

Team# _____ Cycle # _____ Scenario #2

NO.	SCENE/PRIMARY SURVEY	FINDINGS
1	Did the team TAKE CHARGE of the situation? (remained calm themselves?)	<input type="checkbox"/>
2	Did the team wear protective GLOVES?	<input type="checkbox"/>
3	Did the team ASSESS for HAZARDS?	<input type="checkbox"/>
4	Did the team CALL OUT FOR HELP?	<input type="checkbox"/>
5	Did the team ASK for SITUATION HISTORY?	<input type="checkbox"/>
6	Did the team DETERMINE the NUMBER OF CASUALTIES?	<input type="checkbox"/>
7	Did the team ID SELF and OBTAIN CONSENT?	<input type="checkbox"/>
9	Did the team WARN THE CASUALTY NOT TO MOVE?	<input type="checkbox"/>
10	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Alert <input type="checkbox"/>
11	Did the team ASSESS AIRWAY?	Open, Patent <input type="checkbox"/>
12	Did the team ASSESS BREATHING?	Fast, Normal, Regular <input type="checkbox"/>
13	Did the team apply SpO2 Monitor? (Circulation)	91% <input type="checkbox"/>
	Did the team apply O2 as required? (NRB@15Lpm)	<input type="checkbox"/>
14	Did the team ASSESS PULSE? (Circulation)	Strong, Regular <input type="checkbox"/>
15	Did the team ASSESS SKIN CONDITION (Circulation)	Pale, Cool, Clammy <input type="checkbox"/>
16	Did the team PERFORM A RAPID BODY SURVEY?	6" Abdominal Evisceration, 3 Wire pieces embedded in Left leg <input type="checkbox"/>
8	Did the team cover the abdominal evisceration Prior to continuing?	*Must be covered with Moist Dressing to Recieve Points* <input type="checkbox"/>
17	Did the team ACTIVATE EMS/AMBULANCE?	<input type="checkbox"/>
		Total of SCENE/PRIMARY SURVEY 0

JUDGES NOTES:

This section is active for the first 3 minutes of the scenario

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 in any order.

NO.	HISTORY OF THE PATIENT	FINDINGS
18	Did the team ask about SYMPTOMS	Pain to abdomen and leg, Dizzy, Weak <input type="checkbox"/>
19	Did the team ask about ALLERGIES?	None <input type="checkbox"/>
20	Did the team ask about MEDICATIONS?	None <input type="checkbox"/>
21	Did the team ask about MEDICAL HISTORY?	None <input type="checkbox"/>
22	Did the team ask about LAST ORAL INTAKE?	1 hour ago -Hamburger and Fries <input type="checkbox"/>
23	Did the team determine INCIDENT HISTORY?	Working on making a broom, coil of wire snapped suddenly <input type="checkbox"/>
	1st Set of VITAL SIGNS	FINDINGS
24	Did the team check LEVEL OF CONSCIOUSNESS?	Alert <input type="checkbox"/>
25	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 15 <input type="checkbox"/>
26	Did the team check RESPIRATIONS?	26 <input type="checkbox"/>
27	Did the time give ALL INFO (rate, rhythm, depth)	26, strong, regular <input type="checkbox"/>
28	Did the team check PULSE?	137 <input type="checkbox"/>
29	Did the team give ALL INFO (Rate, Rhythm, Strength)	137, weak, regular <input type="checkbox"/>
30	Did the team check SpO2?	91% Room Air <input type="checkbox"/>
31	Did the team check BLOOD PRESSURE	88/60 on Auscultation <input type="checkbox"/>
32	Did the team check SKIN CONDITION/TEMP?	Pale, Cool, Clammy <input type="checkbox"/>
33	Did the team check PUPILS?	3mm PEARRL <input type="checkbox"/>
	HEAD TO TOE EXAMINATION	FINDINGS
34	Check SCALP/HEAD?	No Findings <input type="checkbox"/>
35	Check both EYES?	No Findings <input type="checkbox"/>
36	Check NOSE?	No Findings <input type="checkbox"/>
37	Check CHEEKBONES?	No Findings <input type="checkbox"/>

