Team#_____ **Cycle #_____**

NO.	SCENE/PRIMARY SURVEY	FINDINGS	
1	Did the team TAKE CHARGE of the situation? (remained calm themselves?)		☐
2	Did the team wear protective GLOVES?		☐
3	Did the team ASSESS for HAZARDS?		☐
4	Did the team ensure the saw was off?		☐
5	Did the team CALL OUT FOR HELP?		☐
6	Did the team ASK for SITUATION HISTORY?		☐
7	Did the team DETERMINE the NUMBER OF CASUALTIES?		☐
8	Did the team ID SELF and OBTAIN CONSENT?		☐
9	Did the team WARN THE CASUALTY NOT TO MOVE?		☐
10	Did the team CONTROL C-SPINE to prevent movement?		☐
11	Did the team ASSESS LEVEL OF CONSCIOUSNESS?		☐
12	Did the team ASSESS AIRWAY?		☐
13	Did the team ASSESS BREATHING?	***30 breaths per minute, Rapid, Shallow***	☐
14	Did the team attempt to Coach BREATHING?	***Coaching help settle, slow increases to next vitals***	☐
15			☐
16			☐
17	Did the team ASSESS SKIN CONDITION (Circulation)		☐
18	Did the team PERFORM A RAPID BODY SURVEY?		☐
19	Did the team APPLY absorbant and sterile DRESSINGS to the BLEED on the Right Hand?	***Severe Bleed on Right Hand with blood dripping***	☐
20	Did the team apply pressure or have the patient apply pressure?		☐
21	Did the team reposition the patient and/or elevate the injury above the heart?		☐
22	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?		☐
23	Did the team ACTIVATE EMS/AMBULANCE?		☐
24		**Total of SCENE/PRIMARY SURVEY**	**0**

JUDGES NOTES:

<u>This section is active for the first 3 minutes of the scenario only!</u>

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.

JUDGES DO NOT TALLY MARKS FROM YOUR OWN SHEETS!

Judges MUST check the box for each task, an unchecked box is an uncompleted task.

Score Sheet for Patient #1 - ""

SECONDARY SURVEY

Actions in this section may be performed by the competitors at ANY point in the scenario. After the 3 first minutes, this section and beyond are the only areas that points shall be awarded
Actions in this section may be done *<u>in any order.</u>*

NO.	HISTORY OF THE PATIENT	FINDINGS	
25	Did the team ask about SYMPTOMS	***Glove got caught in wood saw in shop, 4 fingers amputated***	☐
26	Did the team ask about ALLERGIES?	***None***	☐
27	Did the team ask about MEDICATIONS?	***Ventolin***	☐
28	Did the team ask about MEDICAL HISTORY?	***Asthma***	☐
29	Did the team ask about LAST ORAL INTAKE?	***2 hours ago - Chicken Fingers***	☐
30	Did the team determine INCIDENT HISTORY?	Was working with a wood saw and glove on R hand got caught, severing 4 fingers.	☐
	1st Set of VITAL SIGNS	**FINDINGS**	
31	Did the team check LEVEL OF CONSCIOUSNESS?	***Alert***	☐
32			☐
33	Did the team check RESPIRATIONS?	30 Breaths per Minute (**<u>*Coached down to 20 then speeds up again*</u>**)	☐
34	Did the time give **ALL INFO** (rate, rhythm, depth)	***Rapid, Regular, Shallow***	☐
35	Did the team check PULSE?	***124***	☐
36	Did the team give **ALL INFO** (Rate, Rhythm, Strength)	***124bpm, Regular, Strong***	☐
37			☐
38			☐
39	Did the team check SKIN CONDITION/TEMP?	***Pale, Cool, Clammy***	☐
40	Did the team check PUPILS?	***4mm PEARL***	☐
	HEAD TO TOE EXAMINATION	**FINDINGS**	

