

2015

St. John Ambulance Zone Competition

TEAM SCENARIO - AMFR

Scenario 2 - “GOFER the Glory”

Background Scenario

You and your team are Providing First Aid Services for the annual local fair.

You are called to assist at an accident on the BMX Bike Aerial Demonstration Track.

You have 20 minutes to complete the scenario, Good Luck!!

There will be a 3 minute warning signify the end of the primary survey.

There will also be a 2 minute left signal for the team's benefit.

**THIS PAGE IS GIVEN TO TEAMS AT THE
BEGINNING OF THE SCENARIO**

CASUALTY SIMULATORS INFORMATION

Scenario : “GOFER the Glory”



(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

While performing their fancy, high flying BMX Bike tricks at the annual local fair, a BMX bike rider is making their way around the course with relative ease. The cyclist picks up speed as he is about to climb a half-pipe which will propel him in the air for an aerial maneuver landing on the track below. However, something goes wrong and he loses his grip on the handlebars during the jump. The rider falls to the hard track below, a distance of approx. 20 feet.

While watching the emergency scene unfold, a spectator grabs for their open can of soda pop, which a bee has decided to partake in. While sipping the sugary drink, the spectator is stung in the mouth and develops an anaphylactic reaction. The patient does have their epipen (trainer) with them if asked. While trying to attract the attention of the team for help, the patient trips on a gofer hole in the grass and falls to the ground. They are sitting nearby to the first patient holding their ankle while experiencing their life threatening reaction.

NOTE:

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will be a 10 minute warning to the judges to signify the entrance of the second patient.
- There will also be a 2 minute remaining signal for the team’s benefit.

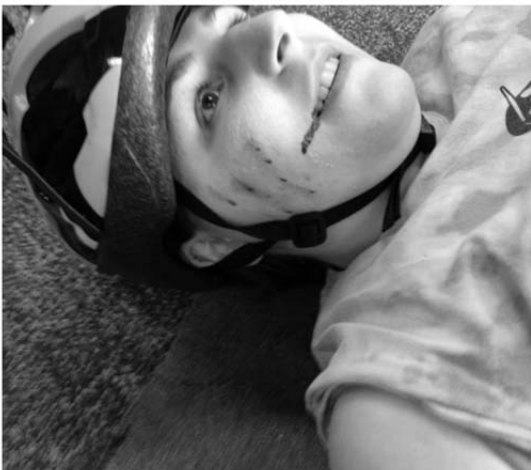


PROPS (Per Scenario/Team)

- 2 Casualties: 1 dressed in Bike Clothes/shorts, 1 dress in regular clothing.
- 1 BMX bike
- 1 BMX helmet
- 1 Epi-Pen trainer
- Medical Alert Bracelet (“Allergy: Bees”)
- Empty Can of Soda Pop
- First Aid Kits
- PCR’s

CASUALTY SIMULATORS INFORMATION ~ “GOFER the Glory”

Casualty 1 – BMX Rider:(lying semi-prone on ground)



Information	Casualty Simulation Required
<ul style="list-style-type: none">Semi-conscious and breathing	<ul style="list-style-type: none">Patient keeps asking questions about “what went wrong?”Responds to questions slowly with brief, incomplete answers.
<ul style="list-style-type: none">Possible head and spinal Injury	<ul style="list-style-type: none">Wearing BMX helmetSmall amount of blood draining from mouth (<i>just enough to suggest injury, but not damage helmet interior.</i>)
<ul style="list-style-type: none">Closed RIGHT Upper arm fracture	<ul style="list-style-type: none">SwellingBruising
<ul style="list-style-type: none">Closed RIGHT femur fracture (mid thigh)	<ul style="list-style-type: none">SwellingBruising
<ul style="list-style-type: none">Abrasions to right face	<ul style="list-style-type: none">Minor scrapes/ minor bleeding.
<ul style="list-style-type: none">Shock	<ul style="list-style-type: none">Pale, cool, sweaty skin

SAMPLE:

- Allergies = none
- Medications = “just vitamins”
- Medical history = none, healthy.
- Last Meal = breakfast

CASUALTY SIMULATORS INFORMATION ~ “LIGHTING UP DOWN”

Casualty 2 – Spectator:(sitting upright on the ground holding their twisted ankle)



Information	Casualty Simulation Required
<ul style="list-style-type: none">Anaphylaxis	<ul style="list-style-type: none">Difficulty breathing (wheeze)Red blotches over face, arms, chest/abdomen.
<ul style="list-style-type: none">Closed fracture LEFT ankle	<ul style="list-style-type: none">SwellingBruising on outside of ankle on bumpy part (lat. Malleolus)

HISTORY:

- Casualty was watching show when rider fell. Watched as first aid was rendered to BMX rider
- Took a drink from an open can of soda pop, “ must have had a bee in it.” And stung in mouth. Developing SOB, Wheeze.
- Went to get help from first aid team and tripped in a gofer hole, twisting LEFT ankle. = Pain.
- Patient has Epi-pen (trainer) and willing to have team help with it.

SAMPLE:

- Allergies = Bees and Tylenol
- Medication = Epi-Pen (trainer)
- Medical History = None, healthy
- Last Meal = Breakfast

JUDGES’ PROMPTS

TIME:	PROMPT:
0 minute – (Scenario begins)	“Casualty 1 – Bike Rider” lying prone on floor with bike nearby.
3 minutes	END OF PRIMARY SURVEY MARKING
10 Minutes	“Casualty 2 - Spectator” falls to floor in front of team.
18 minutes	2 minute Warning for team
20 minutes	END OF SCENARIO

VITAL SIGNS:

Casualty 1: BMX Rider

	1 st SET	Post Treatment	Further Set
RESP.	24shallow	18 full, regular	18 full, regular
PULSE	106 weak/regular	100 strong/regular	86 strong / regular
BP	115/82	116/74	116/74
SKIN	Pale/ cool / Dry	Pale/ cool / Dry	Pale/ cool / Dry
LOC	Conscious	Conscious	Conscious
PUPILS	3 mm reactive	3 mm reactive	3 mm reactive

Allergies: None
Medications: Just Vitamins
Past Medical History: None, healthy
Last meal: Breakfast
Events: “What went wrong?”

Casualty 2: Spectator

	1 st SET	Post Treatment	Further Set
RESP.	28 shallow, wheezy	20 shallow, reg	20 shallow, reg
PULSE	120 weak /regular	80 full/regular	80 full/regular
BP	86/60	110/70	110/70
SKIN	hives/cool/ dry	Pink/Warm/Dry	Pink/Warm/Dry
LOC	Anxious	Conscious	Conscious
PUPILS	3 mm reactive	5 mm reactive	5 mm reactive

Allergies: Tylenol, Bee stings
Medications: Epi-Pen
Past Medical History: None
Last meal: Breakfast
Events: drank from soda, stung in mouth by bee.
Came for help and tripped in gofer hole.

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St. John Ambulance Zone Competition

“GOFER the Glory” AMFR TEAM SCENARIO

Team Number

Unit:

Team Member #1

Team Member #2

Team Member #3

Team Member #4

Judges' Names

Casualty 1 – BMX Rider:

Page 7- Primary Survey (Possible 210) Sub-Total

Page 8 - Secondary Survey (Possible 280) Sub-Total

Page 9 –Treatment, Shock/General (Possible 440) Sub-Total

Page 10 - Recording (Possible 180) Sub-Total

Casualty 1 (Possible 1,110) Total

Casualty 2 – Spectator:

Page 11- Primary Survey (Possible 310) Sub-Total

Page 12- Secondary Survey (Possible 280) Sub-Total

Page 13 -Tx, Shock & General (Possible 150) Sub-Total

Page 13 - Recording (Possible 150) Sub-Total

Casualty 2 (Possible 890) Total

Total Points Awarded
Casualty1 & 2(Possible 2000)

