

Team # _____	Name: _____	<input checked="" type="checkbox"/>	POINTS RECEIVED
Scene Assessment		Youth/SFA	
1	Determine whether the scene is safe / PPE	<input type="checkbox"/>	10
2	Determine the number of patients	<input type="checkbox"/>	30
3	Determine the Mechanism of Injury or History of illness	<input type="checkbox"/>	10
4	ID SELF and OBTAIN CONSENT?	<input type="checkbox"/>	10
5	WARN THE CASUALTY NOT TO MOVE?	<input type="checkbox"/>	10
6	Request additional help if necessary	<input type="checkbox"/>	10
Primary Assessment			
7	Verbalizes General Impressions of Patient	<input type="checkbox"/>	10
8	Determines Level of Consciousness (AVPU)	Alert <input type="checkbox"/>	10
9	CONTROL C-SPINE to prevent movement?	<input type="checkbox"/>	10
10	Airway	Open <input type="checkbox"/>	10
11	Breathing	Full & Regular <input type="checkbox"/>	10
12	Circulation	Strong & Regular <input type="checkbox"/>	10
13	Assess Skin (Colour, Condition, Temperature)	Pale, Cool, Clammy <input type="checkbox"/>	10
Rapid Body Survey			
14	Head – Examines & Controls Bleeds	<input type="checkbox"/>	10
15	Neck – Examines & Controls Bleeds	<input type="checkbox"/>	15
16	Chest – Examines & Controls Bleeds	<input type="checkbox"/>	15
17	Upper Extremities – Examines & Controls Bleeds	<input type="checkbox"/>	15
18	Back – Examines & Controls Bleeds	<input type="checkbox"/>	15
19	Abdomen – Examines & Controls Bleeds	<input type="checkbox"/>	15
20	Pelvis – Examines & Controls Bleeds	<input type="checkbox"/>	15
21	Lower Extremities – Examines & Controls Bleeds	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee <input type="checkbox"/>	15
Critical Interventions/Transport Decision			
22	*911 Call (Time into Scenario: _____)	<input type="checkbox"/>	15
23	On-scene Communication (Effective, Team-Based, Delegation)	<input type="checkbox"/>	25
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	Youth/SFA	
24 SYMPTOMS	Pain in both of your lower legs, difficulty feeling your feet/toes	<input type="checkbox"/>	15
25 ALLERGIES?	None	<input type="checkbox"/>	15
26 MEDICATIONS?	None	<input type="checkbox"/>	15
27 PAST MEDICAL HISTORY?	None	<input type="checkbox"/>	15
28 LAST ORAL INTAKE?	Hamburger and Fries about 30 mins ago	<input type="checkbox"/>	15

29	EVENTS LEADING TO INJURY?	You got out of the ride and then were hit by someone.	<input type="checkbox"/>	15
OPQRST			Youth/SFA	
30	Did they ASK about ONSET?	Sudden		15
31	Did they ASK about PROVOKES?	None, just a sharp pain		10
32	Did they ASK about QUALITY?	"Sharp"		10
33	Did they ASK about REGION / RADIATION?	Down into knees and legs, but can't feel their feet/toes		10
34	Did they ASK if anything brings RELIEF?			10
35	Did they ASK about SEVERITY?	10/10		10
36	Did they ASK about TIME?	15 Minutes		10
VITALS - 1st Round			Youth/SFA	
37	Level of Consciousness – (AVPU)	Alert	<input type="checkbox"/>	10
38	Respirations – Rate, Rhythm, Volume	28, Full & Regular	<input type="checkbox"/>	15
39	Pulse – Rate, Rhythm, Quality	140 Regular-Strong	<input type="checkbox"/>	15
40	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	15
41	Pupils – Size, Reaction	3mm PEARL		15
42	Blood Pressure – AUS/PALP	128/74		15
43	Pulse Oximetry	98% Room Air		15
44	Glasgow Coma Scale (GCS)	15		0
HEAD TO TOE EXAMINATION			Youth/SFA	
45	Check SCALP/HEAD?	No Findings	<input type="checkbox"/>	15
46	Check both EYES?	No Findings	<input type="checkbox"/>	10
47	Check NOSE?	No Findings	<input type="checkbox"/>	10
48	Check CHEEKBONES?	No Findings	<input type="checkbox"/>	10
49	Check MOUTH?	No Findings	<input type="checkbox"/>	10
50	Check JAW?	No Findings	<input type="checkbox"/>	10
51	Check both EARS?	No Findings	<input type="checkbox"/>	10
52	Check NECK? (CSM)	No Findings	<input type="checkbox"/>	10
53	Check both COLLARBONES?	No Findings	<input type="checkbox"/>	10
54	Check CHEST?	No Findings	<input type="checkbox"/>	10
55	Did they auscultate the chest?	No Findings, PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK		10
56	Check BACK?	No Findings	<input type="checkbox"/>	10
57	Did they auscultate the back?	No Findings, PRO TEAMS MUST IN 6 POINTS TO COMPLETE TASK		10
58	Check ABDOMEN?	No Findings	<input type="checkbox"/>	10
59	Palpate the 4 Quadrants of the abdomen?	No Findings	<input type="checkbox"/>	10
60	Check PELVIS?	No Findings	<input type="checkbox"/>	10
61	Check RIGHT LEG?	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee, no pulse present	<input type="checkbox"/>	10
62	Check LEFT LEG?	Bilateral leg pain, bruising and deformity to bilateral lower leg below the knee	<input type="checkbox"/>	10
63	Check both SHOULDERS?	No Findings	<input type="checkbox"/>	10
64	Check RIGHT ARM?	No Findings	<input type="checkbox"/>	10
65	Check LEFT ARM?	No Findings	<input type="checkbox"/>	10
TREATMENT for Injury - Left Leg			Youth/SFA	
66	Was the injury fully exposed?		<input type="checkbox"/>	10
67	Check CSM before splinting?		<input type="checkbox"/>	20
68	Splint leg appropriately?		<input type="checkbox"/>	35
69	Recheck CSM after splinting?		<input type="checkbox"/>	20
70	Secured with CSM check?		<input type="checkbox"/>	35
71	Padding placed under leg and above splint ?		<input type="checkbox"/>	20

