

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			<input type="checkbox"/>
12			<input type="checkbox"/>
13			<input type="checkbox"/>
14			<input type="checkbox"/>
15			<input type="checkbox"/>
16			<input type="checkbox"/>
17			<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			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<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 - ""

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			<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			
38			
39	Did the team check SKIN CONDITION/TEMP?	Cynotic, Cool, Clammy	
40	Did the team check PUPILS?	4mm PEARRL	
	HEAD TO TOE EXAMINATION	FINDINGS	
41	Check SCALP/HEAD?	No Findings	
42	Check both EYES?	Watering	
43	Check NOSE?	Sting on Nose	
44	Check CHEEKBONES?	Multiple Stings	
45	Check MOUTH?	No Findings	
46	Check JAW?	Multiple Stings	
47	Check both EARS?	No Findings	
48	Check NECK?	Hives and Redness, Upper Airway sounds "Faint whistle/squeak"	
49	Check both COLLARBONES?	No Findings	
50	Check both SHOULDERS?	No Findings	
51	Check RIGHT ARM?	Multiple Stings	
52	Check LEFT ARM?	Multiple Stings	
53	Check CHEST?	No Findings	
54			
55	Check ABDOMEN?	No Findings	
56			
57	Check BACK?	No Findings	
58			
59	Check PELVIS?	No Findings	
60	Check RIGHT LEG?	Stable, No Findings	
61	Check LEFT LEG?	Stable, No Findings	
		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			
63			
64			
65			
66			
67			
68			
	Shortness of Breath - OPQRST	FINDINGS	
62			
63			
64			
66			
67			
68			
	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?		
70			
71			
72	Did the team RE-ASSESS AIRWAY?	Patent	
73	Did the team RE- ASSESS BREATHING?	Rapid, Shallow	
74			
75	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Alert - Unable to catch breath to respond to questions	
76			
77	Did the team RE-check RESPIRATIONS? (2nd Set)	44 breaths per minute, Shallow, Regular	
78			
79	Did the team RE-check PULSE? (2nd Set)	141, weak, regular	
80			
81	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Cynotic, Cool, Clammy	
82	Did the team RE-check PUPILS? (2nd Set)	4mm PEARRL	
		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"/>
	Assisted Breathing	FINDINGS
89		<input type="checkbox"/>
90		<input type="checkbox"/>
91		<input type="checkbox"/>
92		<input type="checkbox"/>
	RE-ASSESSMENT of VITAL SIGNS (3rd Set)	FINDINGS
96	Did the team RE-check LEVEL OF CONSCIOUSNESS? (3rd Set)	Alert <input type="checkbox"/>
97		<input type="checkbox"/>
98	Did the team RE-check RESPIRATIONS? (3rd Set)	26 breaths per minute, normal, Regular <input type="checkbox"/>
99	Did the team RE-check PULSE? (3rd Set)	122, Strong, Regular <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)	5mm PEARRL <input type="checkbox"/>
	SHOCK & GENERAL CARE	
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	*Removed gloves between Patient and bag* <input type="checkbox"/>
107	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
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	<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"/>
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"/>
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 !!!			
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			<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			<input type="checkbox"/>
134			<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			<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			<input type="checkbox"/>
145			<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			<input type="checkbox"/>
149			<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"/>