2015

St. John Ambulance
Ontario Medical First Response Competition
Provincial Competition

TEAM SCENARIO

Scenario 1 - "Patio Party-time"

Background Scenario

You and your team are Providing First Aid Services at the major sporting event. It is the end of another event filled day and your crew has been assigned the post at the athletes village.

You are being sent to the patio where a couple of athletes have had an altercation where someone requires first aid care. Security has already secured the scene and the area is safe for your crew to attend.

You have 20 minutes to complete the scenario, Good Luck!!

There will be a 3 minute warning signify the end of the primary survey.

There will also be a 2 minute left signal for the team's benefit.

THIS PAGE IS GIVEN TO TEAMS AT THE BEGINNING OF THE SCENARIO

CASUALTY SIMULATORS INFORMATION Scenario : "Patio Party-time "

(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Total Patients: 2 – both in normal street clothes. - Location: Dorm Patio

2 athletes staying in the same dorm decided to 'wash away their sorrows' from loosing their events. They have been drinking while using the facilities BBQ. What should have been a relaxing night has now turned to a fight between the two. Pushing and shoving led to (1) athlete being bushed backwards into the hot BBQ and causing 2nd degree burns on their entire back and piece of broken glass and cuts their arm creating a 5" laceration down the length of their backside of the Right upper arm = moderate bleeding.

The (2) athlete becoming so distraught over causing the injury to his friend that he is upset (crying) when the crew arrives. Upon investigation, the crew learns that this athlete also took some pills with the 26er of alcohol they drank. Crew will find arx bottle of trazodone 200mg, once at bedtime, 30 tabs, 12 days into rxand Seroquel 400mg, twice daily, 60 tabs, 12 days in and all are gone. **Crew must figure out how many of each they took to get points for call to Poison Control. (General Information was gathered from Ontario Poison Control Educator: Heather Hudson 1-416-813-1061.)

- SEROQUEL MISSING = 36 tablets of 400mg each
- TRAZODONE MISSING = 18 Tablets of 200mg each

NOTE:

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team's benefit.

PROPS (Per Scenario/Team)

- 2 Casualties in normal clothing
- 1 casualties shirt (scorched) open back
- BBQ (tipped over on side)
- Garden Hose to have running water for team to use (or simulated)
- Empty liquor bottles
- Broken glass beside BBQ
- Two Empty pill bottles labeled:
- "Trazodone 200mg, "1 tablet at bedtime" 30 tablets - filled on April 28th 2015
- "Seroquel 400mg, "2 tablets daily" 60 tablets – filled April 28th 2015.
- PCRs (SFA & MFR)
- First aid kit (SFA and MFR)
- Blankets x 2 (SFA & MFR)

- **There will need to be a simulated call to an Ontario Poison Control Center. Take the delegated team member aside as time permits. The Script of Questions to be asked is on the Last page of this scenario.**

CASUALTY SIMULATORS INFORMATION ~ "Patio Party-Time"

Casualty 1 –Burned Patient:(sitting on the ground screaming in pain.)

Information	**Casualty Simulation Required**
• Conscious Patient sitting on their bottom.	• Patient is experiencing SEVERE pain in back – moaning and crying in pain.
• 2nd Burns to Back	• Bright red with blisters covering entire back • Back of shirt scorched.
• 5" LAC to back of RIGHT upper arm.	• Large LAC with moderate bleeding, if possible, blood dripping and shirt cut.
• Shock	• pale, cool, sweaty skin

HISTORY:

- You and your friend have been drinking trying to feel better about loosing your events today. Your friend was jumping around dancing and you hope, accidently hit you knocking you backwards into the lit BBQ. You fell onto (backwards) on the BBQ and have burns.
- You are in severe pain your back. You need to cry and moan in pain.

VITAL SIGNS:

	1st SET	2nd SET
RESP.	30 laboured	24 laboured
PULSE	110 rapid, regular	108 rapid, regular
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

SAMPLE:

Allergies: Morphine
Medications: None
Past Medical History: None
Last meal: 20 minutes ago

CASUALTY SIMULATORS INFORMATION ~ "Patio Party-time"

Casualty 2 – Overdose Casualty

(sitting against house in the corner head in hands)

Information	Casualty Simulation Required
• Severely Intoxicated	• Rubbing alcohol or hand sanitizer on the skin to emit a strong odor from the patient. • Slurred words, clumsy movements of arms and legs. • Complains of being THIRSTY throughout scenario – try to get the team to give you some water
• Overdose	• You have two pill bottles and admit to taking all the pills that were in them • You are upset that you hurt your friend and are feeling suicidal.
• Shock	• Mildly pale, cold, sweaty.