CASUALTY 1 – “BMX RIDER” TEAM #

SCENE / PRIMARY SURVEY: This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. Actions in this section may be done in any order.		A/S	P O I N T S	N O T D O N E
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A	10	0
1.4	Did First Aider call out for help?	S	10	0
1.5	Were hazards assessed? <i>(BMX bike moved for safety)</i> (POINTS ONLY AWARDED IF BIKE REMOVED)	A/S	10	0
1.6	Did Team determine/state Mechanism of Injury? <i>(Fall from height)</i>	S	10	0
1.7	Did Team determine any other casualties? <i>(none)</i>	S	10	0
1.8	Did Team direct casualty not to move?	A/S	10	0
1.9	Did Team immediately maintain c-spine control?	A	10	0
1.10	Did Team assess responsiveness <i>(Conscious but confused)</i>	A/S	10	0
1.11	Did Team assess airway? <i>(Lying Semi prone with helmet in place, assessment difficult in this position)</i>	A/S	10	0
1.12	Did Team log roll onto back safely	A	10	0
1.13	Did Team remove helmet safely? <i>(one holds neck, other removes)</i>	A	10	0
1.14	Did Team re-assess airway with helmet removed? <i>(clear, small amount of blood from mouth.)</i>	A/S	20	0
1.15	Did Team assess breathing? <i>(24 laboured and shallow)</i>	A	10	0
1.16	Did Team administer Oxygen? <i>(Non-rebreather @ 10-15LPM)</i>	A	10	0
1.17	Did Team assess the casualty's circulation – skin/ temp? <i>(skin is cool, pale & dry)</i>	A	10	0
1.18	Did Team Assess Circulation – Pulse? <i>(Present)</i>	A	10	0
1.19	Did Team perform a rapid body survey? <i>(swollen right lower arm & thigh, neck & back pain (pt. moans if assessed)</i>	A	10	0
1.20	Did Team activate EMS? <i>(bystander, radio or cellphone)</i>	A/S	10	0
PRIMARY SURVEY SUB-TOTAL (/210)				

CASUALTY 1 – “BMX RIDER”

TEAM #

SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey . After the 3 first minutes, this is the only section that points shall be awarded to. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the Team ask about symptoms? <i>(Pain right thigh; upper arm complains of neck and head pain)</i>	S	10	0
2.2	Did the Team ask if casualty has any allergies? <i>(none)</i>	S	10	0
2.3	Did the Team ask about medications? <i>(vitamins)</i>	S	10	0
2.4	Did the Team ask past medical history? <i>(none)</i>	S	10	0
2.5	Did the Team ask last oral intake? <i>(Breakfast)</i>	S	10	0
2.6	Did the Team determine how the incident happened? <i>(“I don’t remember”, “What happened”, “What went wrong”)</i>	S	10	0
3.0	CASUALTY’S VITAL SIGNS ASSESSMENT			
3.1	Did the Team determine LOC? <i>(Conscious)</i>	A/S	10	0
3.2	Did the Team assess Respiration? <i>(24 laboured/ shallow)</i>	A/S	10	0
3.3	Did the Team assess Pulse? <i>(106 regular and weak)</i>	A/S	10	0
3.4	Did the Team assess BP? <i>(115/82)</i>	A/S	10	0
3.5	Did the Team assess Skin Condition & Temperature? <i>(correct to pale, cool and dry)</i>	A/S	10	0
3.6	Did the Team assess Pupils? <i>(3mm equal & reactive)</i>	A/S	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? <i>(clear)</i>	A	10	0
4.2	Check eyes? <i>(Equal & reactive)</i>	A	10	0
4.3	Check nose? <i>(clear)</i>	A	10	0
4.4	Check mouth? <i>(small amount of blood)</i>	A	10	0
4.5	Check jaw? <i>(no deformity)</i>	A	10	0
4.6	Check ears? <i>(clear, no fluid)</i>	A	10	0
4.7	Check neck? <i>(Complains of pain)</i>	A	10	0
4.8	Check collar bones? <i>(no deformity)</i>	A	10	0
4.9	Check shoulders? <i>(no deformity)</i>	A	10	0
4.10	Check both arms/hands? <i>(Right Upper arm deformity)</i>	A	10	0
4.11	Check chest <i>(no deformity)</i>	A	10	0
4.12	Check abdomen? <i>(clear)</i>	A	10	0
4.13	Check back? <i>(no deformity but pain)</i>	A	10	0
4.14	Check pelvis? <i>(no injury)</i>	A	10	0
4.15	Check both legs? <i>(swollen RIGHT thigh with ++ Pain)</i>	A	10	0
4.16	Check both ankles and feet? <i>(no deformity)</i>	A	10	0
SECONDARY SURVEY SUB-TOTAL (/280)				

CASUALTY 1 – “BMX RIDER”

