

Team#

Cycle #

Scenario #5

NO.	SCENE/PRIMARY SURVEY	FINDINGS
1	Did the team TAKE CHARGE of the situation? (remained calm themselves?)	<div></div>
2	Did the team wear protective GLOVES?	<div></div>
3	Did the team ASSESS for HAZARDS?	<div></div>
4	Did the team verify scene was cleared by police prior to entry?	<div></div>
5	Did the team CALL OUT FOR HELP?	<div></div>
6	Did the team ASK for SITUATION HISTORY?	Picking up money from store when attacked by robber <div></div>
7	Did the team DETERMINE the NUMBER OF CASUALTIES?	1 <div></div>
8	Did the team ID SELF and OBTAIN CONSENT?	<div></div>
9	Did the team advise the patient not to move?	<div></div>
10	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Alert <div></div>
11	Did the team ASSESS AIRWAY?	Clear, Patent <div></div>
12	Did the team ASSESS BREATHING?	Shallow, Regular <div></div>
13		<div></div>
14		<div></div>
15	Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm, Moist <div></div>
16	Did the team PERFORM A RAPID BODY SURVEY?	Minor Bleeds on bilateral forearms, Screw driver embedded in Right Chest subclavicular <div></div>
17	Did the team ACTIVATE EMS/AMBULANCE?	<div></div>
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 right chest and both arms <div></div>
19	Did the team ask about ALLERGIES?	None <div></div>
20	Did the team ask about MEDICATIONS?	None <div></div>
21	Did the team ask about MEDICAL HISTORY?	None <div></div>
22	Did the team ask about LAST ORAL INTAKE?	One hour ago, coffee and bagel <div></div>
23	Did the team determine INCIDENT HISTORY?	Collecting money during rounds, attacked by someone who wanted the money. <div></div>
1st Set of VITAL SIGNS		FINDINGS
24	Did the team check LEVEL OF CONSCIOUSNESS?	Alert <div></div>
25		<div></div>
26	Did the team check RESPIRATIONS?	20 <div></div>
27	Did the time give ALL INFO (rate, rhythm, depth)	20 breaths per minute, regular, shallow <div></div>
28	Did the team check PULSE?	110 <div></div>
29	Did the team give ALL INFO (Rate, Rhythm, Strength)	110 bpm, regular, strong <div></div>
30		<div></div>
31		<div></div>
32	Did the team check SKIN CONDITION/TEMP?	Pink, Warm, Wet <div></div>
33	Did the team check PUPILS?	4mm PEARRL <div></div>
HEAD TO TOE EXAMINATION		FINDINGS
34	Check SCALP/HEAD?	No Findings <div></div>
35	Check both EYES?	No Findings <div></div>
36	Check NOSE?	No Findings <div></div>
37	Check CHEEKBONES?	No Findings <div></div>
38	Check MOUTH?	No Findings <div></div>

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?	Embedded Screwdriver just under Right Clavical	<input type="checkbox"/>
43	Check both SHOULDERS?	No Findings	<input type="checkbox"/>
44	Check RIGHT ARM?	2 Small Puncture Wounds	<input type="checkbox"/>
45	Check LEFT ARM?	1 Small Puncture Wound	<input type="checkbox"/>
46	Check CHEST?	*IE TEAM FEELS FOR RISE AND FALL Right side has minimal movement*	<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.	OPQRST for INJURY #1 - Embedded Object Right Chest	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"/>
RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE (after 10 min into Scenario)		FINDINGS	
67	Did the team RE-ASSESS AIRWAY?	Clear	<input type="checkbox"/>
68	Did the team RE- ASSESS BREATHING?	Fast, Shallow, Regular	<input type="checkbox"/>
69			<input type="checkbox"/>
70	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert	<input type="checkbox"/>
71			<input type="checkbox"/>
72	Did the team RE-check RESPIRATIONS? (2nd Set)	28 Shallow Regular	<input type="checkbox"/>
73			<input type="checkbox"/>
74	Did the team RE-check PULSE? (2nd Set)	116, Strong, Regular	<input type="checkbox"/>
75			<input type="checkbox"/>
76	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Pale, Warm, Moist	<input type="checkbox"/>
77	Did the team RE-check PUPILS? (2nd Set)	4mm 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 - Embedded Object Right Chest	FINDINGS	
78	Was the full injury site Exposed to allow securement from the chest?		<input type="checkbox"/>
79	Was the initial puncture site covered to prevent air entry?		<input type="checkbox"/>
80	Was the Circulation checked BEFORE AND AFTER bandaging?		<input type="checkbox"/>
81	Was the Embedded object fully stabilized?		<input type="checkbox"/>

