The Priory of Canada

ST. JOHN AMBULANCE BRIGADE

BRIGADE ASSESSMENT PROCESS LEVEL 1



1999 PATIENT CARE PRACTICAL ASSESSMENT

1999 BAP PHASE TWO - PRACTICAL SCENARIO

NOTES FOR EVALUATORS

Please Note:

- 1. Time allotted each patient care scenario is thirty (30) minutes. This includes the time necessary to read the covering scenario.
- 2. Each Brigade member will be evaluated on one patient during *Phase Two* of the Brigade Assessment Process (BAP).
- 3. Each patient is identified by a number. This series of numbers identifies the current calendar year, Brigade Training System (BTS) training level and the specific patient being managed. (i.e. Patient # 99-1-4 means, 1999, BTS level 1, patient number four.)
- 4. In order to ensure that a Brigade unit's training program is fully assessed, the Brigade unit as a whole must use, in a cyclical format, all patients supplied with the BAP scenario (i.e. patients one through eight repeated until all Brigade members have been evaluated.
- 5. Marking is done using the following format:

"E" - Exceeds Standards - a level of patient care that is above the expected standards of the BTS.
"M" - Meets Standards - a level of patient care that meets the expected standards of the BTS.
"D" - Does Not Meet Standards - a level of patient care that is below the expected standards of the BTS.

A grade of "E" or "M" constitutes completion. A grade of "D" is unacceptable and results in incompletion.

- 6. All criteria marked "Does Not Meet Standards" (D) **must have comments** entered in the Remedial Needs Column. It is at the discretion of the Evaluator(s) to enter comments for criteria marked "Meets Standards" (M) or "Exceeds Standards" (E).
- 7. Evaluators are to use the Remedial Needs Column to identify specific skill deficiencies and make suggestions/comments which will assist the Brigade member in improving these skills.
- 8. Brigade members must achieve a grade of "Meets Standards" (M) or "Exceeds Standards" (E) on all criteria marked with an asterisk (*) Failure to successfully complete **any one** of these mandatory criteria **will** result in a final grade of "**unacceptable**".
- 9. Brigade members who receive a grade of "Does Not Meet Standards" (D) on three or more criteria will receive a final grade of "unacceptable".

PATIENT CARE SCENARIO OVERVIEW

PATIENT	
NUMBER	DESCRIPTION OF INJURIES
99-1-1	Fracture right femur, bedpan, medication.
99-1-2	Laceration left forearm, change bandage, fracture right ankle, medication.
99-1-3	Chest pains, cardiac arrest.
99-1-4	Bruises on legs, left collarbone fracture, medication, epileptic seizure.
99-1-5	Hypothermia, fracture right ankle, scrapes right arm
99-1-6	Burns to chest, medication. NOTE: MALE PATIENT
99-1-7	Fracture right collarbone, embedded object in right leg (broken glass), shock
99-1-8	Fracture left tibia/fibula. Laceration left arm. Medication.

PATIENT CARE PRACTICAL SCENARIO

GENERAL SCENARIO

You are at St. John House for your normal training meeting when a policeman arrives and tells you that there has been a head-on train collision and that many people are injured. The area hospital emergency wards are full and can take only the most seriously injured patients. A temporary hospital for the last eight or so patients is required and the police ask that St. John set up a temporary hospital in your building.

Your Divisional Medical Officer has agreed to staff the temporary hospital in your building. It is expected that the patients will remain at St. John House for several hours until the emergency room backlog has been cleared.

It is late fall and the outside temperature is about 3 degrees .

PATIENT CARE SCENE PREPARATION

The normal training room at the divisional meeting place will be sufficient for this scenario.

You will need some beds and tables.

A manikin will also be required for CPR.

ALTERNATE SCENE PREPARATION

A church hall or school gym could also be used for this scenario.

Stretchers can be used instead of beds, or blankets on the floor could be used if beds or stretchers are not available.

Trays can be used beside each instead of tables.

PATIENT # 99-1-1

Brigade Member's Information:

A patient is brought in with a noticeable shortening of the right leg. The person is in obvious pain.

PATIENT # 99-1-1

Brigade Member's Information:

A patient is brought in with a noticeable shortening of the right leg. The person is in obvious pain.