38	Check MOUTH?	No Findings	<input type="checkbox"/>
39	Check JAW?	No Findings	<input type="checkbox"/>
40	Check both EARS?	No Findings	<input type="checkbox"/>
41	Check NECK?	No Findings	<input type="checkbox"/>
42	Check both COLLARBONES?	No Findings	<input type="checkbox"/>
43	Check both SHOULDERS?	No Findings	<input type="checkbox"/>
44	Check RIGHT ARM?	No Findings	<input type="checkbox"/>
45	Check LEFT ARM?	No Findings	<input type="checkbox"/>
46	Check CHEST?	No Findings	<input type="checkbox"/>
47	Did the team auscultate the chest? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)	Air Entry	<input type="checkbox"/>
48	Check ABDOMEN?	6 Inches of Bowel showing	<input type="checkbox"/>
49	Did they Ensure the Bowel was covered with a moist dressing after examination?		<input type="checkbox"/>
50	Check BACK?		<input type="checkbox"/>
51	Did the Team auscultate the back? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)		<input type="checkbox"/>
52	Check PELVIS?	No Findings	<input type="checkbox"/>
53	Check RIGHT LEG?	No Findings	<input type="checkbox"/>
54	Check LEFT LEG?	3 peices of 4-5 inch long coil embeded into leg	<input type="checkbox"/>
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.	INJURY #1 - Eviscerated Bowel - OPQRST	FINDINGS	
55	Did the team ASK about ONSET?	Sudden	<input type="checkbox"/>
56	Did the team ASK about PROVOKES?	Movement	<input type="checkbox"/>
57	Did the team ASK about QUALITY?	Sharp	<input type="checkbox"/>
58	Did the team ASK about REGION/RADIATION/RELIEF?	Lower Abdomen, Localized, None	<input type="checkbox"/>
59	Did the team ASK about SEVERITY?	10/10	<input type="checkbox"/>
60	Did the team ASK about TIME?	5 Mins	<input type="checkbox"/>
NO.	INJURY #2 - Left Leg Embedded Wires - OPQRST	FINDINGS	
61	Did the team ASK about ONSET?	Sudden	<input type="checkbox"/>
62	Did the team ASK about PROVOKES?	Touching/Moving it	<input type="checkbox"/>
63	Did the team ASK about QUALITY?	Ache	<input type="checkbox"/>
64	Did the team ASK about RELIEF/REGION/RADIATION?	Left Leg, Localized, None	<input type="checkbox"/>
65	Did the team ASK about SEVERITY?	8/10	<input type="checkbox"/>
66	Did the team ASK about TIME?	5 Mins	<input type="checkbox"/>
NO.	RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE (after 10 min into Scenario)	FINDINGS	
73	Did the team RE-ASSESS AIRWAY?	Clear, Patent	<input type="checkbox"/>
74	Did the team RE- ASSESS BREATHING?	Rapid, Shallow, Regular	<input type="checkbox"/>
75	Did the team RE-ASSESS PULSE? (Circulation)	Rapid, Weak, Regular	<input type="checkbox"/>
76	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert - Confused	<input type="checkbox"/>
77	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 14 (E4 V4 M6)	<input type="checkbox"/>
78	Did the team RE-check RESPIRATIONS? (2nd Set)	32, shallow, regular	<input type="checkbox"/>
79	Did the team RE-check SpO2? (2nd Set)	88% Room Air <u>OR</u> 98% NRB@15L	<input type="checkbox"/>
80	Did the team RE-check PULSE? (2nd Set)	140, weak, regular	<input type="checkbox"/>
81	Did the team RE-check BLOOD PRESSURE? (2nd Set)	84/54 on Auscultation	<input type="checkbox"/>
82	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Pale, Cool, Clammy	<input type="checkbox"/>
83	Did the team RE-check PUPILS? (2nd Set)	3mm PEARRL	<input type="checkbox"/>
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 - Eviscerated Bowel	FINDINGS	
79	Did the team Reposition the Patient?	SFA= Semi-sitting with knees raised and Supported MFR&PRO=Supine with knees bent or elevated	<input type="checkbox"/>
80	Did the team expose the wound fully?		<input type="checkbox"/>
81	Did the team ensure the moist dressing over the protruding bowel was still moist?		<input type="checkbox"/>
82	Did the team cover the moist dressing in an Occlusive dressing?		<input type="checkbox"/>

