

Team # _____	Name: _____	<input checked="" type="checkbox"/>	POINTS RECEIVED
Scene Assessment		Findings	MFR
1	Determine whether the scene is safe / PPE		0
2	Determine the number of patients		0
3	Determine the Mechanism of Injury or History of illness		0
4	ID SELF and OBTAIN CONSENT?		0
5	WARN THE CASUALTY NOT TO MOVE?		0
6	Request additional help if necessary		0
Primary Assessment			
7	Verbalizes General Impressions of Patient		0
8	Determines Level of Consciousness (AVPU)	Alert	0
9	CONTROL C-SPINE to prevent movement?		0
10	Airway	Open	0
11	Breathing	Full & Regular	0
12	Circulation	Strong & Regular	0
13	Assess Skin (Colour, Condition, Temperature)	Pale, Cool, Clammy	0
Rapid Body Survey			
14	Head – Examines & Controls Bleeds		0
15	Neck – Examines & Controls Bleeds		0
16	Chest – Examines & Controls Bleeds		0
17	Upper Extremities – Examines & Controls Bleeds		0
18	Back – Examines & Controls Bleeds		0
19	Abdomen – Examines & Controls Bleeds		0
20	Pelvis – Examines & Controls Bleeds		0
21	Lower Extremities – Examines & Controls Bleeds	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee	0
Critical Interventions/Transport Decision			
22	*911 Call (Time into Scenario: _____)		0
23	On-scene Communication (Effective, Team-Based, Delegation)		0
Tasks Complete		0/23	
Points		0	0

JUDGES NOTES:

This section is active for the first 3 minutes of the scenario only!

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 NOT from 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 - "It's all fun"

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*.

	SAMPLE History	Findings	MFR	
24	SYMPTOMS	Pain in both of your lower legs, difficulty feeling your feet/toes	<input type="checkbox"/>	0
25	ALLERGIES?	None	<input type="checkbox"/>	0
26	MEDICATIONS?	None	<input type="checkbox"/>	0

27	PAST MEDICAL HISTORY?	None	<input type="checkbox"/>	0
28	LAST ORAL INTAKE?	Hamburger and Fries about 30 mins ago	<input type="checkbox"/>	0
29	EVENTS LEADING TO INJURY?	You got out of the ride and then were hit by someone.	<input type="checkbox"/>	0
OPQRST			MFR	
30	Did they ASK about ONSET?	Sudden	<input type="checkbox"/>	0
31	Did they ASK about PROVOKES?	None, just a sharp pain	<input type="checkbox"/>	0
32	Did they ASK about QUALITY?	"Sharp"	<input type="checkbox"/>	0
33	Did they ASK about REGION / RADIATION?	Down into knees and legs, but can't feel their feet/toes	<input type="checkbox"/>	0
34	Did they ASK if anything brings RELIEF?		<input type="checkbox"/>	0
35	Did they ASK about SEVERITY?	10/10	<input type="checkbox"/>	0
36	Did they ASK about TIME?	15 Minutes	<input type="checkbox"/>	0
VITALS - 1st Round			MFR	
37	Level of Consciousness – (AVPU)	Alert	<input type="checkbox"/>	0
38	Respirations – Rate, Rhythm, Volume	28, Full & Regular	<input type="checkbox"/>	0
39	Pulse – Rate, Rhythm, Quality	140 Regular-Strong	<input type="checkbox"/>	0
40	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	0
41	Pupils – Size, Reaction	3mm PEARL	<input type="checkbox"/>	0
42	Blood Pressure – AUS/PALP	128/74	<input type="checkbox"/>	0
43	Pulse Oximetry	98% Room Air	<input type="checkbox"/>	0
44	Glasgow Coma Scale (GCS)	15	<input type="checkbox"/>	0
HEAD TO TOE EXAMINATION			MFR	
45	Check SCALP/HEAD?	No Findings	<input type="checkbox"/>	0
46	Check both EYES?	No Findings	<input type="checkbox"/>	0
47	Check NOSE?	No Findings	<input type="checkbox"/>	0
48	Check CHEEKBONES?	No Findings	<input type="checkbox"/>	0
49	Check MOUTH?	No Findings	<input type="checkbox"/>	0
50	Check JAW?	No Findings	<input type="checkbox"/>	0
51	Check both EARS?	No Findings	<input type="checkbox"/>	0
52	Check NECK? (CSM)	No Findings	<input type="checkbox"/>	0
53	Check both COLLARBONES?	No Findings	<input type="checkbox"/>	0
54	Check CHEST?	No Findings	<input type="checkbox"/>	0
55	Did they auscultate the chest?	No Findings, PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK	<input type="checkbox"/>	0
56	Check BACK?	No Findings	<input type="checkbox"/>	0
57	Did they auscultate the back?	No Findings, PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK	<input type="checkbox"/>	0
58	Check ABDOMEN?	No Findings	<input type="checkbox"/>	0
59	Palpate the 4 Quadrants of the abdomen?	No Findings	<input type="checkbox"/>	0
60	Check PELVIS?	No Findings	<input type="checkbox"/>	0
61	Check RIGHT LEG?	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee, no pulse present	<input type="checkbox"/>	0
62	Check LEFT LEG?	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee	<input type="checkbox"/>	0
63	Check both SHOULDERS?	No Findings	<input type="checkbox"/>	0
64	Check RIGHT ARM?	No Findings	<input type="checkbox"/>	0
65	Check LEFT ARM?	No Findings	<input type="checkbox"/>	0
TREATMENT for Injury - Left Leg			MFR	
66	Was the injury fully exposed?		<input type="checkbox"/>	0
67	Check CSM before splinting?		<input type="checkbox"/>	0