HISTORY:

- You were having a good evening drinking with your friend after loosing your event today. You had some music playing loudly and were up dancing to the beat when you were overcome with excitement about the song and accidently bumped into your friend. They lost balance and fell backwards into the lit BBQ. You have helped your friend up from the ground but are now distraught over hurting her/him so badly.
- You have a past history of manic depression and can't take the fact your friend is "going to die now" all because of you.
- You are calm with the crew and follow commands, but are heavily intoxicated and slurring your words. Your arms and legs are clumsy (like they are made out of Jello)Through out the scenario begin to act more tired/lethargic/drowsy.
- You spend the entire scenario scared for your friend.

VITAL SIGNS:

	1st SET	2nd SET
RESP.	22 shallow and regular	16 shallow and regular
PULSE	96 Strong and Regular	80 strong and Regular
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious
PUPILS	Equal and Reactive	Equal and Reactive

SAMPLE:

Allergies: Tetracycline
Medications: Seroquel 400mg twice daily, Trazodone 200mg daily
Past Medical History: Manic Depression

Last meal: 20 minutes ago

OMFRC Challenge – SFA Level

"Patio Party-time" TEAM SCENARIO

Team Number _____ **Unit:** _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Judges' Names _____

Casualty 1 – "Burn Patient":

Page 6- Primary Survey	(Possible 170) Sub-Total	_____
Page 7 - Secondary Survey	(Possible 250) Sub-Total	_____
Page 8 -Tx, Shock & General	(Possible 190) Sub-Total	_____
Page 9 - Recording	(Possible 200) Sub-Total	_____
Casualty 1	(Possible 810) **Total**	_____

Casualty 2 – "OD Patient":

Page 10 - Primary Survey	(Possible 140) Sub-Total	_____
Page 11– Secondary Survey	(Possible 250) Sub-Total	_____
Page 12 – Care, Shock & General	(Possible 250) Sub-Total	_____
Page 13 - Recording	(Possible 270) Sub-Total	_____
Casualty 2	(Possible 910) **Total**	_____

Total Points Awarded Casualty1 & 2 (Possible 1720)	

CASUALTY 1 – "Burn Patient" TEAM

SCENE / PRIMARY SURVEY: This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. ***Actions in this section may be done in any order.***		**A/S**	**POINTS**	**NOT DONE**
1.1	Did First Aider take charge of the situation?	**S**	**10**	**0**
1.2	Did First Aider I.D. self and obtain consent?	**A/S**	**10**	**0**
1.3	Did First Aider wear protective gloves?	**A/S**	**10**	**0**
1.4	Did First Aider call out for help?	**S**	**10**	**0**
1.5	Were hazards assessed? *(Ensure BBQ off and not lit)*	**S**	**10**	**0**
1.6	Did Team determine any other casualties? *(1 other)*	**A**	**10**	**0**
1.7	Did Team determine/state the mechanism of injury? (*fall onto BBQ)*	**A**	**10**	**0**
1.8	Was the casualty warned not to move?	**S**	**10**	**0**
1.9	Did Team assess responsiveness *(Conscious/ Talking/ Moaning)*	**S**	**10**	**0**
1.10	Did Team assess airway? *(Open)*	**A**	**10**	**0**
1.11	Did Team assess breathing*?* *(30 Laboured)*	**A/S**	**10**	**0**
1.12	Did Team assess the casualty's circulation – skin/ temp? *(skin is cool, pale & sweaty)*	**A/S**	**10**	**0**
1.13	Did Team perform a rapid body survey?	**A/S**	**10**	**0**
1.14	Did the team Immediately begin cooling burned area with water?	**A**	**10**	**0**
1.15	Did the team Control Moderate Bleeding from arm?	**A**	**10**	**0**
1.16	Did Team activate EMS?	**A**	**10**	**0**
1.17	Did Team activate Police? *(Fight)*	**A**	**10**	**0**
PRIMARY SURVEY SUB-TOTAL*(/170)*				

