

St. John Ambulance Brigade
Province of Ontario

"Provincial Brigade Patient Care Competitions"
-2004-

Challenge Category

Challenge Number

Time Limit

Competitors

Judges

Patients

1. Resusci Anne Doll (complete)

4. university or middle aged males (preferred) / females

Patient Simulators

Material/Props Staff

Bystanders/Extras

Judge's Information

Team Information:

The competitors are in their divisional mobile first aid post, which is equipped with supplies and communications equipment as found.

They are returning from a multi – day duty covering a summer fair and livestock show in a remote part of the province.

They are returning home and have been on the road for about an hour and a half. They are just now entering the outskirts of a small village and just passed the first house that they have seen about 1 km back.

They estimate that they are about 25 km from the next major town.

It is a nice summer evening at about 1900 hours and while the sun is just starting to set, visibility is still good.

Your group is travelling at the speed limit and you are glad to be on your way home.

As you crest the top of a hill you can see a dusty, rusty-white passenger van stopped in the middle of the road at the intersection at the bottom of the hill.

There is a loud noise coming from the van, and its rear doors are open but you don't notice any people milling around.

Scenario Premise:

The scenario is built around a group of farm hands returning from the livestock show. One, but not the driver, has been drinking and due to driver fatigue and maybe poor visibility they have hit and killed a young girl riding her bike across this remote intersection.

The girl on the bike is a traumatic VSA and mortally wounded and with 4 other patients the team will hopefully focus their attention on them (particularly the apneic patient and the patient in need of back-boarding).

The only reliable historian is the ambulatory patient with the C-spine pain. The others are either dead, head injured, inebriated or in shock.

If the team calls for help they will be asked by the ambulance dispatcher to report back with an update on patient condition and because of the remote distance to prepare and package all casualties for transport.

Brief Patient Information Summary :

Patient 1: Resusci Anne

Full-length mannequin with the front right wheel of the van parked over top of the legs of the mannequin.

Simulation to make the mannequin appear mortally wounded (ie. blue / grey / red / face, cold to touch)

Patient 2: Driver – Male of size that can be easily moved for a rapid extrication

- wearing sunglasses
- regular summer dress
- Apneic until airway opened, mouth will be filled with fluid (vomit) until airway opened
- Patient will cough and gasp when airway opened and then will breath irregularly and raspy until suctioned
- Patient will be GCS three for duration of scenario and require constant airway monitoring
- Patient will also have a longitudinal laceration to the forehead with blood dripping down onto the face
- Patient will initially be found with head into steering wheel making horn activate

Patient 3: Rear Passenger, HBD – adult male with ability to act moderately impaired

- this patient will be in a crumpled heap near the driver but will, although HBD, manage to somewhat clumsily right himself and stumble out of the vehicle shortly after the arrival of the crew
- he is remarkably well, denies any and all pain and has only minor abrasions to his lower back which are stinging a little only if he is asked. He has no recall of the incident history.

Patient 4: Rear Passenger, male / female 20 + years old

- this patient complains of C-spine pain from their head being snapped forward with the sudden stop and has some minor lacerations to her face and hands from an unknown etiology
- they are very upset and emotionally shocked having caught a glimpse of the girl just prior to the impact

Patient 5: Front Seat passenger – 20+ male or female familiar with arterial bleed moulage

- This patient was in the front passenger seat and having witnessed the accident scrambled out of the door to help the poor cyclist. They tried to pull the girl out from under the twisted bumper and in the process received a deep laceration involving their radial artery.
- They are so panicked and will be running around almost unaware of their spurting blood until they quickly go into shock and become unresponsive

