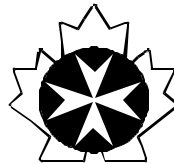


The Priory of Canada

ST. JOHN AMBULANCE BRIGADE

BRIGADE ASSESSMENT PROCESS
LEVEL 1



2000 PATIENT CARE PRACTICAL ASSESSMENT

2000 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 # 00-1-4 means, 2000, 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 six 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 incompleteness.

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"**.

2000 BAP LEVEL 1

PATIENT CARE SCENARIO OVERVIEW

PATIENT NUMBER	DESCRIPTION OF INJURIES
00-1-1	Female adult – DEAD- must use manikin 16 Year Old – open fracture left leg, bleeding freely - spinal injury
00-1-2	Heart Attack
00-1-3	Fractured pelvis right side, fracture lumbar spine
00-1-4	Fractured right wrist, cut over left eye, spinal injury
00-1-5	Diabetic, shock, fractured right ankle
00-1-6	Spinal injury, head injury – bruise near left temple

2000 BAP LEVEL 1

PATIENT CARE PRACTICAL SCENARIO

GENERAL SCENARIO

You and six other St. John Ambulance patient care members are on a duty at the local arena for a concert. It is mid winter and snow has been falling heavily for the last few hours. The arena is located at a busy intersection of your town and with the snow, road conditions have become slippery.

All at once the arena manager contacts the St. John member in charge and advises that there has been a serious collision outside and several people have been injured. Because of the snow the ambulance will take about 45 minutes to arrive and your help is needed. The St John officer in charge asks that six of the members respond leaving one member to cover the first aid post in the arena.

An eight-passenger van with four people in the van has collided with a car. The impact caused the driver of the car to lose control, and the car has mounted a curb striking two pedestrians, a mother and her sixteen-year-old. There is one person in the car. Some of the passengers in the van were not wearing their seatbelts.

There are a number of untrained bystanders standing around the collision scene.