82	Was the area cleaned or prepared in some way?		<input type="checkbox"/>
83	Are the Bandages secured in place, dont move with the movement of the arm?		<input type="checkbox"/>
84	Was the PRE-BANDAGING CIRCULATION of the Left ARM checked?		<input type="checkbox"/>
85	Was the POST-BANDAGING CIRCULATION of the Left ARM checked?		<input type="checkbox"/>
Care for Injury #3 - Right Arm		FINDINGS	
86	Was the area cleaned or prepared in some way?		<input type="checkbox"/>
87	Are the Bandages secured in place, dont move with the movement of the arm?		<input type="checkbox"/>
88	Was the PRE-BANDAGING CIRCULATION of the Right ARM checked?		<input type="checkbox"/>
89	Was the POST-BANDAGING CIRCULATION of the Right ARM checked?		<input type="checkbox"/>
RE-ASSESSMENT of VITAL SIGNS (3rd Set)		FINDINGS	
90	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	Alert	<input type="checkbox"/>
91			<input type="checkbox"/>
92	Did the team RE-check RESPIRATIONS? (3rd Set)	32, Shallow, Regular	<input type="checkbox"/>
93	Did the team RE-check PULSE? (3rd Set)	122, Strong, Regular	<input type="checkbox"/>
94			<input type="checkbox"/>
95			<input type="checkbox"/>
96	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	Pale, Warm, Poist	<input type="checkbox"/>
97	Did the team RE-check PUPILS? (3rd Set)	4mm PEARRL	<input type="checkbox"/>
98	Did the team REASSURE the patient about their OWN CARE?		<input type="checkbox"/>
99	Did the teams keep the bag clean and prevented cross contamination?		<input type="checkbox"/>
100	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	
101	Was ALL of the patients PERSONAL INFORMATION recorded?	<input type="checkbox"/>
102	Was the INCIDENT TIME AND DATE recorded?	Current Time & Date <input type="checkbox"/>
103	Was the INCIDENT LOCATION recorded?	270 Sherman Ave N, Hamilton, ON L8L 6N4 <input type="checkbox"/>
104	Was the INCIDENT HISTORY recorded?	Collecting money during rounds, attacked by someone who wanted the money. <input type="checkbox"/>
105	Was the patients ALLERGIES recorded?	None <input type="checkbox"/>
106	Was the patients MEDICATIONS recorded?	None <input type="checkbox"/>
107	Was the patients MEDICAL HISTORY recorded?	None <input type="checkbox"/>
108	Was the LAST ORAL INTAKE recorded?	One hour ago, coffee and bagel <input type="checkbox"/>
109	Was the patients LEVEL of CONSCIOUSNESS recorded?	Alert <input type="checkbox"/>
110		<input type="checkbox"/>
111		<input type="checkbox"/>
112		<input type="checkbox"/>
113		<input type="checkbox"/>
114		<input type="checkbox"/>
115		<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"/>
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 !!!	
126	Was 1st set of vital signs - RESPIRATIONS recorded?
127	
128	Was 1st set of vital signs - PULSE recorded?

129		<input type="checkbox"/>
130	Was 1st set of vital signs - SKIN CONDITION recorded?	<input type="checkbox"/>
131	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<input type="checkbox"/>
132	Was 1st set of vital signs - PUPILS recorded?	<input type="checkbox"/>
133	Was 2nd set of vital signs - RESPIRATIONS recorded?	<input type="checkbox"/>
134		<input type="checkbox"/>
135	Was 2nd set of vital signs - PULSE recorded?	<input type="checkbox"/>
136		<input type="checkbox"/>
137	Was 2nd set of vital signs - SKIN CONDITION recorded?	<input type="checkbox"/>
138	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<input type="checkbox"/>
139	Was 2nd set of vital signs - PUPILS recorded?	<input type="checkbox"/>
140	Was 3rd set of vital signs - RESPIRATIONS recorded?	<input type="checkbox"/>
141		<input type="checkbox"/>
142	Was 3rd set of vital signs - PULSE recorded?	<input type="checkbox"/>
143		<input type="checkbox"/>
144	Was 3rd set of vital signs - SKIN CONDITION recorded?	<input type="checkbox"/>
145	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<input type="checkbox"/>
146	Was 3rd set of vital signs - PUPILS recorded?	<input type="checkbox"/>
147	Was the materials used to stabalize the object embedded in the chest properly recorded?	<input type="checkbox"/>
148	Was the materials used to bandage both arms properly recorded?	<input type="checkbox"/>
149	Was the PRE-BANDAGING CIRCULATION of the Left ARM recorded?	<input type="checkbox"/>
150	Was the POST-BANDAGING CIRCULATION of the Left ARM recorded?	<input type="checkbox"/>
151	Was the POST-BANDAGING CIRCULATION of the RIGHT ARM recorded?	<input type="checkbox"/>
152	Was the PRE-BANDAGING CIRCULATION of the RIGHT ARM recorded?	<input type="checkbox"/>
153	Was the lack of rise and fall on the right side recorded	<input type="checkbox"/>
154	Was the Decreased Air Entry to the Right Side recorded?	<input type="checkbox"/>
155	Was the NOTIFICATION OF EMS WITH TIME recorded?	<input type="checkbox"/>
156	Was the Name(s) of the first aid team LEGIBLY recorded?	<input type="checkbox"/>