Injuries:

- Fracture right femur
- Shock

Vital Signs:

LOC - alert and oriented
Pulse - 110, weak and rapid
Respiration - 24 and shallow

Pupils - Equal and reactive to light

Skin - Cold and clammy, pale, bluish tinge to skin.

Medical Information:

No allergies
Not on any medications

Patient Information:

You have severe pain in your right upper leg about midshaft. You have no allergies and are not taking any medication. The doctor has prescribed that you be given 2 - 500 mg. Tylenol® for pain immediately and then every 4 hours.

After your care provider has finished splinting your leg, and given you your pain medication, you are to tell your provider that you need to go to the washroom, but are unable to get out of bed.

Simulator Information:

The patient has a right femur fracture about midshaft. There should be bruising and swelling in the area. The fracture is closed. Shock is moderate. A bottle labeled Tylenol® 500 mg is required. The bottle should be given to the evaluator along with a note from the doctor stating that Tylenol® is to be given for pain immediately and then every 4 hours. A bedpan will also be required.

Member's Name:	Patient Number: #99-1-1

CRITERIA/ STANDARDS		GRADE		COMMENTS/
		M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
 Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsivness Asks what happened-Determines mechanism of injury 				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 24 and shallow - checks for shock-skin condition & temperature				
 *4. Performs the Rapid Body Survey for other life-threatening injuries and discovers intense pain on the right anterior thigh. 5. Exposes the injured area and suspects fracture 				
Instructs bystander to steady and support the right leg.				
*7. Performs a Secondary Survey: - casualty's history - SAMPLE - records significant findings -takes and records vital signs: LOC, respirations, pulse, skin temperature and conditionperforms head-to-toe examination. No injuries other than fractured right femur.				

ımber: #99-1-1

CRITERIA/	GRADE		GRADE		E	COMMENTS/
STANDARDS		M	D	REMEDIAL NEEDS		
*8. Immobilizes the right femur: - checks for distal circulation and nerve function before splinting - instructs bystander to continue supporting the injured leg - splints the leg in the position found - checks for distal circulation and nerve function again after splinting -applies cold- 15 minutes on- 15 minutes off						
*9. Tells patient that doctor has ordered Tylenol® and asks patient if he has any allergies to the pain reliever Assists patient in taking Tylenol® according to the five (5) rights: - right person - right medication - right method - right time - right amount						
 10. Makes sure bedpan is clean, warm and dry -may sprinkle talcum powder on seat of bedpan to prevent sticking -covers bedpan with a clean paper towel or cloth and takes pan to bedside 11. Ensures patient's privacy as best as possible 						
12. Rolls patient onto side and places bedpan in position						
13. Puts toilet paper in easy reach of patient						
14.Removes bedpan when patient is finished and immediately covers it with a sheet of paper towel or cloth -checks to see that patient is wiped clean						
15. Offers patient a bowl of water, soap and a towel to wash hands						

Member's Name:		 Patient Number: #99-1-1
16. Takes the bedpan to the bathroom and observes contents for any abnormalities -empties contents of the bedpan into the toilet and rinses with cold water -removes soiled gloves and washes hands thoroughly using soap and water		
17. Records the results of patients urination and bowel movements on patient care record		
18.Guards and gives first aid for shockcontinues to monitor ABCs		
19. Completes Patient Care Record accurately.		

Member's Name: ______ Patient Number: #99-1-1 COMMENTS:

Evaluator

Name (please print):	Date:		
Signature:	Grade:	Meets	Does Not Meet

PATIENT # 99-1-2

Brigade Member's Information:

A patient has been assigned to you. There are lacerations to the left forearm. You have been asked to change the dressings on the forearm and clean the wounds. Your patient is also due to take prescribed medication which is Dilantin® for seizures. You also notice that your patient seems to be limping on the right leg.

PATIENT # 99-1-2

Brigade Member's Information:

A patient has been assigned to you. There are lacerations to the left forearm. You have been asked to change the dressings on the forearm and clean the wounds. Your patient is also due to take prescribed medication which is Dilantin® for seizures. You also notice that your patient seems to be limping on the right leg.

Injuries:

- Lacerations to left forearm
- Shock
- Fracture Right ankle

Vital Signs:

LOC - alert and oriented
Pulse - 94 and weak
Respiration - 20 shallow

Pupils - Equal and reactive to light Skin - Cold and clammy to touch

Medical Information:

Epileptic - five years Wears Medic Alert Bracelet Allergies - None

Medications: - Dilantin® three times a day carried by patient.

