



Evaluator Name:	Team:	Scenario: 1 – Watch Out Below
Start Time:	Finish Time:	Zone:

Patient Assessment	Findings	√	Comments
Scene Assessment			
Determine whether the scene is safe / PPE	Large Branch/Tree Limb	<input type="checkbox"/>	
Determine the Mechanism of Injury or HX of illness	Branch fell on Pt	<input type="checkbox"/>	
Determine the number of patients	One	<input type="checkbox"/>	
Request additional help if necessary	If needed	<input type="checkbox"/>	
Primary Assessment			
Verbalizes General Impressions of Patient	Supine on Ground	<input type="checkbox"/>	Time Into Scenario:
Determines responsiveness/Level of Consciousness (AVPU)	Alert	<input type="checkbox"/>	
Airway – Open and Clear	Open and Clear	<input type="checkbox"/>	
Breathing – Rate and Quality	Rapid, Shallow	<input type="checkbox"/>	
*Give appropriate ventilation & C-Spine Instructions		<input type="checkbox"/>	
Circulation	Strong and Regular	<input type="checkbox"/>	
Check pulse at wrist and neck	Strong and Regular	<input type="checkbox"/>	
Assess Skin (Colour, Condition, Temperature)	Pink, Warm, Dry	<input type="checkbox"/>	
Rapid Body Assessment			
Controls Obvious Major Bleeds		<input type="checkbox"/>	Time Into Scenario:
Head – looks for obvious injury		<input type="checkbox"/>	
Neck – looks for obvious injury		<input type="checkbox"/>	
Chest – looks for obvious injury	Bruising, deformity, instability on Right side	<input type="checkbox"/>	
Abdomen – looks for obvious injury		<input type="checkbox"/>	
Pelvis – looks for obvious injury		<input type="checkbox"/>	
Lower Extremities – looks for obvious injury		<input type="checkbox"/>	
Upper Extremities – looks for obvious injury	Open Fracture forearm, Minor bleeding	<input type="checkbox"/>	
Back – Examines		<input type="checkbox"/>	
Critical Interventions/Transport Decision			
*911 Call (Initial:) (Update:)		<input type="checkbox"/>	Time Into Scenario:
On-scene Communication (Effective, Team-Based, Delegation)		<input type="checkbox"/>	

Patient Assessment	Findings	√	Comments
--------------------	----------	---	----------



Secondary Assessment		<input type="checkbox"/>	Time Into Scenario:
History (SAMPLE)		<input type="checkbox"/>	
Signs & Symptoms	Pain in Right Clavicle area and Right Forearm	<input type="checkbox"/>	
* Onset Provokes Quality Radiates Scale Time	Clavicle: Sudden, Movement- Touch, Burning, into Neck and Shoulder, 8/10, 10 minutes ago after impact Forearm: Sudden, Movement-letting go, Sharp, Localized, 5/10, 10 minutes at impact	<input type="checkbox"/>	
Allergies	None	<input type="checkbox"/>	
Medications	Daily Vitamins	<input type="checkbox"/>	
Past Pertinent History	Concussion 2 years ago	<input type="checkbox"/>	
Last Oral Intake	Lunch Break- Pizza	<input type="checkbox"/>	
Events Leading to Present Condition	On the ground marking logs when he heard, "Look out below"	<input type="checkbox"/>	
Vital Signs – Obtains Baseline Vitals		<input type="checkbox"/>	Time Into Scenario:
Pulse – Rate, Rhythm, Quality	1) 86 Strong/Reg 2) 96 Strong/Reg 3) 116 Strong/Reg	<input type="checkbox"/>	
Respirations – Rate, Rhythm, Depth	1) 24 Shallow/Reg 2) 26 Shallow/Reg 3) 32 Shallow/Reg	<input type="checkbox"/>	
Blood Pressure – AUS/PALP	1) 128/78 2) 126/74 3) 102/86	<input type="checkbox"/>	
Pulse Oximetry	1) 98% 2) 92% 3) 88% (94% if O2 applied)	<input type="checkbox"/>	
Level of Consciousness – (AVPU)	1) Alert 2) Alert 3) Alert	<input type="checkbox"/>	
Level of Awareness – (Person, Place, Time)	1) LoAx3 2) LoAx3 3) LoAx3	<input type="checkbox"/>	
Skin – Colour, Condition, Temperature	1) Pink/warm/wet 2) Pink/warm/dry 3) Pale/cool/clammy	<input type="checkbox"/>	
Pupils – Size, Reaction	1) 3mm PEARL 2) 3mm PEARL 3) 3mm PEARL	<input type="checkbox"/>	
Head-to-Toe Assessment & Treatment		<input type="checkbox"/>	Time Into Scenario:
Head (CSF, Battle Signs)		<input type="checkbox"/>	
Neck (JVD, Tracheal Deviation)		<input type="checkbox"/>	



Chest (Flail Chest, Auscultation)	Bruising, Deformity, instability right side of upper chest.	<input type="checkbox"/>	
Abdomen (Palpate 4 Quads, Inspect)		<input type="checkbox"/>	
Pelvis (Palpate)		<input type="checkbox"/>	
Lower Extremities (CSM, Pulses)		<input type="checkbox"/>	
Upper Extremities (CSM, Pulses)	Open Fracture Right Forearm (Cleanse with NS, spint in position of comfort, sterile dressing over area.	<input type="checkbox"/>	
Back (Palpate Spine)		<input type="checkbox"/>	
Ongoing Assessment		<input type="checkbox"/>	Time Into Scenario:
Repeat Primary Assessments		<input type="checkbox"/>	
Repeat Vital Signs		<input type="checkbox"/>	
Radio/Telephone Report		<input type="checkbox"/>	
Treatment & Prevention of Shock		<input type="checkbox"/>	

Team Debriefed?	YES	NO	Team Difficulty Rating (1-10):	Items Completed: /
Evaluator Name:			Team:	Scenario:
Start Time:			Finish Time:	Zone: