

Simulation Scenario Template

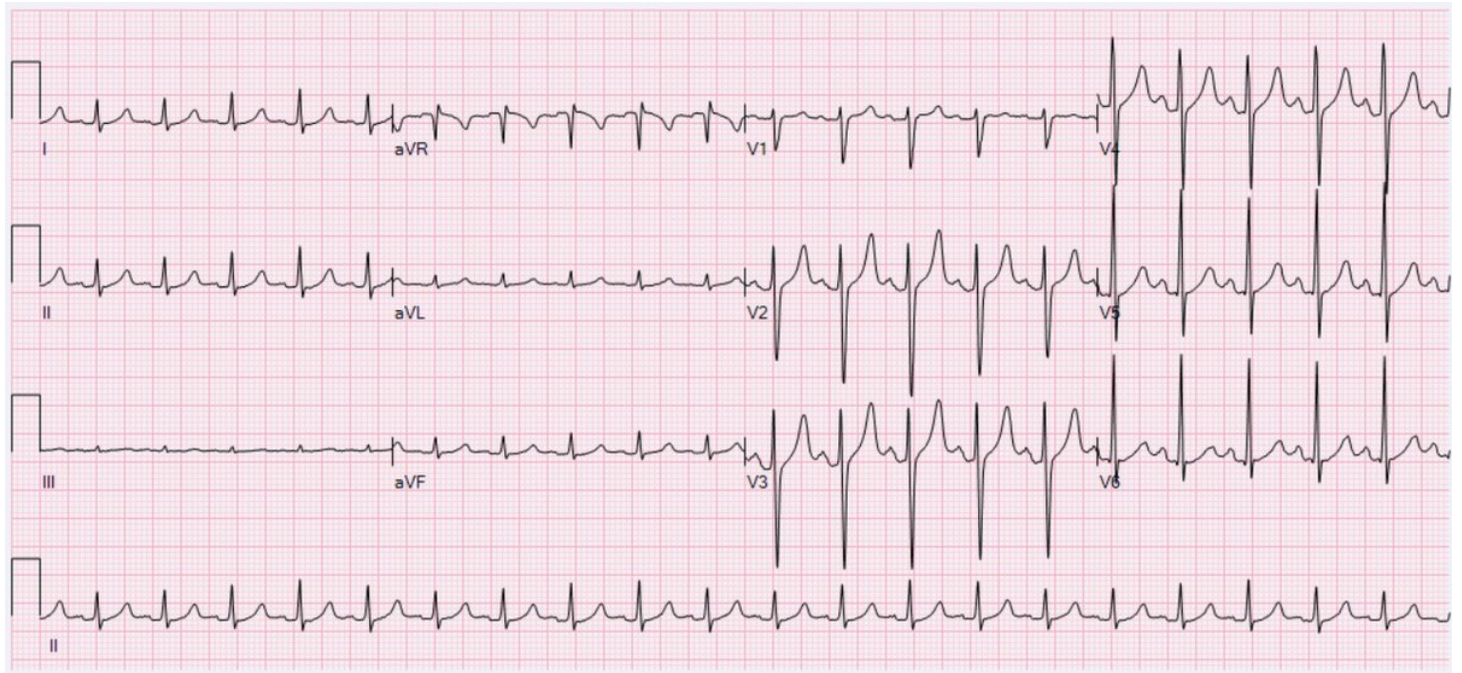
Appendix A: Laboratory Results

<u>CBC</u> WBC 6.0×10^9 cells/ μ L Hgb 11.2 mmol/L Plt 250×10^9 cells/L <u>Lytes</u> Na 138 mmol/L K 3.9 mmol/L Cl 100 mmol/L HCO ₃ 26 mmol/L AG 12 Urea 7.1 mmol/L Cr 79.6 μ mol/L Glucose 4.7 mmol/L <u>Extended Lytes</u> Ca 2.3 mmol/L <u>VBG</u> PH 7.36 PCO ₂ 45 mmHg PO ₂ 40 mmHg HCO ₃ 26 mmol/L Lactate 1.8 mmol/L	<u>Biliary</u> AST 120 units/L ALT 60 units/L ALP 60 units/L Bili 10.3 μ mol/L Lipase 32 units/L <u>Tox</u> EtOH 54.3 mmol/L
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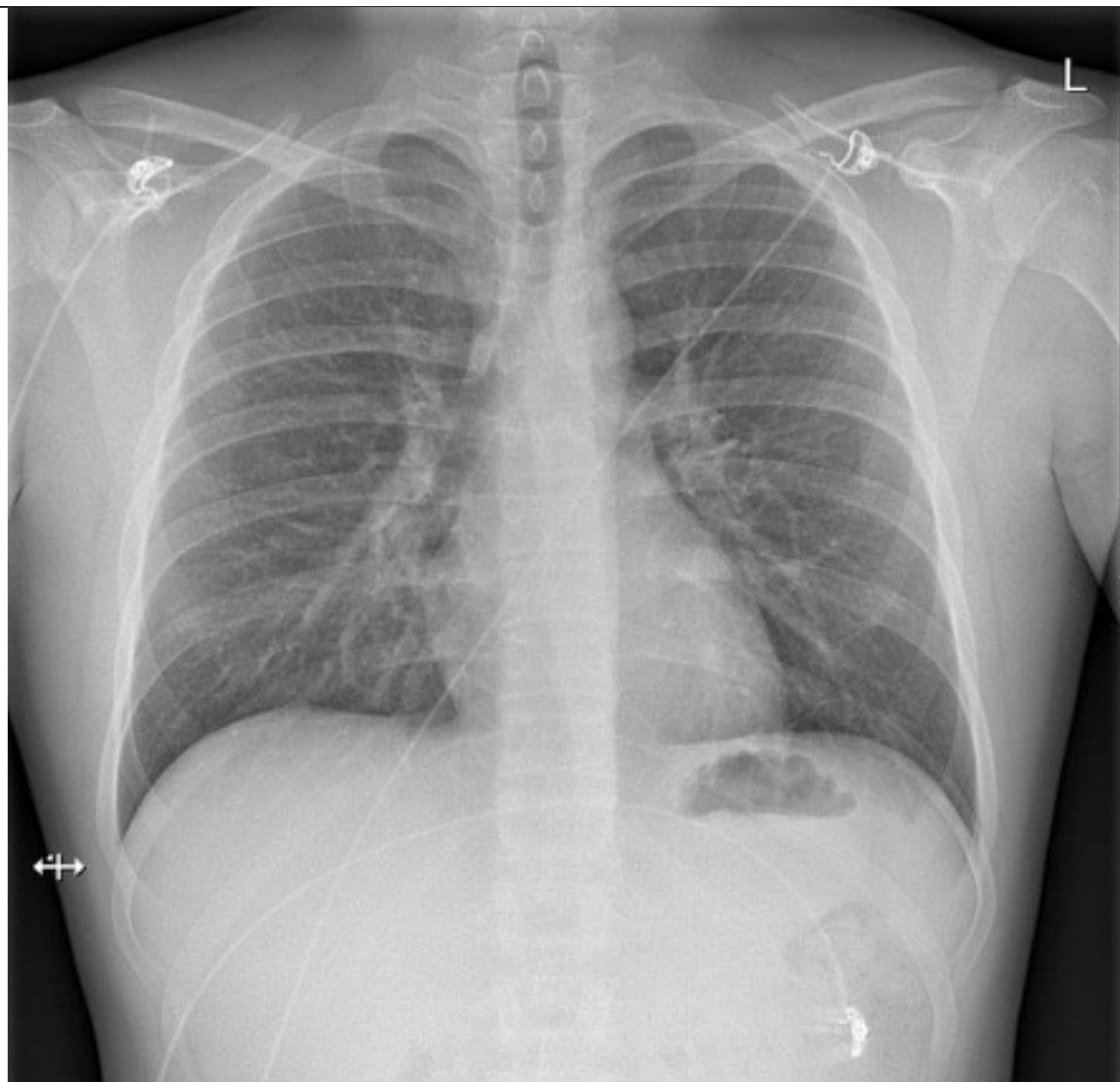
Appendix B: ECGs, X-rays, Ultrasounds and Pictures

Paste in any auxiliary files required for running the session. Don't forget to include their source so you can find them later!



[https://en.wikipedia.org/wiki/Sinus tachycardia](https://en.wikipedia.org/wiki/Sinus_tachycardia)

Simulation Scenario Template



<https://radiopaedia.org/cases/normal-chest-radiograph-male?lang=us>

Simulation Scenario Template



<https://radiopaedia.org/cases/normal-ct-brain-pre-and-post-contrast?lang=us>

Simulation Scenario Template



<https://radiopaedia.org/cases/normal-cervical-spine-ct-1>

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Appendix 1 - Printable AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. Within the past year, how often did you have a drink of alcohol?