CASUALTY 1 – "Burn Patient" TEAM

	SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the **Primary Survey.** After the 3 first minutes, this is the only section that points shall be awarded to. ***Actions in this section may be done in any order.***	**A/S**	**POINTS**	**NOT DONE**
2.0	**HISTORY OF THE CASUALTY:**			
2.1	Did the team ask about SYMPTOMS*? (Severe Pain to Back)*	**A/S**	**10**	**0**
2.2	Did the Team ask if casualty has any ALLERGIES?*(Morphine)*	**S**	**10**	**0**
2.3	Did the Team ask about MEDICATIONS? *(None)*	**S**	**10**	**0**
2.4	Did the Team ask past MEDICAL HISTORY?*(None)*	**S**	**10**	**0**
2.5	Did the Team ask LAST ORAL INTAKE? (*20 Minutes ago)*	**S**	**10**	**0**
2.6	Did the Team determine how the incident happened/ HISTORY?	**S**	**10**	**0**
3.0	**CASUALTY'S VITAL SIGNS ASSESSMENT**			
3.1	Did the Team determine Level of Consciousness? *(Conscious)*	**A/S**	**10**	**0**
3.2	Did the Team assess Respiration? *(30 Laboured)*	**A**	**10**	**0**
3.3	Did the Team assess Pulse? *(110 Rapid & regular)*	**A**	**10**	**0**
3.4	Did the Team assess Skin Condition & Temperature? *(pale, cool& clammy)*	**A**	**10**	**0**
4.0	**HEAD TO TOE EXAMINATION**			
4.1	Check scalp? *(no deformity)*	**A**	**10**	**0**
4.2	Check eyes? *(equal & reactive)*	**A**	**10**	**0**
4.3	Check nose? *(no findings)*	**A**	**10**	**0**
4.4	Check mouth? (*no findings*)	**A**	**10**	**0**
4.5	Check jaw? *(no findings)*	**A**	**10**	**0**
4.6	Check ears? (*no findings)*	**A**	**10**	**0**
4.7	Check neck? *(no deformity, no pain)*	**A**	**10**	**0**
4.8	Check collarbones& Shoulders? (*no deformity)*	**A**	**10**	**0**
4.9	Check both arms/hands? *(5" LAC R.humerus, Moderate Bleed*)	**A**	**10**	**0**
4.10	Check chest? *(no findings)*	**A**	**10**	**0**
4.11	Check abdomen? *(no findings)*	**A**	**10**	**0**
4.12	Check back? *(Severe 2nd degree burns to entire back)*	**A**	**10**	**0**
4.13	Check pelvis? *(no deformity)*	**A**	**10**	**0**
4.14	Check both legs? *(no deformity)*	**A**	**10**	**0**
4.15	Check both ankles and feet? *(no deformity)*	**A**	**10**	**0**

SECONDARY SURVEY SUB-TOTAL*(/250)*

CASUALTY 1 – "Burn Patient" TEAM

5.0	**MODERATE BURNS TO BACK**			
5.1	Was the scorched shirt/ loose clothing removed?	**A/S**	**20**	**0**
5.2	Was the back flushed with water throughout scenario? *(hose)*	**A/S**	**20**	**0**
5.3	Was the entire back covered with clean dressings?	**A**	**20**	**0**
5.4	Were the dressings secured effectively around body?	**A**	**20**	**0**
6.0	**LACERATION TO ARM**			
6.1	Did the team check distal circulation before bandaging?	**A/S**	**10**	**0**
6.2	After initial control, was the wound dressed effectively?	**A**	**10**	**0**
6.3	Was distal circulation re-checked after bandaging?	**A**	**10**	**0**
6.4	Was the wound re-checked to ensure bleeding controlled?	**A**	**10**	**0**
7.0	**SHOCK AND GENERAL**			
7.1	Was casualty covered "over" to lessen shock?	**A**	**10**	**0**
7.2	Was casualty reassured?	**S**	**10**	**0**
7.3	Was LOC reassessed? 2nd set *(Conscious)*	**A/S**	**10**	**0**
7.4	Was respiration reassessed? 2nd set *(24 Laboured)*	**A**	**10**	**0**
7.5	Was pulse reassessed? 2nd set *(108 Rapid & Reg.)*	**A**	**10**	**0**
7.6	Was skin reassessed? 2nd set *(pale, cool, sweaty)*	**A**	**10**	**0**
8.0	**PERSONAL PROTECTIVE EQUIPMENT**			
8.1	Were gloves effective? *(torn gloves must be replaced)*	**A**	**10**	**0**
TREATMENT/CARE SUB-TOTAL *(/190)*				