Patient Information:

If asked, your right ankle hurts. You must have twisted it getting off the train. You are agitated. Your medication is overdue (due to the train collision). Your left arm also hurts. Keep repeating to patient care provider "Ineed to take my medication" You may stop repeating this when you are given your medication to take.

Simulator Information:

The patent is wearing a medic alert bracelet for epilepsy. They are carrying medication – Dilantin®. Label should read "Take three times a day". Label should be made so that the patient care provider can follow the five rights of medication.

The patient has a swollen right ankle. Ankle should also be bluish in colour. There are also two or three lacerations on the left forearm which are bandaged.

Member's Name: _____ Patient Number: #99-1-2

CRITERIA/	GRADE		GRADE		E	COMMENTS/
STANDARDS		M	D	REMEDIAL NEEDS		
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves- (can be stated)						
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness Asks what happened-Determines mechanism of injury						
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 20 and shallow - checks for shock-skin condition & temperature						
*4. Performs a rapid body survey for other life- threatening injuries. Notes bandaged lacerations and swollen bluish coloured right ankle						
Instructs bystander to steady and support right leg for possible fracture to right ankleexposes injury						
Performs a Secondary Survey: - casualty's history- SAMPLE - records significant findings - finds medic alert bracelet						
*7. SAMPLE history confirms epilepsy and prescription for Dilantin®						
Asks patient if he can take his medication. (Patient asks for help).						

Member's Name:	 Patient Number: #99-1-2
*9.Assists patient in taking Dilantin® according to the five (5) rights: - right person - right medication - right method - right time - right amount	
Notes and records the time medication was given.	
11. Takes and records vital signs: LOC, respirations pulse, skin temperature and condition	
12. Performs head-to-toe examination. Examination of right ankle confirms suspected closed fracture	
*13.Immobilizes the right ankle: - instructs the bystander to continue supporting the injured leg - checks for distal circulation and nerve function before splinting - splints the leg in the position found - checks for distal circulation and nerve function again after splinting -applies cold- 15 minutes on-15 minutes off 14. Gently removes dressings and bandages from left forearm.	
15. Places clean dressings over cuts and tapes in place.	
16. Guards and gives first aid for shock.	
17. Continues to monitor ABCs	
18. Completes Patient Care Record accurately.	

Member's Name:			Patient Number: #99-1-2
COMMENTS:			
Evaluator	T		
Name (please print):	Date:		
Signature:	Grade:	Meets	Does Not Meet

PATIENT # 99-1-3

Brigade Member's Information:

Your patient is brought in complaining of chest pains which just started a few minutes ago. The patient carries nitrogylcerin and the doctor tells you to administer nitro and ASA as per St. John protocols. ie 1 tablet under the tongue x 3, - five minutes apart.

After 15 minutes pain has still not gone away. Doctor advises calling an ambulance.

PATIENT # 99-1-3

Brigade Member's Information:

Your patient is brought in complaining of chest pains which just started a few minutes ago. The patient carries nitrogylcerin and the doctor tells you to administer nitro and ASA as per St. John protocols. ie 1 tablet under the tongue x 3, -five minutes apart.

After 15 minutes pain has still not gone away. Doctor advises calling an ambulance

Injuries:

- Chest pains
- Cardiac Arrest

Vital Signs:

LOC - at first alert and oriented. After 15 minutes unconscious

Pulse - 60 and irregular After 15minutes None Respiration's - 26 shallow. After 15 minutes None

Pupils - Equal and reactive Skin - Cold and Clammy

Medical Information:

No allergies

Carries Nitroglycerin - Angina 2 years

Patient Information:

You complain of chest pains and if asked tell care provider that you carry nitro and would like to take your medication. The pills do not relieve the pain in your chest. You start to feel short of breath after about 14 minutes. The pain has not gone. At 15 minutes you close your eyes. You have suffered a cardiac arrest.

After 3 minutes of CPR the ambulance arrives and takes over.

Simulator Information:

Patient is wearing a medic alert bracelet for angina and carries nitro. Patient's face should be pale and sweaty.