2000 BAP LEVEL 1

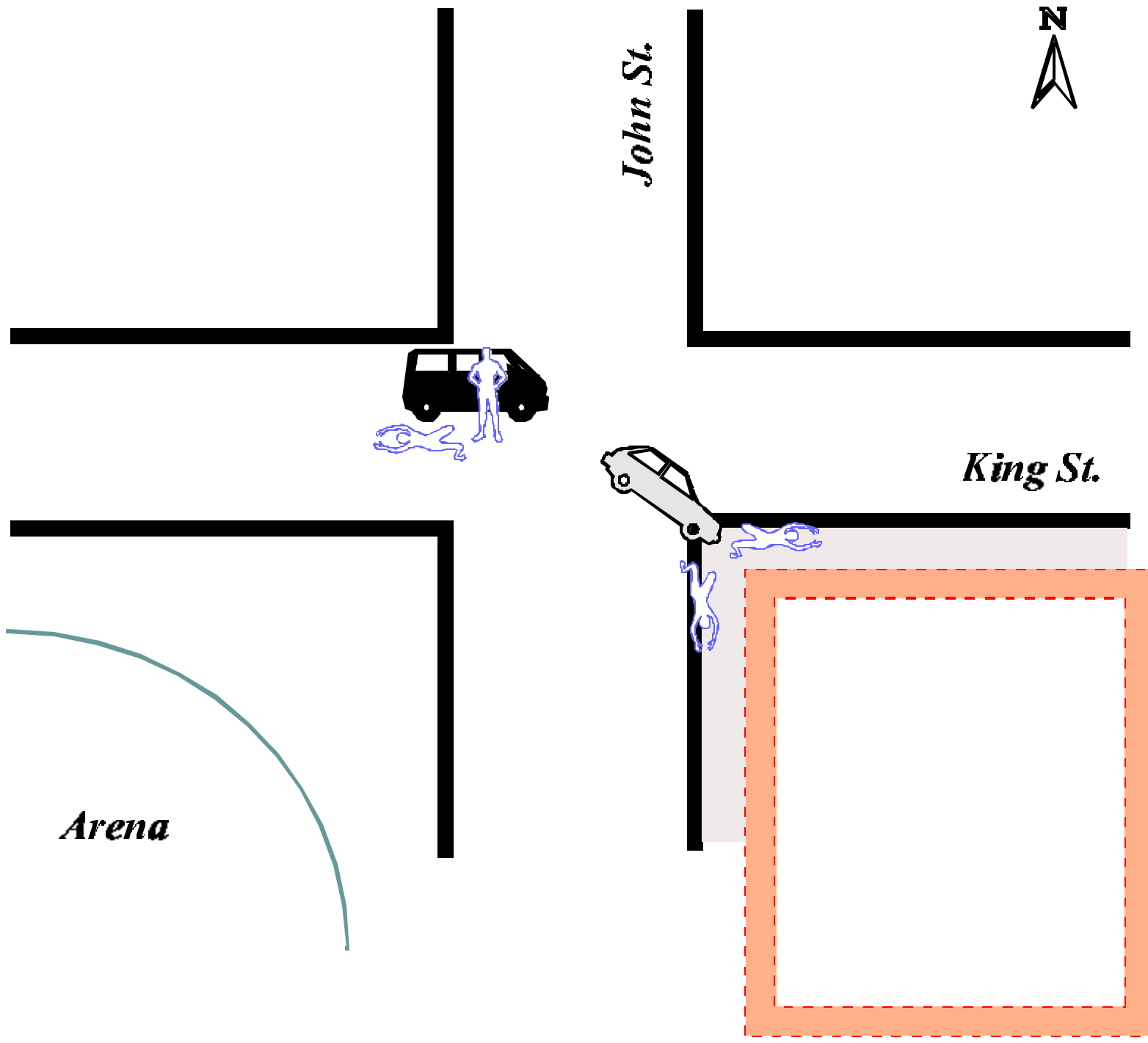
PATIENT CARE PRACTICAL SCENARIO

SCENE PREPARATION

A large passenger van and a car would be ideal if the weather permits scenario to be held outside in a parking lot. There must be a building on the lot. Ensure several bystanders are available as untrained spectators.

ALTERNATE SCENE PREPARATION

A large room. Chairs can be used to simulate the car and passenger van. The main idea is to restrict the amount of space that the patient care provider has to work in. Note- if chairs are used, wire or tape the chairs and stress that they cannot be moved.



2000 BAP LEVEL 1

PATIENT # 00-1-1

Brigade Member's Information:

You are assigned to look after two people lying on the sidewalk. The mother has very obvious severe head injuries and does not appear to be conscious and is not moving. The young adult is moaning in obvious pain and you immediately notice a pool of blood by the left leg.

2000 BAP LEVEL 1

PATIENT # 00-1-1

Brigade Member's Information:

You are assigned to look after two people lying on the sidewalk. The mother has very obvious severe head injuries and does not appear to be conscious and is not moving. The young adult is moaning in obvious pain and you immediately notice a pool of blood by the left leg.

Injuries:

- . Mother - **DEAD**. Use a manikin for this patient. The brigade member will be told that there are obvious extreme head injuries to this patient
- . 16 year old - Neck (spinal) injury
- open fracture left leg – bleeding freely.

Vital Signs:

Mother - all vital signs absent.

- 16 year old - LOC - confused
- Pulse - 110 weak and rapid
- Respiration's - 24 and shallow
- Pupils - equal and reactive
- Skin - cold, clammy and pale

Medical Information:

Mother – no information needed

- 16 year old - No allergies
- **Dilantin** for seizures is carried
- Wears Medic Alert- seizures, takes Dilantin

Patient Information:

Mother – Nil

Sixteen year old. You and your mother were walking down the street when you heard a crash. You saw a car get hit by the van and the car headed toward you. You could not get out of the way and the car struck your mother first and then you. Your neck hurts and you have tingling in your arms. You cannot feel your toes. You are extremely worried and are to keep asking about your mother. If asked you have taken your medication as prescribed and do not need to take anymore. You cannot feel it, if the patient care provider pinches you to test for loss of feeling.

2000 BAP LEVEL 1

PATIENT 00-1-1

Simulator Information:

The manikin is to be placed against a wall. There is a large pool of blood around the head of the manikin. The evaluator will advise the patient care provider that there are obvious severe head injuries. A full-bodied manikin should be used if one is available, but a live casualty could be used if a manikin is not available.

A sixteen-year-old has an open fracture on the left leg about six inches below the knee. The injury is bleeding quite freely and you will need to ensure that a small pool of blood is obvious to the patient care provider as they approach the scene. The patient is in severe shock and is wearing a ***MEDIC ALERT*** bracelet on the right wrist, which shows Epileptic on it. Stress to the patient that a seizure will not occur during this exercise. The patient carries a bottle of pills marked DILANTIN.

