

Team# \_\_\_\_\_ Cycle # \_\_\_\_\_ Scenario #3

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 Remove/Ensure there were no needles or drug materials in their working area?	
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?	Unresponsive
12	Did the team ASSESS AIRWAY?	Nothing in mouth
13	Did the team prepare to insert an Airway adjunct (NPA or OPA) in order to control Airway?	*DO NOT ALLOW THE TEAMS TO INSERT - MEASURE THAN DESCRIBE*
14	Did the team ASSESS BREATHING?	Very Slow , noisy, deep, regular breaths
15	Did the team apply BVM with O2@15LPM for assisted respirations?	
16	Did the team use Nasal Spray Narcan for Opioid overdose? *No Response to First Administration*	*MUST BE USED IN OPPOSITE NOSTRIL OF NPA FOR POINT*
17	Did the team apply SpO2 Monitor? (Circulation)	Unable to read / get any pleth
18	Did the team ASSESS PULSE? (Circulation)	Rapid ,weak, regular
19	Did the team ASSESS SKIN CONDITION (Circulation)	Cyanotic, cool, clammy
20	Did the team PERFORM A RAPID BODY SURVEY?	Injection marks found on arms
21	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	
22	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 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.

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
23	Did the team ask about SYMPTOMS	Unable to Obtain initially Once Awake - Tired, Sore, Pain everywhere
24	Did the team ask about ALLERGIES?	Unable to Obtain initially Once Awake - None
25	Did the team ask about MEDICATIONS?	Unable to Obtain initially Once Awake - None
26	Did the team ask about MEDICAL HISTORY?	Unable to Obtain initially Once Awake - Depression, Overdose Last Year
27	Did the team ask about LAST ORAL INTAKE?	Unable to Obtain initially Once Awake - Pizza Last Night
28	Did the team determine INCIDENT HISTORY?	Found Unresponsive by bystander in allyway Used Heroin from new dealer
NO.	INJURY #2 - Right Foot Infected Wound - OPQRST	FINDINGS
29	Did the team ASK about ONSET?	Unable to Obtain initially Once Awake - Ongoing for a month
30	Did the team ASK about PROVOKES?	Unable to Obtain initially Once Awake - Touching it, walking
31	Did the team ASK about QUALITY?	Unable to Obtain initially Once Awake - Tenderness/Ache
32	Did the team ASK about REGION/RADIATION/RELIEF?	Unable to Obtain initially Once Awake - Radiates up ankle, not touching it
33	Did the team ASK about SEVERITY?	Unable to Obtain initially Once Awake - 10/10
34	Did the team ASK about TIME?	Unable to Obtain initially Once Awake - Ongoing for awhile
NO.	1st Set of VITAL SIGNS	FINDINGS
29	Did the team check LEVEL OF CONSCIOUSNESS?	Unresponsive
30	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 6 (E1 V2 M3)
31	Did the team check RESPIRATIONS?	4 Natural Resps per Minute
32	Did the time give ALL INFO (rate, rhythm, depth)	4, shallow , regular
33	Did the team check PULSE?	120bpm
34	Did the team give ALL INFO (Rate, Rhythm, Strength)	120, weak, regular
35	Did the team check SpO2?	70% Room Air, 90% with BVM@15LPM
36	Did the team check BLOOD PRESSURE	100/60 by Auscultation
37	Did the team check SKIN CONDITION/TEMP?	Cynotic, Cool, Clammy
38	Did the team check PUPILS?	2mm Equal Bilaterally, Non-Reactive
NO.	HEAD TO TOE EXAMINATION	FINDINGS
39	Check SCALP/HEAD?	No Findings
40	Check both EYES?	No Findings