Patient and Simulator Information

- Patient 1: Face up with front passenger side wheel on both femurs
Traumatic VSA (apneic, pulseless, cold, ashen / suffused to face head) despite any and all treatment efforts. There is however no transection, rigor mortis, or outpouring of cranial contents (ie. obvious death)
- Patient 2: Patient will be wearing tyvex suit and sunglasses and be slumped over the steering wheel and activating the horn. A spider web crash to the windshield would be a good effect. The patient will be apneic and have an obstructed airway until the airway is opened (at which time fluid will run out of the mouth and the patient will breath slowly at 12/min and noisily – until suctioned by the crew). They will have a closed head injury and remain GCS 3 for the scenario. They have no medic alerts and have a longitudinal laceration to the forehead. Vitals will be consistent with major closed head injury. Ie. irregular breathing, bradycardia 50 bpm and hypertension 180/100 ish
- Patient 3: This patient starts by being all crumpled up in a heap behind the driver seat but when you see the crew approach you will clumsily but easily climb out of the vehicle. You will ignore all calls to sit down / stay still and instead will stumble around and fall to your knees occasionally. You will not give out your name “I haven’t done anything wrong – I wasn’t driving”. You also have no knowledge of the accident saying only “I knew Lumpy was a lousy driver” You will somewhat cooperate with a physical exam and your vitals are remarkably normal.
You have minor abrasions to your back and if detected, you will admit that they sting a little. You will sit down but not lay down on a backboard or consent to spinal immobilization “I don’t need nothing but a couple of Tylenol”
- Patient 4: This patient will be in the seat behind the front passenger and will be alert and oriented (the only lucid historian on the scene) and will be complaining of neck and back pain. You also have some minor lacerations to both hands from an unknown origin. Your tetanus is up to date. You take no meds but are allergic to bee stings. You last ate two hours ago and were a passenger in the van with your seatbelt on. You actually saw the car hit the girl and are emotionally upset and will ask the team about the girl. Your vital signs reflect anxiety ie. tachycardia 105, hypertensive 130 / 90.
- Patient 5: This patient witnessed the accident from the front passenger seat and they will be outside the van and running around panicked in the front of the vehicle in a way that they are not immediately noticed by the crew on their approach. In trying to pull the girl out they have lacerated their radial artery in one wrist and the blood will spurt out as they run around. However the blood loss will cause them to become hypotensive and collapse. They will be shocky, semiconscious eyes open to voice, and impaired mentation (mumbling responses). They will be able to give no incident or “SAMPLE” history. They will respond to verbal, be tachycardic at 125, tachypneic, and hypotensive at 90 / 50. Their vitals will mildly improve (BP 98 /55) and HR to 115 with leg elevation, Oxygen etc.

Material and Props

Brief list *Casualty Simulator to review and cross-check items ..*

Passenger van, St. John decals papered over with white paper, maybe some kind of sign for a horse breeding farm or similar type signage ideally

Bicycle (child / teen type)

Tyvex suits (min 6)

Mobile first aid post with working radio

Portable radio to respond to team's calls

Mobile post equipped with adequate supplies to treat casualties
(ie. collar and board x 2, major wound supplies and minor wound supplies)

New oral tonsil tip suction probes

Sunglasses for driver and inebriated patient to wear

Liquid (vomit) for casualty 2 to have in mouth

Spider web cracked windshield for vehicle (? draw on saran wrap and place over windshield)

Empty beer / alcohol bottles (2-3)

“Provincial Brigade Patient Care Competitions – 2004 “
Scenario - Two

PATIENT #1 – CHILD VSA

Team Name

	PerformanceCriteria	PossibleScores	Score Achieved
	Begins ESM / performs scene survey / ensures area is safe.	0 5	
	Identifies self and obtains patient (one) consent. (No response)	0 5	
	Assesses responsiveness/level of consciousness of patient. (No response)	0 5	
	Determines mechanism of injury.	0 5	
	Follows guidelines for universal body substance precautions – gloves.	0 5	
	Ensures patent airway on patient (i.e. inserts oropharyngeal airway)	0 5 10	
	Rapid (primary) body survey of patient one.	0 5 10	
	Checks breathing for patient one (apneic)	0 5	
	Checks for carotid pulse (pulseless)	0 5	
	Recognizes patient as mortally wounded and triages patient out do to shortage of rescuers and other viable patients	0 10	
	Covers patient with a sheet	0 5	
	<u>ABOVE MUST BE COMPLETED IN FIRST FIVE MINUTES</u>	X X X	
	Initial Actions Performed in <u>First Five Minutes</u> ie. <u>primary exam and triage out</u>	0 10	
	Judge's view of the Overall Management of Patient	0 5 10	
	Patient Care Report completed fully and accurately for Patient	0 5 10	
	Total Score	X X X	

Judge's Name: [Print] _____

Competitor: _____

“Provincial Brigade Patient Care Competitions-2004”

