

Team# \_\_\_\_\_ Cycle # \_\_\_\_\_ Scenario #6

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 Remove the Patient from the beehives area?		<input type="checkbox"/>
5	Did the team CALL OUT FOR HELP?		<input type="checkbox"/>
6	Did the team ASK for SITUATION HISTORY?	P/t Gives few single words due to shortness of breath	<input type="checkbox"/>
7	Did the team DETERMINE the NUMBER OF CASUALTIES?		<input type="checkbox"/>
8	Did the team ID SELF and OBTAIN CONSENT?	Patient Nods	<input type="checkbox"/>
9	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Alert - Single word answers due to Shortness of breath	<input type="checkbox"/>
10	Did the team ASSESS AIRWAY?	Redness noted at back of throat , Tongue swelling, Hives on Neck	<input type="checkbox"/>
11	Medication Rights - 1 The Right Medication		<input type="checkbox"/>
12	Medication Rights - 2 The Right Person		<input type="checkbox"/>
13	Medication Rights - 3 The Right Amount		<input type="checkbox"/>
14	Medication Rights - 4 The Right Time		<input type="checkbox"/>
15	Medication Rights - The Right Method		<input type="checkbox"/>
16	Medication Rights - The Right Documentation		<input type="checkbox"/>
17	Did the team complete ALL MEDICATION RIGHTS PRIOR to administration of the EpiPen?		<input type="checkbox"/>
18	Did the team assist in the Administration of the EpiPen?	P/t unable to do on own Requires MFR Assistance	<input type="checkbox"/>
19	Did the team ASSESS BREATHING?	Rapid, Shallow (30's)	<input type="checkbox"/>
20	Did the team attempt to Coach BREATHING? *(Patient refuses BVM if asked for assisted breathing)*	Coaching helps settle, Patient able to give one word answers.	<input type="checkbox"/>
21	Did the team apply SpO2 Monitor? (Circulation)	88% on Room Air	<input type="checkbox"/>
22	Did the team apply Oxygen? (Proper device NRB@15L)	Regardless of NRB, breathing rate increases at second vitals	<input type="checkbox"/>
23	Did the team ASSESS PULSE? (Circulation)	rapid, weak, regular	<input type="checkbox"/>
24	Did the team ASSESS SKIN CONDITION (Circulation)	Pale, Cool, Clammy	<input type="checkbox"/>
25	Did the team PERFORM A RAPID BODY SURVEY?	Identifies areas of Stingers	<input type="checkbox"/>
26	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?		<input type="checkbox"/>
27	Did the team ACTIVATE EMS/AMBULANCE?		<input type="checkbox"/>
Total of SCENE/PRIMARY SURVEY			0

JUDGES NOTES:

This section is active for the first 10 minutes of the scenario

During these first 10 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 10 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 <u>in any order</u> .			
NO.	HISTORY OF THE PATIENT	FINDINGS	
25	Did the team ask about SYMPTOMS	Stinging and burning all over, cant swallow, trouble breathing	<input type="checkbox"/>
26	Did the team ask about ALLERGIES?	Bees	<input type="checkbox"/>
27	Did the team ask about MEDICATIONS?	EpiPen	<input type="checkbox"/>
28	Did the team ask about MEDICAL HISTORY?	Previous Anaphylatic responses	<input type="checkbox"/>
29	Did the team ask about LAST ORAL INTAKE?	2 hours ago - Hotdog and Fries	<input type="checkbox"/>
30	Did the team determine INCIDENT HISTORY?	Clearing out old hive that thought died over winter, bees awoke and attacked	<input type="checkbox"/>
	1st Set of VITAL SIGNS	FINDINGS	
31	Did the team check LEVEL OF CONSCIOUSNESS?	Alert	<input type="checkbox"/>
32	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 15	<input type="checkbox"/>
33	Did the team check RESPIRATIONS?	30 Breaths per Minute (*Coached down to 20 then speeds up again*)	<input type="checkbox"/>
34	Did the time give ALL INFO (rate, rhythm, depth)	Rapid, Regular, Shallow	<input type="checkbox"/>
35	Did the team check PULSE?	130	<input type="checkbox"/>
36	Did the team give ALL INFO (Rate, Rhythm, Strength)	130bpm, Regular, Weak	<input type="checkbox"/>

37	Did the team check SpO2?	88% on Room Air (100% with NRB)	<input type="checkbox"/>
38	Did the team check BLOOD PRESSURE	105/67 On Auscultation	<input type="checkbox"/>
39	Did the team check SKIN CONDITION/TEMP?	Cynotic, Cool, Clammy	<input type="checkbox"/>
40	Did the team check PUPILS?	4mm PEARRL	<input type="checkbox"/>
HEAD TO TOE EXAMINATION		FINDINGS	
41	Check SCALP/HEAD?	No Findings	<input type="checkbox"/>
42	Check both EYES?	Watering	<input type="checkbox"/>
43	Check NOSE?	Sting on Nose	<input type="checkbox"/>
44	Check CHEEKBONES?	Multiple Stings	<input type="checkbox"/>
45	Check MOUTH?	No Findings	<input type="checkbox"/>
46	Check JAW?	Multiple Stings	<input type="checkbox"/>
47	Check both EARS?	No Findings	<input type="checkbox"/>
48	Check NECK?	Hives and Redness, Upper Airway sounds "Faint whistle/squeak"	<input type="checkbox"/>
49	Check both COLLARBONES?	No Findings	<input type="checkbox"/>
50	Check both SHOULDERS?	No Findings	<input type="checkbox"/>
51	Check RIGHT ARM?	Multiple Stings	<input type="checkbox"/>
52	Check LEFT ARM?	Multiple Stings	<input type="checkbox"/>
53	Check CHEST?	No Findings	<input type="checkbox"/>
54	Did the team auscultate the chest? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)	Air Entry Equal Bilateraly Apex to Base	<input type="checkbox"/>
55	Check ABDOMEN?	No Findings	<input type="checkbox"/>
56	Did they Palpate the 4 Quadrants of the abdomen?	Soft, Non-Tender	<input type="checkbox"/>
57	Check BACK?	No Findings	<input type="checkbox"/>
58	Did the Team auscultate the back? (PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK)	Air Entry Equal Bilateraly Apex to Base	<input type="checkbox"/>
59	Check PELVIS?	No Findings	<input type="checkbox"/>
60	Check RIGHT LEG?	Stable, No Findings	<input type="checkbox"/>
61	Check LEFT LEG?	Stable, 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.	Bee-Stings - OPQRST	FINDINGS	
62	Did the team ASK about ONSET?	Sudden	<input type="checkbox"/>
63	Did the team ASK about PROVOKES?	People Touching, Movement of Arm	<input type="checkbox"/>
64	Did the team ASK about QUALITY?	Severe Sharp	<input type="checkbox"/>
65	Did the team ASK about REGION/RADIATION?	local to stings	<input type="checkbox"/>
66	Did the team ASK if anything brings RELIEF?	"Nothing Helps"	<input type="checkbox"/>
67	Did the team ASK about SEVERITY?	10/10	<input type="checkbox"/>
68	Did the team ASK about TIME?	5 minutes ago	<input type="checkbox"/>
Shortness of Breath - OPQRST		FINDINGS	
62	Did the team ASK about ONSET?	sudden	<input type="checkbox"/>
63	Did the team ASK about PROVOKES?	talking	<input type="checkbox"/>
64	Did the team ASK about QUALITY?	can't get air in	<input type="checkbox"/>
66	Did the team ASK if anything brings RELIEF?	no relief	<input type="checkbox"/>
67	Did the team ASK about SEVERITY?	10/10 difficulty	<input type="checkbox"/>
68	Did the team ASK about TIME?	5 minutes ago	<input type="checkbox"/>
RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE ( after 10 min into Scenario)		FINDINGS	
69	Did the team IMMEDIATELY NOTE the CHANGE in work of Breathing?		<input type="checkbox"/>
70	Did the Team explain the need for BVM to the patient and obtain consent?	Patient will give consent by nodding	<input type="checkbox"/>
71	Did the team provided assisted breathing via BVM with oxygen at 15Lpm	Given Breath 1 for every 2 of patient's natural breaths	<input type="checkbox"/>
72	Did the team RE-ASSESS AIRWAY?	Patent	<input type="checkbox"/>
73	Did the team RE- ASSESS BREATHING?	Rapid, Shallow	<input type="checkbox"/>
74	Did the team RE-ASSESS PULSE? (Circulation)	weak,rapid,regular	<input type="checkbox"/>
75	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert - Unable to catch breath to respond to questions	<input type="checkbox"/>
76	Did the team indicate level on Glasgow Coma Scale (GCS)	GCS 15	<input type="checkbox"/>
77	Did the team RE-check RESPIRATIONS? (2nd Set)	44 breaths per minute, Shallow, Regular	<input type="checkbox"/>
78	Did the team RE-check SpO2? (2nd Set)	85% on Room Air *100% NRB or BVM @15LPM*	<input type="checkbox"/>
79	Did the team RE-check PULSE? (2nd Set)	141, weak, regular	<input type="checkbox"/>
80	Did the team RE-check BLOOD PRESSURE? (2nd Set)	94/60 by Auscultation	<input type="checkbox"/>
81	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Cynotic, Cool, Clammy	<input type="checkbox"/>
82	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 - Bee Stings	FINDINGS
83	Did the team remove the stingers with tweezer/card? (All Visible stingers must be removed for points)	<input type="checkbox"/>
84	Did the team wash the area around stings or use moist gauze?	<input type="checkbox"/>
85	Did the team advise the patient to stay at a position of rest and remain calm?	<input type="checkbox"/>
86	Did the team ask or prepare a second EpiPen incase of return of symptoms?	<input type="checkbox"/>
	<b>Assisted Breathing</b>	<b>FINDINGS</b>
89	Did the team use 2 rescuers in order to maintain a good seal on the BVM?	<input type="checkbox"/>
90	Did the team attach the BVM to 15LPM of oxygen?	<input type="checkbox"/>
91	Did the team supply 1 breath for every 2 of the patients natural breaths?	<input type="checkbox"/>
92	Did the team have suction ready (out of bag) or talk about repositioning the patient if vomiting occurs?	<input type="checkbox"/>
	<b>RE-ASSESSMENT of VITAL SIGNS (3rd Set)</b>	<b>FINDINGS</b>
96	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	<b>Alert</b> <input type="checkbox"/>
97	Did the team indicate level on Glasgow Coma Scale (GCS)	<b>GCS 15</b> <input type="checkbox"/>
98	Did the team RE-check RESPIRATIONS? (3rd Set)	<b>26 breaths per minute, normal, Regular</b> <input type="checkbox"/>
99	Did the team RE-check PULSE? (3rd Set)	<b>122, Strong, Regular</b> <input type="checkbox"/>
100	Did the team RE-check SpO2? (3rd Set)	<b>96% Room Air</b> <input type="checkbox"/>
101	Did the team RE-check BLOOD PRESSURE? (3rd Set)	<b>100/58 by Auscultation</b> <input type="checkbox"/>
102	Did the team RE-check SKIN CONDITION/TEMP? (3rd Set)	<b>Pale, Cool, Clammy</b> <input type="checkbox"/>
103	Did the team RE-check PUPILS? (3rd Set)	<b>5mm PEARL</b> <input type="checkbox"/>
	<b>SHOCK &amp; GENERAL CARE</b>	
104	Did the team REASSURE the patient about their OWN CARE?	<input type="checkbox"/>
105	Did the Team Call and Update 911/EMS?	<input type="checkbox"/>
106	Did the teams keep the bag clean and prevented cross contamination	<b>*Removed gloves between Patient and bag*</b> <input type="checkbox"/>
107	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	<input type="checkbox"/>
		<b>Total of FIRST AID/TREATMENT</b> <b>0</b>

