## **2018 OMFRC**

## Scenario #2 - "BUMPER PLANES"

CY	CLE#	TEAM #

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY	
300	✓	×	Did the team TAKE CHARGE of the situation?	
301	✓	×	Did the team wear protective GLOVES?	
302	$\checkmark$	×	Did the team ASSESS for HAZARDS?	Luggage & Debris
303	✓	×	Did the team CALL OUT FOR HELP?	
304	✓	×	Did the team ASK for SITUATION HISTORY?	
305	✓	×	Did the team DETERMINE the NUMBER OF CASUALTIES?	3
306	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
307	✓	×	Did the team WARN THE CASUALTY NOT TO MOVE?	
308	✓	×	Did the team IMMEDIATELY provide C-SPINE Support?	
309	✓	×	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Conscious but Lethargic
310	✓	×	Did the team ASSESS AIRWAY?	Open
311	✓	×	Did the team ASSESS BREATHING?	18 shallow & regular
312	✓	×	Did the team APPLY OYXGEN APPROPRIATELY? (NRB 15LPM)	
313	✓	×	Did the team ASSESS PULSE? (Circulation)	74 strong & regular
314	✓	×	Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm & Dry
315	✓	×	Did the team PERFORM A RAPID BODY SURVEY?	Large "goose egg"
316	✓	×	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	
317	✓	×	Did the team UPDATE Already Dispatched EMS/AMBULANCE?	

#### JUDGES NOTE:

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.

Actions in this section may be done in any order.

# Score Sheet for Patient #1 - "IDDM with Head Injury"

#### 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 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

PATIENT	HISTORY OF TH	NOT DOI	DONE	NO.
Dull headache behing eye, dizzy	Did the team ask about SYMPTOMS	×	✓	318
None	Did the team ask about ALLERGIES?	×	✓	319
	Did the team ask about MEDICATIONS?	×	✓	320
Humalog, Lantus, Januvia, Metformin, Daily ASA				
Insulin Dependant Diabetion	Did the team ask about MEDICAL HISTORY?	×	✓	321
Drank Juice 25 min ago	Did the team ask about LAST ORAL INTAKE?	×	✓	322
Planes struck, bumped head	Did the team determine INCIDENT HISTORY?	×	✓	323
	1st Set of VITAL SIGNS			
Conscious but lethargi	Did the team check LEVEL OF CONSCIOUSNESS?	×	✓	324
18 Shalllow & regula	Did the team check RESPIRATIONS?	×	✓	325
74 storng & regula	Did the team check PULSE?	×	✓	326
108/78	Did the team check BLOOD PRESSURE	×	✓	327
Pink, warm & dry	Did the team check SKIN CONDITION/TEMP?	×	✓	328
Equal/Reactive	Did the team check PUPILS?	×	✓	329
	HEAD TO TOE EXAMINATION			
Large "goose egg" on side	Check SCALP/HEAD?	×	✓	330
No Finding:	Check both EYES?	×	✓	331
No Finding:	Check NOSE?	×	✓	332
No Finding:	Check CHEEKBONES?	×	✓	333
No Finding:	Check MOUTH?	×	✓	334
No Finding:	Check JAW?	×	✓	335
No Finding:	Check both EARS?	×	✓	336
No Finding:	Check NECK?	×	✓	337
No Finding:	Check both COLLARBONES?	×	✓	338
No Finding:	Check both SHOULDERS?	×	✓	339
No Finding:	Check RIGHT ARM?	×	✓	340
No Finding:	Check LEFT ARM?	×	✓	341
No finding:	Check CHEST?	×	✓	342
No Finding:	Check ABDOMEN?	×	✓	343
No Finding:	Check BACK?	×	✓	344
No Finding:	Check PELVIS?	×	✓	345
No Finding:	Check RIGHT LEG?	×	✓	346
No Finding:	Check LEFT LEG?	×	✓	347

Score Sheet for Patient #1 - "IDDM with Head Injury"

#### FIRST AID / TREATMENT

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 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

NO.	DONE	NOT DONE	RIGHT ARM ASSESSMENT - OPQRST	
348	✓	×	Did the team ASK about ONSET?	While sitting on plane
349	✓	×	Did the team ASK about PROVOKES?	Loud noises increase pain
350	✓	×	Did the team ASK about QUALITY?	dull ache behind eyes
351	✓	×	Did the team ASK about REGION/RADIATION/RELIEF?	no radiation, behind eyes
352	✓	×	Did the team ASK about SEVERITY?	2/10, @ 18 min > to 3/10
353	✓	×	Did the team ASK about TIME?	after crash, before team
			Care for HEAD INJURY	
354	✓	×	Did the team PERFORM A DETAILED HEAD INJURY ASSESSMENT?	
355	✓	×	Did the team MAINTAIN C-SPINE SUPPORT throughout Scneario (until fully	immobilized?)
356	✓	×	Did the team ACCURATELY MEASURE & APPLY C-Collar?	
357	✓	×	Did the team move the patient onto the BACKBOARD without excesive mov	rement?
358	✓	×	Did the team FULLY IMMOBILIZE the patient on the Backboard using APPRO	PRAITE strap tech. ?
359	✓	×	Did the team SECURE the HEAD as the final step of the IMMOBILIZATI	ION process?
360	✓	×	Did the team REMAIN in CONSTANT Monitor of the IMMOBILZED pat	ient?
			NON-CARE for the DIABETIC emergency	
361	✓	×	Did the team PERFORM a DETAILED DIABETIC ASSESSMENT?	
362	✓	×	Did the team Determine this is NOT LIKELY a HYPOGLYCEMIA episode?	
363	✓	×	Did the team <b>NOT</b> give a SWEET DRINK/FOOD?	
			SHOCK & GENERAL CARE	
364	✓	×	Did the team REASSURE the patient about their OWN CARE?	
365	✓	×	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Semi-conscious & Lethargic
366	✓	×	Did the team RE-check RESPIRATIONS?	20 shallow & rapid
367	✓	×	Did the team RE-check PULSE?	86 strong & regular
368	✓	×	Did the team RE-check BLOOD PRESSURE?	Pink, warm & dry
369	✓	×	Did the team RE-check SKIN CONDITION/ TEMP?	Pink, warm & dry
370	✓	×	Did the team RE-check PUPILS? Equal & Reactive but sluggish	
371	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

# Score Sheet for Patient #1 - "IDDM with Head Injury"

372	x x x x x	Was ALL of the patients PERSONAL INFORMATION recorded?  Was the INCIDENT TIME AND DATE recorded?  Was the INCIDENT LOCATION recorded?  Was the INCIDENT HISTORY (Accurately) recorded?  Was the patients ALLERGIES (None) recorded?  Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
374	x x x x	Was the INCIDENT LOCATION recorded? Was the INCIDENT HISTORY (Accurately) recorded? Was the patients ALLERGIES (None) recorded? Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
375	* * *	Was the INCIDENT HISTORY (Accurately) recorded? Was the patients ALLERGIES (None) recorded? Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
376	* * *	Was the patients ALLERGIES (None) recorded? Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
377	* *	Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
378 ✓ 379 ✓	×	
379 ✓		
0.0		Was the patients MEDICAL HISTORY (Insulin Dependant Diabetic) recorded?
	×	Was the LAST ORAL INTAKE (Drank Juice x 25 minutes ago) recorded?
380 ✓	×	Was the GOOSE EGG to the Side of the HEAD recorded?
381 ✓	×	Was the suspected HEAD INJURY recorded?
382 ✓	×	Was the LACK OF SYMPTOMS of HYPOGLYCEMIA noted - Pertinant NEGATIVES!
383 ✓	×	Was the ONSET (while waiting on place after crash) recorded?
384 ✓	×	Was the PROVOCATION (loud noises increase pain) recorded?
385 ✓	×	Was the QUALITY (dull ache behind the eye) recorded?
386 ✓	×	Was the REGION (head) recorded?
387 ✓	×	Was the RADIATION (No radiation) recorded?
388 ✓	×	Was the RELIEF (quiet) recorded?
389 ✓	×	Was the SEVERITY (2/10 with increase at 18 minutes to 3/10) recorded?
	Vital Signs	MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!
390 ✓	×	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
391 ✓	×	Was 1st set of vital signs - RESPIRATIONS recorded?
392 ✓	×	Was 1st set of vital signs - PULSE recorded?
393 ✓	×	Was 1st set of vital signs - BLOOD PRESSURE recorded?
394 ✓	×	Was 1st set of vital signs - SKIN CONDITION recorded?
395 ✓	×	Was 1st set of vital signs - PUPILS recorded?
396 ✓	*	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
397 ✓	×	Was 2nd set of vital signs - RESPIRATIONS recorded?
398 ✓	×	Was 2nd set of vital signs - PULSE recorded?
399 ✓	×	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
400 ✓	×	Was 2nd set of vital signs - SKIN CONDITION recorded?
401 ✓	×	Was 2nd set of vital signs - PUPILS recorded?
402 ✓	×	Was the APPLICATION OF OXYGEN recorded?
403 ✓	×	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?
404 ✓	×	Was the C-Spine Support recorded?
405 ✓	×	Was the C-COLLAR SIZE and Application recorded?
406 ✓	*	Was the Spinal Immobilization Accurately recorded?
407 ✓	<b>x</b>	Was the Application of a BLANKET recorded?
408	<b>x</b>	Was the UP-DATE Notification OF EMS WITH TIME recorded?
409 ✓	×	Was the Name(s) of the first aid team LEGIBLY recorded?

Score Sheet for Patient #1 - "IDDM with Head Injury"

## 2018 OMFRC

### Scenario #2 - "BUMPER PLANES"

CYCLE #	TEAM #

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY	
410	✓	×	Did the team TAKE CHARGE of the situation?	
411	✓	×	Did the team wear protective GLOVES?	
412	✓	×	Did the team ASSESS for HAZARDS?	
413	✓	×	Did the team CALL OUT FOR HELP?	
414	✓	×	Did the team ASK for SITUATION HISTORY?	
415	✓	×	Did the team DETERMINE the NUMBER OF CASUALTIES?	3
416	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
417	✓	×	Did the team WARN THE CASUALTY NOT TO MOVE?	
418	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
419	✓	×	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Conscious
420	✓	×	Did the team ASSESS AIRWAY?	Open
421	✓	×	Did the team ASSESS BREATHING?	22 regular & shallow
422	✓	×	Did the team ASSESS PULSE? (Circulation)	94 bounding & regular
423	✓	×	Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm & dry
424	✓	×	Did the team PERFORM A RAPID BODY SURVEY?	No Findings
425	✓	×	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	
426	✓	×	Did the team ACTIVATE EMS/AMBULANCE?	

#### JUDGES NOTE:

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Actions in this section may be done in any order.

#### 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 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

	HISTORY OF THE PATIENT	NOT DONE	DONE	NO.
Moderate Pain in both wrists	Did the team ask about SYMPTOMS	×	✓	427
Penicillin	×	✓	428	
None	Did the team ask about MEDICATIONS?	×	✓	429
Previously Healthy	Did the team ask about MEDICAL HISTORY?	×	✓	430
Ate a snack 1 hour ago	Did the team ask about LAST ORAL INTAKE?	×	✓	431
Saw impact coming, braced vs seat back	Did the team determine INCIDENT HISTORY?	×	✓	32
	1st Set of VITAL SIGNS			
Conscious	Did the team check LEVEL OF CONSCIOUSNESS?	×	✓	33
22 Regular & Shallow	Did the team check RESPIRATIONS?	×	✓	34
94 Bounding & Regular	Did the team check PULSE?	×	✓	35
116/88	Did the team check BLOOD PRESSURE	×	✓	36
Pink, warm & dry	Did the team check SKIN CONDITION/TEMP?	×	✓	37
Equal & Reactive	Did the team check PUPILS?	×	✓	38
	HEAD TO TOE EXAMINATION			
No Findings	Check SCALP/HEAD?	×	✓	39
No Findings	Check both EYES?	×	✓	40
No Findings	Check NOSE?	×	✓	41
No Findings	Check CHEEKBONES?	×	✓	42
No Findings	Check MOUTH?	×	✓	43
No Findings	Check JAW?	×	✓	44
No Findings	Check both EARS?	×	✓	45
No Findings	Check NECK?	×	✓	46
No Findings	Check both COLLARBONES?	×	✓	47
No Findings	Check both SHOULDERS?	×	✓	48
Swelling, bruising to pink side of wrist	Check RIGHT ARM?	×	✓	49
Swelling, bruising to pink side of wrist	Check LEFT ARM?	×	✓	50
No Findings	Check CHEST?	×	✓	51
No Findings	Check ABDOMEN?	×	✓	52
No Findings	Check BACK?	×	✓	53
No Findings	Check PELVIS?	×	✓	54
No Findings	Check RIGHT LEG?	×	✓	55
No Findings	Check LEFT LEG?	×	✓	156

#### FIRST AID / TREATMENT

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

NO.	DONE	NOT DONE	ASSESSMENT of ARM INJURIES - OPQRST	
457	✓	×	Did the team ASK about ONSET?	nmediate crack/pop on impact
458	✓	×	Did the team ASK about PROVOKES?	movement increases pain
459	✓	×	Did the team ASK about QUALITY?	stinging and aching pain
460	✓	×	Did the team ASK about REGION/RADIATION/RELIEF?	No radiation
461	✓	×	Did the team ASK about SEVERITY?	6/10 Left, 7/10 Right
462	✓	×	Did the team ASK about TIME?	about 25 minutes ago
			Care for CLOSED FRACTURE RIGHT WRIST	
463	✓	×	Did the team CHECK CIRCULATION BEFORE BANDAGING	
464	✓	×	Did the team SELECT an appropriate sized SPLINT for the RIGHT WRIST?	
465	✓	×	Did the team Use 1 bandage above and 1 bandage below to SECURE the SPL $$	INT?
466	✓	×	Did the team ELEVATE the RIGHT ARM using a STANDARD ARM SLING?	
467	✓	×	Did the team RE-CHECK CIRCULATION AFTER BANDAGING	
			Care for CLOSED FRACTURE <u>LEFT</u> WRIST	
468	✓	×	Did the team CHECK CIRCULATION BEFORE BANDAGING	
469	✓	×	Did the team SELECT an appropriate sized SPLINT for the LEFT WRIST ?	
470	✓	×	Did the team Use 1 bandage above and 1 bandage below to SECURE the SPL $$	INT.
471	✓	×	Did the team ELEVATE the RIGHT ARM using a STANDARD ARM SLING?	
472	✓	×	Did the team RE-CHECK CIRCULATION AFTER BANDAGING	
			SHOCK & GENERAL CARE	
473	✓	×	Did the team REASSURE the patient about their OWN CARE?	
474	✓	×	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Conscious
475	✓	×	Did the team RE-check RESPIRATIONS?	22 Regular & Shallow
476	✓	×	Did the team RE-check PULSE?	84 Strong & Regular
477	✓	×	Did the team RE-check BLOOD PRESSURE?	112/84
478	✓	×	Did the team RE-check Skin Condition & Temp.?	Pink, warm & dry
479	✓	×	Did the team RE-check PUPILS?	Equal & Reactive
480	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

NO.	DONE NO	OT DONE	RECORDING for Patient #2 - Bilateral Wrist Fractures
481	✓	×	Was ALL of the patients PERSONAL INFORMATION recorded?
482	✓	×	Was the INCIDENT TIME AND DATE recorded?
483	✓	×	Was the INCIDENT LOCATION recorded?
484	✓	×	Was the INCIDENT HISTORY (Accurately) recorded?
485	✓	×	Was the patients ALLERGIES (Penicillin) recorded?
486	✓	×	Was the patients MEDICATIONS (None) recorded?
487	✓	×	Was the patients MEDICAL HISTORY (Previously Healthy) recorded?
488	✓	×	Was the LAST ORAL INTAKE (Ate snack 1 hr ago) recorded?
489	✓	×	Was the CLOSED FRACTURE RIGHT WRIST recorded?
490	✓	×	Was the CLOSED FRACTURE LEFT WRIST Recorded?
491	✓	×	Was the ONSET (Immediate crack/pop on impact) recorded?
492	✓	×	Was the PROVOCATION (movement) recorded?
493	✓	×	Was the QUALITY (Stinging/aching) recorded?
494	✓	×	Was the REGION (Both arms) recorded?
495	✓	×	Was the RADIATION (No radiation) recorded?
496	✓	×	Was the RELIEF (None) recorded?
497	✓	×	Was the SEVERITY (6/10 Left and 7/10 Right) recorded?
	Vita	al Signs <u>I</u>	MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!
498	✓	×	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
499	✓	×	Was 1st set of vital signs - RESPIRATIONS recorded?
500	✓	×	Was 1st set of vital signs - PULSE recorded?
501	✓	×	Was 1st set of vital signs - BLOOD PRESSURE recorded?
502	✓	×	Was 1st set of vital signs - SKIN CONDITION recorded?
503	✓	×	Was 1st set of vital signs - PUPILS recorded?
504	✓	×	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
505	✓	×	Was 2nd set of vital signs - RESPIRATIONS recorded?
506	✓	×	Was 2nd set of vital signs - PULSE recorded?
507	✓	×	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
508	✓	×	Was 2nd set of vital signs - SKIN CONDITION recorded?
509	✓	×	Was 2nd set of vital signs - PUPILS recorded?
510	✓	×	Was the PRE-BANDAGING CIRCULATION of the <u>RIGHT</u> WRIST recorded?
511	✓	×	Was the POST-BANDAGING CIRCULATION of the <u>RIGHT</u> WRIST recorded?
512	✓	×	Was the BANDAGING of the RIGHT WRIST accurately recorded?
513	✓	×	Was the PRE-BANDAGING CIRCULATION of the <u>LEFT</u> WRIST recorded?
514	✓	×	Was the POST-BANDAGING CIRCULATION of the <u>LEFT</u> WRIST recorded?
515	✓		Was the BANDAGING of the <u>LEFT</u> WRIST accurately recorded?
516	<b>√</b>		Was the Application of a BLANKET recorded?
517	✓	×	Was the UPDATE notification OF EMS WITH TIME recorded?
518	✓	×	Was the Name(s) of the first aid team LEGIBLY recorded?

## **2018 OMFRC**

#### Scenario #2 - "BUMPER PLANES"

$\mathbf{C}$	v	ΛI		#	
C	I	UL	.E	#	

<b>TEAM</b>	#
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	·	DONE NOT D	NO.
		_	
	Did the team TAKE CHARGE of the situation?	✓ ×	519
	Did the team wear protective GLOVES?	√ ×	520
Debris	Did the team ASSESS for HAZARDS?	✓ ×	521
	Did the team CALL OUT FOR HELP?	√ ×	522
	Did the team ASK for SITUATION HISTORY?	√ x	523
3	Did the team DETERMINE the NUMBER OF CASUALTIES?	√ ×	524
	Did the team ID SELF and OBTAIN CONSENT?	√ x	525
	Did the team WARN THE CASUALTY NOT TO MOVE?	√ x	526
Can use debris/make-shift	Did the team IMMEDIATELY provide C-SPINE Support?	√ x	527
Thrown in plane crash	Did the team DETERMINE MECHANISM of INJURY?	√ ×	528
Unconscious	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	√ x	529
ST?	Did the team IMMEDIATELY OPEN AIRWAY using MODIFIED JAW THRUST?	√ x	530
Open only if manually opened	Did the team ASSESS AIRWAY?	√ x	531
6 very shallow & irregular	Did the team ASSESS BREATHING?	√ x	532
56 weak & thready	Did the team ASSESS PULSE? (Circulation)	√ ×	533
1 breath every 5-6 seconds	Did the team IMMEDIATELY begin Assisted Ventilations?	√ ×	534
Pale, Cold, Grey, Cyanotic	Did the team ASSESS SKIN CONDITION (Circulation)	✓ ×	535
Swelling pad to back of neck	Did the team PERFORM A RAPID BODY SURVEY?	√ ×	536
rmth?	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	✓ ×	537
ient?	Did the team Update ACTIVATE EMS/AMBULANCE for a RED LEVEL patient?	✓ ×	538

### JUDGES NOTE:

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Actions in this section may be done in any order.

#### 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 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

	HISTORY OF THE PATIENT	NOT DONE	DONE	NO.
Unkown	d the team ask about SYMPTOMS	<b>x</b> [	✓	539
No Medical Alert	d the team ask about ALLERGIES?	<b>x</b> [	✓	540
Unknown	d the team ask about MEDICATIONS?	<b>x</b> [	✓	541
Unknown	d the team ask about MEDICAL HISTORY?	<b>x</b> [	$\checkmark$	542
Unknown	d the team ask about LAST ORAL INTAKE?	<b>x</b> [	✓	543
Unknown	d the team determine INCIDENT HISTORY?	<b>x</b> [	✓	544
	1st Set of VITAL SIGNS			
Unconsious	d the team check LEVEL OF CONSCIOUSNESS?	<b>x</b> [	✓	545
6 very shallow & irregular	d the team check RESPIRATIONS?	<b>x</b> [	✓	546
56 weak & thready	d the team check PULSE?	<b>x</b> [	✓	547
186/66	d the team check BLOOD PRESSURE	<b>x</b> [	✓	548
Pale, Cold, Grey, Cyanotic	d the team check SKIN CONDITION/TEMP?	<b>x</b> [	✓	549
Sluggish @ 2mm	d the team check PUPILS?	<b>x</b> [	✓	550
	HEAD TO TOE EXAMINATION			
No Findings	neck SCALP/HEAD?	× (	✓	551
No Findings	neck both EYES?	× (	✓	552
No Findings	neck NOSE?	× (	$\checkmark$	553
No Findings	neck CHEEKBONES?	× (	✓	554
No Findings	neck MOUTH?	<b>x</b> (	✓	555
No Findings	neck JAW?	<b>x</b> (	$\checkmark$	556
No Findings	neck both EARS?	× (	$\checkmark$	557
Swelling pad on back of neck	neck NECK?	<b>x</b> (	✓	558
No Findings	neck both COLLARBONES?	× (	✓	559
No Findings	neck both SHOULDERS?	<b>x</b> (	✓	560
No Findings	neck RIGHT ARM?	<b>x</b> (	✓	561
No Findings	neck LEFT ARM?	<b>x</b> (	✓	562
No Findings	neck CHEST?	× (	✓	563
No Findings	neck ABDOMEN?	<b>x</b> (	✓	564
No Findings	neck BACK?	<b>x</b> (	✓	565
No Findings	neck PELVIS?	<b>x</b> (	✓	566
No Findings	neck RIGHT LEG?	<b>x</b> (	✓	567
No Findings	neck LEFT LEG?	<b>x</b> (	✓	568

#### FIRST AID / TREATMENT

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

NO.	DONE	NOT DONE		
			Care for HEAD INJURY	
569	✓	×	Did the team PERFORM A DETAILED HEAD INJURY ASSESSMENT?	
570	✓	×	Did the team MAINTAIN C-SPINE SUPPORT throughout Scneario (until fully	immobilized?)
571	✓	×	Did the team ACCURATELY MEASURE & APPLY C-Collar?	
572	✓	×	Did the team move the patient onto the BACKBOARD without excesive move	vement?
573	✓	×	Did the team FULLY IMMOBILIZE the patient on the Backboard using APPRO	PRAITE strap tech. ?
574	✓	×	Did the team SECURE the HEAD as the final step of the IMMOBILIZAT	ION process?
575	✓	×	Did the team REMAIN in CONSTANT Monitor of the IMMOBILZED pat	tient?
			Continuous Artifical Respiration and Airway Protection	
576	✓	×	$\label{eq:decomposition} Did the team provide CONTINUOUS ASSISTED VENTILATIONS with $\min $ is a continuous continuo$	interuptions?
577	✓	×	$\label{eq:definition} \mbox{Did the team Measure and Insert an Oral OR Nasal Airway for assistance to} \\$	maintain patency?
578	✓	×	Did the team Prepare suction equipment in preparation of vomiting?	
579	✓	×	Did the team ensure proper seal to face/ mask throughout scenario?	
580	✓	×	Did the team use JUST ENOUGH FORCE to cause CHEST RISE?	
581	20		Did the team ensure ADEQUATE OXYGEN FLOW RATE? 12-	15 L/Min
			SHOCK & GENERAL CARE	
582	✓	×	Did the team REASSURE the patient about their OWN CARE?	
583	✓	×	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Unconcsious
584	✓	×	Did the team RE-check RESPIRATIONS?	8 Very Shallow & Irregular
585	✓	×	Did the team RE-check PULSE?	46 Weak & Thready
586	✓	×	Did the team RE-check BLOOD PRESSURE?	94/44
587	✓	×	Did the team RE-check Skin Condition & Temp.?	Pale, Grey, Cyanotic lips & cool
588	✓	×	Did the team RE-check PUPILS?	Sluggish @ 2mm
589	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	<u> </u>

NO.	DONE	NOT DONE	RECORDING for Patient #2 - Hidden, Unconscious, Head & Spinal
590	✓	×	Was ALL of the patients PERSONAL INFORMATION are completed with JANE/JOHN DOE & CNO?
591	✓	×	Was the INCIDENT TIME AND DATE recorded?
592	✓	×	Was the INCIDENT LOCATION recorded?
593	✓	×	Was the INCIDENT HISTORY (Accurately) recorded?
594	✓	×	Was the patients ALLERGIES (Unknown) recorded?
595	✓	×	Was the patients MEDICATIONS (Unknown) recorded?
596	✓	×	Was the patients MEDICAL HISTORY (Unknown) recorded?
597	✓	×	Was the LAST ORAL INTAKE (Unknown) recorded?
598	✓	×	Was the Lack of a MEDICAL ALERT DEVICE recorded?
599	✓	×	Was the suspected Head & Spinal Injury recorded?
600	✓	×	Was the Modified Jaw thrust procedure recorded?
601	✓	×	Was the Assisted Respirations recorded?
602	✓	×	Was the OXYGEN FLOW RATE recorded?
603	✓	×	Was the RATE OF VENTILATIONS recorded?
604	✓	×	Was the use of an AIRWAY ADJUNCT recorded?
605	✓	×	Was the SIZE of the AIRWAY ADJUNCT recorded?
		Vital Signs I	MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!
506	✓	×	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
607	✓	×	Was 1st set of vital signs - RESPIRATIONS recorded?
608	✓	×	Was 1st set of vital signs - PULSE recorded?
609	✓	×	Was 1st set of vital signs - BLOOD PRESSURE recorded?
610	<b>√</b>	*	Was 1st set of vital signs - SKIN CONDITION recorded?
611	<b>✓</b>	×	Was 1st set of vital signs - PUPILS recorded?
512	<b>√</b>	*	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
613	<b>√</b>	×	Was 2nd set of vital signs - RESPIRATIONS recorded?
614	<b>√</b>	*	Was 2nd set of vital signs - PULSE recorded?
615	<b>√</b>	*	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
616	<b>√</b>	*	Was 2nd set of vital signs - SKIN CONDITION recorded?
617	✓ ✓	*	Was 2nd set of vital signs - PUPILS recorded?
618	<b>√</b>		Was the C-Spine Support recorded?
619 620	<b>√</b>	×	Was the Spinal Immebilization Assurately recorded?
620 621	<b>∨</b>	*	Was the Application of a PLANKET recorded?
621	<b>∨</b>	*	Was the Application of a BLANKET recorded?  Was the UPDATE notification OF EMS WITH TIME recorded?
622	<b>∨</b>	*	
623	٧	*	Was the Name(s) of the first aid team LEGIBLY recorded?