

# Plot Call #3, 11:16 p.m.: Fire & IC

**“DocWagon 21, DocWagon 21, respond via emergency traffic to a fire in progress at the Freedonia Manufacturing office building, third floor, at Northgate and Roosevelt for cyber trauma. Patient is a gold contract 19-year-old human female, no known allergies, cyberware installed.”**

This call brings the team into the belly of the beast, without their knowing. It introduces the team of shadowrunners, one of whom is a former member of the HTR team, who will be adversaries in the final plot call. It brings the team face-to-face with flesh-form insect spirits, and recognising one of them will give a clue as to the nature of the situation.

## History

It's good policy to check up on your Johnson, so the team of shadowrunners Dominic Berger had hired did some poking about, discovered his position as V.P. of Freedonia Manufacturing, and decided to have a look in their computer system to see if there's any interesting dirt. They infiltrated the facility, gained access to the host in a manager's office and had their decker, Slice, jack in. Slice was alarmed to find the security far, far above what a simple manufacturing plant would warrant - she was taken by surprise by a nasty lethal black IC programme and almost killed before Rip noticed something was up and jacked her out, causing dump shock but saving her life. Meanwhile, the cybercombat had triggered an alarm, and flesh-form spirit security guards assaulted the team, shooting the team's merc in the gut. He activated his CrashCart™ alarm, and being stationed closer than DocWagon™, they arrived on scene about two minutes earlier. They loaded the merc onto their stretcher and asked the remaining runners if they wanted Slice taken care of too. The team, busily engaging the guards, answered yeah sure whatever frag off outta my face, so the CrashCart™ team are finishing their assessment and preparing to load and go with 'their' patients when the Wagon shows up.

## Initial Assessment

The team arrive outside a warehouse\light manufacturing facility attached to an approximately seven-storey office tower building (the top floors of which seem to be still under construction) to find a fire escape door standing ajar, if they notice it, which will bring them to the third floor. This is a modestly-sized cubicle maze, with offices around the perimeter. Directly ahead is a street samurai with a bald head and goatee in a long black coat firing two pistols around a corner before ducking back to avoid the return fire, and when he sees the team he'll look confused for a second before indicating the office behind him. Beyond him a pair of CrashCart™ crew are hurriedly wheeling a stretcher with a groaning troll on it toward the lift. The scene is chaotic, there's gunfire and windows and office equipment exploding. In the office are an expensively-dressed mage casting manabolts, Rip laying it down with an assault rifle and a few grenades, and two more CrashCart™ types (one medic, one security) packing up the jump bag and preparing to haul the unconscious Slice away. As the team arrive, a security guard attempting to cubicle-hop toward the office gets nailed by the mage, and Rip cuts him down as he's stunned. He falls to the floor in the middle of the corridor, and the street sam puts another couple of rounds into him and calls out "Take a look at this guy!". The guard has a yellowish tinge to his face and a look like he has extra armour plates under his skin. His mouth is open and from within hangs a stubby black proboscis. What?

CrashCart™ are keen to earn some extra money and expand their client-base, so aren't willing to let their new patient go. They've already started treatment, they claim (they put her on oxygen), and care was verbally entrusted to them. Now, the shadowrunners aren't legal next-of-kin so technically they can't do that and CrashCart™'s argument that way isn't viable, but a debate about legal subtleties will cause the shadowrunners to look around open-mouthed in amazement and yell at them to get the frag out of here, or we're leaving you to it. The situation at the moment is roughly evenly matched with the security guards and the runners are holding their own but it's a close-run thing. If the argument goes on, the street sam is grazed in the arm by a bullet, loses his patience and turns one of his guns on the medics, yelling at them to evacuate the decker so they can go. Blatant physical threats will get CrashCart™ out of there reluctantly, in a sort of you-haven't-seen-the-last-of-us new recurring nemesis way (spitefully removing and bringing their oxygen mask), but if the players have another idea, run with it and see how it turns out.

Slice is unconscious, lying on her back (supine) with her cyberdeck still plugged into the wall and hanging from her shoulder by a strap, but disconnected from the datajack in her temple. She's bleeding slightly from her nose and ears and appears to be seizing slightly. Her arms are curled toward her chest (decorticate posturing, a sign of brain damage).

