

Team Number: _____

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SINGLE PROBLEM - Site 3 - Team Member ²
CODE NAME - Flipped Out

Team ID Number: _____

Team Members: _____ Category: _____

Problem Statement

Lowering himself from a wheel-trans bus, a paraplegic's motorized ramp jams and drops the individual and his chair the remaining 1.5 feet to the ground. As the ramp strikes the ground, the chair over turns and spills the individual onto the ground beside the chair and the lift.

Casualty Simulation

Patient ONE

SWEATING; FLUSHED; ANXIETY

ABRASIONS to RIGHT PALM and WRIST

ABRASIONS RIGHT ELBOW

OPEN PNEUMOTHORAX right lower chest wall from Pen in Pocket

CLOSE FRACTURE of RIGHT ANKLE

History

This patient is a paraplegic patient with NO feeling below the waist and therefore can offer NO assistance or clues to the team member requiring any sensation below the waist.

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Judging Notes:

- Assist team with prompting if casualties do not respond properly.
- Please check the casualties' position and all simulation.
- Ensure that the patient is partially entangled in the wheelchair.

I Information Requested A Actions Taken S Statements

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

1.	Did member take charge and exude confidence	A	10	0
2.	Did member properly identify themselves and seek consent	A	10	0
3.	Did member assess for further hazards present? (Ramp)	A/S	05	0
4.	Did member promptly attempt to send someone for assistance? . . .	A	10	0
5.	Patient 1			
	Was effort made to determine level of consciousness?	S	02	0
	Was effort made to assess quality of airway?	S	02	0
	Was effort made to assess quality of pulse? (weak & rapid)	S	02	0
	Was effort made to establish a gross bleed check?	A/S	10	0
6.	Attempt made to contact management	S	05	0
7.	Was effort made to rule out Head/Neck/Back injuries	S	05	0
8.	Did member protect themselves by using gloves?	S	05	0
9.	Did member discover injury and attribute to cause of injury?	S	05	0

SECONDARY ACTION:

10.	Was body warmth maintained for	Over	A	05	0
		Under	A	10	0
11.	Did member ask questions in order to determine the History	A	10	0	
12.	Did member interact during Primary/Secondary assessment	A	05	0	
	(explaining what they were doing and questioning him/her for pain etc.)				
		A	05	0
13.	Secondary Assessment				
	Did member perform suitable assessment of the following areas:				
	skull (no bumps, no indentations)	A/S	02	0	
	ears (as found, no fluids)	A/S	02	0	

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eyes	(as found, equal and reactive)	A/S	02	0
nose	(as found)	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, lower right discolouration, bleeding)	A/S	02	0
abdomen	(as found, no discolouration or tenderness)	A/S	02	0
pelvic area	(as found, tenderness)	A/S	02	0
right leg	(as found, no feeling)	A/S	02	0
right foot	(as found, no feeling, discolouration (ankle)	A/S	02	0
left leg	(as found, no feeling)	A/S	02	0
left foot	(as found, no feeling)	A/S	02	0
right clavicle	(as found)	A/S	02	0
right arm	(as found, abrasions to elbow)	A/S	02	0
right hand	(as found, abrasions to palm and wrist)	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 patient kept in position found during examination		A	10	0
Vitals: Did team perform suitable assessment of the following				
Pulse Check (once/before) (corrected to 120, weak irregular)		A	10	0
Pulse Check (twice/after) (corrected to 90, weak regular)		A	10	0
Respiration Check (once/before) (corrected to 22 shallow irregular)		A	10	0
Respiration Check (twice/after) (corrected to 18 regular)		A	10	0
Temperature/Skin Condition Checked (once) (flushed, moist, warm)		A	10	0
Temperature/Skin Condition Checked (twice) (warm, moist)		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

TREATMENTS:

14.	Open Pneumothorax - lower right chest			
	Was attempt made to control bleeding (3 way seal)	A	05	0
	Was it inspected for foreign objects [pen on chest, not embedded]	A	02	0
	Was it protected with sterile dressing	A	02	0
	Was bandage checked (once, as found)	A/S	02	0
15.	Closed Fracture to Right Ankle			
	Was it inspected visually [swelling and deformity]	A	05	0
	Was adequate padding used around splint/pillow/blanket	A	05	0

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	Was bandaging checked (once)	A/S	05	0
	Did member attempt to ensure that bandaging was adequate	A	05	0
	Was distal circulation checked	A	05	0
16.	Abrasions to Right Palm/Wrist			
	Was it inspected visually	A	02	0
	Was it cleaned suitably	A	02	0
	Was it protected with sterile dressing	A	02	0
	Was a non-stick dressing chosen	A	02	0
	Was Kling or bandage used to secure dressing	A	02	0
17.	Abrasions to Right Elbow			
	Was it inspected visually	A	02	0
	Was it cleaned suitably	A	02	0
	Was it protected with sterile dressing	A	02	0
	Was a non-stick dressing chosen	A	02	0
	Was Kling or bandage used to secure dressing	A	02	0

RECORDING:

18.	Was the time and date of incident recorded	A	02	0
19.	Patient 1			
	Was name and address recorded?	A	02	0
	Was Open Pneumothorax recorded?	A	02	0
	Was treatment of the Open Pneumothorax recorded?	A	02	0
	Was abrasion to right palm/wrist recorded?	A	02	0
	Was treatment of the abrasion recorded?	A	02	0
	Was abrasion to right elbow?	A	02	0
	Was treatment of the abrasion recorded?	A	02	0
	Was closed fracture of right ankle recorded?	A	02	0
	Was treatment of the fracture recorded?	A	02	0
	Was history recorded?	A	02	0
	Were allergies recorded? (Adhesive tape)	A	02	0
	Was the presence of medication or medical conditions recorded?	A	02	0
	Was record signed by first aider?	A	02	0

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Total Possible Marks: _____

Actual Total : _____

Team Name: _____

Floor Position: _____

Judges' Names: (1) _____

(2) _____

Judges' Signatures: (1) _____

(2) _____