TEAM #

5.0	C-Spine INJURY			
5.1	Did the team maintain C-Spine until secured on board?	A	20	0
5.2	Was the patient cautioned to remain still?	A	10	0
5.3	Was the patient cautioned more than once?	A	10	0
5.4	Was the patient alignment maintained through log roll?	A	20	0
5.6	Was the patient log rolled DIRECTLY onto board?	A	20	0
5.7	Was the C-collar sized prior to application to the patient?	A	20	0
5.8	Was the C-Collar applied once patient supine?	A	20	0
5.9	Was the patient secured to the backboard effectively? (torso, lower body and head)	A	20	0
5.10	Was the head left to be secured as the final step?	A	20	0
6.0	RIGHT FEMUR FRACTURE			
6.1	Was the injury exposed and inspected?	A/S	10	0
6.2	Was the circulation checked distally prior to treatment?	A/S	10	0
6.3	Was femoral traction splint safely applied and appropriate amount of traction used? (weight and/or relief)	A	20	0
6.4	Was the uninjured leg brought into the injured leg for immobilization? (No points if injured leg moved)	A	20	0
6.5	Were cravats properly applied? (long =thigh, double small=knee, short =ankles)	A	20	0
6.6	Was a figure 8 bandage/strap used on the ankles?	A	20	0
6.7	Was circulation checked distally after treatment? (no change)	A/s	10	0
7.0	RIGHT UPPER ARM FRACTURE			
7.1	Was the injury exposed and inspected?	A/S	10	0
7.2	Was the circulation checked distally prior to treatment?	A	10	0
7.3	Was a standard arm sling applied to the patient?	A	10	0
7.4	Was 2 broad bandages used to secure above and below the fracture, around the body?	A	10	0
7.5	Was circulation checked distally post care? (nochange)	A	10	0
8.0	SHOCK AND GENERAL			
8.1	Was casualty covered “over” to lessen shock?	A	10	0
8.2	Was casualty reassured?	A/S	10	0
8.3	Was casualty reassured more than once?	A/S	10	0
8.4	Did team recognize change in priority with regards to which patient required oxygen?	S	20	0
8.5	Was LOC reassessed? 2nd set (Semi- con./ Confused)	A/S	10	0
8.6	Was respiration reassessed? 2nd set (18 regular/ full)	A	10	0
8.7	Was pulse reassessed? 2nd set (100 regular / strong)	A	10	0
8.8	Was the BP reassessed? 2 nd set (116/74)	A	10	0
8.9	Was skin reassessed? 2nd set (pale, cool,dry)	A	10	0
	Was pupils reassessed? 2nd set (3mm, equal & reactive)	A	10	0
9.0	PERSONAL PROTECTIVE EQUIPMENT			
9.1	Were gloves effective?(torn gloves must be replaced)	A	10	0
TREATMENT/CARE SUB-TOTAL(/440)				

CASUALTY 1 – “BMX RIDER”

TEAM #

10.0	RECORDING			
10.1	Was the Incident date and time recorded?	A	5	0
10.2	Was the personal casualty’s information recorded?	A	5	0
10.3	Was the initial LOC recorded?	A	5	0
10.4	Was the initial ABC status recorded?	A	5	0
10.5	Was the application of oxygen recorded?	A	5	0
10.6	Was an accurate incident history recorded?	A	5	0
10.7	Was mechanism of injury recorded?	A	5	0
10.8	Was the suspected head/spinal injury recorded?	A	5	0
10.9	Was the Right upper arm injury recorded?	A	5	0
10.10	Was the Right Upper leg injury recorded?	A	5	0
10.11	Was blood from the mouth recorded?	A	5	0
10.12	Were the allergies recorded?	A	5	0
10.13	Were medications recorded?	A	5	0
10.14	Was last oral intake recorded?	A	5	0
10.15	Was the removal of the helmet recorded?	A	5	0
10.16	Was the application of C-collar, including size recorded?	A	5	0
10.17	Was the immobilization on backboard recorded?	A	5	0
10.18	Was treatment for upper arm injury recorded?	A	5	0
10.19	Was treatment for upper leg injury recorded?	A	5	0
10.20	Was the amount of traction applied recorded?	A	5	0
10.21	Was c-spine control recorded?	A	5	0
	Vital Signs Note: If no time recorded, then no mark.			
10.22	Was the 1 st vital signs LOC recorded?	A	5	0
10.23	Was the 1 st vital signs Respiration recorded?	A	5	0
10.24	Was the 1 st vital signs Pulse recorded?	A	5	0
10.25	Was the 1 st vital sign BP recorded?	A	5	0
10.26	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
10.27	Was the 1 st vital signs Pupils recorded?	A	5	0
10.28	Was the 2 nd vital signs LOC recorded?	A	5	0
10.30	Was the 2 nd vital signs Respiration recorded?	A	5	0
10.31	Was the 2 nd vital signs Pulse recorded?	A	5	0
10.32	Was the 2 nd vital signs BP recorded?	A	5	0
10.33	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
10.34	Was the 2 nd vital signs Pupils recoded?	A	5	0
10.35	Was notification of EMS recorded?	A	5	0
10.36	Was the name(s) of the first aid team legibly recorded?	A	5	0
RECORDING SUB-TOTAL(/180)				