41	Check SCALP/HEAD?	***No Findings***	☐
42	Check both EYES?	***No Findings***	☐
43	Check NOSE?	***No Findings***	☐
44	Check CHEEKBONES?	***No Findings***	☐
45	Check MOUTH?	***No Findings***	☐
46	Check JAW?	***No Findings***	☐
47	Check both EARS?	***No Findings***	☐
48	Check NECK?	***No Findings***	☐
49	Check both COLLARBONES?	***No Findings***	☐
50	Check both SHOULDERS?	***No Findings***	☐
51	Check RIGHT ARM? **(*MUST REMOVE GLOVE TO GET POINT*)**	***Stable, Amputation of 4 fingers at knuckles***	☐
52	Check LEFT ARM?	***Stable, No Findings***	☐
53	Check CHEST?	***No Findings***	☐
54			☐
55	Check ABDOMEN?	***No Findings***	☐
56			☐
57	Check BACK?	***No Findings***	☐
58			☐
59	Check PELVIS?	***No Findings***	☐
60	Check RIGHT LEG?	***Stable, No Findings***	☐
61	Check LEFT LEG?	***Stable, No Findings***	☐
		Total of SECONDARY SURVEY	**0**

Score Sheet for Patient #1 - ""

AMFR ASSESSMENT CONTINUTED

Actions in this section may be performed by the competitor at any point in the scenario.

NO.	RIGHT HAND ASSESSMENT - OPQRST	FINDINGS	
62			☐
63			☐
64			☐
65			☐
66			☐
67			☐
68			☐
	RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE (after 10 min into Scenario)	**FINDINGS**	
69	Did the team IMMEDIATELY NOTE the CHANGE in LEVEL OF CONSCIOUSNESS?		☐
70	Did the team Update EMS? (advised EMS is on route)		☐
71	Did the team RE-ASSESS AIRWAY?	**Patent**	☐
72			☐
73	Did the team RE- ASSESS BREATHING?	***Shallow & Rapid***	☐
74			☐
75	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	***Verbal - Eye opening to voice confused verbal responses***	☐
76			☐
77	Did the team RE-check RESPIRATIONS? (2nd Set)	***18, shallow, regular***	☐
78			☐
79	Did the team RE-check PULSE? (2nd Set)	***130, weak, regular***	☐
80			☐
81	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	***Pale, Cool, Clammy***	☐
82	Did the team RE-check PUPILS? (2nd Set)	***4mm PEARRL***	☐
		Total of AMFR ASSESSMENT CONTINUED PAGE	**0**

Score Sheet for Patient #1

FIRST AID CARE/ TREATMENT

Actions in this section may be performed by the competitor at any point in the scenario.

NO.	Care for INJURY #1 - 4 Finger Amputation (Right Hand)	FINDINGS	
83	Did the team **LEAVE** the initial dressing on, placing others overtop?		☐
84	Did the team assess circulation to the thumb PRIOR to bandaging?	**CSM intact**	☐

85	Did the team SECURE the dressing with no visible sections of the original injury seen?		☐
86	Did the team RE-CHECK CIRCULATION AFTER BANDAGING	**CSM Intact**	☐
87	Did the team ELEVATE and secure the arm using a ST JOHN TUBULAR ARM SLING?		☐
88	Did the team re-check the circulation after applying the ST JOHN TUBULAR ARM SLING ?	**CSM Intact**	☐
	Care for Amputated Fingers	**FINDINGS**	
89	Did the team Removed the fingers from the glove?		☐
90	Did the team wrap each finger in moist dressings individually?		☐
91	Did the team placed the wrapped finger in a bag/on with Ice/Coldpack?		☐
92	Did the team label each finger with the name, time, identify each finger?		☐
93	Did the team keep the Fingers with the patient?		☐
	RE-ASSESSMENT of VITAL SIGNS (3rd Set)	**FINDINGS**	
96	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	***Pain Responsive - Trap squeeze***	☐
97			☐
98	Did the team RE-check RESPIRATIONS? (3rd Set)	***12, Shallow, Regular***	☐
99	Did the team RE-check PULSE? (3rd Set)	***144, Rapid, Shallow***	☐
100			☐
101			☐
102	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	***Pale, Cool, Clammy***	☐
103	Did the team RE-check PUPILS? (3rd Set)	***5mm PEARRL***	☐
	SHOCK & GENERAL CARE		
104			☐
105	Did the team REASSURE the patient about their OWN CARE?		☐
	Did the Team Call and Update 911/EMS?		☐
106	Did the teams keep the bag clean and prevented cross contamination	***Removed gloves between Patient and bag, No blood on bag***	☐
107	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)		☐
		Total of FIRST AID/TREATMENT	**0**