CASUALTY 1 – "Burn Patient" TEAM

9.0	**RECORDING**			
9.1	Was the Incident date and time recorded?	**A**	**10**	**0**
9.2	Was the casualty's information recorded?	**A**	**10**	**0**
9.3	Was an accurate incident history recorded?	**A**	**10**	**0**
9.4	Was the lack of allergies recorded?	**A**	**10**	**0**
9.5	Was the use of lack of medications recorded?	**A**	**10**	**0**
9.6	Was the lack of medical history recorded?	**A**	**10**	**0**
9.7	Was the last meal (20 Minutes ago) recorded?	**A**	**10**	**0**
9.8	Was the Laceration to Right Upper arm recorded?	**A**	**10**	**0**
9.9	Was the Moderate Bleeding associated from Arm LAC noted?	**A**	**10**	**0**
9.10	Was the 2nd Degree Burns to backrecorded?	**A**	**10**	**0**
9.11	Was the "rule of nines" used? *(Back = 18%)*	**A**	**10**	**0**
	Vital Signs Note: ***If no time recorded, then no mark.***			
9.12	Was the 1st vital signs LOC recorded?	**A**	**5**	**0**
9.13	Was the 1st vital signs Respiration recorded?	**A**	**5**	**0**
9.14	Was the 1st vital signs Pulse recorded?	**A**	**5**	**0**
9.15	Was the 1st vital signs Skin & Temperature recorded?	**A**	**5**	**0**
9.16	Was the 2nd vital signs LOC recorded?	**A**	**5**	**0**
9.17	Was the 2nd vital signs Respiration recorded?	**A**	**5**	**0**
9.18	Was the 2nd vital signs Pulse recorded?	**A**	**5**	**0**
9.19	Was the 2nd vital signs Skin & Temperature recorded?	**A**	**5**	**0**
9.20	Was the treatment for the 5" LAC to Arm recorded?	**A**	**10**	**0**
9.21	Was the treatment for the Burns to the back recorded?	**A**	**10**	**0**
9.22	Was notification of EMS recorded?	**A**	**10**	**0**
9.23	Was notification of Police recorded?	**A**	**10**	**0**
9.24	Was the name(s) of the first aid team **legibly** recorded?	**A**	**10**	**0**
RECORDING SUB-TOTAL *(/200)*				

CASUALTY 2 – "OD Patient" TEAM

- **There will need to be a simulated call to an Ontario Poison Control Center. Take the delegated team member aside as time permits. The Script of Questions to be asked is on the Last page of this scenario.**

	SCENE / PRIMARY SURVEY: This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. ***Actions in this section may be done in any order.***	**A/S**	**POINTS**	**NOT DONE**
1.1	Did First Aider take charge of the situation?	**S**	**10**	**0**
1.2	Did First Aider I.D. self and obtain consent?	**A/S**	**10**	**0**
1.3	Did First Aider wear protective gloves?	**A/S**	**10**	**0**
1.4	Did First Aider call out for help?	**S**	**10**	**0**
1.5	Were hazards assessed? *(Ensure BBQ off)*	**S**	**10**	**0**
1.6	Did Team determine any other casualties? *(1 other)*	**A**	**10**	**0**
1.7	Did Team determine/state the mechanism of injury? (*Self inflicted)*	**A**	**10**	**0**
1.8	Was the casualty warned not to move?	**S**	**10**	**0**
1.9	Did Team assess responsiveness *(Conscious/ Talking)*	**S**	**10**	**0**
1.10	Did Team assess airway? *(Open)*	**A**	**10**	**0**
1.11	Did Team assess breathing? *(16 shallow & regular*)	**A/S**	**10**	**0**
1.12	Did Team assess the casualty's circulation – skin/ temp? *(skin is cool, pale & sweaty)*	**A/S**	**10**	**0**
1.13	Did Team perform a rapid body survey?	**A/S**	**10**	**0**
1.14	Did Team activate EMS?	**A**	**10**	**0**
PRIMARY SURVEY SUB-TOTAL*(/140)*				

