

2016

St. John Ambulance OMFRC Competition First Aid Challenge

TEAM SCENARIO

Scenario 2–“Sweet Pair”

Background Scenario

You and your team are Providing First Aid Services at the local “Winter Wonderland” winter festival. It is a chilly, March afternoon (-13) during the weekend festival including an outdoor vendors village, carnival and thousands of people.

Your team is providing on site coverage when your team is alerted to a situation in the vendors village for two possible patients in distress.

You have 20 minutes to complete the scenario, Good Luck!!

There will be a 3 minute warning signify the end of the primary survey.

There will also be a 2 minute left signal for the team’s benefit.

**THIS PAGE IS GIVEN TO TEAMS AT THE
BEGINNING OF THE SCENARIO**

CASUALTY SIMULATORS INFORMATION -
(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Scenario : “Sweet Pair”



Total Patients: 2 people – both dressed in winter/ outdoor clothing.

HISTORY:The team is Providing First Aid Services at the local “Winter Wonderland” winter festival. It is a chilly, March afternoon (-13) during the weekend festival including an outdoor vendors village, carnival and thousands of people. They are alerted to the vendors area where they find two potential casualties. The space is to be approx. 8x8 with tables and boxes delineating a vendors booth.

Patient #1 is a vendor who is a known diabetic who has a hard time controlling her diabetes. In the past month, the vendor had been admitted to the hospital for their blood sugar being greater than 30mmol/L. They have had episodes of high blood sugar which caused seizures and being a coma. Today, they have not had the opportunity to take their regular insulin. They have also had recent dental surgery in the past week – they have an infection from this surgery and they have felt generally unwell with fever and chills for the past couple days. While working, they could feel that their blood sugar was raising (leg cramps, dizziness and unsteadiness) and used their last test strip and the machine simply read as “high” which you know is at least 28mmol/L. The friend (**Patient #2**) attempted to help patient 1 to take their insulin and he/she (Patient 2) accidentally stuck themselves and injected themselves with the medication – 20 units of Regular Insulin. Patient #2 is now presenting with hypoglycemia (shaking, unsteady, slurred speech, aggressiveness) and needs something sweet. **NOTE:** Patient #1 has no more insulin with them to take and as the scenario progresses; their condition will steadily decline and will go unconscious in the final 2 minutes of the scenario.

NOTE:

- There will be a 3 minute warning to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team’s benefit and to indicate when patient #1 is to go unconscious.

PROPS (Per Scenario/Team)

- 2 patients; wearing outdoor clothes; in a small area signifying a vendor booth
- Syringe (NO NEEDLE) uncapped with patient 2 & Medical Alert “IDDM” patient 1
- Juice boxes/lunch box in booth.
- First Aid kit/ Oxygen kits with masks, airways and AED
- Blankets, PCR’s and pens

CASUALTY SIMULATORS INFORMATION ~ “Sweet Pair”

Casualty 1 –Hyperglycemic:(laying supine)

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. Lying supine (on their back)
<ul style="list-style-type: none"> Severe HYPERglycemia (HHNS) 	<ul style="list-style-type: none"> Warm (feverish), Dry skin Dehydration – patient to complain of dry mouth Drowsiness, confusion, moderate hallucinations. Will lead to slight tremor followed by going into an unconscious state in final 2 minutes.

HISTORY:

- You are a vendor at the weekend festival. You have been feeling unwell (fever, chills) for a few days now since having dental surgery. You have a history of Diabetes and have had a number of previous episodes of high blood sugar and have been hospitalized for unconscious episodes (last one was about a month ago)
- You have not been taking your insulin today as the day has been busy. You could feel that your blood sugar was raising (leg cramps, dizziness and unsteadiness) and used your last test strip and the machine simply read as “high” which you know is at least 30mmol/L. Your friend (Patient #2) attempted to help you take your insulin and he/she accidentally stuck themselves and injected themselves with the medication. You have no more insulin with you.