CASUALTY 2 – “SPECTATOR” TEAM #

SCENE / PRIMARY SURVEY:This section will not commence until the 10-minute mark of the scenario. At the 10-minute mark, the casualty (who has been not located in the room where the competitors are, will walk into the room and to the respective square/team after having been stung by a bee, develop anaphylaxis just as they approach the team, they are to act an ankle twist, and fall down onto their bottoms after sustaining an isolated ankle injury requiring the team to care for them. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
1.1	Did the team IMMEDIATELY recognize the new casualty and at least one responder, go to immediately?	S	20	0
1.2	Did the team take charge of the situation?	S	10	0
1.3	Did the team I.D. self and obtain consent to help?	A/S	10	0
1.4	Did the team wear protective gloves?	A/S	10	0
1.5	Did the team call out for help from by-standers?	S	10	0
1.6	Were hazards assessed? <i>(BMX bike moved for safety)</i> (POINTS ONLY AWARDED IF BIKE REMOVED)	A/S	10	0
1.7	Did the team determine any other casualties? <i>(1 other)</i>	A	10	0
1.8	Did the team caution the casualty to remain still and sit or lie down if they begin to feel unwell?	A/S	10	0
1.9	Did the team assess responsiveness?(Cons. & anxious)	A/S	10	0
1.10	Did the team assess airway? <i>(Wheezy)</i>	A/S	10	0
1.11	Did the team assess breathing? <i>(28 Wheezy and shallow)</i>	A	10	0
1.12	Did team apply oxygen? <i>(non-rebreather @10-15LPM)</i>	A	20	0
1.13	Did the team assess the circulation – skin? <i>(redness, hives)</i>	A	10	0
1.14	Did the team perform a rapid body survey? <i>(left ankle fracture)</i>	A	10	0
1.15	Did the team activate/ update EMS of a second patient?	A/S	10	0
RECOGNITION & TREATMENT OF ANAPHYLAXIS				
1.16	Was anaphylaxis recognized?	S	30	0
1.17	Did first aider seek permission to use casualty’s Epi-pen?	S	20	0
1.18	Was the 5 Rights completed? <i>(Person, Time, Medication, Route, Amount)</i>	S	30	0
1.19	Was casualty’s Epi-pen identified & used properly?	A/S	40	0
1.20	Was patient reassessed after treatment for effectiveness?	S	20	0
PRIMARY SURVEY SUB-TOTAL(/310)				

CASUALTY 2 – “SPECTATOR”

TEAM #

SECONDARY SURVEY: This section will not commence until after the 10-minute mark of the BMX scenario.		A/S	P O I N T S	N O T D O N E
Actions in this section may be done in any order.				
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask the casualties name?	S	10	0
2.2	Did the team ask about symptoms? (anaphylaxis – urticarial/hives/redness, wheezes and SOB), (Ankle – decreased ROM, pain, unable to weight bear.	S	10	0
2.3	Did the team ask if casualty has any allergies?(Tylenol, Bees)	S	10	0
2.4	Did the team ask for Medications? (Epi-pen)	S	10	0
2.5	Did First Aider ask casualty’s past medical Hx?(None)	S	10	0
2.6	Did the First Aider ask about last meal?(breakfast)	S	10	0
2.7	Did First Aider determine how the incident happened? (drinking from soda pop can, bee inside, stung in mouth, twisted ankle)	S	10	0
3.0	CASUALTY’S VITAL SIGNS ASSESSMENT			
3.1	Did the team determine LOC? (Alert & anxious)	A	10	0
3.2.	Did the team assess Respiration?(28 wheezy and shallow)	A	10	0
3.3	Did the team assess Pulse? (120 Regular and weak)	A	10	0
3.4	Did team assess BP? (86/60)	A	10	0
3.5	Did the team assess Skin? (red, cool, dry)	A	10	0
3.6	Did the team assess Pupils? (3mm, Equal& reactive)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (nodeformity)	A	10	0
4.2	Check eyes? (equal and Reactive)	A	10	0
4.3	Check nose? (nothing)	A	10	0
4.4	Check mouth? (nothing)	A	10	0
4.5	Check jaw? (nodeformity)	A	10	0
4.6	Check ears? (nothing)	A	10	0
4.7	Check neck? (no deformity, no pain)	A	10	0
4.8	Check collarbones? (no deformity)	A	10	0
4.9	Check shoulders? (nodeformity)	A	10	0
4.10	Check both arms/hands?(nodeformity)	A	10	0
4.11	Check chest (no deformity)	A	10	0
4.12	Check abdomen?(clear)	A	10	0
4.13	Check back? (no deformity)	A	10	0
4.14	Check pelvis?(no deformity)	A	10	0
4.15	Check both legs?(decreased ROM, unable to wt. bear, deformity)	A	10	0
SECONDARY SURVEY SUB-TOTAL(/280)				

