



# Certifying Exam Case Materials

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## PRIORITIZATION

### CASE SAMPLE VIDEO

Use of the case materials in this document are demonstrated [here](#).



### CASE SUMMARY

A hallmark of emergency medicine is the ability to triage or prioritize care. This case will require the physician to evaluate and treat multiple patients while ensuring those who require immediate care receive it quickly. The physician may face the arrival of additional patients, the deterioration of existing patients, and realistic workflow interruptions during the case. A successful candidate will identify and stabilize high acuity patients.

### SCORING

Information on how this case will be scored can be found [here](#).



<b>PRIORITIZATION CANDIDATE TASK SHEET</b>	<b>ROOM #</b>
<b>CASE PARAMETERS</b>	
<ul style="list-style-type: none"><li>• This is a 15-minute case.</li><li>• You will interact with two examiners.</li><li>• This is an interview style case without role playing.</li><li>• You will evaluate and treat multiple patients while ensuring those who require immediate care receive it as quickly as possible.</li><li>• You will have 2 nurses to complete orders and assist you in basic assessment of patients.</li><li>• You may face the arrival of additional patients, deterioration of existing patients, and workflow interruptions during the case.</li></ul>	
<b>PATIENT INFORMATION</b>	
<p>Relevant information will be provided on your tracking board. Given multiple patients, you will be asked to identify individual features that would help you determine each patient's acuity.</p>	
<b>TASK STATEMENT</b>	
<p>Your tasks are as follows:</p> <ol style="list-style-type: none"><li>1. Given multiple patients, you will be asked to identify individual features that would help you determine each patient's acuity.</li><li>2. Identify the patients that most urgently require medical attention and provide stabilizing care.</li><li>3. Effectively manage available clinical resources.</li><li>4. Provide care in the setting of changing clinical conditions including new patients, changes in acuity, critical diagnostic results, and limitations of resources.</li></ol>	



TRACKING BOARD #1			
PATIENT	AGE	CHIEF COMPLAINT	VITAL SIGNS
A	40 y/o woman	Wrist laceration	BP, 120/80 P, 84 R, 12 Temp, 37.0 C (98.6 F) Sat, 98% on room air
B	58 y/o man	Shortness of Breath	BP, 170/80 P, 122 R, 38 Temp, 37.0 C (98.6 F) Sat, 84% on 2L NC
C	26 y/o woman	Chest Pain	BP, 140/72 P, 88 R, 14 Temp, 37.0 C (98.6 F) Sat, 97% on room air
D	72 y/o man	Altered Mental Status	BP, 160/90 P, 106 R, 28 Temp, 36.0 C (96.8 F) Sat, 92% on 2L NC
E	32 y/o woman	Ankle Injury	BP, 150/80 P, 114 R, 14 Temp, 37.0 C (98.6 F) Sat, 97% on room air
F	5 y/o child	Cough	BP, 110/80 P, 116 R, 16 Temp, 37.0 C (98.6 F) Sat, 96% on room air

