|               | control during the assident Uic                                  |  |  |  |   |

## Round 2

|     | Not fish scales - stroke   | Trauma   | Stroke – Define this  | Trauma   | Know that Stroke   |
|-----|--|--|---|--|--|
|     |  |  |   |  |  |
| 200 | Question:  | Question:  | Question:   | Question:  | Question:  |
| 200 | The RACE score gives how<br>many points if gaze palsy is<br>present?<br>Answer:<br>1 | 26-year-old male, reports<br>motorcycle collision evening<br>before, but did not call 911<br>because he felt ok. This am he<br>woke to excessive swelling and<br>pain in left forearm with<br>abrasions noted, so he called<br>911. The patient reports he has<br>never felt pain so bad, and his<br>forearm and fingers are<br>swelling and has pain with<br>movement. Patient given pain<br>medication per protocol<br>enroute, with no relief per the<br>patient. What do you suspect is<br>going on ?<br>Answer:<br>Compartment syndrome | The inability to process and recognize<br>sensory information like recognizing<br>objects, persons, shapes or smells. It is<br>not memory loss.<br>Answer:<br>Agnosia | With this type of injury children will turn<br>toward the oncoming vehicle with their<br>legs striking the front of the vehicle first,<br>torso will roll forward onto the hood/grill,<br>and then head will strike hood.<br><b>Answer:</b><br>Waddell's triad | The 5 "D's" that can may<br>indicate a posterior stroke<br>includes: Dizziness,<br>Diplopia, Dysarthria,<br>Dysphagia and this?<br>Answer:<br>Dystaxia |
|     | Question   |  | Question  | Question:  | Question   |
| 400 | Question:  | Question:  | Question:   |  | Question:  |
|     | ability to correctly identify patients with an LVO                                   | what is your primary intervention when you suspect   | Difficulty understanding what is said, finding the words and putting words in   | What type of shock includes symptoms of hypotension, tachycardia, cool, clammy   | Clues to a possible<br>hemorrhage stroke   |
|     |  | compartment syndrome of a  | sentences, and difficulty reading and   | skin, altered consciousness, unusually fast<br>breathing, and chest or abdominal pain  | includes: nausea &   |
|     | Answer:  | patient's forearm?   | writing words or sentences.   |  | vomiting, very high blood<br>pressure and this signature   |
|     | sensitivity  | Answer:  | Answer:   | Answer:  | sign?  |
|     |  | assess   | aphasia   | Obstructive shock  | Answer:  |

### Trauma Final Jeopardy Question

You have just arrived at the site of a multi-casualty shooting incident and are assigned a VERY pregnant female who was shot three times (shoulder, abdomen, upper leg). The patient is moaning, cold/clammy, and has an estimated >750 ml of blood loss on the scene from the leg wound. HR is 170, RR-44, BP 60 palpated. You have one IV with abd dressing on the leg and have been directed by scene command to load and go. What injuries do you suspect and what are your 3 treatment priorities for this patient enroute?

#### Answer:

- A. Hypovolemic shock additional IV-warmed fluids, positioning of patient left lateral recumbent to reduce fetal distress, airway support-supplemental oxygen, possible tourniquet application to leg wound
- B. Neurogenic shock positioning of patient left lateral recumbent to reduce fetal distress, airway supportsupplemental oxygen, possible tourniquet application to leg wound
- c. Hypovolemic shock additional IV-warmed fluids, positioning of patient right lateral recumbent to reduce fetal distress, airway support-supplemental oxygen, possible tourniquet application to leg wound
- D. Septic shock additional IV-warmed fluids, positioning of patient left lateral recumbent to reduce fetal distress, possible tourniquet application to leg wound



## Stroke Final Jeopardy Question

You are responding to a 911 call. The patient is a known diabetic. Dispatch alerts you that the patient's complaints are dizziness, incoordination, double vision, and decreased level of consciousness. You obtain a capillary blood glucose of 62. Vital signs are obtained and are as follows: BP 198/104, HR 63, RR 12, oxygen saturation 93% on room air. Based off the patient's presentation, what event do you think has occurred and what location of the brain is affected if applicable? Given the above information, what should two of your pre-hospital treatments include?

#### Answer:

- A. Transient Ischemic Attack Apply oxygen via nasal canula to maintain oxygen saturation > 94%, Lower blood pressure
- B. Stroke Mimic- Hypoglycemic event give 50ml 50% dextrose IV, Lower blood pressure
- Brain Stem Stroke Apply oxygen via nasal canula to maintain oxygen saturation > 94%, Prepare for intubation (if RR decreases and O2 level drops)
- D. Left MCA stroke. Give ASA 81 mg, place on cardiac monitor to monitor for decrease in heart rate.