Scenario - Two

COMMUNICATIONS SCORESHEET

Team Name

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	PerformanceCriteria	PossibleScore	Score Achieved
	Uses radio on provincial common to call for 911 help	0 5	
	Uses St. John call sign	0 5	
	Identifies self as St. John ambulance first aid team	0 5	
	Gives location to dispatcher – this will be known by team	0 5	
	Relates mechanism of injury – MVC with pedestrian struck	0 5	
	Relates number of casualties (5)	0 5	
	Indicates scene is a multi-casualty incident (more patients than first aiders)	0 5	
	Requests additional ambulances (minimum 4 transport units)	0 5	
	Requests police to attend (traffic fatality)	0 5	
	Requests fire department to attend for first response	0 5	
	Asks about availability of air ambulance given remote location and trauma/VSA	0 5	
	<p><i>TEAM WILL BE TOLD BY DISPATCHER THAT ASSISTANCE IS ENROUTE AND APPROXIMATELY 30 MINUTES AWAY.</i></p> <p><i>DISPATCHER WILL ASK TEAM FOR AN UPDATE ON CASUALTY CONDITION FOR RESPONDING CREWS AND FOR TEAM TO PACKAGE ALL PATIENTS FOR TRANSPORT AS BEST AS THEY ARE ABLE</i></p> <p><i>AIR SUPPORT (IF ASKED) IS UNAVAILABLE AT THIS TIME BUT DISPATCH WILL CONTINUE TO CHECK</i></p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	
	Update (age, sex, LOC, chief complaint) provided for patient #1 – VSA	0 5	
	Update (age, sex, LOC, chief complaint) for patient #2 – Head Injury	0 5	
	Update (age, sex, LOC, chief complaint) for patient #3 – drunk / minor	0 5	
	Update (age, sex, LOC, chief complaint) provided for patient #4 – emotional shock	0 5	

	Update (age, sex, LOC, chief complaint) provided for patient #5 – arterial bleed and shock	0	5	
	FIRST CALL FOR 911 COMPLETED IN FIRST THREE MINUTES	0	10	
	SECOND CALL (PATIENT UPDATE) COMPLETED WITHIN FIRST 10 MINUTES	0	10	

Judge's Name: **[Print]** _____

Competitor: _____ _____

“Provincial Brigade Patient Care Competitions –2004”

Scenario - Two

PATIENT # 2 – OBSTRUCTED AIRWAY

Team Name

	PerformanceCriteria	Possible Maximum Score	Score Achieved
	Begins ESM / performs scene survey / ensures area is safe (keys out of ignition).	0 5	
	Determines mechanism of injuries to patient.	0 5	
	Identifies self and obtains patient consent. (No response)	0 5	
	Assesses responsiveness / level of consciousness of patient one. (No response)	0 5	
	Opens airway (fluid falls out – patient coughs but is raspy and irregular resps)	0 5 10	
	Team recognizes need and rapidly extricates patient with as much C-spine precautions as possible for airway management	0 5 10	
	Follows guidelines for universal body substance precautions – gloves.	0 5	
	Airway and breathing reassessed (still raspy and irregular)	0 5	
	Patients oropharynx suctioned (vomit cleared)	0 5 10	
	Team member wears mask for airway suctioning	0 5	
	Breathing checked again (airway obstructs without manipulation - but resps irregular due to head injury)	0 5	
	Oropharyngeal airway inserted	0 5	
	High concentration oxygen applied (Non-rebreather mask at 12-15 lpm O2)	0 10	
	Checks for carotid pulse (full, bradycardic)	0 5	
	Performs rapid body survey (no gross bleeds)	0 5	
	Patient secured with full spinal immobilization and reassessed post	0 10 20	
	Secondary examination conducted (Head laceration)	0 5 10	
	Vital signs checked at least 3 times (LOC, pupils, T, P,R, BP)	0 5 10 15	
	Patient has lacerations treated and dressed	0 5 10	

	Patient properly monitored by one team member at all times and assessed frequently	0	5 10
	Patient Care Report completed fully and accurately for patient	0	5 10
	Initial Actions Performed in <u>First 3 Minutes (extricated from vehicle)</u>	0	10
	Overall Management of Patient	0	5 10
	Total Score	XXXX	

Judge's Name: [Print] _____

Competitor:

“Provincial Brigade Patient Care Competitions –2004”