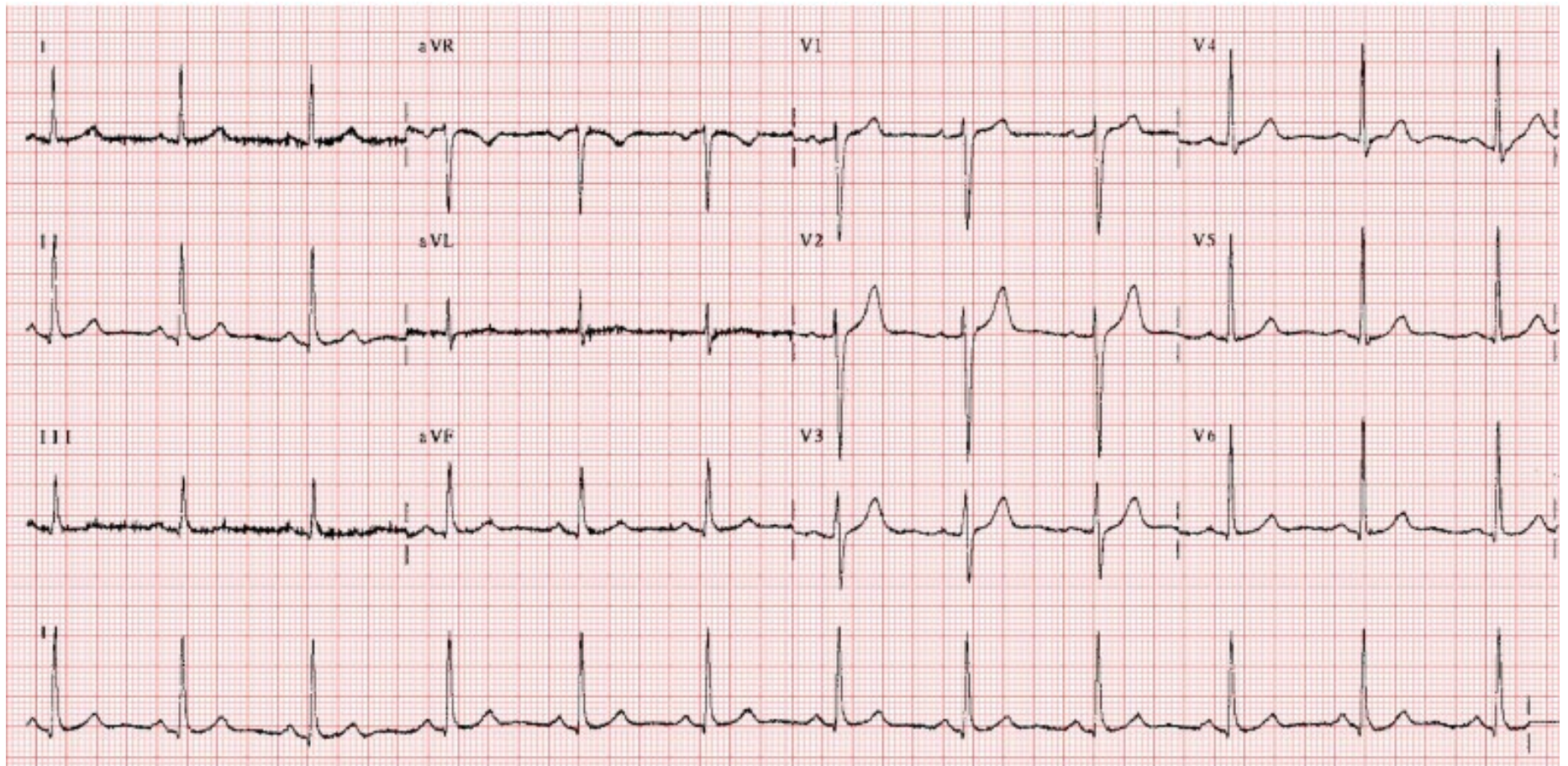


TRACKING BOARD #2				
PATIENT	AGE	CHIEF COMPLAINT	VITAL SIGNS	CONDITION REPORT
A	40 y/o woman	Wrist laceration	BP, 120/80 P, 84 R, 12 Temp, 37.0 C (98.6 F) Sat, 98% on room air	Accidental. Painful. No pulsatile bleeding. Neuro intact.
B	58 y/o man	Shortness of Breath	BP, 170/80 P, 122 R, 38 Temp, 37.0 C (98.6 F) Sat, 86% on non-rebreather	Normal mental status. Respiratory distress after nebs and steroid by EMS. ECG stimulus available CXR stimulus available
C	26 y/o woman	Chest Pain	BP, 140/72 P, 88 R, 14 Temp, 37.0 C (98.6 F) Sat, 97% on room air	Pleuritic. No leg swelling. No OCPs. Normal CXR. ECG ordered.
D	72 y/o man	Altered Mental Status	BP, 160/90 P, 106 R, 28 Temp, 36.0 C (96.8 F) Sat, 96% on 2L	Lethargic. No resp distress. Non-focal neuro exam. Blood sugar – 48 mg/dL
E	32 y/o woman	Ankle Injury	BP, 150/80 P, 114 R, 14 Temp, 37.0 C (98.6 F) Sat, 97% on room air	No distal pulses. X-ray with trimalleolar fx / Closed /Dislocated.
F	5 y/o child	Cough	BP, 110/80 P, 116 R, 16 Temp, 37.0 C (98.6 F) Sat, 96% on room air	Normal mental status. No resp distress or wheezing. Normal CXR.