CASUALTY 2 – "OD Patient" TEAM

	SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the **Primary Survey.** After the 3 first minutes, this is the only section that points shall be awarded to. ***Actions in this section may be done in any order.***	**A/S**	**POINTS**	**NOT DONE**
2.0	**HISTORY OF THE CASUALTY:**			
2.1	Did the team ask about SYMPTOMS*?* *(Thirsty)*	**A/S**	**10**	**0**
2.2	Did the Team ask if casualty has ALLERGIES? *(Tetracycline)*	**S**	**10**	**0**
2.3	Did the Team ask about MEDICATIONS? (Seroquel 400mg twice daily, Trazodone 200mg daily*)*	**S**	**10**	**0**
2.4	Did the Team ask past MED. HISTORY?*(Manic Depression)*	**S**	**10**	**0**
2.5	Did the Team ask LAST ORAL INTAKE? *(20 Minutes ago)*	**S**	**10**	**0**
2.6	Did the Team determine how the incident happened/ HISTORY?	**S**	**10**	**0**
3.0	**CASUALTY'S VITAL SIGNS ASSESSMENT**			
3.1	Did the Team determine Level of Consciousness? *(Conscious)*	**A/S**	**10**	**0**
3.2	Did the Team assess Respiration? *(22 Shallow & Reg.)*	**A**	**10**	**0**
3.3	Did the Team assess Pulse? *(96 strong & regular)*	**A**	**10**	**0**
3.4	Did the Team assess Skin Condition & Temperature? *(pale, cool& clammy)*	**A**	**10**	**0**
4.0	**HEAD TO TOE EXAMINATION**			
4.1	Check scalp? *(no deformity)*	**A**	**10**	**0**
4.2	Check eyes? *(equal & reactive)*	**A**	**10**	**0**
4.3	Check nose? *(no findings)*	**A**	**10**	**0**
4.4	Check mouth? (*no findings*)	**A**	**10**	**0**
4.5	Check jaw? *(no findings)*	**A**	**10**	**0**
4.6	Check ears? (*no findings)*	**A**	**10**	**0**
4.7	Check neck? *(no deformity, no pain)*	**A**	**10**	**0**
4.8	Check collarbones& Shoulders? (*no deformity)*	**A**	**10**	**0**
4.9	Check both arms/hands? (*no deformity)*	**A**	**10**	**0**
4.10	Check chest (*no findings)*	**A**	**10**	**0**
4.11	Check abdomen? *(No findings)*	**A**	**10**	**0**
4.12	Check back? (*no deformity)*	**A**	**10**	**0**
4.13	Check pelvis? *(no deformity)*	**A**	**10**	**0**
4.14	Check both legs? (*no deformity)*	**A**	**10**	**0**
4.15	Check both ankles and feet? (*no deformity)*	**A**	**10**	**0**
SECONDARY SURVEY SUB-TOTAL*(/250)*				

CASUALTY 2 – "OD Patient" TEAM

5.0	**FIRST AID FOR SWALLOWED POISON (OD LEVELS)**			
5.1	Was empty pill bottles collected and kept for EMS/Police?	**A**	**20**	**0**
5.2	Did team determine the number of Seroquel Tabs missing? *(MISSING SEROQUEL= 36 Tablets of 400mg each)*	**A/S**	**30**	**0**
5.3	Did team determine the number of Trazodone Tabs missing? *(MISSING TRAZODONE= 18 Tablets of 200mg each)*	**A/S**	**30**	**0**
5.4	Did Team Call Poison Control?	**A**	**20**	**0**
5.5	Did the team inform Poison Control of SEROQUEL Poison?	**S**	**10**	**0**
5.6	Did the team give accurate dose of SEROQUEL taken?	**S**	**10**	**0**
5.7	Did the team inform Poison Control of TRAZODONE Poison?	**S**	**10**	**0**
5.8	Did the team give accurate dose of TRAZODONE taken?	**S**	**10**	**0**
5.9	Did the team indicate to Poison Control mixing with Alcohol?	**S**	**10**	**0**
5.10	Did the team inform Poison control of ROUTE? *(Swallowed)*	**S**	**10**	**0**
5.11	Did the team inform Poison Control of TIME OF INGESTION?	**S**	**10**	**0**
6.0	**SHOCK AND GENERAL**			
6.1	Was casualty covered "over" to lessen shock?	**A**	**10**	**0**
6.2	Did the team given NOTHING by mouth despite requests for water from the thirsty patient?	**A**	**10**	**0**
6.3	Was casualty reassured?	**S**	**10**	**0**
6.4	Was LOC reassessed? 2nd set *(Semi-Conscious)*	**A/S**	**10**	**0**
6.5	Was respiration reassessed? 2nd set *(16 shallow & regular)*	**A**	**10**	**0**
6.6	Was pulse reassessed? 2nd set *(80 Strong & regular)*	**A**	**10**	**0**
6.7	Was skin reassessed? 2nd set *(pale, cool, sweaty)*	**A**	**10**	**0**
7.0	**PERSONAL PROTECTIVE EQUIPMENT**			
7.1	Were gloves effective? *(torn gloves must be replaced)*	**A**	**10**	**0**
TREATMENT/CARE SUB-TOTAL *(/250)*				

