

Team#

Cycle #

Scenario #2

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 CALL OUT FOR HELP?	
5	Did the team ASK for SITUATION HISTORY?	
6	Did the team DETERMINE the NUMBER OF CASUALTIES?	
7	Did the team ID SELF and OBTAIN CONSENT?	
9	Did the team WARN THE CASUALTY NOT TO MOVE?	
10	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Alert
11	Did the team ASSESS AIRWAY?	Open, Patent
12	Did the team ASSESS BREATHING?	Fast, Normal, Regular
13		
	Did the team apply O2 as required? (NRB@15Lpm)	
14	Did the team ASSESS PULSE? (Circulation)	Strong, Regular
15	Did the team ASSESS SKIN CONDITION (Circulation)	Pale, Cool, Clammy
16	Did the team PERFORM A RAPID BODY SURVEY?	6" Abdominal Evisceration, 3 Wire pieces embedded in Left leg
8		*Must be covered with Moist Dressing to Recieve Points*
17	Did the team ACTIVATE EMS/AMBULANCE?	
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
19	Did the team ask about ALLERGIES?	None
20	Did the team ask about MEDICATIONS?	None
21	Did the team ask about MEDICAL HISTORY?	None
22	Did the team ask about LAST ORAL INTAKE?	1 hour ago -Hamburger and Fries
23	Did the team determine INCIDENT HISTORY?	Working on making a broom, coil of wire snapped suddenly
1st Set of VITAL SIGNS		FINDINGS
24	Did the team check LEVEL OF CONSCIOUSNESS?	Alert
25		
26	Did the team check RESPIRATIONS?	26
27	Did the time give ALL INFO (rate, rhythm, depth)	26, strong, regular
28	Did the team check PULSE?	137
29	Did the team give ALL INFO (Rate, Rhythm, Strength)	137, weak, regular
30		
31		
32	Did the team check SKIN CONDITION/TEMP?	Pale, Cool, Clammy
33	Did the team check PUPILS?	3mm PEARRL
HEAD TO TOE EXAMINATION		FINDINGS
34	Check SCALP/HEAD?	No Findings
35	Check both EYES?	No Findings
36	Check NOSE?	No Findings
37	Check CHEEKBONES?	No Findings

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			<input type="checkbox"/>
48	Check ABDOMEN?	6 Inches of Bowel showing	<input type="checkbox"/>
49			<input type="checkbox"/>
50	Check BACK?		<input type="checkbox"/>
51			<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		Sudden	<input type="checkbox"/>
56		Movement	<input type="checkbox"/>
57		Sharp	<input type="checkbox"/>
58		Lower Abdomen, Localized, None	<input type="checkbox"/>
59		10/10	<input type="checkbox"/>
60		5 Mins	<input type="checkbox"/>
61		Sudden	<input type="checkbox"/>
62		Touching/Moving it	<input type="checkbox"/>
63		Ache	<input type="checkbox"/>
64		Left Leg, Localized, None	<input type="checkbox"/>
65		8/10	<input type="checkbox"/>
66		5 Mins	<input type="checkbox"/>
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			<input type="checkbox"/>
76	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert - Confused	<input type="checkbox"/>
77			<input type="checkbox"/>
78	Did the team RE-check RESPIRATIONS? (2nd Set)	32, shallow, regular	<input type="checkbox"/>
79			<input type="checkbox"/>
80	Did the team RE-check PULSE? (2nd Set)	140, weak, regular	<input type="checkbox"/>
81			<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			<input type="checkbox"/>

83	Did the team secure the dressings in place?		<input type="checkbox"/>
	Care for INJURY #2 - Left Leg Embedded Wires	FINDINGS	<input type="checkbox"/>
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			<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			<input type="checkbox"/>
101			<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?		<input type="checkbox"/>
105	Did the teams keep the bag clean and prevented cross contamination?		<input type="checkbox"/>
106	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)		<input type="checkbox"/>
		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
111	Was the patients ALLERGIES recorded?	None
112	Was the patients MEDICATIONS recorded?	None
113	Was the patients MEDICAL HISTORY recorded?	None
114	Was the LAST ORAL INTAKE recorded?	1 hour ago -Hamburger and Fries
115	Was the patients LEVEL of CONSCIOUSNESS recorded?	Verbal
116		<input type="checkbox"/>
117		<input type="checkbox"/>
118		<input type="checkbox"/>
119		<input type="checkbox"/>
120		<input type="checkbox"/>
121		<input type="checkbox"/>
122		<input type="checkbox"/>
123		<input type="checkbox"/>
124		<input type="checkbox"/>
125		<input type="checkbox"/>
126		<input type="checkbox"/>
127		<input type="checkbox"/>
128		<input type="checkbox"/>
129		<input type="checkbox"/>
130		<input type="checkbox"/>
131		<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
141		<input type="checkbox"/>
142	Was 1st set of vital signs - PULSE recorded?	137, weak, regular
143		<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			<input type="checkbox"/>
149	Was 2nd set of vital signs - PULSE recorded?	<i>140, weak, regular</i>	<input type="checkbox"/>
150			<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			<input type="checkbox"/>
156	Was 3rd set of vital signs - PULSE recorded?	<i>155, weak, regular</i>	<input type="checkbox"/>
157			<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"/>