**STIMULUS 1. ECG**

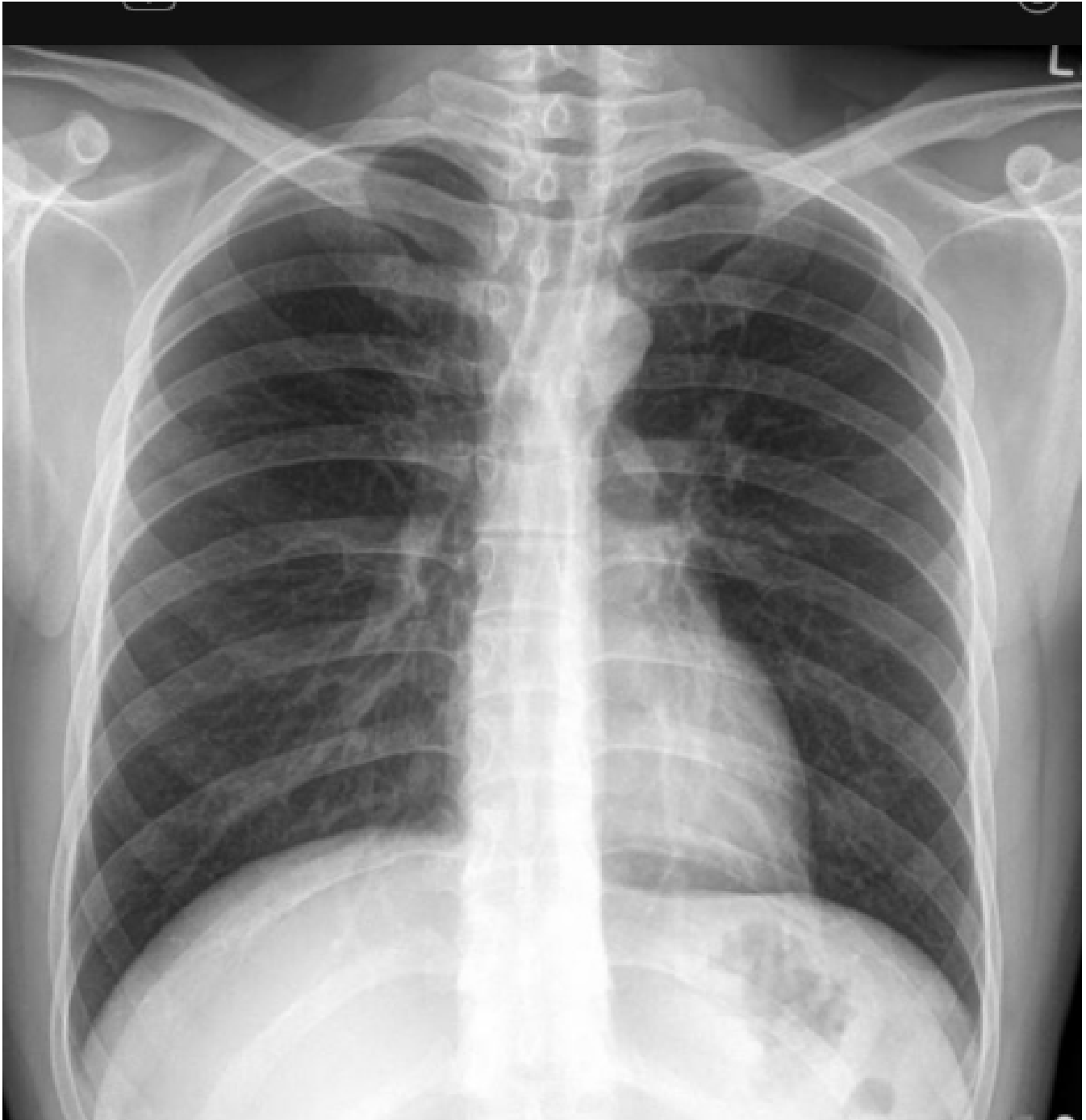
**ROOM #**





**STIMULUS 2. CHEST X-RAY**

**ROOM #**





TRACKING BOARD #3				
PATIENT	AGE	CHIEF COMPLAINT	VITAL SIGNS	CONDITION REPORT
A	40 y/o woman	Wrist laceration	BP, 120/80 P, 84 R, 12 Temp, 37.0 C (98.6 F) Sat, 98% on room air	Accidental injury. Painful. No pulsatile bleeding. Neuro intact.
B	58 y/o man	Shortness of Breath	BP, 170/80 P, 122 R, 38 Temp, 37.0 C (98.6 F) Sat, 84% on non-rebreather	Normal mental status. Respiratory distress after nebs and steroid by EMS. ECG stimulus available CXR stimulus available
C	26 y/o woman	Chest Pain	BP, 140/72 P, 88 R, 14 Temp, 37.0 C (98.6 F) Sat, 97% on room air	Pleuritic. No leg swelling. No OCPs. Normal CXR. ECG ordered.
D	72 y/o man	Altered Mental Status	BP, 160/90 P, 106 R, 28 Temp, 36.0 C (96.8 F) Sat, 96% on room air	Lethargic. No resp distress. Non-focal neuro exam. Blood sugar – 48 mg/dL.
E	32 y/o woman	Ankle Injury	BP, 150/80 P, 114 R, 14 Temp, 37.0 C (98.6 F) Sat, 97 on room air	No distal pulses. X-ray with trimalleolar fx / Closed /Dislocated.
F	5 y/o child	Cough	BP, 110/80 P, 116 R, 16 Temp, 37.0 C (98.6 F) Sat, 96% on room air	Normal mental status. No resp distress or wheezing. Normal CXR.
G	44 y/o man	Back Pain	BP, 170/80 P, 94 R, 18 Temp, 37.0 C (98.6 F) Sat, 99% on room air	Neurovascular Intact
H	66 y/o man	Shortness of Breath	BP, 108/50 P, 94 R, 18 Temp, 37.0 C (98.6 F) Sat, 99% on room air	Facial burns. Soot in airway. Hoarse Voice.



**STIMULUS 3. ECG**

**ROOM #**