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83	Did the team secure the dressings in place?		<input type="checkbox"/>
Care for INJURY #2 - Left Leg Embedded Wires		FINDINGS	
86	Did the team fully expose the areas where the embedded coil are located		<input type="checkbox"/>
87	Did the team PLACE a TENTED DRESSING over protruding coil		<input type="checkbox"/>
88	Did the team PLACE PADDING (Log Cabin) on either side for protection?		<input type="checkbox"/>
89	Did the team SECURE the PADDING (Log Cabin) in Place?		<input type="checkbox"/>
90	Did the team CHECK CIRCULATION BEFORE BANDAGING		<input type="checkbox"/>
	Did the Team Secure each coil individually?		<input type="checkbox"/>
93	Did the team RE-CHECK CIRCULATION AFTER BANDAGING		<input type="checkbox"/>
RE-ASSESSMENT of VITAL SIGNS (3rd Set)		FINDINGS	
96	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	Verbal	<input type="checkbox"/>
97	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 12 (E3 V4 M5)	<input type="checkbox"/>
98	Did the team RE-check RESPIRATIONS? (3rd Set)	32, shallow, regular	<input type="checkbox"/>
99	Did the team RE-check PULSE? (3rd Set)	85% Room Air, 100% NRB	<input type="checkbox"/>
100	Did the team RE-check SpO2? (3rd Set)	155, weak, regular	<input type="checkbox"/>
101	Did the team RE-check BLOOD PRESSURE? (3rd Set)	78/44	<input type="checkbox"/>
102	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	Pale, Cool, Clammy	<input type="checkbox"/>
103	Did the team RE-check PUPILS? (3rd Set)	3mm PEARRL	<input type="checkbox"/>
104	Did the team REASSURE the patient about their OWN CARE?		0
105	Did the teams keep the bag clean and prevented cross contamination?		0
106	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)		0
		Total of FIRST AID/TREATMENT	0

Score Sheet for Patient #1

NO.	RECORDING for Patient #1 - PART 1		
107	Was ALL of the patients PERSONAL INFORMATION recorded?		<input type="checkbox"/>
108	Was the INCIDENT TIME AND DATE recorded?		<input type="checkbox"/>
109	Was the INCIDENT LOCATION recorded?		<input type="checkbox"/>
110	Was the INCIDENT HISTORY recorded?	Working on making a broom, coil of wire snapped suddenly	<input type="checkbox"/>
111	Was the patients ALLERGIES recorded?	None	<input type="checkbox"/>
112	Was the patients MEDICATIONS recorded?	None	<input type="checkbox"/>
113	Was the patients MEDICAL HISTORY recorded?	None	<input type="checkbox"/>
114	Was the LAST ORAL INTAKE recorded?	1 hour ago -Hamburger and Fries	<input type="checkbox"/>
115	Was the patients LEVEL of CONSCIOUSNESS recorded?	Verbal	<input type="checkbox"/>
116	Was the ONSET recorded? INJURY #1 - Eviscerated Bowel	Sudden	<input type="checkbox"/>
117	Was the Provocation recorded? INJURY #1 - Eviscerated Bowel	Movement	<input type="checkbox"/>
118	Was the QUALITY recorded? INJURY #1 - Eviscerated Bowel	Sharp	<input type="checkbox"/>
119	Was the REGION recorded? INJURY #1 - Eviscerated Bowel	Lower Abdomen, Localized, None	<input type="checkbox"/>
120	Was the RADIATION recorded? INJURY #1 - Eviscerated Bowel	Localized	<input type="checkbox"/>
121	Was the RELIEF recorded? INJURY #1 - Eviscerated Bowel	None	<input type="checkbox"/>
122	Was the SEVERITY recorded? INJURY #1 - Eviscerated Bowel	10/10	<input type="checkbox"/>
123	Was the TIME recorded? INJURY #1 - Eviscerated Bowel	5 Mins	<input type="checkbox"/>
124	Was the ONSET recorded?	Sudden	<input type="checkbox"/>
125	Was the Provocation recorded? Injury #2 2nd Degree Left Hand Burns	Touching/Moving it	<input type="checkbox"/>
126	Was the QUALITY recorded? Injury #2 2nd Degree Left Hand Burns	Ache	<input type="checkbox"/>
127	Was the REGION recorded? Injury #2 2nd Degree Left Hand Burns	Left Leg	<input type="checkbox"/>
128	Was the RADIATION recorded? Injury #2 2nd Degree Left Hand Burns	Localized	<input type="checkbox"/>
129	Was the RELIEF recorded? Injury #2 2nd Degree Left Hand Burns	None	<input type="checkbox"/>
130	Was the SEVERITY recorded? Injury #2 2nd Degree Left Hand Burns	8/10	<input type="checkbox"/>
131	Was the TIME recorded? Injury #2 2nd Degree Left Hand Burns	5 Mins	<input type="checkbox"/>
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 !!!			
140	Was 1st set of vital signs - RESPIRATIONS recorded?	26, strong, regular	<input type="checkbox"/>
141	Was 1st set of vital signs - SpO2 recorded?	91% Room Air	<input type="checkbox"/>
142	Was 1st set of vital signs - PULSE recorded?	137, weak, regular	<input type="checkbox"/>
143	Was 1st set of vital signs - BLOOD PRESSURE recorded?	88/60	<input type="checkbox"/>