Member's Name:	Patient Number: #99-1-3
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CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Е	M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness Asks what happened-Determines mechanism of injury				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 26 and shallow(identifies chest pain; recognizes angina) - checks for shock-skin condition & temperature				
Places patient in most comfortable position (semi-sitting).				
*5. Performs a Rapid Body Survey and does not find any other life-threatening injury.				
6. Performs a Secondary Survey: - casualty's history – SAMPLE SAMPLE history confirms previous angina and prescription for nitroglycerine - records significant findings - finds medic alert bracelet 7. Asks patient if he can take his medication.				
 Asks patient if he can take his medication. (Patient asks for help). 				

Member's Name:	 Patient Number: #99
*8. Assists patient in taking nitroglycerine according to the five (5) rights: - right person - right medication - right method - right time - right amount	
Notes and records the time medication was given.	
10. Takes and records vital signs: LOC, pulse, respirations, skin temperature and condition, pupils	
11. Completes head-to-toe examination which reveals no other problems	
*12. Determines that chest pain has not been relieved after 3 to 5 minutes. Gives patient one ASA tablet and asks patient to chew tablet. Asks patient if there are any allergies before giving the ASA	
*13 Assists the patient to take a second nitro tablet after 5 minutes.	
14. Notes and records the time medication was given.	
*15. Confirms that chest pain has still not been relieved by medication after five more minutes and assists patient to take final tablet	
16. Notes and records the time medication was given and calls for ambulance as per doctor's instructions.	
17. Guards and gives first aid for shock	
18. Continues to monitor ABCs	

*19.Notes loss of consciousness. Directs someone to call and update EMS on patient's condition. Performs ABCs and begins CPR Performs adequate compressions and ventilations for three minutes until hand-over to medical help			
20. Completes Patient Care Record accurately provides a complete and accurate report to medical help on the condition of the patient and the first aid given.			
Member's Name:	SESSMENT	PROCESS - L	EVEL 1 Patient Number: #
COMMENTS:			
COMINIEM 19:			
COMMENTS:			
Evaluator			
	Date:		
Evaluator	Date: Grade:	Meets	Does Not Meet

1999 BAP LEVEL 1 PATIENT # 99-1-4

Brigade Member's Information:

You have been assigned a patient who has several bruises on their legs from being bumped. The patient is also complaining about pain in the left shoulder.

PATIENT # 99-1-4

Brigade Member's Information:

You have been assigned a patient who has several bruises on their legs from being bumped. The patient is also complaining about pain in the left shoulder.

Injuries:

- Several Bruises on legs (at least two on each leg)
- Fracture left collarbone
- Shock
- Epileptic Seizure lasting 30 seconds

Vital Signs:

LOC - alert and oriented at first. After seizure dazed and confused.

Pulse - 90 and weak
Respiration's - 22 and shallow.
Pupils - equal and reactive
Skin - cold and clammy

Medical Information:

Epileptic - since childhood. Last seizure five years ago Medications: Dilantin® 3 times daily with meals.

No Allergies

Patient Information:

You have several bruises on your legs from being bumped getting off the train. You feel funny, like something is going to happen to you. Your left collarbone hurts especially if you try to lift your arm. You have epilepsy and your carry medication - Dilantin which you take three times a day with your meals. Your medication was last taken at lunch time if asked and you are overdue your medicine now and need to take it. After you have been given your medication, you will have an epileptic seizure which last 30 seconds. After that you are to remain dazed and confused.

Simulator Information:

Patient has at least two bruises on each of their lower legs. The left collarbone has a closed fracture about midpoint. The patient has epilepsy. They carry Dilantin®. The collarbone should be bruised and swollen. There should be signs of shock on the patient's face. After the patient is given their medication by the care giver, the patient has an epileptic seizure which last about 30 seconds.