VITAL SIGNS:

	1 st SET	2 nd SET	3 rd SET (final 2 min.)
RESP.	30 shallow and irregular	28 shallow and irregular	28 shallow and irregular
PULSE	110 weak and rapid	122weak and rapid	122weak and rapid
B/P	98/56	94/60	94/60
SKIN	Warm, Dry skin	Warm, Dry Skin	Warm, Dry Skin
LOC	Semi conscious, steadily declining	Semi-conscious (very lethargic)	Unconscious
PUPILS	Sluggish and slow to respond	Sluggish and slow to respond	Sluggish and slow to respond

SAMPLE:

Allergies: None

Medications:Insulin –Regular 20 units

Past Medical History:IDDM with recent hospitalizations with high blood sugar, recent dental surgery. **MEDICAL ALERT BRACELET “IDDM”

Last meal:2 hours ago – coffee and a couple donuts.

S-A-M-P-L-E

Signs and Symptoms

Allergies

Medications

Past Medical History

Last Oral Intake

Events leading up to the illness or injury

CASUALTY SIMULATORS INFORMATION ~ “Sweet Pair”**Casualty 2 – Hypoglycemic:**(Laying beside patient #1 – syringe nearby)

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Semi Conscious 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. Wearing Outdoor clothing.
<ul style="list-style-type: none"> HYPOglycemia 	<ul style="list-style-type: none"> Trembling, confused, dizziness, aggressive behavior.
<ul style="list-style-type: none"> Shock 	<ul style="list-style-type: none"> Pale, cool, sweaty skin

HISTORY:

- Your friend and you have been working a booth at the winter festival all day. It has been very busy and you have been noticing that your friend was getting hot, urinating a lot and hasn't been taking their regular doses of medication for their diabetes. They complained of feeling unwell with a fever and chills and took their blood sugar (using the LAST test strip) and it came back as “high.” They were trembling so much that you went to help take the needle full of insulin (20 units regular) when you dropped it and accidentally injected the medication into your thigh.
- You are feeling very shaky now – trembling, confused and begin to become aggressive with the team. When the team suggests giving something sweet – do give them some trouble and initially say you don't want to drink anything. YOU WILL eventually take some sips of juice (which is at your booth)

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	20 snoring	16 shallow and regular
PULSE	100 strong and regular	72 strong and regular
B/P	128/78	116/72
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Semi Conscious	Conscious

SAMPLE:**Allergies:**Environmental/ Pollen**Medications:**Ibuprofen daily for ankle pain**Past Medical History:** Previously fractured and arthritis in Left Ankle**Last meal:**1 hour ago (lunch)

**2016
OMFRC ZONE Challenge – AMFR/ PRO Level**

“Sweet Pair” TEAM SCENARIO

Team Number _____ **Unit:** _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Judges’ Names: _____ **&** _____

Casualty 1 – “HYPERglycemia”:	
Page 6- Primary Survey	(Possible 140) Sub-Total _____
Page 7 - Secondary Survey	(Possible 340) Sub-Total _____
Page 8 -Tx, Shock & General	(Possible 270) Sub-Total _____
Page 9 - Recording	(Possible 300) Sub-Total _____
Casualty 1	(Possible 1,050) Total _____

Casualty 2 – “HYPOglycemia”:	
Page 10 - Primary Survey	(Possible 160) Sub-Total _____
Page 11 - Secondary Survey	(Possible 270) Sub-Total _____
Page 12– Care, Shock & General	(Possible 240) Sub-Total _____
Page 13 - Recording	(Possible 190) Sub-Total _____
Casualty 2	(Possible 860) Total _____

Total Points Awarded Casualty1 & 2 (Possible 1,910)	
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CASUALTY 1 – “HYPERglycemia” TEAM

SCENE / PRIMARY SURVEY: 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 no marks may be awarded in this Primary Survey. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A/S	10	0
1.4	Did First Aider call out for help?	S	10	0
1.5	Were hazards assessed? <i>(uncapped syringe)</i>	S	10	0
1.6	Did Team determine any other casualties? <i>(1 other)</i>	A	10	0
1.7	Did Team assess responsiveness <i>(Semi-conscious, lethargic)</i>	A/S	10	0
1.8	Did Team assess airway? <i>(Open)</i>	A/S	10	0
1.9	Did Team assess breathing? <i>(30 shallow, irregular)</i>	A/S	10	0
1.10	Did the team apply Oxygen to the patient? <i>(NRB 12-15LPM)</i>	A	10	0
1.11	<i>Did the team assess the Circulation – Pulse? (110 weak & Rapid)</i>	A	10	0
1.12	Did Team assess the casualty's circulation – skin/ temp? <i>(warm, dry skin)</i>	A	10	0
1.13	Did Team perform a rapid body survey? <i>(No bleeding)</i>	A	10	0
1.14	Did Team activate EMS?	A/S	10	0
PRIMARY SURVEY SUB-TOTAL(/140)				