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144	Was 1st set of vital signs - SKIN CONDITION recorded?	<i>Pale, Cool, Clammy</i>	<input type="checkbox"/>
145	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Alert</i>	<input type="checkbox"/>
146	Was 1st set of vital signs - PUPILS recorded?	<i>3mm PEARRL</i>	<input type="checkbox"/>
147	Was 2nd set of vital signs - RESPIRATIONS recorded?	<i>32, shallow, regular</i>	<input type="checkbox"/>
148	Was 2nd set of vital signs - SpO2 recorded?	<i>88% Room Air, 98% NRB</i>	<input type="checkbox"/>
149	Was 2nd set of vital signs - PULSE recorded?	<i>140, weak, regular</i>	<input type="checkbox"/>
150	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	<i>84/54</i>	<input type="checkbox"/>
151	Was 2nd set of vital signs - SKIN CONDITION recorded?	<i>Pale, Cool, Clammy</i>	<input type="checkbox"/>
152	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Alert</i>	<input type="checkbox"/>
153	Was 2nd set of vital signs - PUPILS recorded?	<i>3mm PEARRL</i>	<input type="checkbox"/>
154	Was 3rd set of vital signs - RESPIRATIONS recorded?	<i>32, shallow, regular</i>	<input type="checkbox"/>
155	Was 3rd set of vital signs - SpO2 recorded?	<i>85% Room Air, 100% NRB</i>	<input type="checkbox"/>
156	Was 3rd set of vital signs - PULSE recorded?	<i>155, weak, regular</i>	<input type="checkbox"/>
157	Was 3rd set of vital signs - BLOOD PRESSURE recorded?	<i>78/44</i>	<input type="checkbox"/>
158	Was 3rd set of vital signs - SKIN CONDITION recorded?	<i>Pale, Cool, Clammy</i>	<input type="checkbox"/>
159	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Verbal</i>	<input type="checkbox"/>
160	Was 3rd set of vital signs - PUPILS recorded?	<i>3mm PEARRL</i>	<input type="checkbox"/>
161	Was the materials used to stabilize the object embedded in the legs properly recorded?		<input type="checkbox"/>
162	Was the materials used to cover and bandage the evisceration properly recorded?		<input type="checkbox"/>
164	Was the change in level of consciousness recorded?		<input type="checkbox"/>
167	Was the NOTIFICATION OF EMS WITH TIME recorded?		<input type="checkbox"/>
168	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>