41	Check NOSE?	No Findings	<input type="checkbox"/>
42	Check CHEEKBONES?	No Findings	<input type="checkbox"/>
43	Check MOUTH?	Cracked Lips, small amounts of drool	<input type="checkbox"/>
44	Check JAW?	No Findings	<input type="checkbox"/>
45	Check both EARS?	No Findings	<input type="checkbox"/>
46	Check NECK?	No Findings	<input type="checkbox"/>
47	Check both COLLARBONES?	No Findings	<input type="checkbox"/>
48	Check both SHOULDERS?	No Findings	<input type="checkbox"/>
49	Check RIGHT ARM?	Stable, Small injection marks in Antecubital	<input type="checkbox"/>
50	Check LEFT ARM?	Stable, Small injection marks in Antecubital	<input type="checkbox"/>
51	Check CHEST?	No Findings	<input type="checkbox"/>
52	Did the team auscultate the chest? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)	Air Entry With BVM	<input type="checkbox"/>
53	Check ABDOMEN?	No Findings	<input type="checkbox"/>
54	Did they Palpate the 4 Quadrants of the abdomen?	No Findings	<input type="checkbox"/>
55	Check BACK?	No Findings	<input type="checkbox"/>
56	Did the Team auscultate the back? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)	Air Entry With BVM	<input type="checkbox"/>
57	Check PELVIS?	Incontinent of Urine	<input type="checkbox"/>
58	Check RIGHT LEG?	Infected wound on top of Right Foot	<input type="checkbox"/>
59	Check LEFT LEG?	No Findings	<input type="checkbox"/>
Total of SECONDARY SURVEY			0

### Score Sheet for Patient #1 - ""

AMFR ASSESSMENT CONTINUED			
Actions in this section may be performed by the competitor at any point in the scenario.			
RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE ( after 10 min into Scenario)		FINDINGS	
67	Did the team IMMEDIATELY NOTE the CHANGE in LEVEL OF CONSCIOUSNESS?	*At Second vitals Patient becomes <u>VERBAL</u> if second Narcan is given*	<input type="checkbox"/>
68	Did the team Update EMS? (advised EMS is on route)		<input type="checkbox"/>
69	Did the team RE-ASSESS AIRWAY?		<input type="checkbox"/>
70	Did the team RE- ASSESS BREATHING?	slow, shallow, regular	<input type="checkbox"/>
71	Did the team RE-ASSESS PULSE? (Circulation)	fast, weak, regular	<input type="checkbox"/>
72	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Verbal	<input type="checkbox"/>
73	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 12 (E3 V4 M5)	<input type="checkbox"/>
74	Did the team RE-check RESPIRATIONS? (2nd Set)	10, shallow, regular	<input type="checkbox"/>
75	Did the team RE-check SpO2? (2nd Set)	86% Room Air 100% BVM w/ O2@15LPM	<input type="checkbox"/>
76	Did the team RE-check PULSE? (2nd Set)	110, weak, regular	<input type="checkbox"/>
77	Did the team RE-check BLOOD PRESSURE? (2nd Set)	105/66	<input type="checkbox"/>
78	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Pale, Cool, Clammy	<input type="checkbox"/>
79	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 Opioid Overdose	FINDINGS	
80	Did the team Initiate the use of BVM PRIOR to the administration Narcan?		<input type="checkbox"/>
81	Did was second dose of Narcan given at least 2-3 Minutes after first dose?	*Continued doses can be given until patient is Alert*	<input type="checkbox"/>
82	Did the team prepare suction equipment once the BVM was initiated?		<input type="checkbox"/>
83	Did the team preform pulse checks every 2 minutes for 5-10 seconds while using the BVM?		<input type="checkbox"/>
84	Did the team ensure to watch for chest rise and fall with BVM use?		<input type="checkbox"/>
	Was a Third dose of Narcan given at least 2-3 Minutes after Second dose?		<input type="checkbox"/>
85	Did the team still communicate with the patient despite their unresponsive initial state?		<input type="checkbox"/>
86	Did the team verbalize the TIME each dose was given?		<input type="checkbox"/>
Care for INJURY #2 - Right Foot Infected Wound		FINDINGS	
86	Did the team expose the wound appropriately?		<input type="checkbox"/>
87	Did the team rinse the wound effectively with normal saline/sterile water?		<input type="checkbox"/>
88	Did the team check CSM before tending to wound?		<input type="checkbox"/>
89	Did the team dress the wound appropriately?		<input type="checkbox"/>
90	Did the team reassess CSM after dressing wound?		<input type="checkbox"/>
RE-ASSESSMENT of VITAL SIGNS (3rd Set)		FINDINGS	
87	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	*Patient becomes alert after 3rd dose of Narcan, OR during 3rd set of vitals*	<input type="checkbox"/>
88	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 14 (E4 V4 M6)	<input type="checkbox"/>
89	Did the team RE-check RESPIRATIONS? (3rd Set)	16 Shallow Regular	<input type="checkbox"/>
90	Did the team RE-check PULSE? (3rd Set)	100 Strong Regular	<input type="checkbox"/>
91	Did the team RE-check SpO2? (3rd Set)	100% With BVM 94% on Room Air Breathing on own	<input type="checkbox"/>
92	Did the team RE-check BLOOD PRESSURE? (3rd Set)	114/67 on auscultation	<input type="checkbox"/>

