CYCLE #	TEAM #

	SCENE/PRIMARY SURVEY	NOT DONE	DONE	NO.
	Did the team TAKE CHARGE of the situation?	×	✓	5300
	Did the team wear protective GLOVES?	×	\checkmark	5301
Luggage & Debris	Did the team ASSESS for HAZARDS?	×	✓	5302
	Did the team CALL OUT FOR HELP?	×	✓	5303
	Did the team ASK for SITUATION HISTORY?	×	✓	5304
3	Did the team DETERMINE the NUMBER OF CASUALTIES?	×	\checkmark	5305
	Did the team ID SELF and OBTAIN CONSENT?	×	✓	5306
	Did the team WARN THE CASUALTY NOT TO MOVE?	×	\checkmark	5307
	Did the team IMMEDIATELY provide C-SPINE Support?	×	\checkmark	5308
Conscious but Lethargic	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	×	✓	5309
Open	Did the team ASSESS AIRWAY?	×	✓	5310
18 shallow & regular	Did the team ASSESS BREATHING?	×	\checkmark	5311
Pink, Warm & Dry	Did the team ASSESS SKIN CONDITION (Circulation)	×	\checkmark	5312
Large "goose egg"	Did the team PERFORM A RAPID BODY SURVEY?	×	✓	5313
	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	×	\checkmark	5314
	Did the team UPDATE Already Dispatched EMS/AMBULANCE?	×	✓	5315

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.

	HISTORY OF THE	NOT DONE	DONE	NO.
Dull headache behing eye, dizzy	Did the team ask about SYMPTOMS	×	✓	5316
None	Did the team ask about ALLERGIES?	×	✓	5317
	Did the team ask about MEDICATIONS?	×	✓	5318
og, Lantus, Januvia, Metformin, Daily ASA				
Insulin Dependant Diabetio	Did the team ask about MEDICAL HISTORY?	×	✓	5319
Drank Juice 25 min ago	Did the team ask about LAST ORAL INTAKE?	×	\checkmark	5320
Planes struck, bumped head	Did the team determine INCIDENT HISTORY?	*	\checkmark	5321
	1st Set of VITAL SIGNS			
Conscious but lethargi	Did the team check LEVEL OF CONSCIOUSNESS?	*	✓	5322
18 Shalllow & regula	Did the team check RESPIRATIONS?	*	\checkmark	5323
74 storng & regula	Did the team check PULSE?	*	\checkmark	5324
Pink, warm & dry	Did the team check SKIN CONDITION/TEMP?	*	\checkmark	5325
Equal/Reactive	Did the team check PUPILS?	*	\checkmark	5326
	HEAD TO TOE EXAMINATION			
Large "goose egg" on side	Check SCALP/HEAD?	*	✓	5327
No Findings	Check both EYES?	*	\checkmark	5328
No Findings	Check NOSE?	*	\checkmark	5329
No Findings	Check CHEEKBONES?	*	\checkmark	5330
No Findings	Check MOUTH?	*	\checkmark	5331
No Findings	Check JAW?	*	✓	5332
No Findings	Check both EARS?	×	✓	5333
No Findings	Check NECK?	×	✓	5334
No Findings	Check both COLLARBONES?	×	✓	5335
No Findings	Check both SHOULDERS?	*	✓	5336
No Findings	Check RIGHT ARM?	×	✓	5337
No Findings	Check LEFT ARM?	×	✓	5338
No findings	Check CHEST?	×	✓	5339
No Findings	Check ABDOMEN?	×	✓	5340
No Findings	Check BACK?	×	✓	5341
No Findings	Check PELVIS?	×	✓	5342
No Findings	Check RIGHT LEG?	×	✓	5343
No Finding:	Check LEFT LEG?	×	✓	5344