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-1

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
2. Goes to unconscious casualty. Identifies himself as a first aider and offers to help. Supports head and neck in position found. Confirms non-responsiveness.				
*3. Performs a Primary Survey: -opens airway using jaw thrust and checks breathing - gives 2 breaths and checks pulse - confirms no pulse and leaves casualty				
4. Goes to second casualty. Identifies himself as a first aider and offers to help. Obtains consent. Supports head and neck in position found. Confirms responsiveness. Asks what happened-Determines mechanism of injury.				
*5.Performs a Primary Survey: - asks bystander to support head and neck - checks quality of breathing - discovers respirations 24 and shallow - checks for shock-Skin condition & temperature				
*6.Performs a Rapid Body Survey for other life-threatening injuries. Discovers bleeding and deformity on left leg.				
7. Instructs bystander to steady and support the left leg and exposes injury.				
8. Places dressings on open fracture.				

*9. Performs a Secondary Survey: - casualty's history - SAMPLE - records significant findings - finds Medic Alert Bracelet				
*10. SAMPLE history confirms epilepsy and prescription for Dilantin®.				
11. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition.				
12. Performs head-to-toe examination. Notes tingling and loss of feeling in lower limbs.				
*13. 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 Guards and gives first aid for shock.				
15. Continues to monitor ABCs.				
16. Completes Patient Care Record accurately.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-1

COMMENTS:

Evaluator

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

2000 BAP LEVEL 1

PATIENT # 00-1-2

Brigade Member's Information:

You will find your patient sitting in the driver's seat of the eight-passenger van. The casualty is complaining of pain in the chest, which is radiating to the shoulders, neck, jaw and down the arms. Patient is very short of breath.

2000 BAP LEVEL 1

PATIENT # 00-1-2

Brigade Member's Information:

You will find your patient sitting in the driver's seat of the eight-passenger van. The casualty is complaining of pain in the chest, which is radiating to the shoulders, neck, jaw and down the arms. Patient is very short of breath.

Injuries:

- . heart attack
- . shock

Vital Signs:

- | | | |
|---------------|---|---------------------------------|
| LOC | - | alert and oriented |
| Pulse | - | slow and irregular 54 |
| Respiration's | - | gasping, short of breath – 23 |
| Pupils | - | equal and reactive |
| Skin | - | cold, clammy and extremely pale |

Medical Information:

- No allergies
- Carries Nitroglycerin, ASA – 325 mg
- Has Angina – three years
- Wears Medic Alert that states – **“Angina”**

Patient Information:

You were driving the van when you got a pain in the chest. You took your eyes off the road to reach for your Nitro and drove through the red light striking the car. You feel very weak and are short of breath. The pain is spreading and you need help to take your Nitro (if asked). The Nitro (if given) does not relieve the pain even after the third pill is taken. If asked you will take an ASA tablet.

Simulator Information:

The patient should be very pale with bluishness around the eyes and mouth and is showing signs of sweating. Patient wears a medic alert bracelet – Angina and carries ASA and Nitroglycerin.

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-2

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
2. 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 23 and shortness of breath (identifies chest pain; recognizes angina) - checks for shock-Skin condition & temperature				
*4. Performs a Rapid Body Survey (as much as possible) and does not find any other life-threatening injury.				
*5. Performs a Secondary Survey: - casualty's history – SAMPLE SAMPLE history confirms previous angina and prescription for nitroglycerin. Also confirms patient is carrying ASA - records significant findings - finds medic alert bracelet				
6. Asks patient if he can take his medication. (Patient asks for help).				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-2

*7. Assists patient in taking nitroglycerin 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. Takes and records vital signs: LOC, pulse, respirations, skin temperature and condition, pupils.				
10. Completes head-to-toe examination which reveals no other problems.				
*11. 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.				
*12. Assists the patient to take a second Nitro tablet after 5 minutes.				
13. Notes and records the time medication was given.				
*14. Confirms that chest pain has still not been relieved by medication after five more minutes and assists patient to take final tablet.				
15. Notes and records the time medication was given.				
16. Guards and gives first aid for shock. Continues to monitor ABCs.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-2

17. 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.				
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2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-2

COMMENTS:

Evaluator

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

2000 BAP LEVEL 1

PATIENT # 00-1-3

Brigade Member's Information:

You will find your patient lying on the ground outside of the eight-passenger van. As you approach you notice that your patient seems to be in pain.

PATIENT # 00-1-3

Brigade Member's Information:

You will find your patient lying on the ground outside of the eight-passenger van. As you approach you notice that your patient seems to be in pain.

Injuries:

- . fractured pelvis right side
- . spinal injury – lumbar region
- . shock

Vital Signs:

LOC	-	Alert and oriented
Pulse	-	rapid and weak - 100
Respiration's	-	shallow and rapid - 26
Pupils	-	equal and reactive
Skin	-	cold, clammy and bluish tinge to it.