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93	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	Pale, Warm, Wet	<input type="checkbox"/>
94	Did the team RE-check PUPILS? (3rd Set)	4mm PEARL	<input type="checkbox"/>
SHOCK & GENERAL CARE			
95	Did the team REASSURE the patient about their OWN CARE?	Patient Awakes, *Non-Violent* Scared they are gonna be arrested	<input type="checkbox"/>
96	Did the Team Call and Update 911/EMS?		<input type="checkbox"/>
97	Did the teams keep the bag clean and prevented cross contamination		<input type="checkbox"/>
98	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		
99	Was the INCIDENT TIME AND DATE recorded?		<input type="checkbox"/>
100	Was the INCIDENT LOCATION recorded?	270 Sherman Ave N, Hamilton, ON L8L 6N4	<input type="checkbox"/>
101	Was the INCIDENT HISTORY recorded?	Found Unresponsive by bystander in allyway      Used Heroin from new dealer	<input type="checkbox"/>
102	Was the patients ALLERGIES recorded?	Unable to Obtain initially      Once Awake - None	<input type="checkbox"/>
103	Was the patients MEDICATIONS recorded?	Unable to Obtain initially      Once Awake - None	<input type="checkbox"/>
104	Was the patients MEDICAL HISTORY recorded?	Unable to Obtain initially      Once Awake - Depression, Overdose Last Year	<input type="checkbox"/>
105	Was the LAST ORAL INTAKE recorded?	Unable to Obtain initially      Once Awake - Pizza Last Night	<input type="checkbox"/>
106	Was the patients INITIAL LEVEL of CONSCIOUSNESS recorded?	Unresponsive	<input type="checkbox"/>
111	Was the TIME of the CHANGE in LEVEL OF CONSCIOUSNESS *After Second Narcan* recorded?		<input type="checkbox"/>
112	Was the TIME of the 2nd CHANGE in LEVEL OF CONSCIOUSNESS *After 3rd Narcan* recorded?		<input type="checkbox"/>
107	Was the Lot and expiry dates of the narcan administered recorded?		<input type="checkbox"/>
108	Was the Time of the First Dose of Narcan Administered recorded?		<input type="checkbox"/>
109	Was the Time of the Second Dose of Narcan Administered recorded?		<input type="checkbox"/>
110	Was the Time of the Third Dose of Narcan Administered recorded?		<input type="checkbox"/>
113	Was the ONSET recorded? INJURY #2 - Right Foot Infected Wound	Unable to Obtain initially Once Awake - Ongoing for a month	<input type="checkbox"/>
114	Was the Provocation recorded? INJURY #2 - Right Foot Infected Wound	Unable to Obtain initially Once Awake - Touching it, walking	<input type="checkbox"/>
115	Was the QUALITY recorded? INJURY #2 - Right Foot Infected Wound	Unable to Obtain initially Once Awake - Tenderness/Ache	<input type="checkbox"/>
116	Was the REGION recorded? INJURY #2 - Right Foot Infected Wound	Right Ankle	<input type="checkbox"/>
117	Was the RADIATION recorded? INJURY #2 - Right Foot Infected Wound	Radiates up ankle	<input type="checkbox"/>
118	Was the RELIEF recorded? INJURY #2 - Right Foot Infected Wound	not touching it	<input type="checkbox"/>
119	Was the SEVERITY recorded? INJURY #2 - Right Foot Infected Wound	Unable to Obtain initially Once Awake - 10/10	<input type="checkbox"/>
120	Was the TIME recorded? INJURY #2 - Right Foot Infected Wound	Unable to Obtain initially Once Awake - Ongoing for awhile	<input type="checkbox"/>
Total of RECORDING/ DOCUMENTATION - PART 1 ONLY			0

