

1 – FALL ON BOARD SHIP

NOVA SCOTIA



THE STORY:

A 40 y/o female tripped while descending a companionway amidships of a sailboat. Witnesses reported that she landed on her back on a salon table at the base of the stair, rolled onto the floor, and was found gasping for breath. As her companions started their assessment at 1100, the Pt's respiratory distress quickly improved and the Pt stated that she had the wind knocked out of her in the fall. The patient complained of lower back pain but had no other complaints. She stated that she remembered tripping

and falling and did not think she hit her head or neck. She had tenderness in the left flank but no bruising was noted. The abdomen was found to be soft and non-tender. The rest of the spine exam was unremarkable and she had normal CSM in all four extremities. She had no allergies, took no regular medications, and had breakfast that morning about 3 hrs. prior to the fall. Her Pulse: 98, Respirations: 22 and easy, B/P: 122/78, Skin: pale, and she was alert and anxious.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. After you've completed the Subjective and Objective sections, develop an Assessment for 1100hrs. with Anticipated Problems and an appropriate Treatment Plan listed in the columns to the right.

At 1130, the Pt reported that her pain had diminished somewhat although a repeat exam revealed persistent left flank tenderness with some developing bruising. Her abdomen remained soft and

non-tender. Vitals were repeated: Pulse: 72, Skin: warm and normal in color, Respirations 14, B/P: 116/76, and her AVPU: Awake, alert, calm, and mildly uncomfortable.

Again, transfer any appropriate information to the SOAP note and update the Assessment as needed. Be sure to note the time when you update any information.

QUESTIONS

1. Do you feel more or less comfortable with your patient at 1130?
2. If the patient did suffer significant internal bleeding from her kidney injury, what early signs might you notice during your assessment?
3. If evacuation to shore was delayed for days, what options might you have for dealing with your patient's potential spine injury?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1100		
left flank tenderness	volume shock	PROP / monitor / EVAC
unable to clear spine 2°	swelling	stabilize
distracting injury		
ASR	cont. ASR	reassurance
1130		
left flank bruising / tenderness	volume shock	PROP / monitor / EVAC

NOTES

@ 1130: ASR had resolved and vitals had improved markedly. Although the Pt continued to complain of significant pain in the left flank, she was considered reliable and the spine was cleared with non-distracting off mid-line flank px and normal motor / sensory exam.

What Actually Happened Next ...

The Pt remained stable through the 8 hr. evacuation to shore and the nearest hospital. She was observed overnight and released the following day with a Dx of kidney contusion. The Pt did not sustain any other significant injury but was sore for days following the incident.