CASUALTY 1 – “HYPERglycemia” TEAM

SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey . After the first 3 minutes, this is the only section that points shall be awarded to.		A/S	P O I N T S	N O T D O N E
Actions in this section may be done in any order.				
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask about SYMPTOMS? (<i>cramps, dizzy, unsteady</i>)	A/S	20	0
2.2	Did the team ask if casualty has any ALLERGIES? (<i>none</i>)	S	10	0
2.3	Did team ask “MEDICATIONS?” (<i>Insulin – Regular 20 units</i>)	S	10	0
2.4	Did team determine that medications are past due?	S	10	0
2.5	Did the team ask past MEDICAL HISTORY? (<i>IDDM, recent hospital stay due to hyperglycemia, recent dental surgery</i>)	S	10	0
2.6	Did the team determine Medical Alert device use?	A/S	20	0
2.7	Did the team ask specific questions about recent hyperglycemia episodes to determine an accurate history?	S	20	0
2.8	Did the team ask specific questions about recent dental surgery to determine accurate, recent infectious history?	S	20	0
2.9	Did the team ask LAST ORAL INTAKE? (<i>2 Hours ago</i>)	S	10	0
2.10	Did the team determine how the incident happened/ HISTORY?	S	10	0
3.0	CASUALTY’S VITAL SIGNS ASSESSMENT			
3.1	Did the team assess Level of Consciousness? (<i>semi conscious</i>)	A/S	10	0
3.2	Did the team assess Respiration? (<i>28 shallow, irregular</i>)	A	10	0
3.3	Did the team assess Pulse? (<i>122 weak & Rapid</i>)	A	10	0
3.4	Did the team assess Blood Pressure? (<i>94/60</i>)	A	10	0
3.5	Did the team assess Skin Condition & Temperature? (<i>warm dry</i>)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (<i>no deformity</i>)	A	10	0
4.2	Check eyes? (<i>Sluggish and Slow to respond</i>)	A	10	0
4.3	Check nose? (<i>no findings</i>)	A	10	0
4.4	Check mouth? (<i>no findings</i>)	A	10	0
4.5	Check jaw? (<i>no findings</i>)	A	10	0
4.6	Check ears? (<i>no findings</i>)	A	10	0
4.7	Check neck? (<i>no findings</i>)	A	10	0
4.8	Check collarbones and shoulders? (<i>no deformity</i>)	A	10	0
4.9	Check both arms/hands? (<i>no findings</i>)	A	10	0
4.10	Check chest (<i>no findings</i>)	A	10	0
4.11	Check abdomen? (<i>no findings</i>)	A	10	0
4.12	Check back? (<i>no deformity</i>)	A	10	0
4.13	Check pelvis? (<i>no deformity</i>)	A	10	0
4.14	Check both legs? (<i>no findings</i>)	A	10	0
4.15	Check both ankles and feet? (<i>no findings</i>)	A	10	0
SECONDARY SURVEY SUB-TOTAL (/340)				