Medical Information:

No Allergies
Not taking any medications

Patient Information:

You were not wearing your seat belt and when the van crashed into the car, you slid forward driving your knees into the back of the driver's seat. You managed to get out of the van but collapsed on the ground outside the passenger door. You feel like you need to go to the bathroom and your right side hurts especially if touched in the pelvis area. Your back also hurts, although you can feel your toes if asked.

Simulator Information:

Patient is in shock with pale sweaty skin. Patient complains of pain in the right pelvis area and also the back. No simulation is needed for the pelvic or back injury but ensure the patient is briefed that although the back hurts, he/she can feel the toes.

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-3

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
2. Identifies himself as a first aider and offers to help. Obtains consent. Supports head and neck in position found Confirms responsiveness. Asks what happened-Determines mechanism of injury.				
*3. Performs a Primary Survey: - asks bystander to support head and neck - checks quality of breathing - discovers respirations 26 and shallow - checks for shock-Skin condition & temperature				
*4. Performs the Rapid Body Survey for other life-threatening injuries and discovers pain in right pelvic area and back.				
*5. Performs a Secondary Survey: - casualty's history - SAMPLE - records significant findings				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-3

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
6. Takes and records vital signs: LOC, pulse, respirations, skin temperature and condition, pupils.				
7. Completes head-to-toe examination which reveals no other problems.				
*8. Immobilizes the pelvis: - uses heavy padding such as blankets to stabilize the pelvic area				
9. Guards and gives first aid for shock. -continues to monitor ABCs				
10. Completes Patient Care Record accurately.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-3

COMMENTS:

Evaluator

<p>Name (please print):</p> <p>Signature:</p>	<p>Date:</p> <p>Grade: Meets Does Not Meet</p>
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PATIENT # 00-1-4

Brigade Member's Information:

Your patient is sitting in the front passenger seat of the van. There is blood running down the face. The patient also appears to be protecting the right wrist and hand.

PATIENT # 00-1-4

Brigade Member's Information:

Your patient is sitting in the front passenger seat of the van. There is blood running down the face. The patient also appears to be protecting the right wrist and hand.

Injuries:

- . cut over left eye
- . fractured right wrist – closed fracture
- . suspected neck injury
- . shock

Vital Signs:

LOC	-	confused but able to communicate
Pulse	-	Rapid and weak 105
Respiration's	-	Shallow and rapid 22
Pupils	-	Equal and reactive
Skin	-	cold, clammy and pale

Medical Information:

Allergic to ASA – wears medic alert bracelet on left wrist
Not on any medications.

Patient Information:

You were not wearing your seatbelt when the crash occurred. You struck your head hard on the windshield and as the collision occurred you tried to brace yourself against the dashboard with your right hand. Immediately your right wrist started to hurt. Your head and your neck also hurt.

Simulator Information

Patient should have a cut about 4 cm long horizontal on the forehead above the left eye. The cut is bleeding severely. Ensure blood is running down patient's face. There should also be a lump located on the back of the neck. Place the lump so that it is not in the patient's hair. The right wrist is swollen, deformed and discoloured. Patient is wearing a medic alert bracelet on the left wrist – Allergic to ASA

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-4

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
*2. Identifies himself as a first aider and offers to help. Obtains consent. Immediately suspects and supports neck injury. Bystander may be used. Has bystander get in back seat to support neck. Neck must remain fully supported for rest of scenario until medical help arrives. 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 laceration above left eye. -applies dressing and bandage -continues with rapid body survey. Notes pain at right wrist -exposes injury				
*5. Performs a Secondary Survey: - casualty's history- SAMPLE -SAMPLE history confirms allergy to ASA - records significant findings				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-4

6. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition.				
7. Performs head-to-toe examination. -notes lump in back of neck				
8. Immobilizes the fractured wrist: - checks for distal circulation and nerve function before splinting - supports the arm in an arm sling - checks for distal circulation and nerve function again after supporting arm -applies cold- 15 minutes on-15 minutes off				
9 Guards and gives first aid for shock.				
10. Continues to monitor ABCs.				
11. Completes Patient Care Record accurately.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-4

COMMENTS:

Evaluator

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

PATIENT # 00-1-5

Brigade Member's Information:

Your patient is leaning against the eight-passenger van and is standing on the left foot only.

PATIENT # 00-1-5

Brigade Member's Information:

Your patient is leaning against the eight-passenger van and is standing on the left foot only.