CASUALTY 2 – "OD Patient" TEAM

8.0	**RECORDING**			
8.1	Was the Incident date and time recorded?	**A**	**10**	**0**
8.2	Was the occurrence (Poisoning time) recorded?	**A**	**10**	**0**
8.3	Was the casualty's information recorded?	**A**	**10**	**0**
8.4	Was an accurate incident history recorded?	**A**	**10**	**0**
8.5	Was the odour of Alcohol from the patient recorded?	**A**	**10**	**0**
8.6	Was the poison "Seroquel" recorded?	**A**	**10**	**0**
8.7	Was the Dose of Seroquel (36 tabs of 400mg OR 14,400mg OR 14.4grams) recorded?	**A**	**10**	**0**
8.8	Was the poison " Trazodone" recorded?	**A**	**10**	**0**
8.9	Ws the Dose of Trazodone (18 tabs of 200mg OR 3,600mg OR 3.6grams) recorded?	**A**	**10**	**0**
8.10	Was the route of swallowing recorded?	**A**	**10**	**0**
8.11	Was the Phone call to Poison Control recorded?	**A**	**10**	**0**
8.12	Was the TIME of the call to Poison control recorded?	**A**	**10**	**0**
8.13	Was the presence of the empty pill bottles recorded?	**A**	**10**	**0**
8.14	Was the alcohol use recorded?	**A**	**10**	**0**
8.15	Was the Tetracycline allergy recorded?	**A**	**10**	**0**
8.16	Was the Use of Seroquel 400mg, twice daily recorded?	**A**	**10**	**0**
8.17	Was the use of Trazodone 200mg, once daily recorded?	**A**	**10**	**0**
8.18	Was the Manic Depression medical history recorded?	**A**	**10**	**0**
8.19	Was the last meal (20 minutes ago) recorded?	**A**	**10**	**0**
	Vital Signs Note: ***If no time recorded, then no mark.***			
8.20	Was the 1st vital signs LOC recorded?	**A**	**5**	**0**
8.21	Was the 1st vital signs Respiration recorded?	**A**	**5**	**0**
8.22	Was the 1st vital signs Pulse recorded?	**A**	**5**	**0**
8.23	Was the 1st vital signs Skin & Temperature recorded?	**A**	**5**	**0**
8.24	Was the 2nd vital signs LOC recorded?	**A**	**5**	**0**
8.25	Was the 2nd vital signs Respiration recorded?	**A**	**5**	**0**
8.26	Was the 2nd vital signs Pulse recorded?	**A**	**5**	**0**
8.27	Was the 2nd vital signs Skin & Temperature recorded?	**A**	**5**	**0**
8.28	Was the direction from Poison Control (supportive Care, Monitor ABC's Prepare for Decreased LOC, etc.) recorded?	**A**	**10**	**0**
8.29	Was notification of EMS recorded?	**A**	**10**	**0**
8.30	Was notification of Police recorded?	**A**	**10**	**0**
8.31	Was the name(s) of the first aid team **legibly** recorded?	**A**	**10**	**0**
RECORDING SUB-TOTAL*(/270)*				

POISON CONTROL PHONE CALL SCRIPT:

Hello, this is _____
You have reached the Ontario Poison Control center.

1.) Who am I Speaking with?
2.) Could I have your phone Number in case we get disconnected?
3.) What is the name of the Patient you are calling about?
4.) What is the patients age?
5.) What is the patients weight?
6.) What is your relationship to the patient?

7.) What was the poison that was take?
8.) What is the dose of the pills?
9.) What was the maximum dose taken?
10.) How Did it enter the Body?
11.) When did the ingestion occur? How long ago?

12.) Is there a possibility of other items with this exposure?
13.) Are there any other empty bottles or pills around?
14.) How is the patient presenting?
15.) What are the signs and symptoms currently?

16.) Suspected symptoms with this type of exposure is:

- Decreased Level of Consciousness,
- increasing level of drowsiness,
- Possible Seizures,
- ECG changes including a Q-Tc prolongation.

17.) First aid is supportive care for any of those symptoms that may occur and to continue to monitor ABCs. Have the hospital call us on arrival at the emergency department for further instructions. In the meantime, if you have any other questions call back. Your File number is #20150509.