Member's Name:	Patient Number: #99-1-4

CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Е	M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness Asks what happened-Determines mechanism of injury				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 22 and shallow - checks for shock-skin condition & temperature				
*4. Performs a rapid body survey for other life- threatening injuries. Notes pain at left collarbone and exposes injury. Notes bruises on both legs				
Performs a Secondary Survey: - casualty's history- SAMPLE -SAMPLE history confirms epilepsy and prescription for Dilantin® - records significant findings				
Asks patient if he can take his medication. (Patient asks for help).				

member's name:	 Patient Number: #98
*7. Assists patient in taking Dilantin® according to the five (5) rights: - right person - right medication - right method - right time - right amount	
8. Notes and records the time medication was given.	
9. Recognizes seizures and makes sure that there are no hazards to the patient during the seizure	
*10 Assesses responsiveness after seizure ends. Patient remains dazed and confused Reassesses ABCs	
11. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition	
12. Performs head-to-toe examination. Examination of left collarbone reveals suspected closed fracture.	
13. Immobilizes the fractured collarbone: - checks for distal circulation and nerve function before splinting - instructs the casualty to support the injured arm - supports the arm in a St. John tubular sling and secures arm to chest - checks for distal circulation and nerve function again after supporting arm -applies cold- 15 minutes on-15 minutes off	
 Applies ice packs to bruises. Does not apply packs directly on skin. Ice is applied 15 minutes on- 15 minutes off. 	
15.Guards and gives first aid for shock.	
16. Continues to monitor ABCs.	

Member's Name:				Patient Number: #99-1		
CRITERIA/ GRADE		COMMENTS/				
STANDARDS	E	M	D	REMEDIAL NEEDS		
17. Completes Patient Care Record accurately.						
COMMENTS:						
Evaluator				Date:		
Name (please print):				· utv.		
Name (please print):						

PATIENT # 99-1-5

Brigade Member's Information:

A patient was found wandering around the train wreck. The casualty is confused and shivering uncontrollably and wants to go to sleep. The person is limping on the right leg and seems to be stumbling when walking.

PATIENT # 99-1-5

Brigade Member's Information:

A patient was found wandering around the train wreck. The casualty is confused and shivering uncontrollably and wants to go to sleep. The person is limping on the right leg and seems to be stumbling when walking.

Injuries:

- Swollen right ankle
- Minor scrapes on right arm
- moderate hypothermia

Vital Signs:

LOC - confused, clumsy
Pulse - 50 and weak

Respiration's - shallow and 10 times per minute

Pupils - dilated Skin - bluish

Medical Information:

No Allergies No Medications

Patient Information:

You are confused and shivering uncontrollably. Your breathing is slow and shallow. You want to go to sleep. If asked your right ankle hurts. You don't know how or why it hurts. You are so cold.

Simulator Information:

The right ankle is swollen and bruised. Face is bluish. There are some minor scrapes on the right arm.

: Number: #99-1-5

CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Е	M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness-notes confusion Asks what happened-Determines mechanism of injury				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 10 and shallow - checks for shock-skin condition & temperature				
*4. Performs a rapid body survey for other life- threatening injuries. Notes moderate hypothermia.				
Covers patient with blanket to preserve body heat. Encourages patient to stay awake				
Instructs bystander to steady and support right leg for possible fracture to right ankle				
Performs a Secondary Survey: - casualty's history- SAMPLE - records significant findings				

Member's Name:	BRIGADE A	SSESSMENT PROCESS - LEVEL 1 Patient Number: #99-1-5
8. Takes and records vital signs: LOC, respirations pulse, skin temperature and condition, -takes temperature with thermometer- (Note: if temperature not taken with thermometer- Evaluator is to ask Care Provider to do so)		
Performs head-to-toe examination. Examination of right ankle confirms suspected closed fracture		
10 Immobilizes the right ankle: - checks for distal circulation and nerve function before splinting - instructs the bystander to continue supporting the injured leg - splints the leg in the position found - checks for distal circulation and nerve function again after splinting -applies cold-15 minutes on-15 minutes off 11 Guards and gives first aid for shock.		
-		
12. Continues to monitor ABCs and encourages patient to remain awake.		
13. Completes Patient Care Record accurately.		

Member's Name:			Patient Number: #99-1-5
COMMENTS:			
Evaluator			
Name (please print):	Date:		
Signature:	Grade:	Meets	Does Not Meet

PATIENT # 99-1-6

Brigade Member's Information:

A <u>male</u> patient has been brought to you that has been scalded on the chest. He was drinking a cup of hot chocolate when the train collision happened. He was in the process of taking some medication that he had been prescribed. The medication was knocked flying but the patient has more of the medication with him and needs to take some.