### Score Sheet for Patient #1

NO.	RECORDING for Patient #1 - PART 1	
108	Was ALL of the patients PERSONAL INFORMATION recorded?	<input type="checkbox"/>
109	Was the INCIDENT TIME AND DATE recorded?	<input type="checkbox"/>
110	Was the INCIDENT LOCATION recorded?	270 Sherman Ave N, Hamilton, ON L8L 6N4 <input type="checkbox"/>
111	Was the INCIDENT HISTORY recorded?	Clearing out old hive that thought died over winter, bees awoke and attacked <input type="checkbox"/>
112	Was the patients ALLERGIES recorded?	Bees <input type="checkbox"/>
113	Was the patients MEDICATIONS recorded?	EpiPen <input type="checkbox"/>
114	Was the patients MEDICAL HISTORY recorded?	Previous Anaphylatic responses <input type="checkbox"/>
115	Was the LAST ORAL INTAKE recorded?	2 hours ago - Hotdog and Fries <input type="checkbox"/>
116	Was the patients LEVEL of CONSCIOUSNESS recorded?	Alert - Single word answers due to Shortness of breath <input type="checkbox"/>
117	Was the TIME of the CHANGE in WORK OF BREATHING *10 minutes into scenario* recorded?	<input type="checkbox"/>
118	Was the PATIENT'S Continued difficulty breathing requiring Assisted Breathing recorded?	<input type="checkbox"/>
119	Was the ONSET recorded? INJURY #1 - Bee Stings	Sudden <input type="checkbox"/>
120	Was the Provocation recorded? INJURY #1 - Bee Stings	People Touching, Movement of Arm <input type="checkbox"/>
121	Was the QUALITY recorded? INJURY #1 - Bee Stings	Severe Sharp <input type="checkbox"/>
122	Was the REGION recorded? INJURY #1 - Bee Stings	"ALL OVER" <input type="checkbox"/>
123	Was the RADIATION recorded? INJURY #1 - Bee Stings	local to stings <input type="checkbox"/>
124	Was the RELIEF recorded? INJURY #1 - Bee Stings	"Nothing Helps" <input type="checkbox"/>
125	Was the SEVERITY recorded? INJURY #1 - Bee Stings	10/10 <input type="checkbox"/>
126	Was the TIME recorded? INJURY #1 - Bee Stings	5 minutes ago <input type="checkbox"/>
119	Was the ONSET recorded?	sudden <input type="checkbox"/>
120	Was the Provocation recorded?	talking <input type="checkbox"/>
121	Was the QUALITY recorded?	can't get air in <input type="checkbox"/>
122	Was the REGION recorded?	N/A <input type="checkbox"/>