## **On Scene**

Rip is an experienced medic and can give a full history, interspersed with shooting, ducking and reloading. Of course there's the attack of the giant insect monster security guards, but we'll get to that. There are wasps buzzing here and there throughout the building.

## **Bug Off**

There are five security guards assaulting the shadowrun team from the other end of a cubicle corridor, although one of them is put down by Rip and the mage as the team arrives. They're partial merge flesh-form wasp spirits in human host bodies, and most have some waspish characteristics, such as subdermal chitinous armour, underdeveloped antenna bumps on the forehead, multifaceted eyeballs, twiggy fingers covered with spiny black hairs like insect legs etc. One may be recognised on a good roll by Zap or Overhaul as a 'frequent flyer' from their Standard Response Team days, a drunken low-level manager from some office who was fast on his way to down and out. He's leading the security team. They'll assault the office, but will not pursue the DocWagon™ team (their goal is to keep people off the top floor), and won't allow all of their number to be taken down. Besides Rip and the mage, there's the street samurai on this side of things, packing a pair of smartlinked Ares Predator IIs. Run the combat, with the medics doing their thing in combat rounds too as the lead flies overhead. There will be time where everyone's ducked behind cover though for at least a full round, making the shooting sporadic, otherwise it'll take far too long to run. When the team get out the runners make tracks too, the mage saying "About bloody time," and starting to hurl fireballs to cover the retreat.

## **Patient: Slice**

Slice is a skinny black human girl in her late teens. She's wearing impossibly large purple camo trousers and an orange t-shirt with the sleeves and midriff torn off. Her short black hair is shaved at the right temple, where there's a datajack.

Slice is suffering the brain damage caused by a powerful black IC attack, as well as dump shock. Her breathing is insufficient, she's seizing and vomiting from increased intracranial pressure as her brain bleeds. She needs a trauma surgeon, stat.

She's unresponsive to all but deep pain and can't be interviewed, but Rip can tell the team what they need.

**Signs & Symptoms:** Unresponsive to all but deep pain. Arms curled upward indicating brain damage (decorticate posturing). Irregular breathing pattern, both in rate and depth (Biot's breathing or ataxic breathing). Seizures uninterrupted by a period of respite (status epilepticus). Vomiting (emesis). Can't read her pupils because she has cybereyes.

**Allergies:** "Nothing that I know of." Nothing that her medical record knows of either, and it's all true.

**Medications:** "She's asthmatic, she's got an inhaler, don't know what kind. Didn't see her use it today." Slice's inhaler is in a pocket somewhere in her vast trousers.

**Magic:** "Nope, don't think so, she's never mentioned it anyway." She's not!

**Modifications:** "Datajack of course, her eyes, let's see. Some headware memory, don't know how much. Oh, hand razors, she doesn't use them much." The razors are sliding out and retracting from under her fingernails at random as she seizes, and slicing up her hands and chest.

**Pertinent Past History:** "She's had dump shock before, sure, but I don't think she's ever been hit by black IC anywhere near this bad." There's no mention in her record.

**Last Oral Intake:** "We all had burgers at a Cap's Beef a couple of hours ago." Some of that's on the way back up now.

**Events Leading Up:** “I saw her twitch and she muttered “fragging hell” or something, and I saw her deck was indicating a black IC attack. She looked to be in bad shape so I jacked her out. What the hell is that kind of IC doing in a place like this?”

**Respirations:** Completely irregular (Biot’s breathing or ataxic breathing)

**Pulse:** Slow (bradycardia) and irregular

**Blood pressure:** High (hypertension)

**Pulse oximetry:** 76% - bad

**Blood glucose:** Within normal limits

Slice needs to get out of there in a hurry. Clean vomit out of her airway first by rolling her on her side and applying suction in the form of a hollow wand hooked up to a vacuum pump, which is swirled around in her mouth to suck up all the goop before she inhales it. Then intubate her - a hollow plastic tube down the windpipe that you can hook a breathing apparatus to. Breathe for her with that, load her on a stretcher and commence the hauling of the ass. She’ll also need an intravenous or intraosseous catheter placed, and benzos given for the seizures, but once the tube is in it’s load and go. Mannitol will help with the brain swelling. Apply the paddles to cardiovert her heart rhythm. Basically she needs everything done for her and then some - breathing, heart pacing, what have you. Breathing for her faster than usual will help reduce the intracranial pressure, and if everything is done perfectly and you’re feeling generous she might make a full recovery in a few months, instead of never.

