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|---|---|--------------------|----------------------------------|-----------------------|---------------------------|
| Inject Date | May 19 | Inject Time | | Inject # | |
| Delivered by <i>SimCell / Site Controller</i> | | SimCell | | Type of Inject | Contextual Contingency |
| Delivery Method <i>Telephone, Email, WebEOC, or Other:</i> | | | Paper | | |
| Recipient (To) | Location – (Where) | | Miami Children’s Hospital | | |
| | Agency/Individual | | ED Physician | | |
| Objective | | | | | |
| Capability / Task | | | | | |
| Inject Name: | Patient with allergic reaction to Fire Ant Bites | | | | |
| Inject (Write the actual Script for the controller) | “This is an exercise” An 8-year-old boy from the Miami Terrace Mobile Home Park arrived in your ED. He has in excess over 50 bites from fire ants that his mother spotted floating in the standing water near his mobile home. He is having difficulty breathing, his heart rate is 115 bpm, and his blood pressure is 70/40. The ant bites are concentrated around his abdomen and are swollen, red and painful. He is complaining of spotted vision and lightheadedness. He is only 50 lbs and 49 inches tall. | | | | |
| | <p style="text-align: right;">“This is an exercise”</p> <p style="text-align: center;">(Attachment Yes or No)</p> | | | | |
| Expected Acton(s) / Outcome | | | | Notes: | |
| Hospital reports the special circumstance to the EOC | | | | | |
| Related Plan / SOP/ SOG | | | | Notes: | |
| CEMP | | | | | |