CASUALTY 1 – “HYPERglycemia” TEAM

First aid treatment and Continuing Care: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey . After the first 3 minutes, this is the only section that points shall be awarded to. Actions in this section may be done in any order		A/S	P O I N T S	N O T D O N E
5.0	HYPERGLYCEMIA SUPPORTIVE CARE			
5.1	Was the casualty given something “sweet” as a precaution?	A	20	0
5.2	Was the semi conscious casualty monitored continuously for airway compromise? (NEVER left unattended)	A	20	0
6.0	2nd SET OF VITAL SIGNS (completed PRIOR to final 2 min.)			
6.1	Was LOC reassessed? 2 nd set (Semi-Conscious, lethargic)	A	10	0
6.2	Was respiration reassessed? 2 nd set (28 Shallow irregular)	A	10	0
6.3	Was pulse reassessed? 2 nd set (122 weak & rapid)	A	10	0
6.4	Was blood pressure reassessed? 2 nd set (94/60)	A	10	0
6.5	Was skin reassessed? 2 nd set (warm, dry)	A	10	0
6.6	Were Pupils reassessed? 2 nd set (sluggish slow to respond)	A	10	0
7.0	UNCONSCIOUS CARE & 3rd SET OF VITAL SIGNS			
7.1	Was the unconscious state IMMEDIATELY recognized? 3 rd set	A/S	20	0
7.2	Was the airway re-assessed? (open, snoring)	A	10	0
7.3	Was an OPA/NPA sized appropriately?	A	10	0
7.4	Was an attempt at insertion of OPA/NPA made – but upon gagging, IMMEDIATELY removed?	A	20	0
7.5	Was breathing re-assessed? 3 rd set (28 shallow irregular)	A	10	0
7.6	Was the unconscious patient placed in the recovery position?	A	20	0
7.7	Was pulse reassessed? 2 nd set (122 weak & rapid)	A	10	0
7.8	Was blood pressure reassessed? 2 nd set (94/60)	A	10	0
7.9	Was skin reassessed? 2 nd set (pale, cool)	A	10	0
7.10	Were pupils reassessed? 3 rd set (sluggish, slow to respond)	A	10	0
8.0	SHOCK AND GENERAL			
8.1	Was casualty reassured as to their own wellbeing?	A	10	0
8.2	Was casualty covered “over” for shock/warmth?	A/S	10	0
8.3	Was casualty covered “under” for shock/warmth?	A	10	0
9.0	PERSONAL PRTECTIVE EQUIPMENT			
9.1	Were gloves effective? (torn gloves must be replaced)	A	10	0
TREATMENT/CARE SUB-TOTAL(/270)				

CASUALTY 1 – “HYPERglycemia” TEAM

10.0	RECORDING			
10.1	Was the Incident date and time recorded?	A	10	0
10.2	Was the casualty's information recorded?	A	10	0
10.3	Was an accurate incident history recorded?	A	10	0
10.4	Was the “HI” reading on the glucometer recorded?	A	10	0
10.5	Was the hyperglycemia symptoms recorded?	A	10	0
10.6	Was the lack of allergies recorded?	A	10	0
10.7	Was the medications recorded?	A	10	0
10.8	Was the lack of medication use/ medication due recorded?	A	10	0
10.9	Was the medical history recorded?	A	10	0
10.10	Was the recent history of diabetic hospital stays recorded?	A	10	0
10.11	Was the recent dental surgery recorded?	A	10	0
10.12	Was the recent infectious symptoms (fever, chills) recorded?	A	10	0
10.13	Was the medical Alert recorded?	A	10	0
10.14	Was the last meal (1 hour ago) recorded?	A	10	0
10.15	Was the application of oxygen NRB and flow rate recorded?	A	10	0
10.16	Was suspected HYPERGLYCEMIA recorded?	A	10	0
	<i>Vital Signs Note: If no time recorded, then no mark. Please check numbers for accuracy to judges corrected numbers.</i>			
10.17	Was the 1 st vital signs LOC recorded?	A	5	0
10.18	Was the 1 st vital signs Respiration recorded?	A	5	0
10.19	Was the 1 st vital signs Pulse recorded?	A	5	0
10.20	Was the 1 st Vital signs Blood Pressure recorded?	A	5	0
10.21	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
10.22	Was the 1 st vital signs Pupils recorded?	A	5	0
10.23	Was the 2 nd vital signs LOC recorded?	A	5	0
10.24	Was the 2 nd vital signs Respiration recorded?	A	5	0
10.25	Was the 2 nd vital signs Pulse recorded?	A	5	0
10.26	Was the 2 nd vital signs Blood Pressure recorded?	A	5	0
10.27	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
10.28	Was the 2 nd vital signs Pupils recorded?	A	5	0
10.29	Was the administration of something sweet recorded?	A	10	0
10.30	Was the change in LOC with onset time recorded?	A	10	0
10.31	Was the 3 rd vital signs Respiration recorded?	A	5	0
10.32	Was the 3 rd vital signs Pulse recorded?	A	5	0
10.33	Was the 3 rd vital signs Blood Pressure recorded?	A	5	0
10.34	Was the 3 rd vital signs Skin & Temperature recorded?	A	5	0
10.35	Was the movement into the recovery position recorded?	A	10	0
10.36	Was the covering with a blanket recorded?	A	10	0
10.37	Was notification of EMS recorded?	A	10	0
10.38	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/300)				

CASUALTY 2 – “HYPOglycemia” TEAM

SCENE / PRIMARY SURVEY: 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 no marks may be awarded in this Primary Survey. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
1.1	Did the team take charge of the situation?	S	10	0
1.2	Did the team I.D. self and obtain consent to help?	A/S	10	0
1.3	Did the team wear protective gloves?	A/S	10	0
1.4	Did the team call out for help from by-standers?	S	10	0
1.5	Were hazards assessed? <i>(Uncapped syringe)</i>	S	10	0
1.6	Was the uncapped needle SAFELY moved and protected?	A	20	0
1.7	Did Team determine any other casualties? <i>(1 other)</i>	A	10	0
1.8	Did Team assess responsiveness <i>(Semi Conscious, confused)</i>	A/S	10	0
1.9	Did Team assess airway? <i>(Open)</i>	A/S	10	0
1.10	Did Team assess breathing? <i>(20 snoring)</i>	A/S	10	0
1.11	Did the team apply Oxygen to the patient? <i>(NRB 12-15LPM)</i>	A	10	0
1.12	Did the team assess the Circulation – Pulse? <i>(100 Strong, reg.)</i>	A	10	0
1.13	Did Team assess the circulation – skin/ temp? <i>(cool, pale, clammy)</i>	A	10	0
1.14	Did Team perform a rapid body survey? <i>(no findings)</i>	A	10	0
1.15	Did Team activate EMS?	A/S	10	0
PRIMARY SURVEY SUB-TOTAL (/160)				

CASUALTY 2 – “HYPOglycemia” TEAM

SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey . After the first 3 minutes, this is the only section that points shall be awarded to.		A/S	P O I N T S	N O T D O N E
Actions in this section may be done in any order.				
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask about SYMPTOMS? (<i>shakes, dizzy, confused</i>)	A/S	10	0
2.2	Did the team ask if casualty has any ALLERGIES? (<i>Enviro.</i>)	S	10	0
2.3	Did the team ask about MEDICATIONS? (<i>ibuprofen</i>)	S	10	0
2.4	Did the team ask past MEDICAL HISTORY? (<i>Fx Lt. ankle/ OA</i>)	S	10	0
2.5	Did the team ask LAST ORAL INTAKE? (<i>1 hour ago</i>)	S	10	0
2.6	Did the team determine how the incident happened/ HISTORY?	S	10	0
3.0	CASUALTY'S VITAL SIGNS ASSESSMENT			
3.1	Did the team assess Level of Consciousness? (<i>semiconscious</i>)	A/S	10	0
3.2	Did the team assess Respiration? (<i>20 laboured, snoring</i>)	A	10	0
3.3	Did the team assess Pulse? (<i>100 strong, reg.</i>)	A	10	0
3.4	Did the team assess Blood Pressure? (<i>128/78</i>)	A	10	0
3.5	Did the team assess Skin Condition & Temperature? (<i>pale, cool</i>)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (<i>no deformity</i>)	A	10	0
4.2	Check eyes? (<i>No findings</i>)	A	10	0
4.3	Check nose? (<i>No findings</i>)	A	10	0
4.4	Check mouth? (<i>no findings</i>)	A	10	0
4.5	Check jaw? (<i>no findings</i>)	A	10	0
4.6	Check ears? (<i>no findings</i>)	A	10	0
4.7	Check neck? (<i>no findings</i>)	A	10	0
4.8	Check collarbones? (<i>no deformity</i>)	A	10	0
4.9	Check shoulders? (<i>no deformity</i>)	A	10	0
4.10	Check both arms/hands? (<i>no findings</i>)	A	10	0
4.11	Check chest (<i>no findings</i>)	A	10	0
4.12	Check abdomen? (<i>no findings</i>)	A	10	0
4.13	Check back? (<i>no deformity</i>)	A	10	0
4.14	Check pelvis? (<i>no deformity</i>)	A	10	0
4.15	Check both legs? (<i>no deformity</i>)	A	10	0
4.16	Check both ankles and feet? (<i>no deformity</i>)	A	10	0
SECONDARY SURVEY SUB-TOTAL (/270)				

CASUALTY 2 – “HYPOglycemia” TEAM

First aid treatment and Continuing Care: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey . After the first 3 minutes, this is the only section that points shall be awarded to. Actions in this section may be done in any order		A/S	P O I N T S	N O T D O N E
5.0	HYPOGLYCEMIA SUPPORTIVE CARE			
5.1	Did the team provided something “sweet” to drink?	A	30	0
5.2	Did the team constantly monitor the semi conscious patient for airway compromise?	A	30	0
5.3	Did the team re-assess patient and encourage patient to continue to take something “sweet” throughout scenario	A/S	30	0
6.0	SHOCK AND GENERAL			
6.1	Was casualty reassured as to their own wellbeing?	A	10	0
6.2	Was the casualty reassured to their friends well being?	A	10	0
6.3	Was the casualty covered “over” for shock/warmth?	A	10	0
6.4	Was the Casualty covered “under” for shock/warmth?	A	10	0
6.5	Was LOC reassessed? 2 nd set <i>(Conscious)</i>	A/S	10	0
6.6	Was respiration reassessed? 2 nd set <i>(16 Shallow & reg.)</i>	A	10	0
6.7	Was pulse reassessed? 2 nd set <i>(72 Strong, &Reg)</i>	A	10	0
6.8	Was blood pressure reassessed? 2 nd set <i>(116/72)</i>	A	10	0
6.9	Was skin reassessed? 2 nd set <i>(pale, cool)</i>	A	10	0
6.10	Was LOC reassessed? 3 rd set <i>(Conscious)</i>	A/S	10	0
6.11	Was respiration reassessed? 3 rd set <i>(16 Shallow & reg.)</i>	A	10	0
6.12	Was pulse reassessed? 3 rd set <i>(72 Strong, &Reg)</i>	A	10	0
6.13	Was blood pressure reassessed? 3 rd set <i>(116/72)</i>	A	10	0
6.14	Was skin reassessed? 3 rd set <i>(pale, cool)</i>	A	10	0
7.0	PERSONAL PRTECTIVE EQUIPMENT			
7.1	Were gloves effective? <i>(torn gloves must be replaced)</i>	A	10	0
TREATMENT/CARE SUB-TOTAL(/240)				

CASUALTY 2 – “HYPOglycemia” TEAM

8.0	RECORDING			
8.1	Was the Incident date and time recorded?	A	10	0
8.2	Was the casualty's information recorded?	A	10	0
8.3	Was an accurate incident history recorded?	A	10	0
8.4	Was the Signs/symptoms recorded accurately (hypoglycemic)?	A	10	0
8.5	Was the allergies recorded?	A	10	0
8.6	Was the use of medications recorded?	A	10	0
8.7	Was the medical history recorded?	A	10	0
8.8	Was the last meal recorded?	A	10	0
8.9	Was the application of oxygen NRB and flow rate recorded?	A	10	0
8.10	Was suspected HYPOGLYCEMIA recorded?	A	10	0
	<i>Vital Signs Note: If no time recorded, then no mark. Please check numbers for accuracy to judges corrected numbers</i>			
8.11	Was the 1 st vital signs LOC recorded?	A	5	0
8.12	Was the 1 st vital signs Respiration recorded?	A	5	0
8.13	Was the 1 st vital signs Pulse recorded?	A	5	0
8.14	Was the 1 st Vital signs Blood Pressure recorded?	A	5	0
8.15	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
8.16	Was the 2 nd vital signs LOC recorded?	A	5	0
8.17	Was the 2 nd vital signs Respiration recorded?	A	5	0
8.18	Was the 2 nd vital signs Pulse recorded?	A	5	0
8.19	Was the 2 nd vital signs Blood Pressure recorded?	A	5	0
8.20	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
8.21	Was the administration of something “sweet” recorded?	A	10	0
8.22	Was the secured location of syringe recorded?	A	10	0
8.23	Was notification of EMS recorded?	A	10	0
8.24	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/190)				