The obvious mistake to make is to go right for the fancy stuff, forgetting about the basics. She’s lying on her back and vomiting, without having that taken care of she’ll choke like so many musicians before her. Once the intubation process gets in there though it’ll be obvious what’s up, so she’ll only be inhaling her stomach contents for a little while, which will still mess her up further. Shocking the brain for the seizures isn’t appropriate in this circumstance. Because the call was for a firefight, an overzealous bull-headed medic might start looking for the bullet wound until Rip sets him straight.

Here's starting an I.V. broken up into individual combat rounds. Lots of this can be done concurrently if more than one person is working on it. The roll, when required, is a Cpx 2 Medicine roll modified by AGI against 4. Failure means a number of rounds equal to the MoF digging around to find the vein. MoF of more than 3 or a fumble fails completely, medic has to quit and try again.

- Apply tourniquet to upper arm
- Open equipment packet
- Open bag of P4MO blood replacement fluid, open tubing packet
- Rig tubing to P4MO and run air out of tubing
- Locate vein, select catheter size
- Open catheter packet, clean area
- Big stick! Cpx 2 Medicine roll against 4, modified by AGI
- If failed, see above
- Advance catheter, remove needle, tamponade vein with finger, attach hub, pop tourniquet
- Attach P4MO tubing to hub, test flow
- Tape it down

Here's intubating, also quicker with more hands. This is a plastic tube with an inflatable cuff near the bottom, that gets pushed down the trachea and the cuff is inflated when it's below the vocal cords to hold it in place and create a seal. You blow air in using a rubbery bag you attach to the top. The tongue is moved out of the way and the mouth opened for insertion with an L-shaped tool with a light near the end called a laryngoscope. The roll, when required, is a Cpx 2 Medicine roll modified by AGI against 4. Failure means a number of rounds equal to the MoF repositioning the jaw to try to get a clear shot. MoF of more than 3 forces medic to give up after 3 rounds to try again, after more hyperoxygenation. Fumble gets the tube in the stomach, which is not revealed until testing for correct placement and requires removing it and starting again with a new tube.

- Grab and lay out intubation roll, a cloth kit with all the gear in pockets
- Select appropriate laryngoscope blade and endotracheal tube sizes
- Open blade packet, attach blade to handle, open ET tube packet
- Attach syringe of air to cuff inflator, insert wire stylette into ET tube, bend to shape
- Prepare tube holding strap
- Hyperoxygenate patient by breathing for them faster (using bag and a mask)
- Continue hyperoxygenation
- Insert laryngoscope, lift up tongue, try to see vocal cords
- Insert ET tube (roll)
- If failed, see above
- Drop laryngoscope, pull out stylette, inflate cuff with syringe of air
- Hook up bag to top, put stethoscope on
- Listen for sounds in: belly, lung, lung (ideally nothing, breath sounds, breath sounds)
- Secure tube with holding strap

## **Load & Go**

The most appropriate destination is Seattle General, with its trauma centre and experienced specialist surgeons. The truck should be running HOT.

## **Response Time**

This call can get really bogged down. To keep it quick, leave the firefight descriptive, covering and suppressive fire rather than combat rounds and initiative and actions. Die rolls can again be kept to a minimum for other stuff. The Crash Cart team can be left out altogether if desired, but it shouldn't be necessary as it's pretty quick. The important parts are:

- Introducing each member of the shadowrun team
- Horribly injured patient
- Tying the plot together so the future makes sense: the team, this location, Berger, Bestenzuerst; this includes mention of the unusually high-security I.C.
- Getting a quick look at ugly insecty security guards