## Score Sheet for Patient #1

NO.	RECORDING for Patient #1 - "Shoveller" - PART 2		
Vital Signs <b>MUST be the CORRECTED #s &amp; HAVE the TIME</b> recorded, to be awarded points !!!			
118	Was 1st set of vital signs - RESPIRATIONS recorded?	4, snoring resps	<input type="checkbox"/>
119	Was 1st set of vital signs - SpO2 recorded?	70% Room Air 90% w/ BVM@15LPM	<input type="checkbox"/>
120	Was 1st set of vital signs - PULSE recorded?	120, weak, regular	<input type="checkbox"/>
121	Was 1st set of vital signs - BLOOD PRESSURE recorded?	100/60	<input type="checkbox"/>
122	Was 1st set of vital signs - SKIN CONDITION recorded?	Cyanotic, cool, clammy	<input type="checkbox"/>
123	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Unresponsive	<input type="checkbox"/>
124	Was 1st set of vital signs - PUPILS recorded?	Pinpoint, Non-Reactive	<input type="checkbox"/>
125	Was 2nd set of vital signs - RESPIRATIONS recorded?	10, shallow, regular	<input type="checkbox"/>
126	Was 2nd set of vital signs - SpO2 recorded?	100% BVM	<input type="checkbox"/>
127	Was 2nd set of vital signs - PULSE recorded?	110, weak, regular	<input type="checkbox"/>
128	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	105/66	<input type="checkbox"/>
129	Was 2nd set of vital signs - SKIN CONDITION recorded?	Pale, cool, clammy	<input type="checkbox"/>
130	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Verbal	<input type="checkbox"/>
131	Was 2nd set of vital signs - PUPILS recorded?	3mm, PEARL	<input type="checkbox"/>
132	Was 3rd set of vital signs - RESPIRATIONS recorded?	16 shallow, regular	<input type="checkbox"/>
133	Was 3rd set of vital signs - SpO2 recorded?	94% Room Air	<input type="checkbox"/>
134	Was 3rd set of vital signs - PULSE recorded?	100, strong, regular	<input type="checkbox"/>
135	Was 3rd set of vital signs - BLOOD PRESSURE recorded?	114/67	<input type="checkbox"/>
136	Was 3rd set of vital signs - SKIN CONDITION recorded?	Pale, warm, wet	<input type="checkbox"/>
137	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert/ Confused	<input type="checkbox"/>
138	Was 3rd set of vital signs - PUPILS recorded?	4mm, PEARL	<input type="checkbox"/>
139	Was the APPLICATION OF OXYGEN recorded?		<input type="checkbox"/>
140	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?		<input type="checkbox"/>
141	Was the Ruleout of C-SPINE recorded?		<input type="checkbox"/>
142	Was the Application of a BLANKET OVER the patient recorded?		<input type="checkbox"/>
143	Was the materials used and location of the wound recorded?		<input type="checkbox"/>
144	Was the CSM of the Right foot BOTH PRIOR AND AFTER dressing recorded?		<input type="checkbox"/>
145	Was the NOTIFICATION OF EMS WITH TIME recorded?		<input type="checkbox"/>
146	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>