TREATMENT for Injury - Right Leg		Youth/SFA	
72	Was the injury fully exposed?	<input type="checkbox"/>	20
73	Check CSM before splinting?	<input type="checkbox"/>	20
74	Splint leg appropriately?	<input type="checkbox"/>	35
75	Recheck CSM after splinting?	<input type="checkbox"/>	20
76	Secured with CSM check?	<input type="checkbox"/>	35
77	Padding placed under leg and above splint?	<input type="checkbox"/>	20
TREATMENT for Change in Condition		Youth/SFA	
78	Did they identify patient decrease in LOC?	<input type="checkbox"/>	20
79	Was EMS updated?	<input type="checkbox"/>	35
80	Was Oxygen applied with NRB Mask?		35
Tasks Complete		0/43	
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	Youth/SFA	
81	Update EMS?	advised EMS is on route	<input type="checkbox"/>	20
82	RE-ASSESS AIRWAY?		<input type="checkbox"/>	15
83	RE- ASSESS BREATHING?		<input type="checkbox"/>	15
84	RE-ASSESS CIRCULATION?		<input type="checkbox"/>	15
85	Level of Consciousness – (AVPU)	Alert	<input type="checkbox"/>	15
86	Respirations – Rate, Rhythm, Volume	30, Full & Regular	<input type="checkbox"/>	15
87	Pulse – Rate, Rhythm, Quality	144 Regular-Strong	<input type="checkbox"/>	15
88	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	15
89	Pupils – Size, Reaction	4mm PEARL		15
90	Blood Pressure – AUS/PALP	104/68		15
91	Pulse Oximetry	96% Room Air		15
92	Glasgow Coma Scale (GCS)	15		0
Tasks Complete			0/8	
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	Youth/SFA	
93	Level of Consciousness – (AVPU)	Verbal	<input type="checkbox"/>	15
94	Respirations – Rate, Rhythm, Volume	28, Full & Regular	<input type="checkbox"/>	10
95	Pulse – Rate, Rhythm, Quality	150 Regular-Bounding	<input type="checkbox"/>	10
96	Skin – Colour, Condition, Temperature	Pale, Cool, Clammy	<input type="checkbox"/>	10
97	Pupils – Size, Reaction	4mm PEARL		10
98	Blood Pressure – AUS/PALP	88/54		10
99	Pulse Oximetry	89% Room Air 100% on NRB Mask		10

100	Glasgow Coma Scale (GCS)	13, -1 Confusion, -1 Eyes open to verbal only		0
SHOCK & GENERAL CARE			Youth/SFA	
101	Did the team REASSURE the patient about their OWN CARE?		<input type="checkbox"/>	10
102	Did the teams keep the bag clean and prevented cross contamination?		<input type="checkbox"/>	10
103	Were GLOVES EFFECTIVE THROUGHOUT?		<input type="checkbox"/>	10
Tasks Complete			0/7	
Points			0	0