CASUALTY 2 – “SPECTATOR” TEAM

5.0	TREATMENT OF ANKLE INJURY			
5.1	Was the injured ankle inspected?	A	10	0
5.2	Was circulation assessed below the injury, pre-care?	A/S	10	0
5.3	Was the ankle immobilized using padding & 2 bandages?	A	10	0
5.4	Was circulation assessed below the injury post-care?	A/S	10	0
5.5	Was an ice pack offered?	A/S	10	0
5.6	Was the ankle injury elevated?	A	10	0
6.0	SHOCK & GENERAL	A	10	0
6.1	Was the casualty reassured?			
6.2	Was the casualty reassured more than once?	A	10	0
6.3	Was casualty covered “over” for warmth/lessen shock?	A	10	0
6.4	Was LOC reassessed? 2 nd set <i>(Conscious)</i>	A	10	0
6.5	Was Respiration reassessed? 2 nd set <i>(20 regular & full)</i>	A	10	0
6.6	Was pulse reassessed? 2 nd set <i>(80 regular & full)</i>	A	10	0
6.7	Was BP reassessed? 2 nd set <i>(110/70)</i>	A	10	0
6.8	Was Skin reassessed? 2 nd set <i>(pink, warm, dry)</i>	A	10	0
7.0	PERSONAL PRTECTIVE EQUIPMENT			
7.1	Were gloves effective? <i>(torn gloves must be replaced)</i>	A	10	0
TREATMENT/CARE SUB-TOTAL(/150)				

8.0	RECORDING			
8.1	Was the incident date and time recorded?	A	5	0
8.2	Was the casualty’s information recorded?	A	5	0
8.3	Was the initial LOC recorded?	A	5	0
8.4	Was the initial ABC status recorded?	A	5	0
8.5	Was application of oxygen recorded?	A	5	0
8.6	Was an accurate incident history recorded?	A	5	0
8.7	Were the casualty’s anaphylaxis symptoms recorded?	A	5	0
8.8	Was the use of an Epi-pen recorded WITH time?	A	5	0
8.9	Was the resolution of symptoms recorded?	A	5	0
8.10	Were the allergies recorded? <i>(Tylenol, bee stings)</i>	A	5	0
8.11	Were medications recorded? <i>(Epi-Pen)</i>	A	5	0
8.12	Was the lack of a medical history recorded?	A	5	0
8.13	Was the last oral intake recorded?	A	5	0
8.14	Was the left ankle injury recorded?	A	5	0
8.15	Was the treatment of the ankle injury recorded?	A	5	0
8.16	Was the offer for ice/application of cold recorded?	A	5	0
8.17	Was the circulation before and after treatment noted?	A	5	0
	Vital Signs Note: If no time recorded, then no mark.			
8.18	Was the 1 st vital signs LOC recorded?	A	5	0
8.19	Was the 1 st vital signs Respiration recorded?	A	5	0
8.20	Was the 1 st vital signs Pulse recorded?	A	5	0
8.21	Was the 1 st BP recorded?	A	5	0
8.22	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
8.23	Was the 2 nd vital signs Level of Consciousness recorded?	A	5	0
8.24	Was the 2 nd vital signs Respiration recorded?	A	5	0
8.25	Was the 2 nd vital signs Pulse recorded?	A	5	0
8.26	Was the 2 nd BP recorded?	A	5	0
8.27	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
8.28	Was a pupil assessment recorded?	A	5	0
8.29	Was notification of EMS recorded?	A	5	0
8.30	Was the name(s) of the first aid team legibly recorded?	A	5	0
RECORDING SUB-TOTAL(/150)				