

1992 BRIGADE PATIENT CARE COMPETITION

Competition Problem #1

CONFIDENTIAL

TEAM SCENARIO:

You and your partner are on duty at a cross country (running) race - the Ontario Federation Secondary School Association (OFSSA) cross country championships. The event is held on a cold, blustery day in November at a ski resort.

You and your partner have been called to a long isolated hill where a young teenager has fallen and can't get up!

You have a 2-way radio with you.

You have twenty minutes to complete the problem.....GOOD LUCK!

JUDGE'S/SIMULATOR'S SCENARIO:

TWO MEMBERS OF THE BRIGADE ARE ON DUTY AT A CROSS COUNTRY (RUNNING) RACE - THE OFSSA - ONTARIO FEDERATION SECONDARY SCHOOL ASSOCIATION CROSS COUNTRY CHAMPIONSHIPS. THE EVENT IS HELD ON A COLD, BLUSTERY DAY IN NOVEMBER AT A SKI RESORT.

THE MEMBERS HAVE BEEN CALLED TO A LONG ISOLATED HILL WHERE A YOUNG TEENAGER HAS TRIPPED IN A GOPHER HOLE WHILE RUNNING, HAS FALLEN, AND CAN'T GET UP (WHERE'S LIFE CALL WHEN YOU NEED IT?). OTHER RUNNERS ARE STILL ON THE COURSE.

THE MEMBERS HAVE A RADIO WITH THEM.

INJURIES:

CLOSED FRACTURE LEFT LOWER ARM

CLOSED FRACTURE RIGHT LOWER ARM

OPEN FRACTURE RIGHT LOWER LEG

MINOR ABRASIONS TO CHIN

CASUALTY IS WEARING CONTACT LENSES AND IS ALLERGIC TO PENICILLIN

SIMULATION: (MALE OR FEMALE - TEENAGER PREFERRED)

CASUALTY, IF POSSIBLE, SHOULD BE WEARING CLOTHING THAT CAN BE CUT IF NECESSARY. IT SHOULD CONSIST OF A LONG-SLEEVE SHIRT, TROUSERS (TRACK PANTS), RUNNING SHOES, AND SOCKS. IF CLOTHING CANNOT BE CUT...MAKE SURE TEAMS ARE AWARE PRIOR TO STARTING PROBLEM.

CASUALTY IS LYING ON STOMACH WITH HEAD UP, RESTING HIS/HER CHIN ON THE GROUND. ARMS SHOULD BE OUTSTRETCHED ABOVE HEAD AND RIGHT FOOT SHOULD BE ON TOP OF GOPHER HOLE (PICTURE OF OR SIGN STATING).

CLOSED FRACTURE RIGHT ARM: SWELLING AND DISCOLORATION 6 cm (2.5") ON RIGHT LOWER MID THUMB SIDE OF ARM (RADIUS).

CLOSED FRACTURE LEFT ARM: SWELLING AND DISCOLORATION 6 cm (2.5") ON LEFT LOWER MID THUMB SIDE OF ARM (RADIUS).

OPEN FRACTURE RIGHT LEG: WOUND WITH BONE PROTRUDING (MINIMAL BLEEDING) ON RIGHT MID LOWER LEG - ANTERIOR (FRONT) ASPECT.

MINOR ABRASIONS TO CHIN: MINIMAL BLEEDING.

SKIN ON FACE IS SWEATY AND PURPLY-RED FROM RUNNING.

CASUALTY IS CONSCIOUS, AND ALERT

CASUALTY PROMPTING:

HE/SHE IS A RUNNER IN THE OFSSA CROSS-COUNTRY TOURNAMENT. HE/SHE TRIPPED IN A GOPHER HOLE AND FELL. HE/SHE COMPLAINS OF PAIN IN BOTH LOWER ARMS AND RIGHT LEG. IF ASKED, HE/SHE HAS AN ALLERGY TO PENICILLIN AND IS WEARING CONTACTS. HE/SHE HAS NO SIGNIFICANT MEDICAL HISTORY, IS NOT ON ANY MEDICATION, AND LAST ATE AT BREAKFAST.

NOTES TO JUDGES:

PLEASE ENSURE THAT ALL SIMULATION IS INTACT AND CORRECT AND THAT THE CASUALTY KNOW'S HIS/HER PROMPTS. ASSIST AS NECESSARY THROUGHOUT THE PROBLEM WITH PROMPTS.

EACH TEAM WILL BE GIVEN A COPY OF THE TEAM SCENARIO AND PATIENT CARE RECORD 1 MINUTE PRIOR TO THE START OF THE PROBLEM.

AFTER 1 MINUTE THEY WILL BE INSTRUCTED TO BEGIN, AND FROM THAT POINT ON WILL HAVE 20 MINUTES TO COMPLETE THE PROBLEM.

NO ADDITIONAL EQUIPMENT IS REQUIRED FOR PROBLEM 1.

1992 PROVINCIAL/AREA BRIGADE PATIENT CARE COMPETITIONS
PROBLEM 1

JUDGES: PLEASE ASSIST THE TEAM WHEN NECESSARY WITH PROMPTING. PLEASE CHECK THE CASUALTY'S POSITION AND ALL SIMULATION. IMMEDIATE ACTION MUST BE COMPLETED, IN PART, BEFORE SECONDARY ACTION, TO RECEIVE MARKS FOR IMMEDIATE ACTION. IMMEDIATE AND SECONDARY ACTIONS DO NOT HAVE TO BE IN SEQUENCE.

I = INFORMATION REQUESTED A = ACTIONS TAKEN S = STATEMENTS MADE
 () = JUDGE'S PROMPTS

IMMEDIATE ACTION:

1. WAS INQUIRY MADE OF HAZARDS BEFORE FURTHER ACTION? (OTHER RUNNERS ONLY)	S/A	20	0
2. WAS MENTION MADE OF CONTROLLING RUNNER TRAFFIC?	S/A	15	0
3. DID FIRST AIDERS IDENTIFY THEMSELVES?	A	10	0
4. WAS CASUALTY WARNED NOT TO MOVE?	A	20	0
5. DID FIRST AIDERS ENSURE ADEQUATE AIRWAY AND RESPIRATIONS? (AIRWAY AND BREATHING ARE ADEQUATE)	A	15	0
6. DID THEY ASSESS FOR SEVERE EXTERNAL BLEEDING? (NO SEVERE EXTERNAL BLEEDING)	A	15	0

SECONDARY ACTIONS:

7. WAS SKULL EXAMINED FOR INJURIES/BLEEDING? (MINOR ABRASION ON CHIN WITH <u>MINIMAL</u> BLEEDING, NO OTHER HEAD INJURIES)	A	5	0
8. WERE BOTH EARS EXAMINED? (NO BLOOD OR FLUID)	A	5	0
9. WERE BOTH EYES EXAMINED? (PUPILS EQUAL AND REACTIVE TO LIGHT, CONTACT LENSES IN, NO EYEBALL CONTUSIONS)	A	5	0
10. WAS NOSE EXAMINED? (NO BLOOD OR FLUID)	A	5	0
11. WAS MOUTH EXAMINED? (NO DENTURES, FOREIGN OBJECTS, BLEEDING, ODOUR)	A	5	0
12. WAS JAW EXAMINED? (NO DIFFICULTY MOVING, MINOR ABRASION ON CHIN)	A	5	0
13. WAS NECK EXAMINED? (NO NECK INJURY, HOWEVER TEAM WILL NOT BE FAULTED A IF THEY TREAT AS SPINAL INJURY)	A	5	0
14. WAS BACK AND SPINE EXAMINED? (AS WITH NECK EXAM)	A	5	0
15. WAS RIGHT ARM (INCLUDING HAND) EXAMINED? (CAPILLARY REFILL & SENSATION NORMAL, CLOSED FRACTURE OF LOW.ARM, ARM IS PAINFUL TO MOVE)	A	5	0
16. WAS RIGHT CLAVICLE AND SCAPULA EXAMINED? (NO INJURY)	A	5	0
17. WAS LEFT ARM (INCLUDING HAND) EXAMINED? (CAPILLARY REFILL AND SENSATION NORMAL, CLOSED FRACTURE OF LOW.ARM, ARM IS PAINFUL TO MOVE)	A	5	0
18. WAS LEFT CLAVICLE AND SCAPULA EXAMINED? (NO INJURY)	A	5	0

19. WAS CHEST (INCLUDING RIBS AND STERNUM) EXAMINED? (NO INJURY, BILATERAL AND EQUAL AIR ENTRY)	A	5	0
20. WAS ABDOMEN EXAMINED? (NO INJURY)	A	5	0
21. WAS PELVIC AREA EXAMINED? (NO INJURY)	A	5	0
22. WAS RIGHT LEG (INCLUDING FOOT) EXAMINED? (CAPILLARY REFILL & SENSATION NORMAL, OPEN FRACTURE OF LEG WITH <u>MINIMAL</u> BLEEDING, LEG PAINFUL TO MOVE)	A	5	0
23. WAS LEFT LEG (INCLUDING FOOT) EXAMINED? (CAPILLARY REFILL & SENSATION NORMAL)	A	5	0
24. WAS CASUALTY KEPT IN POSITION FOUND DURING EXAMINATION?	A	15	0
25. WAS CASUALTY TURNED AS A UNIT SUPPORTING ARMS, LEGS, NECK & HEAD?	A	20	0
26. WAS PULSE PROPERLY CHECKED? (CAROTID OR RADIAL CORRECTED TO 100 & REGULAR, TAKEN FOR MIN. OF 60 SEC.)	A	15	0
27. WERE RESPIRATIONS CHECKED PROPERLY? (CORRECTED TO 20 AND NORMAL TAKEN FOR MIN. OF 60 SEC.)	A	15	0
28. WAS TEMPERATURE CHECKED PROPERLY?			
* ORAL OR AXILLARY USING THERMOMETER? (JUDGE TO CHECK THEN CORRECT TO 37 DEGREES C.)	A	10	0
* PALPATION (TOUCH)? (CORRECTED TO SLIGHTLY COOL AND CLAMMY)	A	5	0
29. WAS CASUALTY ASKED WHAT HAPPENDED? (TRIPPED AND FELL WHILE RUNNING IN CROSS-COUNTRY RACE)	I	5	0
30. WAS CASUALTY ASKED WHERE THEY HURT? (RIGHT LEG, BOTH ARMS)	I	5	0
31. WAS CASUALTY ASKED ABOUT THEIR MEDICAL HISTORY? (NOTHING SIGNIFICANT)	I	5	0
32. WAS CASUALTY ASKED ABOUT ALLERGIES? (ALLERGIC TO PENICILLIN)	I	5	0
33. WAS CASUALTY ASKED IF THEY ARE ON ANY MEDICATIONS? (NONE)	I	5	0
34. WAS CASUALTY ASKED WHEN THEY LAST ATE? (BREAKFAST, 3 HRS. AGO)	I	5	0
35. WAS LEFT ARM FRACTURE IDENTIFIED?	S/A	10	0
36. WAS LEFT ARM FRACTURE EFFECTIVELY IMMOBILIZED?	A	10	0
37. WAS LEFT ARM FRACTURE EFFECTIVELY SUPPORTED?	A	10	0
38. WAS RIGHT ARM FRACTURE IDENTIFIED?	S/A	10	0
39. WAS RIGHT ARM FRACTURE EFFECTIVELY IMMOBILIZED?	A	10	0
40. WAS RIGHT ARM FRACTURE EFFECTIVELY SUPPORTED?	A	10	0
41. WAS RIGHT LEG FRACTURE IDENTIFIED?	S/A	10	0

42. WAS LEG WOUND EFFECTIVELY DRESSED WITH STERILE DRESSING?	A	10	0
43. WAS LEG WOUND BANDAGED TO APPLY PRESSURE AWAY FROM PROTRUDING BONE?	A	15	0
44. WAS LEFT LEG FRACTURE EFFECTIVELY IMMOBILIZED?	A	10	0
45. WERE ABRASIONS TO CHIN IDENTIFIED?	S/A	10	0
46. WERE ABRASIONS EFFECTIVELY CLEANSED?	A	10	0
47. WERE ABRASIONS EFFECTIVELY DRESSED?	A	10	0
48. WAS PULSE RECHECKED? (CAROTID OR RADIAL CORRECTED TO 95 & REGULAR, TAKEN FOR A MIN. OF 60 SEC.)	A	10	0
49. WERE RESPIRATIONS RECHECKED? (CORRECTED TO 18 & NORMAL, TAKEN FOR A MIN. OF 60 SEC.)	A	10	0
50. WAS CASUALTY COVERED OVER?	A	5	0
51. WAS CASUALTY COVERED UNDER?	A	5	0
52. WAS AMBULANCE (EMS) CALLED FOR? (30 MIN. RESPONSE TIME)	S/A	10	0
53. WAS NEED TO MOVE CASUALTY TO THE BOTTOM OF THE HILL IDENTIFIED?	S/A	10	0
(IF MOVE IDENTIFIED - JUDGES MAKE YOURSELVES AVAILABLE AS BYSTANDERS TO ASSIST - YOU DO NOT HAVE F/A TRAINING)			
54. WAS CASUALTY PROPERLY MOVED ONTO STRETCHER, BLANKET, OR BACKBOARD?	A	10	0
55. WERE PROPER BODY MECHANICS USED IN MOVING/LIFTING CASUALTY? (BACKS STRAIGHT, LEGS USED TO LIFT)	A	15	0
RECORDING:			
56. WERE NAME AND ADDRESS RECORDED?	A	5	0
57. WAS 1ST PULSE CHECK (INCLUDING TIME) RECORDED?	A	5	0
58. WAS 1ST RESPIRATION CHECK (INCLUDING TIME) RECORDED?	A	5	0
59. WAS TEMPERATURE (BY THERM. AND/OR PALP., INCLUDING TIME) RECORDED?	A	5	0
60. WAS FRACTURED LEFT ARM RECORDED?	A	5	0
61. WAS FRACTURED LEFT ARM TREATMENT RECORDED?	A	5	0
62. WAS FRACTURED RIGHT ARM RECORDED?	A	5	0
63. WAS FRACTURED RIGHT ARM TREATMENT RECORDED?	A	5	0
64. WAS RIGHT LEG FRACTURE RECORDED?	A	5	0
65. WAS RIGHT LEG FRACTURE TREATMENT RECORDED?	A	5	0
66. WERE CHIN ABRASIONS RECORDED?	A	5	0
67. WAS CHIN ABRASION TREATMENT RECORDED?	A	5	0

68. WAS HISTORY OF INCIDENT RECORDED?

A | 5 | 0

69. WERE ALLERGIES RECORDED?

A | 5 | 0

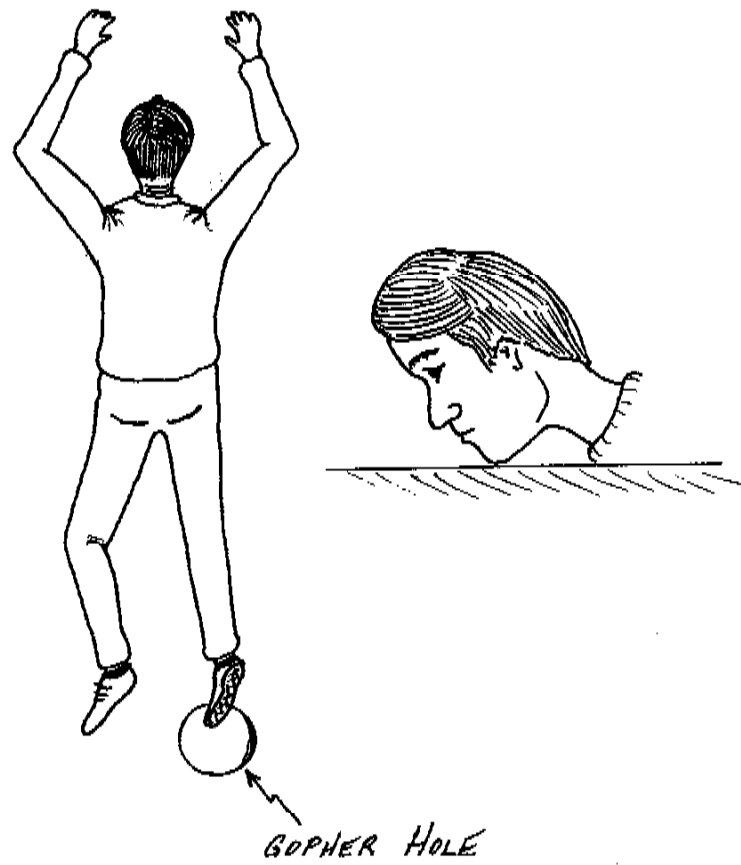
(TOTAL POSSIBLE MARKS: 570)

ACTUAL TOTAL

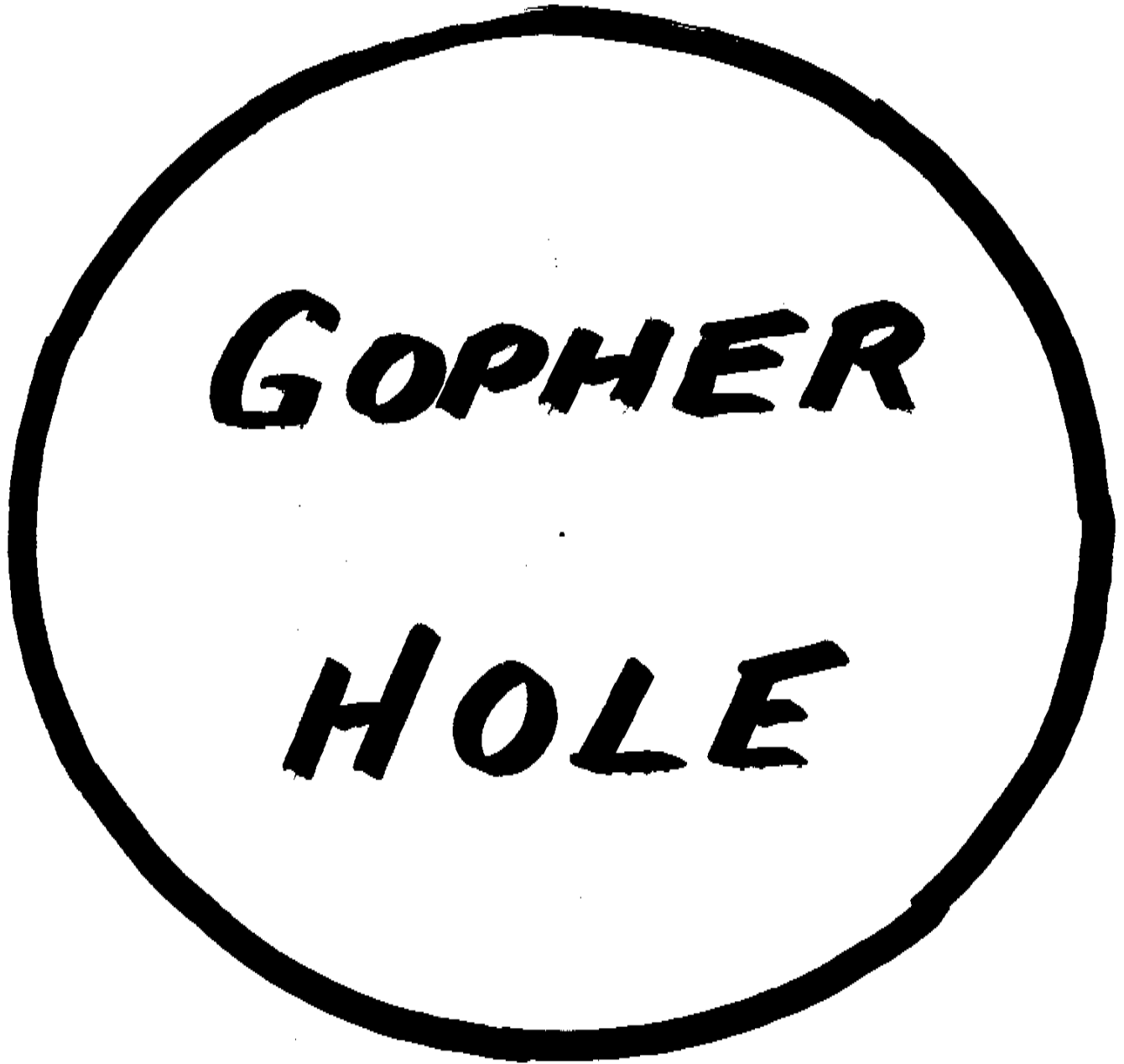
TEAM NAME: _____ FLOOR POSITION: _____

TIME START: _____ TIME STOP: _____ ELAPSED: _____

JUDGE'S NAMES: _____



PROBLEM 1



GOPHER

HOLE



St. John Ambulance Saint-Jean

"PATIENT CARE RECORD"

Case Number

Duty

PERSONAL	Patient Name Mr/Mrs/Miss/Ms					D.O.B. / /	
	Mailing Address				Postal Code	Telephone Number () -	
	Report Date / /	Report Time hrs	Incident Location	Incident Date / /	Incident Time hrs		
	Brought in by: Friend/Relative <input type="checkbox"/> Self <input type="checkbox"/> Ambulance <input type="checkbox"/> Unit: _____			Police <input type="checkbox"/> Badge: _____	Other (specify)		

HISTORY	History and Description of Injury/Illness (Be Specific)					Medications	
						Allergies	
	Time hrs	Blood Pressure / mmHg	Pulse /min	Respiration /min	Temperature C	Pupils Lt: Rt:	
	hrs	/ mmHg	/min	/min	C	Lt: Rt:	

TREATMENT	Care Rendered (Be Specific)					Advised to see Physician? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DISP	Disposition: Discharge time _____ hrs Hospital _____						
	Accompanied by: Friend/Relative <input type="checkbox"/> Self <input type="checkbox"/> Ambulance <input type="checkbox"/> Unit: _____			Police <input type="checkbox"/> Badge: _____	Other (Specify)		

TRANSPORT	To Scene: \rightarrow	Time Out hrs	Km Start	Lights Siren P/R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time Arrive hrs	Km Scene
	To Destination: \rightarrow	Time Leaving hrs		Lights Siren P/R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time Arrive hrs	Km Dest'n
	Vehicle No.	Authorization	Driver (PRINT)		Attendant (PRINT)	
	Condition on Arrival: Explain:			Unchanged <input type="checkbox"/>	Improved <input type="checkbox"/>	Deteriorated <input type="checkbox"/>

Treated by (PRINT Name)	Signature	Brigade Unit	Page No.
M.D. / R.N. (PRINT Name)	Signature	Brigade Unit	of