68	Splint leg appropriately?	<input type="checkbox"/>	0
69	Recheck CSM after splinting?	<input type="checkbox"/>	0
70	Secured with CSM check?	<input type="checkbox"/>	0
71	Padding placed under leg and above splint ?	<input type="checkbox"/>	0
TREATMENT for Injury - Right Leg		MFR	
72	Was the injury fully exposed?	<input type="checkbox"/>	0
73	Check CSM before splinting?	<input type="checkbox"/>	0
74	Splint leg appropriately?	<input type="checkbox"/>	0
75	Recheck CSM after splinting?	<input type="checkbox"/>	0
76	Secured with CSM check?	<input type="checkbox"/>	0
77	Padding placed under leg and above splint?	<input type="checkbox"/>	0
TREATMENT for Change in Condition		MFR	
78	Did they identify patient decrease in LOC?	<input type="checkbox"/>	0
79	Was EMS updated?	<input type="checkbox"/>	0
80	Was Oxygen applied with NRB Mask?	<input type="checkbox"/>	0
Tasks Complete		0/56	
Points		0	0

Score Sheet for Patient #1 - "It's all fun"

AMFR ASSESSMENT CONTINUED

Actions in this section may be performed by the competitor at any point in the scenario.

RE-ASSESSMENT of VITAL SIGNS (2nd Set) / ONGOING CARE (after 10 min)		Findings	MFR	
81	Update EMS?	advised EMS is on route	<input type="checkbox"/>	0
82	RE-ASSESS AIRWAY?		<input type="checkbox"/>	0
83	RE- ASSESS BREATHING?		<input type="checkbox"/>	0
84	RE-ASSESS CIRCULATION?		<input type="checkbox"/>	0
85	Level of Consciousness – (AVPU)	Alert	<input type="checkbox"/>	0
86	Respirations – Rate, Rhythm, Volume	30, Full & Regular	<input type="checkbox"/>	0
87	Pulse – Rate, Rhythm, Quality	144 Regular-Strong	<input type="checkbox"/>	0
88	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	0
89	Pupils – Size, Reaction	4mm PEARL	<input type="checkbox"/>	0
90	Blood Pressure – AUS/PALP	104/68	<input type="checkbox"/>	0
91	Pulse Oximetry	96% Room Air	<input type="checkbox"/>	0
92	Glasgow Coma Scale (GCS)	15	<input type="checkbox"/>	0
Tasks Complete			0/11	
Points			0	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.

RE-ASSESSMENT of VITAL SIGNS (3rd Set)		Findings	MFR	
93	Level of Consciousness – (AVPU)	Verbal	<input type="checkbox"/>	0

94	Respirations – Rate, Rhythm, Volume	28, Full & Regular	<input type="checkbox"/>	0
95	Pulse – Rate, Rhythm, Quality	150 Regular-Bounding	<input type="checkbox"/>	0
96	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	0
97	Pupils – Size, Reaction	4mm PEARL	<input type="checkbox"/>	0
98	Blood Pressure – AUS/PALP	88/54	<input type="checkbox"/>	0
99	Pulse Oximetry	89% Room Air 100% on NRB Mask	<input type="checkbox"/>	0
100	Glasgow Coma Scale (GCS)	13, -1 Confusion, -1 Eyes open to verbal only	<input type="checkbox"/>	0
SHOCK & GENERAL CARE			MFR	
101	Did the team REASSURE the patient about their OWN CARE?		<input type="checkbox"/>	0
102	Did the teams keep the bag clean and prevented cross contamination?		<input type="checkbox"/>	0
103	Were GLOVES EFFECTIVE THROUGHOUT?		<input type="checkbox"/>	0
Tasks Complete			0/10	
Points			0	0