PATIENT # 99-1-6

Brigade Member's Information:

A <u>male</u> patient has been brought to you that has been scalded on the chest. He was drinking a cup of hot chocolate when the train accident happened. He was in the process of taking some medication that he had been prescribed. The medication was knocked flying but the patient has more of the medication with him and needs to take some.

Injuries:

- Burns to chest
- Shock

Vital Signs:

LOC - alert and oriented
Pulse - 105 weak and rapid

Respiration's - 24 shallow

Pupils - equal and reactive Skin - cold and clammy

Medical Information:

No allergies

ciprofloxacin 500mg - antibiotic

Patient Information:

You were about to take your antibiotic which has been prescribed to you because of an infection in your right leg. You were drinking a cup of hot chocolate and just as you went to take your medicine the train collision happened and your pill flew out of your hand and your lost it. You need to take your medication. You complain that your chest is burning. It will only feel better once the patient care provider has cooled the burn for a few minutes.

Simulator Information:

There are first and second degree burns on the chest. Some chocolate milk should be spilled on his clothing to simulate the spilt hot chocolate. The patient also shows signs of shock. He is carrying a medication with his name on it. The medication label should read ciprofloxacin 500 mg. Take 1 tablet 2 times a day.

Member's Name:	Patient Number: #99-1-6
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CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Ε	M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness Asks what happened-Determines mechanism of injury				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 24 and shallow - checks for shock-skin condition & temperature				
*4. Performs a rapid body survey for other life- threatening injuries. Notes pain at chest and exposes injury.				
*5. Places cool,wet dressings on burns				
Performs a Secondary Survey: - casualty's history- SAMPLE -SAMPLE history confirms prescription for ciprofloxacin - records significant findings				
7. Asks patient if he can take his medication. (Patient asks for help).				

Member's Name:	BRIGADL AS	Patient Number: #99-1-6
*8. Assists patient in taking antibiotic according to the five (5) rights: - right person - right medication - right method - right time - right amount		
Notes and records the time medication was given.		
10. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition		
 11. Performs head-to-toe examination. 12 Checks burned area. Applies more wet dressings if patient complains that it still hurts. 		
13. Guards and gives first aid for shock.14. Continues to monitor ABCs.		
15. Completes Patient Care Record accurately.		

Member's Name:			Patient Number: #99-1-6
COMMENTS:			
Evaluator			
Name (please print):	Date:		
Signature:	Grade:	Meets	Does Not Meet

PATIENT # 99-1-7

Brigade Member's Information:

A patient has been brought to you complaining of pain in the right collarbone. The person is also complaining that their lower right leg hurts.

PATIENT # 99-1-7

Brigade Member's Information:

A patient has been brought to you complaining of pain in the right collarbone. The person is also complaining that the lower right leg hurts.

Injuries:

- Fracture right collarbone
- Embedded object in right lower leg about 4 inches from knee
- Shock

Vital Signs:

LOC - alert and oriented
Pulse - 113 rapid and weak
Respirations - 25 shallow and rapid
Pupils - equal and reactive

Skin - cold, clammy and tinges of blueness

Medical Information:

Allergic to ASA - wears medic alert bracelet on left wrist Carries EpiPen® - severe allergy to nuts or nut products

Patient Information:

When the train crashed you were thrown forward and fell on your outstretched right hand. You have your right arm across your chest and are holding the right elbow with your left hand to support the right arm. There was panic and you kicked out a window with your right leg so that everyone could get out. Your right lower leg hurts.

Simulator Information:

Fracture right collarbone closed. Lump about midpoint of the bone.

Embedded piece of glass is in lower right leg about 4 inches below the knee.

Patient shows signs of shock.

Member's Name:	Patient Number: #99-1-7

CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Е	М	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness Asks what happened-Determines mechanism of injury				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 25 and shallow - checks for shock-skin condition & temperature				
*4. Performs a rapid body survey for other life- threatening injuries. Notes pain at right collarbone and exposes injury. Instructs casualty to steady and support arm. Notes pain on lower right leg and exposes injury				
5. Performs a Secondary Survey: - casualty's history- SAMPLE -SAMPLE history confirms allergy to ASA and severe allergy to nuts-notes EpiPen® - records significant findings				

Member's Name:	 Patient Number: #99-1		
6. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition7. Performs head-to-toe examination.			
8.Treats embedded object in lower leg -checks circulation below wound -uses ring pad and tented dressing -checks circulation after bandaging			
9. Immobilizes the fractured collarbone: - checks for distal circulation and nerve function before splinting - supports the arm in a St. John tubular sling, applies padding and secures arm to chest - checks for distal circulation and nerve function again after supporting arm -applies cold- 15 minutes on-15 minutes off			
10 Guards and gives first aid for shock.			
11. Continues to monitor ABCs.			
12. Completes Patient Care Record accurately.			