Score Sheet for Patient #1

RECORDING for Patient #1 - PART 1		Findings	Youth/SFA	
104	Was ALL of the patients PERSONAL INFORMATION recorded?		<input type="checkbox"/>	10
105	Was the INCIDENT TIME AND DATE recorded?		<input type="checkbox"/>	10
106	Was the INCIDENT LOCATION recorded?		<input type="checkbox"/>	10
107	Was the INCIDENT HISTORY recorded?	Pain in both of your lower legs, difficulty feeling your feet/toes	<input type="checkbox"/>	10
108	Was the patients ALLERGIES recorded?	None	<input type="checkbox"/>	10
109	Was the patients MEDICATIONS recorded?	None	<input type="checkbox"/>	10
110	Was the patients MEDICAL HISTORY recorded?	None	<input type="checkbox"/>	10
111	Was the LAST ORAL INTAKE recorded?	Hamburger and Fries about 30 mins ago	<input type="checkbox"/>	10
112	Was the patients INITIAL LEVEL of CONSCIOUSNESS recorded?		<input type="checkbox"/>	10
113	Was the ONSET recorded?	Sudden		10
114	Was the PROVOCATION recorded?	None, just a sharp pain		10
115	Was the QUALITY recorded?	"Sharp"		10
116	Was the REGION recorded?			10
117	Was the RADIATION recorded?	Down into knees and legs, but can't feel their feet/toes		10
118	Was the RELIEF recorded?			10
119	Was the SEVERITY recorded?	10/10		10
120	Was the TIME recorded?	15 Minutes		10
Total of RECORDING/ DOCUMENTATION - PART 1 ONLY - Tasks Complete			0/9	
Points			0	0

Score Sheet for Patient #1

RECORDING for Patient #1 - PART 2				
Vital Signs <u>MUST</u> be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!		Findings	Youth/SFA	
121	Was 1st set of vital signs - LOC recorded?	Alert	<input type="checkbox"/>	10
122	Was 1st set of vital signs - RESPIRATIONS recorded?	28, Full & Regular	<input type="checkbox"/>	10
123	Was 1st set of vital signs - PULSE recorded?	140 Regular-Strong	<input type="checkbox"/>	10
124	Was 1st set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	10
125	Was 1st set of vital signs - BLOOD PRESSURE recorded?	128/74		10
126	Was 1st set of vital signs - PUPILS recorded?	3mm PEARL		10
127	Was 1st set of vital signs - SpO2 recorded?	98% Room Air		10
128	Was 1st set of vital signs - GCS?	-15		0
128	Was 2nd set of vital signs - LOC recorded?	Alert	<input type="checkbox"/>	10
129	Was 2nd set of vital signs - RESPIRATIONS recorded?	30, Full & Regular	<input type="checkbox"/>	10
130	Was 2nd set of vital signs - PULSE recorded?	144 Regular-Strong	<input type="checkbox"/>	10
131	Was 2nd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	10
132	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	104/68		10
133	Was 2nd set of vital signs - PUPILS recorded?	4mm PEARL		10
134	Was 2nd set of vital signs - SpO2 recorded?	96% Room Air		10
135	Was 2nd set of vital signs - GCS?	-15		0
135	Was 3rd set of vital signs - LOC recorded?	Alert	<input type="checkbox"/>	10

136	Was 3rd set of vital signs - RESPIRATIONS recorded?	28, Full & Regular	<input type="checkbox"/>	10
137	Was 3rd set of vital signs - PULSE recorded?	150 Regular-Bounding	<input type="checkbox"/>	10
138	Was 3rd set of vital signs - SKIN CONDITION recorded?	Pale, Cool, Clammy	<input type="checkbox"/>	10
139	Was 3rd set of vital signs - BLOOD PRESSURE recorded?	88/54		10
140	Was 3rd set of vital signs - PUPILS recorded?	4mm PEARL		10
141	Was 3rd set of vital signs - SpO2 recorded?	89% Room Air 100% on NRB Mask		10
142	Was 3rd set of vital signs - GCS?	13, -1 Confusion, -1 Eyes open to verbal only		10
143	Was Treatment #1 LEGIBLY record?	Left leg	<input type="checkbox"/>	10
144	Was Treatment #2 LEGIBLY record?	Right leg	<input type="checkbox"/>	10
145	Was Treatment #3 LEGIBLY record?	Decrease in LOC	<input type="checkbox"/>	10
146	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>	10
Tasks Complete			0/16	
Points			0	0

Judge Name: _____

Site Supervisor Name: _____

Team Name: _____

Scenario Totals

Total Scores

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

Total Tasks

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