- ☐ a. Never
- ☐ b. Monthly (e.g. Special occasions/Rare)
- ☐ c. 2-4 times a month (e.g. 1x on weekend - "Fridays only" or "every other Thursday")
- ☐ d. 2-3 times a week (e.g. weekends – Friday-Saturday or Saturday-Sunday)
- ☐ e. 4 or more times a week (e.g. daily or most days/week)

2. Within the past year, how many standard drinks containing alcohol did you have on a typical day?

- ☐ a. 1 or 2
- ☐ b. 3 or 4
- ☐ c. 5 or 6
- ☐ d. 7 to 9
- ☐ e. 10 or more

3. Within the past year, how often did you have six or more drinks on one occasion?

- ☐ a. Never
- ☐ b. Less than monthly
- ☐ c. Monthly
- ☐ d. Weekly
- ☐ e. Daily or almost daily

Scoring: a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

In men, ≥ 4 is positive

In women, ≥ 3 is positive

Source: <https://anthc.org/wp-content/uploads/2017/05/Audit-C.pdf>

Appendix 2 - Printable CAGE Questionnaire

1. Have you ever felt you should cut down on your drinking?

2. Have people annoyed you by criticizing your drinking?

3. Have you ever felt bad or guilty about your drinking?

4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Scoring: no = 0 points, yes = 1 point; ≥ 2 is clinically significant

Source:

https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf