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

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	
5345	\checkmark	*	Did the team PERFORM A DETAILED HEAD INJURY ASSESSMENT?	
5346	✓	*	Did the team MAINTAIN C-SPINE SUPPORT throughout Scneario (until fully i	mmobilized?)
5347	\checkmark	×	Did the team REMAIN in CONSTANT Monitor of the IMMOBILZED pati	ient?
			NON-CARE for the DIABETIC emergency	
5348	✓	*	Did the team PERFORM a DETAILED DIABETIC ASSESSMENT?	
5349	\checkmark	*	Did the team Determine this is NOT LIKELY a HYPOGLYCEMIA episode?	
5350	\checkmark	*	Did the team NOT give a SWEET DRINK/FOOD?	
			SHOCK & GENERAL CARE	
5351	✓	*	Did the team REASSURE the patient about their OWN CARE?	
5352	✓	*	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Semi-conscious & Lethargic
5353	\checkmark	*	Did the team RE-check RESPIRATIONS?	20 shallow & rapid
5354	\checkmark	*	Did the team RE-check PULSE?	86 strong & regular
5355	\checkmark	*	Did the team RE-check SKIN CONDITION/ TEMP?	Pink, warm & dry
5356	✓	×	Did the team RE-check PUPILS?	Equal & Reactive but sluggish
5357	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

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

NO.	DONE	NOT DONE	RECORDING for Patient #1 - IDDM with Head Injury
358	✓	×	Was ALL of the patients PERSONAL INFORMATION recorded?
359	✓	×	Was the INCIDENT TIME AND DATE recorded?
360	✓	×	Was the INCIDENT LOCATION recorded?
361	✓	×	Was the INCIDENT HISTORY (Accurately) recorded?
362	✓	×	Was the patients ALLERGIES (None) recorded?
363	✓	×	Was the patients MEDICATIONS (Humulog, Lantus, Januvia, Metformin and ASA) recorded?
364	✓	×	Was the patients MEDICAL HISTORY (Insulin Dependant Diabetic) recorded?
365	✓	×	Was the LAST ORAL INTAKE (Drank Juice x 25 minutes ago) recorded?
366	✓	×	Was the GOOSE EGG to the Side of the HEAD recorded?
367	✓	×	Was the suspected HEAD INJURY recorded?
368	✓	×	Was the LACK OF SYMPTOMS of HYPOGLYCEMIA noted - Pertinant NEGATIVES!
		Vital Signs [MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!
369	\checkmark	×	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
370	✓	*	Was 1st set of vital signs - RESPIRATIONS recorded?
371	✓	×	Was 1st set of vital signs - PULSE recorded?
372	✓	×	Was 1st set of vital signs - SKIN CONDITION recorded?
373	✓	*	Was 1st set of vital signs - PUPILS recorded?
374	✓	×	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
375	✓	×	Was 2nd set of vital signs - RESPIRATIONS recorded?
376	✓	×	Was 2nd set of vital signs - PULSE recorded?
377	✓	*	Was 2nd set of vital signs - SKIN CONDITION recorded?
378	✓	×	Was 2nd set of vital signs - PUPILS recorded?
379	✓	*	Was the C-Spine Support recorded?
380	✓	×	Was the Application of a BLANKET recorded?
381	✓	×	Was the UP-DATE Notification OF EMS WITH TIME recorded?
382	✓	×	Was the Name(s) of the first aid team LEGIBLY recorded?

CYCLE #	TEAM #

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY	
5383	✓	×	Did the team TAKE CHARGE of the situation?	
5384	✓	×	Did the team wear protective GLOVES?	
5385	✓	×	Did the team ASSESS for HAZARDS?	
5386	✓	×	Did the team CALL OUT FOR HELP?	
5387	✓	×	Did the team ASK for SITUATION HISTORY?	
5388	✓	×	Did the team DETERMINE the NUMBER OF CASUALTIES?	3
5389	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
5390	✓	×	Did the team WARN THE CASUALTY NOT TO MOVE?	
5391	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
5392	✓	×	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Conscious
5393	✓	×	Did the team ASSESS AIRWAY?	Open
5394	✓	×	Did the team ASSESS BREATHING?	22 regular & shallow
5395	✓	×	Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm & dry
5396	✓	×	Did the team PERFORM A RAPID BODY SURVEY?	No Findings
5397	10		Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	
5398	✓	×	Did the team ACTIVATE EMS/AMBULANCE?	

JUDGES NOTE:

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Actions in this section may be done in any order.

Score Sheet for Patient #2 - "Bilateral Wrist Fractures "

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.

NT	HISTORY OF THE PAT	NO	DONE	NO.
Moderate Pain in both wrists	Did the team ask about SYMPTOMS		✓	399
Penicillir	Did the team ask about ALLERGIES?		✓	400
None	Did the team ask about MEDICATIONS?		✓	401
Previously Healthy	Did the team ask about MEDICAL HISTORY?		✓	402
Ate a snack 1 hour ago	Did the team ask about LAST ORAL INTAKE?		✓	403
Saw impact coming,braced vs seat back	Did the team determine INCIDENT HISTORY?		✓	404
	1st Set of VITAL SIGNS			
Conscious	Did the team check LEVEL OF CONSCIOUSNESS?		✓	405
22 Regular & Shallow	Did the team check RESPIRATIONS?		✓	406
94 Bounding & Regula	Did the team check PULSE?		✓	407
Pink, warm & dry	Did the team check SKIN CONDITION/TEMP?		✓	408
Equal & Reactive	Did the team check PUPILS?		✓	409
	HEAD TO TOE EXAMINATION			
No Findings	Check SCALP/HEAD?		✓	410
No Findings	Check both EYES?		✓	411
No Findings	Check NOSE?		✓	412
No Findings	Check CHEEKBONES?		✓	413
No Finding:	Check MOUTH?		✓	414
No Finding:	Check JAW?		✓	415
No Findings	Check both EARS?		✓	416
No Findings	Check NECK?		✓	417
No Findings	Check both COLLARBONES?		✓	418
No Findings	Check both SHOULDERS?		✓	419
Swelling, bruising to pink side of wris	Check RIGHT ARM?		✓	420
Swelling, bruising to pink side of wris	Check LEFT ARM?		✓	421
No Findings	Check CHEST?		✓	422
No Findings	Check ABDOMEN?		✓	423
No Findings	Check BACK?		✓	424
No Findings	Check PELVIS?		✓	425
No Findings	Check RIGHT LEG?		✓	426
No Findings	Check LEFT LEG?		✓	427

Score Sheet for Patient #2 - "Bilateral Wrist Fractures "

FIRST AID / TREATMENT

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

		71011	in this section may be performed by the competitor at any point in the sections.	
NO.	DONE	NOT DONE	Care for CLOSED FRACTURE RIGHT WRIST	
5428	✓	×	Did the team CHECK CIRCULATION BEFORE BANDAGING	
5429	✓	×	Did the team SELECT an appropriate sized SPLINT for the RIGHT WRIST?	
5430	✓	*	Did the team Use 1 bandage above and 1 bandage below to SECURE the SPLINT?	
5431	✓	×	Did the team ELEVATE the RIGHT ARM using a STANDARD ARM SLING?	
5432	✓	×	Did the team RE-CHECK CIRCULATION AFTER BANDAGING	
			Care for CLOSED FRACTURE <u>LEFT</u> WRIST	
5433	✓	*	Did the team CHECK CIRCULATION BEFORE BANDAGING	
5434	✓	×	Did the team SELECT an appropriate sized SPLINT for the LEFT WRIST ?	
5435	✓	×	Did the team Use 1 bandage above and 1 bandage below to SECURE the SPLINT.	
5436	✓	×	Did the team ELEVATE the RIGHT ARM using a STANDARD ARM SLING?	
5437	✓	*	Did the team RE-CHECK CIRCULATION AFTER BANDAGING	
			SHOCK & GENERAL CARE	
5438	✓	×	Did the team REASSURE the patient about their OWN CARE?	
5439	✓	*	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Conscious
5440	✓	*	Did the team RE-check RESPIRATIONS?	22 Regular & Shallow
5441	✓	×	Did the team RE-check PULSE?	84 Strong & Regular
5442	✓	×	Did the team RE-check Skin Condition & Temp.?	Pink, warm & dry
5443	✓	×	Did the team RE-check PUPILS?	Equal & Reactive
5444	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

Score Sheet for Patient #2 - "Bilateral Wrist Fractures "

NO.	DONE	NOT 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?
		Vital Signs N	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?
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?
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		*	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?
-310			The time that the time that the team that the time the time that the time time the t

CYCLE #	TEAM #

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY	
5445	✓	×	Did the team TAKE CHARGE of the situation?	
5446	✓	×	Did the team wear protective GLOVES?	
5447	✓	×	Did the team ASSESS for HAZARDS?	Debris
5448	✓	×	Did the team CALL OUT FOR HELP?	
5449	✓	×	Did the team ASK for SITUATION HISTORY?	
5450	✓	×	Did the team DETERMINE the NUMBER OF CASUALTIES?	3
5451	✓	×	Did the team ID SELF and OBTAIN CONSENT?	
5452	✓	×	Did the team WARN THE CASUALTY NOT TO MOVE?	
5453	✓	×	Did the team IMMEDIATELY provide C-SPINE Support?	Can use debris/make-shift
5454	✓	×	Did the team DETERMINE MECHANISM of INJURY?	Thrown in plane crash
5455	✓	×	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Unconscious
5456	✓	×	Did the team IMMEDIATELY OPEN AIRWAY?	
5457	✓	×	Did the team ASSESS AIRWAY?	Open only if manually opened
5458	✓	*	Did the team ASSESS BREATHING?	6 very shallow & irregular
5459	✓	×	Did the team ASSESS SKIN CONDITION (Circulation)	Pale, Cold, Grey, Cyanotic
5460	✓	×	Did the team PERFORM A RAPID BODY SURVEY?	Swelling pad to back of neck
5461	✓	×	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	
5462	✓	×	Did the team Update ACTIVATE EMS/AMBULANCE for a RED LEVEL patient?	

JUDGES NOTE:

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Actions in this section may be done in any order.

Score Sheet for Patient #3 - "Hidden, Unconscious, Head & Spinal "

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 DO	DONE	NO.
Unkowi	Did the team ask about SYMPTOMS	×	\checkmark	5463
No Medical Aler	Did the team ask about ALLERGIES?	×	\checkmark	5464
Unknowi	Did the team ask about MEDICATIONS?	×	\checkmark	5465
Unknowi	Did the team ask about MEDICAL HISTORY?	×	\checkmark	5466
Unknowi	Did the team ask about LAST ORAL INTAKE?	×	\checkmark	5467
Unknowi	Did the team determine INCIDENT HISTORY?	×	✓	468
	1st Set of VITAL SIGNS			
Unconsiou	Did the team check LEVEL OF CONSCIOUSNESS?	×	✓	469
6 very shallow & irregula	Did the team check RESPIRATIONS?	×	✓	470
56 weak & thread	Did the team check PULSE?	×	✓	471
Pale, Cold, Grey, Cyanoti	Did the team check SKIN CONDITION/TEMP?	×	\checkmark	472
Sluggish @ 2mn	Did the team check PUPILS?	×	✓	473
No Stadion	HEAD TO TOE EXAMINATION		./	474
No Finding	Check SCALP/HEAD?	×	✓	474
No Finding.	Check both EYES?	×	✓	475
No Finding.	Check NOSE?	×	✓	176
No Finding	Check CHEEKBONES?	×	✓	177
No Finding.	Check MOUTH?	×	✓	178
No Finding.	Check JAW?	×	✓	179
No Finding.	Check both EARS?	×	✓	480
Swelling pad on back of necl	Check NECK?	×	✓	481
No Finding	Check both COLLARBONES?	×	✓	482
No Finding.	Check both SHOULDERS?	×	\checkmark	483
No Finding.	Check RIGHT ARM?	×	✓	484
No Finding.	Check LEFT ARM?	×	\checkmark	485
No Finding.	Check CHEST?	×	✓	486
No Finding.	Check ABDOMEN?	×	\checkmark	487
No Finding	Check BACK?	×	✓	488
No Finding.	Check PELVIS?	×	\checkmark	489
No Finding.	Check RIGHT LEG?	×	✓	490
No Finding	Check LEFT LEG?	×	✓	491

Score Sheet for Patient #3 - "Hidden, Unconscious, Head & Spinal "

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				
5492	✓	×	Did the team PERFORM A DETAILED HEAD INJURY ASSESSMENT?				
5493	✓	×	Did the team MAINTAIN C-SPINE SUPPORT throughout Scneario (until fully	immobilized?)			
5494	✓	×	Did the team REMAIN in CONSTANT Monitor of the IMMOBILZED pat	ient?			
	SHOCK & GENERAL CARE						
5495	✓	×	Did the team REASSURE the patient about their OWN CARE?				
5496	✓	*	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Unconcsious			
5497	✓	×	Did the team RE-check RESPIRATIONS?	8 Very Shallow & Irregular			
5498	✓	*	Did the team RE-check PULSE?	46 Weak & Thready			
5499	✓	*	Did the team RE-check Skin Condition & Temp.?	Pale, Grey, Cyanotic lips & cool			
5500	✓	*	Did the team RE-check PUPILS?	Sluggish @ 2mm			
5501	✓	×	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)				

Score Sheet for Patient #3 - "Hidden, Unconscious, Head & Spinal "

NO.	DONE	NOT DONE	RECORDING for Patient #2 - Hidden, Unconscious, Head & Spinal
502	✓	×	Was ALL of the patients PERSONAL INFORMATION are completed with JANE/JOHN DOE & CNO?
503	✓	×	Was the INCIDENT TIME AND DATE recorded?
504	✓	×	Was the INCIDENT LOCATION recorded?
505	✓	×	Was the INCIDENT HISTORY (Accurately) recorded?
506	✓	×	Was the patients ALLERGIES (Unknown) recorded?
507	✓	×	Was the patients MEDICATIONS (Unknown) recorded?
508	✓	×	Was the patients MEDICAL HISTORY (Unknown) recorded?
509	✓	×	Was the LAST ORAL INTAKE (Unknown) recorded?
510	✓	×	Was the Lack of a MEDICAL ALERT DEVICE recorded?
511	✓	×	Was the suspected Head & Spinal Injury recorded?
5512	✓	×	Was the Airway opening procedure recorded?
		Vital Signs N	MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!
513	✓	×	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
514	✓	×	Was 1st set of vital signs - RESPIRATIONS recorded?
515	✓	×	Was 1st set of vital signs - PULSE recorded?
516	✓	×	Was the SIZE of the AIRWAY ADJUNCT recorded?
517	✓	×	Was 1st set of vital signs - SKIN CONDITION recorded?
518	✓	×	Was 1st set of vital signs - PUPILS recorded?
519	✓	×	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
520	✓	×	Was 2nd set of vital signs - RESPIRATIONS recorded?
5521	✓	×	Was 2nd set of vital signs - PULSE recorded?
5522	✓	×	Was 2nd set of vital signs - SKIN CONDITION recorded?
5523	✓	×	Was 2nd set of vital signs - PUPILS recorded?
5524	✓	×	Was the C-Spine Support recorded?
525	✓	×	Was the Application of a BLANKET recorded?
5526	✓	×	Was the UPDATE notification OF EMS WITH TIME recorded?
5527	✓	×	Was the Name(s) of the first aid team LEGIBLY recorded?