Score Sheet for Patient #1

NO.	**RECORDING for Patient #1 - PART 1**		
108	Was ALL of the patients PERSONAL INFORMATION recorded?		☐
109	Was the INCIDENT TIME AND DATE recorded?		☐
110	Was the INCIDENT LOCATION recorded?		☐
111	Was the INCIDENT HISTORY **(Accurately)** recorded?		☐
112	Was the patients ALLERGIES **(None)** recorded?		☐
113	Was the patients MEDICATIONS **(Ventolin MDI)** recorded?		☐
114	Was the patients MEDICAL HISTORY **(Asthma)** recorded?		☐
115	Was the LAST ORAL INTAKE **(Ate 2 hour before incident)** recorded?		☐
116	Was the patients INITIAL LEVEL of CONSCIOUSNESS **(Conscious)** recorded?		☐
117	Was the TIME of the CHANGE in LEVEL OF CONSCIOUSNESS *10 minutes into scenario* recorded?		☐
118	Was the PATIENT'S Continued SEMI CONSCIOUS state recorded? (**Verbal then Pain responsive)**		☐
119			☐
120			☐
121			☐
122			☐
123			☐
124			☐
125			☐
126	Was the TIME **(5 minutes Prior)** recorded?		☐
	Total of RECORDING/ DOCUMENTATION - PART 1 ONLY	**Total of RECORDING/ DOCUMENTATION - PART 1 ONLY**	**0**

Score Sheet for Patient #1

NO.	**RECORDING for Patient #1 - PART 2**	
	Vital Signs MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!	
127	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	☐
128	Was 1st set of vital signs - RESPIRATIONS recorded?	☐
129	Was 1st set of vital signs - PULSE recorded?	☐
130		☐
131	Was 1st set of vital signs - SKIN CONDITION recorded?	☐
132	Was 1st set of vital signs - PUPILS recorded?	☐
133		☐

134		☐
135	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	☐
136	Was 2nd set of vital signs - RESPIRATIONS recorded?	☐
137	Was 2nd set of vital signs - PULSE recorded?	☐
138		☐
139	Was 2nd set of vital signs - SKIN CONDITION recorded?	☐
140	Was 2nd set of vital signs - PUPILS recorded?	☐
141	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	☐
142	Was 3rd set of vital signs - RESPIRATIONS recorded?	☐
143	Was 3rd set of vital signs - PULSE recorded?	☐
144		☐
145		☐
146	Was 3rd set of vital signs - SKIN CONDITION recorded?	☐
147	Was 3rd set of vital signs - PUPILS recorded?	☐
148	Was the APPLICATION OF OXYGEN recorded?	☐
149	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?	☐
150	Was the Ruleout of C-SPINE recorded?	☐
151	Was the PRE-BANDAGING CIRCULATION of the RIGHT ARM recorded?	☐
152	Was the BANDAGES used to Dress the Right Hand recorded?	☐
153	Was the ARM SLING for the RIGHT Hand recorded?	☐
159	Was the POST-BANDAGING CIRCULATION of the RIGHT ARM recorded?	☐
160	Was the Application of a BLANKET OVER the patient recorded?	☐
162	Was the NOTIFICATION OF EMS WITH TIME recorded?	☐
163	Was the Name(s) of the first aid team LEGIBLY recorded?	☐