

Team Number: _____

Page 1

CODE NAME - "TREE"-aush**Team Members:** _____ **Category:** _____**Problem Statement**

An employee approaches the team seeking assistance and directing them to an accident. Due to a fork-lift collision, three casualties become involved.

Casualty Simulation**PATIENT ONE**

CONSCIOUS coherent and willing to help if put to work by team

LACERATION to right arm - 1"

Signs of shock - SWEATING; PALE

GENERAL DIRTY APPEARANCE

PATIENT TWO

IN EXTREME PAIN - to a distracting level unless given attention

Signs of serious shock - SWEATING; PALE; CYANOSIS

CLOSED FRACTURE of left femur

GENERAL DIRTY APPEARANCE

PATIENT THREE

Signs of shock - SWEATING; PALE; CYANOSIS

GENERAL DIRTY APPEARANCE

UNCONSCIOUS - not breathing until airway opened properly

SUSPECTED SKULL FRACTURE (bleeding from ear)

Team Number: _____

Judging Notes:

- Assist team with prompting if casualty does not respond properly.
- Please check the casualties' positions and all simulation.
- Please ensure that Patient 3 is completely concealed by fallen boxes.

I Information Requested A Actions Taken S Statements

IMMEDIATE ACTION: (within first four minutes of problem)

1.	Did a team member take charge	A	10	0
2.	Did team properly identify themselves and seek consent	A	10	0
3.	Did team secure the scene from hazards?	A/S	05	0
4.	Did team ensure that forklift was stable and not a hazard?	A/S	05	0
5.	Did team use proper body mechanics while moving boxes? [lifting and moving of boxes performed properly]	A	05	0
6.	Did team protect themselves by using gloves?	A	15	0
7.	Patient 1			
	Was effort made to determine level of consciousness?	A/S	05	0
	Was effort made to assess quality of airway?	A/S	05	0
	Was effort made to assess quality of pulse?	A/S	05	0
	Was effort made to establish a gross bleed check?	A/S	05	0
8.	Patient 2			
	Was effort made to determine level of consciousness?	A/S	05	0
	Was effort made to assess quality of airway?	A/S	05	0
	Was effort made to assess quality of pulse? (weak & rapid)	A/S	05	0
	Was effort made to establish a gross bleed check?	A/S	10	0
9.	Patient 3			
	Was effort made to determine level of consciousness? [unresponsive]	A/S	10	0
	Was effort made to assess quality of airway? [not breathing until airway is opened]	A/S	10	0
	Suspected Skull Fracture discovered (blood from ear)	A/S	10	0
	Modified Jaw Thrust used to establish airway	A/S	10	0

Team Number: _____

Was effort made to assess quality of pulse? (weak & regular)	A/S	10	0
Was effort made to establish a gross bleed check?	A/S	10	0

IMMEDIATE ACTION continued: (within first four (4) minutes of problem)

10. Did team dispatch for an ambulance or investigate transportation possibilities?	S	10	0
11. Attempt made to contact management	S	05	0
12. Proper questioning and investigating for other patients through Patient 1 or Patient 2 (Patient 1 - no comment) (Patient 2 - ignores question on first attempt)	S	05	0
13. Extra effort made to get a proper response from Patient 2 (Patient 2 - confirms existence of Patient 3 if asked a 2nd time)	S	10	0
14. Adequate use of Patient 1 made as a capable bystander	S	15	0

SECONDARY ACTION:

15. Was body warmth maintained (SHOCK) for	Patient 2 under A	05	0
	Patient 2 over A	10	0
	Patient 3 A	10	0
16. Did team ask questions in order to determine the History	Patient 1 A	10	0
	Patient 2 A	10	0
17. Did team interact during Primary/Secondary assessment (explaining what they were doing and questioning him/her for pain etc..)	Patient 1 A	05	0
	Patient 2 A	05	0

Team Number: _____

Page 4

18. **Secondary Assessment for Patient 2:**

Did team perform suitable assessment of the following areas:

skull	(no bumps, no indentations, no bleeding)	A/S	02	0
ears	(as found, no fluids)	A/S	02	0
eyes	(as found, equal and reactive)	A/S	02	0
nose	(as found, no fluids)	A/S	02	0
mouth	(as found, no odour)	A/S	02	0
jaw	(as found)	A/S	02	0
neck	(as found)	A/S	02	0
back/spine	(as found)	A/S	02	0
chest	(as found)	A/S	02	0
abdomen	(as found, no discolouration or tenderness)	A/S	02	0
pelvic area	(as found)	A/S	02	0
right leg	(as found)	A/S	02	0
right foot	(as found)	A/S	02	0
left leg	(as found, severe deformity)	A/S	02	0
left foot	(as found)	A/S	02	0
right clavicle	(as found)	A/S	02	0
right arm	(as found)	A/S	02	0
right hand	(as found)	A/S	02	0
left clavicle	(as found)	A/S	02	0
left arm	(as found)	A/S	02	0
left hand	(as found)	A/S	02	0

Was casualty kept in position found during examination A 10 0

Was constant monitoring of pulse and respirations maintained? . . . A/S 10 0

Vitals: Did team perform suitable assessment of the following

Pulse Check (once) (corrected to be 120, full and irregular)	A	10	0
Pulse Check (twice) (corrected to be 100, full and irregular)	A	10	0
Respiration Check (once) (corrected to be 25 shallow, irregular) . .	A	10	0
Respiration Check (twice) (corrected to be 20 shallow, irregular) .	A	10	0
Temperature/Skin Condition Checked (once) (pale, cold, clammy) .	A	10	0
Temperature/Skin Condition Checked (twice) (pale, cold, clammy)	A	10	0

Reassurance provided... (would you as a casualty feel:)

comforted and reassured to an adequate level OR	A	05	0
comforted and reassured to very comfortable level	A	10	0

Was casualty questioned about medical conditions A 10 0

Was casualty questioned about allergies A 10 0

Was casualty questioned about medications A 10 0

Team Number: _____

Page 5

19. **Secondary Assessment for Patient 3:**

Did team perform suitable assessment of the following areas:

skull	(no bumps, no indentations, no bleeding)	A/S	02	0
ears	(as found, bleeding from left ear)	A/S	02	0
eyes	(as found, equal and unreactive)	A/S	02	0
nose	(as found, no fluids)	A/S	02	0
mouth	(as found, no odour)	A/S	02	0
jaw	(as found)	A/S	02	0
neck	(as found)	A/S	02	0
back/spine	(as found)	A/S	02	0
chest	(as found)	A/S	02	0
abdomen	(as found, no discolouration or tenderness)	A/S	02	0
pelvic area	(as found)	A/S	02	0
right leg	(as found)	A/S	02	0
right foot	(as found)	A/S	02	0
left leg (as found)	A/S	02	0
left foot	(as found)	A/S	02	0
right clavicle	(as found)	A/S	02	0
right arm	(as found)	A/S	02	0
right hand	(as found)	A/S	02	0
left clavicle	(as found)	A/S	02	0
left arm	(as found)	A/S	02	0
left hand	(as found)	A/S	02	0

Was casualty kept in position found during examination A 10 0

Was **constant monitoring** of pulse and respirations maintained? . . A/S 10 0

Vitals: Did team perform suitable assessment of the following

Pulse Check (once) (corrected to be 90, regular & full)	A	10	0
Pulse Check (twice) (corrected to be 78, regular & bounding)	A	10	0
Pupil Check (left pupil dilated, right pupil constricted; unreactive)	A	10	0
Respiration Check (once) (corrected to be 20 shallow, regular)	A	10	0
Respiration Check (twice) (corrected to be 16 deep, snoring)	A	10	0
Temperature/Skin Condition Checked (once) (warm,pink,dry)	A	10	0
Temperature/Skin Condition Checked (twice) (hot,flushed,dry)	A	10	0

Reassurance provided... (would you as a casualty feel:)

comforted and reassured to an adequate level OR	A	02	0
comforted and reassured to very comfortable level	A	05	0

Team Number: _____

Page 6

TREATMENTS:**20. Minor Laceration to Right Arm of Patient 1**

Was attempt made to clean dirt from skin	A	02	0
Was attempt made to control bleeding (minor bleed)	A	02	0
Was it inspected for foreign objects [none found]	A	02	0
Was it protected with sterile dressing	A	02	0
Was absorbent material used behind dressing	A	02	0
Was direct pressure applied to control bleeding	A	05	0
Was bandage checked (once, as found)	A/S	02	0

21. Fracture of Left Femur of Patient 2

Was it inspected visually [swelling and deformity]	A	05	0
Was adequate padding used around splint (leg or splint)	A	10	0
Was bandaging checked (once)	A/S	05	0
Was bandaging checked (twice)	A/S	05	0
Was bandaging adequate to immobilize femur (5 to 7 tri's)	A	10	0
Was gentle traction applied during application of bandaging	A	10	0
Was circulation checked to ensure adequate circulation through bandages (distal; as found)	A	05	0

22. Suspected Skull Fracture Patient 3

Was head steadied and supported to prevent movement	A	15	0
Was airway maintained throughout problem - modified jaw thrust	A	10	0
Was cervical collar applied to provide additional support	A	10	0
Was a sterile dressing applied and secured lightly over ear	A	05	0
Was casualty never left unattended (Patient 1 can be used)	A	10	0

RECORDING: 2 PCRS

23. Was the time and date of incident recorded A 02 0

24. Patient 2

Was name and address recorded?	A	02	0
Was first pulse check (including time) recorded?	A	02	0
Was first respiration recorded (including time) recorded?	A	02	0
Was first temperature and skin condition recorded?	A	02	0
Was second pulse check (including time) recorded?	A	02	0
Was second respiration recorded (including time) recorded?	A	02	0
Was second temperature and skin condition recorded?	A	02	0
Was suspected fracture of femur recorded?	A	02	0
Was treatment of the femur recorded?	A	02	0

Team Number: _____

Was history recorded?	A	02	0
Were allergies recorded?	A	02	0
Was the presence of medication or medical conditions recorded? ..	A	02	0
Was record signed by first aiders?	A	02	0

25. **Patient 3**

Was name and address recorded?	A	02	0
Was first pulse check (including time) recorded?	A	02	0
Was first respiration recorded (including time) recorded?	A	02	0
Was first temperature and skin condition recorded?	A	02	0
Was second pulse check (including time) recorded?	A	02	0
Was second respiration recorded (including time) recorded?	A	02	0
Was second temperature and skin condition recorded?	A	02	0
Was suspected skull fracture recorded?	A	02	0
Was treatment for skull fracture recorded?	A	02	0
Was history recorded? (found not breathing)	A	02	0
Was modified jaw thrust procedure recorded?	A	02	0
Was record signed by first aiders?	A	02	0

26. **Patient 1 - BONUS**

Was name and address recorded?	A	05	0
Was laceration of arm recorded?	A	05	0
Was treatment of the laceration recorded?	A	05	0

Total Possible Marks: 745

Actual Total : _____

Team Name: _____

Floor Position: _____

Judges' Names: (1) _____

(2) _____

Judges' Signatures: (1) _____

(2) _____

Team Number: _____