123	Was the RADIATION recorded?	N/A	<input type="checkbox"/>
124	Was the RELIEF recorded?	no relief	<input type="checkbox"/>
125	Was the SEVERITY recorded?	10/10 difficulty	<input type="checkbox"/>
126	Was the TIME recorded?	5 minutes ago	<input type="checkbox"/>
Total of RECORDING/ DOCUMENTATION - PART 1 ONLY			0

Score Sheet for Patient #1

NO. RECORDING for Patient #1 - PART 2			
Vital Signs <b>MUST be the CORRECTED #s &amp; HAVE the TIME</b> recorded, to be awarded points !!!			
127	Was 1st set of vital signs - RESPIRATIONS recorded?	30, shallow, regular	<input type="checkbox"/>
128	Was 1st set of vital signs - SpO2 recorded?	88% Room Air	<input type="checkbox"/>
129	Was 1st set of vital signs - PULSE recorded?	130, weak, regular	<input type="checkbox"/>
130	Was 1st set of vital signs - BLOOD PRESSURE recorded?	105/67	<input type="checkbox"/>
131	Was 1st set of vital signs - SKIN CONDITION recorded?	Pale, cool, clammy	<input type="checkbox"/>
132	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert	<input type="checkbox"/>
133	Was 1st set of vital signs - PUPILS recorded?	3mm PEARRL	<input type="checkbox"/>
134	Was 2nd set of vital signs - RESPIRATIONS recorded?	44, shallow, regular	<input type="checkbox"/>
135	Was 2nd set of vital signs - SpO2 recorded?	85% Room Air, REQUIRES BVM Assited Breathin	<input type="checkbox"/>
136	Was 2nd set of vital signs - PULSE recorded?	141, weak, regular	<input type="checkbox"/>
137	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	94/60	<input type="checkbox"/>
138	Was 2nd set of vital signs - SKIN CONDITION recorded?	Cynotic, cool, clammy	<input type="checkbox"/>
139	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert	<input type="checkbox"/>
140	Was 2nd set of vital signs - PUPILS recorded?	3mm PEARRL	<input type="checkbox"/>
141	Was 3rd set of vital signs - RESPIRATIONS recorded?	26, normal, regular	<input type="checkbox"/>
142	Was 3rd set of vital signs - SpO2 recorded?	96% Room Air	<input type="checkbox"/>
143	Was 3rd set of vital signs - PULSE recorded?	149, strong, regular	<input type="checkbox"/>
144	Was 3rd set of vital signs - BLOOD PRESSURE recorded?	100/58	<input type="checkbox"/>
145	Was 3rd set of vital signs - SKIN CONDITION recorded?	Pale, cool, clammy	<input type="checkbox"/>
146	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	Alert	<input type="checkbox"/>
147	Was 3rd set of vital signs - PUPILS recorded?	3mm PEARRL	<input type="checkbox"/>
148	Was the APPLICATION OF OXYGEN recorded?		<input type="checkbox"/>
149	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?		<input type="checkbox"/>
150	Was the time, location, and dose of EpiPen recorded?		<input type="checkbox"/>
151	Was the removal of the stingers recorded?		<input type="checkbox"/>
162	Was the NOTIFICATION OF EMS WITH TIME recorded?		<input type="checkbox"/>
163	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>