Scenario - Two

PATIENT # 3 – INEBRIATED WITH MINOR INJURIES

Team Name

	PerformanceCriteria	PossibleScore	Score Achieved
	Begins ESM / performs scene survey / ensures area is safe.	0 5	
	Determines mechanism of injury to patient.	0 5	
	Identifies self and obtains patient consent. (Patient consents to assessment but not to spine boarding)	0 5	
	Assesses responsiveness / level of consciousness of patient (alert but no incident recall)	0 5	
	Tells patient to stay still (patient stumbles around unless team asks again or explanation given)	0 5 10	
	Airway and Breathing assessed	0 5 10	
	Follows guidelines for universal body substance precautions – gloves.	0 5	
	Circulation and Rapid Body Survey assessed (no major injuries)	0 5 10	
	Team makes attempts to have patient lay on longboard with spinal precautions (pt refuses each time)	0 5 10	
	Secondary assessment completed (abrasions to back)	0 5 10	
	Vital signs checked at least 2 times (LOC, pupils, T, P,R, BP)	0 5 10	
	Patient has abrasions treated and dressed	0 5 10	
	Rescuer makes attempts to have patient stay still and reassures them recognizing patients inebriated state	0 5 10	
	SAMPLE history obtained (unremarkable, no knowledge of events prior)	0 5	
	Patient properly monitored and assessed frequently	0 5 10	
	Patient Care Report completed fully and accurately for patient	0 5 10	
	Initial Actions Performed in <u>First 3 Minutes</u> (primary assessment)	0 5	
	Judge's Impression of the Overall Management of Patient	5 10 15	

	Total Score	XXXX	
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Judge's Name: [Print] _____

Competitor: _____

“Provincial Brigade Patient Care Competitions –2004”

Scenario - Two

PATIENT # 4 – WHIPLASH AND EMOTIONAL UPSET

Team Name

	PerformanceCriteria	Possible Score	Score Achieved
	Begins ESM / performs scene survey / ensures area is safe.	0 5	
	Determines mechanism of injury to patient	0 5	
	Identifies self and obtains patient consent. (Patient alert)	0 5	
	Assesses responsiveness / level of consciousness of patient (alert)	0 5	
	Tells patient to stay still	0 5	
	Airway and Breathing assessed	0 5 10	
	Follows guidelines for universal body substance precautions – gloves.	0 5	
	Circulation and Rapid Body Survey assessed (no major injuries)	0 5 10	
	Patient extricated onto longboard with spinal precautions	0 5 15	
	Patient immobilized with spinal precautions onto longboard and checked afterwards	0 5 10	
	Secondaryassessment completed (hand and face lacerations)	0 5 10	
	Vital signs checked at least 2 times (LOC, pupils, T, P,R, BP)	5 10 15	
	Patient has lacerations treated and dressed	0 5 10	
	Rescuer makes attempts to calm patient down and reassure them recognizing patients emotional shock from incident	0 5 10	
	SAMPLE history obtained (unremarkable)	0 5 10	
	Incident history (if obtained) shared with team (pt is only one able to give reliable history)	0 5 10	
	Patient properly monitored and assessed frequently	0 5 10	
	Patient Care Report completed fully and accurately for patient	0 5 10	
	Initial Actions Performed in <u>First 3 Minutes</u> (primary assessment)	0 10	

	Judge's impression of the Overall Management of Patient	0 5 10	
	Total Score	XXXX	

Judge's Name: [Print] _____

Competitor: _____

“Provincial Brigade Patient Care Competitions –2004”

Scenario - Two

PATIENT # 5 – ARTERIAL BLEED AND SHOCK

Team Name

	PerformanceCriteria	Possible Score	Score Achieved
	Begins ESM / performs scene survey / ensures area is safe.	0 5 10	
	Determines mechanism of injuries to patient.	0 5	
	Identifies self and obtains patient consent. (No response)	0 5	
	<i>(Patient will be running around and rapidly lose consciousness)</i> Assesses responsiveness / level of consciousness of patient one. (No response)	0 5 10	
	Opens airway and assesses breathing (adequate but elevated)	0 5 10	
	Follows guidelines for universal body substance precautions – gloves.	0 5	
	Checks for carotid pulse (weak, tachycardic)	0 5	
	Direct pressure applied to arterial bleed site	0 5	
	High concentration oxygen applied (Non-rebreather mask at 12-15 lpm O2)	0 5 10	
	Oropharyngeal airway inserted	0 5	
	Performs rapid body survey (no other gross bleeds)	0 5	
	Secondary examination conducted (unremarkable)	0 5 10	
	Vital signs checked at least 3 times (LOC, pupils, T, P,R, BP)	0 10 15	
	Patient has arterial bleed site treated and dressed and circulation checked	0 10 15	
	Patient properly monitored by one team member at all times and assessed frequently	0 10 15	
	Patient Care Report completed fully and accurately for patient	0 10 15	
	Initial Actions Performed in <u>First 2 Minutes</u> (arterial bleed site compressed)	0 10	
	Judge's Impression of the Overall Management of Patient	5 10 15	
	Total Score	XXXX	

Judge's Name: [Print] _____

Competitor: _____