

Team# _____ Cycle # _____ Scenario #4

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 and clear the tools and obstacles out of the way?	<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"/>
8		<input type="checkbox"/>
9	Did the team WARN THE CASUALTY NOT TO MOVE?	<input type="checkbox"/>
10	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Verbal <input type="checkbox"/>
11	Did the team ASSESS AIRWAY?	Open <input type="checkbox"/>
12	Did the team ASSESS BREATHING?	Rapid, Shallow, Regular <input type="checkbox"/>
13		<input type="checkbox"/>
14		<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?	Blood found at back of head Right Side <input type="checkbox"/>
17	Did the team ACTIVATE EMS/AMBULANCE?	Classified as Critical Burn due to location, Altered LOC <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 in Head and Hands <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?	Coffee one hour ago <input type="checkbox"/>
23	Did the team determine INCIDENT HISTORY?	Hanging ceiling fans, electrocuted by hands. Fell off lift and struck head when landing <input type="checkbox"/>
1st Set of VITAL SIGNS		FINDINGS
24	Did the team check LEVEL OF CONSCIOUSNESS?	Verbal <input type="checkbox"/>
25		<input type="checkbox"/>
26	Did the team check RESPIRATIONS?	30 <input type="checkbox"/>
27	Did the time give ALL INFO (rate, rhythm, depth)	30, Shallow, Regular <input type="checkbox"/>
28	Did the team check PULSE?	118 <input type="checkbox"/>
29	Did the team give ALL INFO (Rate, Rhythm, Strength)	118, Strong, Regular <input type="checkbox"/>
30		<input type="checkbox"/>
31		<input type="checkbox"/>
32	Did the team check SKIN CONDITION/TEMP?	Pale , Cool, Clammy <input type="checkbox"/>
33	Did the team check PUPILS?	"Left +3mm Right -3mm" <input type="checkbox"/>
HEAD TO TOE EXAMINATION		FINDINGS
34	Check SCALP/HEAD?	Blood and Tenderness to the rear right of the head <input type="checkbox"/>
35	Check both EYES?	Different pupils <input type="checkbox"/>
36	Check NOSE?	No Findings <input type="checkbox"/>
37	Check CHEEBONES?	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?	Bilateral 2nd degree burns to the hand with 1st degree to the wrist	<input type="checkbox"/>
45	Check LEFT ARM?	Bilateral 2nd degree burns to the hand with 1st degree to the wrist	<input type="checkbox"/>
46	Check CHEST?	No Findings	<input type="checkbox"/>
47			<input type="checkbox"/>
48	Check ABDOMEN?	No Findings	<input type="checkbox"/>
49			<input type="checkbox"/>
50	Check BACK?	No Findings	<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?	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.			
NO.	Injury #1 Head Pain - OPQRST	FINDINGS	
55			<input type="checkbox"/>
56			<input type="checkbox"/>
57			<input type="checkbox"/>
58			<input type="checkbox"/>
59			<input type="checkbox"/>
60			<input type="checkbox"/>
61			<input type="checkbox"/>
62			<input type="checkbox"/>
63			<input type="checkbox"/>
64			<input type="checkbox"/>
65			<input type="checkbox"/>
66			<input type="checkbox"/>
	Injury #3 2nd Degree Right Hand Burns - OPQRST	FINDINGS	
67			<input type="checkbox"/>
68			<input type="checkbox"/>
69			<input type="checkbox"/>
70			<input type="checkbox"/>
71			<input type="checkbox"/>
72			<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?	Fast, shallow, regular	<input type="checkbox"/>
75			<input type="checkbox"/>
76	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert - Confused (Oriented to Person Only)	<input type="checkbox"/>
77			<input type="checkbox"/>
78	Did the team RE-check RESPIRATIONS? (2nd Set)	28, Shallow, Regular	<input type="checkbox"/>
79			<input type="checkbox"/>
80	Did the team RE-check PULSE? (2nd Set)	116 Strong, 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)	"Left +3mm Right -4mm"	<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 Suspected HEAD / CONCUSSION INJURY	FINDINGS
84		<input type="checkbox"/>
85		<input type="checkbox"/>
86		<input type="checkbox"/>
87		<input type="checkbox"/>
88	Was the area cleaned and cooled in some way?	<input type="checkbox"/>
89	Are the Bandages secured in place, dont move with the movement of the arm?	<input type="checkbox"/>
90	Did the team use non-adherent dressings?	<input type="checkbox"/>
91	Did the team seperate between fingers when dressing the hand?	<input type="checkbox"/>
	Care for Injury #3 - Right Hand	FINDINGS
92	Was the area cleaned and cooled in some way?	<input type="checkbox"/>
93	Are the Bandages secured in place, dont move with the movement of the arm?	<input type="checkbox"/>
94	Did the team use non-adherent dressings?	<input type="checkbox"/>
95	Did the team seperate between fingers when dressing the hand?	<input type="checkbox"/>
	RE-ASSESSMENT of VITAL SIGNS (3rd Set)	FINDINGS
96	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	<input type="checkbox"/>
97		<input type="checkbox"/>
98	Did the team RE-check RESPIRATIONS? (3rd Set)	<input type="checkbox"/>
99	Did the team RE-check PULSE? (3rd Set)	<input type="checkbox"/>
100		<input type="checkbox"/>
101		<input type="checkbox"/>
102	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	<input type="checkbox"/>
103	Did the team RE-check PUPILS? (3rd Set)	<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?	<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?	Coffee one hour ago <input type="checkbox"/>
115	Was the patients LEVEL of CONSCIOUSNESS recorded?	<input type="checkbox"/>
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"/>
132		<input type="checkbox"/>
133		<input type="checkbox"/>

134		
135		
136		
137		
138		
139		
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?	30 shallow, regular
141		
142	Was 1st set of vital signs - PULSE recorded?	118 strong, regular
143		
144	Was 1st set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy
145	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Verbal
146	Was 1st set of vital signs - PUPILS recorded?	"+3mm -3mm"
147	Was 2nd set of vital signs - RESPIRATIONS recorded?	28 shallow, regular
148		
149	Was 2nd set of vital signs - PULSE recorded?	116 strong, regular
150		
151	Was 2nd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy
152	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert - Confused
153	Was 2nd set of vital signs - PUPILS recorded?	"+3mm -4mm"
154	Was 3rd set of vital signs - RESPIRATIONS recorded?	32 shallow, irregular
155		
156	Was 3rd set of vital signs - PULSE recorded?	110 strong, regular
157		
158	Was 3rd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy
159	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert - Confused
160	Was 3rd set of vital signs - PUPILS recorded?	"+3mm -5mm"
161	Was the materials used to stabalize the object embedded in the chest properly recorded?	
162	Was the materials used to bandage both arms properly recorded?	
163	Was any materials used to stop the bleed on the head recorded?	
164	Was the change in level of consciousness recorded?	
165	Was the patient's ongoing confusion recorded?	
166	was the unequal pupils changing over time recorded?	
167	Was the NOTIFICATION OF EMS WITH TIME recorded?	
168	Was the Name(s) of the first aid team LEGIBLY recorded?	