Injuries:

- . fractured right ankle – closed fracture
- . shock
- . insulin shock

Vital Signs:

- | | | |
|---------------|---|-----------------------|
| LOC | - | feels faint |
| Pulse | - | strong and rapid 114 |
| Respiration's | - | shallow and rapid 22 |
| Pupils | - | equal and reactive |
| Skin | - | sweaty, pale and cool |

Medical Information:

Diabetic – many years takes insulin
No Allergies

Patient Information:

You were wearing your seatbelt when the crash occurred but got out of the van to see what happened and as you stepped out you twisted your right ankle and heard it snap. You immediately felt a lot of pain in the ankle. You cannot put any weight on the ankle. You were asked to work overtime and you took your insulin about 3 hours ago. You have not had anything to eat since as you expected to be home by now, but are now starting to feel faint. You have a slight headache, and feel shaky. If asked you need something to eat. If after 10 minutes you have not been offered something sweet, become more aggressive asking for something sweet. Be very irritable if you are allowed to get to this point. If something sweet is offered, take it and after 5 minutes you feel a little better. Take more if offered to you.

Simulator Information:

The right ankle is deformed, swollen and shows bruising. The patient's face is pale and sweaty. Coach the patient to act aggressive and irritable if there is a need to show these signs after 10 minutes and nothing sweet has been offered. Ensure the patient realizes that if something sweet is given he or she will start to feel better five minutes later. The patient should initially complain of feeling faint if asked and have a slight headache. No Medic-Alert is worn

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-5

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
2. Identifies himself as a first aider and offers to help. Obtains consent. Asks casualty to lie down. Supports head and neck. Confirms responsiveness. Asks what happened-Determines mechanism of injury.				
*3. Performs a Primary Survey: asks bystander to support head and neck - 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. Discovers pain at right ankle.				
5. Instructs bystander to steady and support the right leg and exposes injury.				
*6. Performs a Secondary Survey: - casualty's history - SAMPLE - records significant findings -notes diabetes and casualty's request for something sweet to eat				
7. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-5

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
8. Performs head-to-toe examination. No injuries other than fracture.				
9. Offers casualty something sweet to eat or drink.				
*10. Immobilizes the fracture of the right ankle: - 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				
11 Guards and gives first aid for shock.				
12. Continues to monitor ABCs.				
13. Completes Patient Care Record accurately.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-5

COMMENTS:

Evaluator

<p>Name (please print):</p> <p>Signature:</p>	<p>Date:</p> <p>Grade: Meets Does Not Meet</p>
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PATIENT # 00-1-6

Brigade Member's Information:

Your patient is the driver of the car. He is still in the driver's seat with his seatbelt on.

PATIENT # 00-1-6

Brigade Member's Information:

Your patient is the driver of the car. He is still in the driver's seat with his seatbelt on

Injuries:

- . Shock
- . Bruise on left temple
- . Suspected neck injury

Vital Signs:

- | | | |
|---------------|---|------------------------------|
| LOC | - | Confused, hard to comprehend |
| Pulse | - | Rapid and weak 120 |
| Respiration's | - | 29 and shallow |
| Pupils | - | Equal and reactive |
| Skin | - | sweaty, cold and pale |

Medical Information:

No Medications
No Allergies

Patient Information:

When the van hit your car, the force of the collision made your head snap sideways causing your head to strike the side window. Your head hurts and you have a headache. You also have a pain in your neck and feel pins and needles in your toes and fingers.

Simulator Information:

Patient has a bruise on the left temple. He shows signs of shock – face is pale and sweaty. He complains of tingling in fingers and toes and has pain in the cervical area, but no simulation is needed for this.

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-6

CRITERIA/ STANDARDS	GRADE			COMMENTS/ REMEDIAL NEEDS
	E	M	D	
*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).				
*2. Identifies himself as a first aider and offers to help. Obtains consent. Immediately suspects and supports neck injury. Bystander may be used. Has bystander get in back seat to support neck. Neck must remain fully supported for rest of scenario until medical help arrives. Confirms responsiveness. Asks what happened-Determines mechanism of injury.				
*3. Performs a Primary Survey: - checks quality of breathing - discovers respirations 29 and shallow - checks for shock-Skin condition & temperature				
*4. Performs a rapid body survey for other life-threatening injuries. Notes head and neck pain and tingling in fingers and toes.				
*5. Performs a Secondary Survey: - casualty's history- SAMPLE -records significant findings				
6. Takes and records vital signs: LOC, respirations, pulse, skin temperature and condition.				
7. Performs head-to-toe examination (as much as possible). Notes bruise on left temple.				
8. Applies ice to bruise- 15 minutes on- 15 minutes off.				
9. Guards and gives first aid for shock.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-6

10. Continues to monitor ABCs.				
11. Completes Patient Care Record accurately.				

2000 BRIGADE ASSESSMENT PROCESS - LEVEL 1

Member's Name: _____

Patient Number: #00-1-6

COMMENTS:

Evaluator

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