Score Sheet for Patient #1

RECORDING for Patient #1 - PART 1		Findings	MFR	
104	Was ALL of the patients PERSONAL INFORMATION recorded?		<input type="checkbox"/>	0
105	Was the INCIDENT TIME AND DATE recorded?		<input type="checkbox"/>	0
106	Was the INCIDENT LOCATION recorded?		<input type="checkbox"/>	0
107	Was the INCIDENT HISTORY recorded?	Pain in both of your lower legs, difficulty feeling your feet/toes	<input type="checkbox"/>	0
108	Was the patients ALLERGIES recorded?	None	<input type="checkbox"/>	0
109	Was the patients MEDICATIONS recorded?	None	<input type="checkbox"/>	0
110	Was the patients MEDICAL HISTORY recorded?	None	<input type="checkbox"/>	0
111	Was the LAST ORAL INTAKE recorded?	Hamburger and Fries about 30 mins ago	<input type="checkbox"/>	0
112	Was the patients INITIAL LEVEL of CONSCIOUSNESS recorded?		<input type="checkbox"/>	0
113	Was the ONSET recorded?	Sudden	<input type="checkbox"/>	0
114	Was the PROVOCATION recorded?	None, just a sharp pain	<input type="checkbox"/>	0
115	Was the QUALITY recorded?	“Sharp”	<input type="checkbox"/>	0
116	Was the REGION recorded?		<input type="checkbox"/>	0
117	Was the RADIATION recorded?	Down into knees and legs, but can't feel their feet/toes	<input type="checkbox"/>	0
118	Was the RELIEF recorded?		<input type="checkbox"/>	0
119	Was the SEVERITY recorded?	10/10	<input type="checkbox"/>	0
120	Was the TIME recorded?	15 Minutes	<input type="checkbox"/>	0
Total of RECORDING/ DOCUMENTATION - PART 1 ONLY - Tasks Complete			0/17	
Points			0	0

Score Sheet for Patient #1

RECORDING for Patient #1 - PART 2		Findings	MFR	
Vital Signs MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!				
121	Was 1st set of vital signs - LOC recorded?	Alert	<input type="checkbox"/>	0
122	Was 1st set of vital signs - RESPIRATIONS recorded?	28, Full & Regular	<input type="checkbox"/>	0
123	Was 1st set of vital signs - PULSE recorded?	140 Regular-Strong	<input type="checkbox"/>	0
124	Was 1st set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	0
125	Was 1st set of vital signs - BLOOD PRESSURE recorded?	128/74	<input type="checkbox"/>	0
126	Was 1st set of vital signs - PUPILS recorded?	3mm PEARL	<input type="checkbox"/>	0
127	Was 1st set of vital signs - SpO2 recorded?	98% Room Air	<input type="checkbox"/>	0
128	Was 1st set of vital signs - GCS?	-15	<input type="checkbox"/>	0
128	Was 2nd set of vital signs - LOC recorded?	Alert	<input type="checkbox"/>	0

129	Was 2nd set of vital signs - RESPIRATIONS recorded?	30, Full & Regular	<input type="checkbox"/>	0
130	Was 2nd set of vital signs - PULSE recorded?	144 Regular-Strong	<input type="checkbox"/>	0
131	Was 2nd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	0
132	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	104/68	<input type="checkbox"/>	0
133	Was 2nd set of vital signs - PUPILS recorded?	4mm PEARL	<input type="checkbox"/>	0
134	Was 2nd set of vital signs - SpO2 recorded?	96% Room Air	<input type="checkbox"/>	0
135	Was 2nd set of vital signs - GCS?	-15	<input type="checkbox"/>	0
135	Was 3rd set of vital signs - LOC recorded	Alert	<input type="checkbox"/>	0
136	Was 3rd set of vital signs - RESPIRATIONS recorded?	28, Full & Regular	<input type="checkbox"/>	0
137	Was 3rd set of vital signs - PULSE recorded?	150 Regular-Bounding	<input type="checkbox"/>	0
138	Was 3rd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	0
139	Was 3rd set of vital signs - BLOOD PRESSURE recorded?	88/54	<input type="checkbox"/>	0
140	Was 3rd set of vital signs - PUPILS recorded?	4mm PEARL	<input type="checkbox"/>	0
141	Was 3rd set of vital signs - SpO2 recorded?	89% Room Air 100% on NRB Mask	<input type="checkbox"/>	0
142	Was 3rd set of vital signs - GCS?	13, -1 Confusion, -1 Eyes open to verbal only	<input type="checkbox"/>	10
143	Was Treatment #1 LEGIBLY record?	Left leg	<input type="checkbox"/>	0
144	Was Treatment #2 LEGIBLY record?	Right leg	<input type="checkbox"/>	0
145	Was Treatment #3 LEGIBLY record?	Decrease in LOC	<input type="checkbox"/>	0
146	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>	0
Tasks Complete			1/26	
Points			10	0

Judge Name: _____

Site Supervisor Name: _____

Team Name: _____

Scenario Totals

Total Scores

Section Name	MFR
Scene & Primary	0
Secondary Survey	0
AMFR Assessment Continued	0
First Aid / Treatment	0
Recording / Documentation Part 1	0
Recording / Documentation Part 2	10

10

Total Tasks

Section Name	MFR
Scene & Primary	0
Secondary Survey	0
AMFR Assessment Continued	0
First Aid / Treatment	0
Recording / Documentation Part 1	0
Recording / Documentation Part 2	1

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