Member's Name:			Patient Number: #	‡99-1- 7
COMMENTS:				
Evaluator				_
Name (please print):	Date:			
Signature:	Grade:	Meets	Does Not Meet	

PATIENT # 99-1-8

Brigade Member's Information:

A patient is brought in on a stretcher. The casualty is complaining of pain in the lower left leg and the left arm. After giving first aid for the injuries the doctor has prescribed 2 x 300 mg Tylenol® for pain. Repeat every four hours.

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A patient is brought in on a stretcher. The casualty is complaining of pain in the lower left leg and the left arm. After giving first aid for the injuries the doctor has prescribed 2 x 500 mg Tylenol® for pain. Repeat every four hours.

Injuries:

- fracture left tibia/fibula open
- laceration left forearm
- Shock

Vital Signs:

LOC - alert and oriented
Pulse - rapid and weak 115
Respiration's - 24 shallow and rapid
Pupils - equal and reactive
Skin - cold, clammy

Medical Information:

No allergies
Not on any medications

Patient Information:

When the train hit, you were getting out of your seat. Your leg got caught and the crash caused your left leg to twist and you heard a snap in your lower leg.

You fell on the floor and cut your arm on a sharp piece of metal from the seat frame. Complain that your left leg hurts.

Simulator Information:

The patient has an open fracture of the left tibia/fibula about midshaft. There is moderate bleeding. The patient also has a three inch laceration on the left arm. The bleeding here is also moderate. Shock will be apparent. You will need to ensure that a bottle labeled Tylenol® 500 mg is also placed at the patient care site. The label should say 2 tablets every four hours for pain.

Member's Name:	Patient Number: #99-1-8
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CRITERIA/	GRADE		E	COMMENTS/
STANDARDS	Е	M	D	REMEDIAL NEEDS
*1. Begins Emergency Scene Management (ESM). Performs a Scene Survey. Makes the area safe for himself and others. Puts on latex or vinyl gloves-(can be stated)				
Identifies himself as a first aider and offers to help. Obtains consent. Confirms responsiveness. Asks what happened-Determines mechanism of injury				
*3.Performs a Primary Survey: - checks quality of breathing - discovers respirations 24 and shallow - checks for shock-skin condition & temperature				
*4.Performs a Rapid Body Survey for other life- threatening injuries. Discovers bleeding on left arm.				
5. Exposes the injured area				
6. Applies dressings to lacerations on arm and bandages in place.				
*7. Continues Rapid Body Survey and discovers pain on left leg				
Instructs bystander to steady and support the left leg and exposes injury.				
Places dressings on open fracture				
Performs a Secondary Survey: - casualty's history - SAMPLE - records significant findings				
11. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition.				

Member's Name:	Patient Number: #99-1-8
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CRITERIA/		GRADE		COMMENTS/
STANDARDS	Е	M	D	REMEDIAL NEEDS
12. Performs head-to-toe examination. No injuries other than lacerations and fracture				
Immobilizes the fracture on the left leg: - checks for distal circulation and nerve function before splinting - instructs bystander to continue supporting the injured leg Applies bulky padding on both sides of the open fracture and splints the leg in the position found. - checks for distal circulation and nerve function again after splinting				
*14. Tells patient that doctor has ordered Tylenol® and asks patient if he has any allergies to the pain reliever Assists patient in taking Tylenol® according to the five (5) rights: - right person - right medication - right method - right time - right amount				
15. Notes and records the time medication was given.				
16 Guards and gives first aid for shock.				
17. Continues to monitor ABCs.				
18. Completes Patient Care Record accurately.				

1999 BRIGADE ASSESSMENT PROCESS - LEVEL 1 Member's Name: ______ Patient Number: #99-1-8 COMMENTS:

Evaluator

Name (please print):	Date:		
Signature:	Grade:	Meets	Does Not Meet