

2016

St. John Ambulance OMFRC Competition First Aid Challenge

TEAM SCENARIO

Scenario # 1 – “TIPPY”

Background Scenario

You and your team are Providing First Aid Services for the UOIT evacuation site.

Your team has been assigned the post of the “south quarter” of the campus to monitor, which includes ponds, waterways, bridges and a number of park like areas. Evacuees have been told by the university to stay away from these areas as the water levels are very high and the water temperature is still very cold.

As you are travelling around the campus you find here at the pond an overturned boat and can see two people crawling up the embankment to you – soaking wet having swam in from the overturned boat.

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 – SITE 1 - @ the Pond

(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Overall Scenario for the event: It has been a wet season so far in 2016, which has lead to heavy rainfall and a number of communities forced to evacuate the flooded areas to central locations as temporary shelters. The University of Ontario has been transformed into one such evacuation center. The teams are providing on site first aid and infirmery coverage to the over 2000 displaced people at this site in the GTA. Through out the day, teams will be assigned different “posts” to monitor and provide coverage.

Scenario Information: (Info sheet given to teams just before beginning of scenario) Your team has been assigned the post of the “south quarter” of the campus to monitor, which includes ponds, waterways, bridges and a number of park like areas. Evacuees have been told by the university to stay away from these areas as the water levels are very high and the water temperature is still very cold. As you are travelling around the campus you find here at the pond an overturned boat and can see two people crawling up the embankment to you – soaking wet having swam in from the overturned boat.

Scenario Set Up:

- Total number of patients: 2
- Patient #1 is crawling on all fours towards the crew when they arrive. Patient #2 lying on their back (supine) on the grass ahead of patient #1. Please keep everyone at least 25 ft. AWAY from the edge of the pond at all times! Start crawling from 25 ft. up the embankment!!
- Both patients need to be wearing clothing that (hopefully will) appear/ simulated as “wet” - **BUT DO NOT WET CASUALTIES!!!**
- Patient #1 – “The Asthmatic” : Wearing a fanny pack with 1x Epi pen (trainer), 1x Ventolin inhaler and 1x Flovent inhaler
- Patient #2 – “Stung” : No special set up considerations.
- Scenario Props: Canoe/boat in water, tipped over/tied to shore.

Timing Notes:

- There will be a 3 minute warning to signify the end of the primary survey. Teams will ONLY be able to score points from the first page during the first 3 minutes!
- There will also be a 2 minute remaining signal for the team’s benefit.
- Teams will be given 5 minutes after the scenario to complete paperwork while scenario re-set occurs.

CASUALTY SIMULATORS INFORMATION**Patient #1 – “The Asthmatic”****SIMULATION:**

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious adult 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. Crawling towards crew.
<ul style="list-style-type: none"> Moderate Immersion Hypothermia 	<ul style="list-style-type: none"> Simulated wet clothing Cold/ “wet” and bluish skin Chattering teeth and shivering
<ul style="list-style-type: none"> Difficulty Breathing/ Asthma attack 	<ul style="list-style-type: none"> No simulation required. Ensure Fanny pack with meds on the patient.

SAMPLE/ HISTORY:

S	1). Severe asthma attack brought on my having to swimming in the cold water and crawling out. 2.) Moderate immersion hypothermia.
A	Anaphylactic to Bees - Last stung x 3 years ago where your “nearly died.”
M	Ventolin Inhaler, Flovent Inhaler and Epi Pen <i>**All three Medications in a “fanny pack” around the patients waist. **</i>
P	- Severe Asthma. You have attacks a couple times a week usually associated with physical activities. Last Asthma attack was 3 days ago.
L	Around 2 hours ago.
E	You and your friend were paddling around the pond. A bee started buzzing around. You (patient #1) are deathly allergic to Bees and started swinging in order to try to kill the Bee. Your friend (patient #2) jumped up quickly to help you, lost their balance and caused the canoe to overturn. You do not think you have been stung, but have your epi pen on you just in case. The physical exertion and frigid water temperature has caused you to have an asthma attack- so you are VERY short of breath, as well shivering violently from moderate hypothermia.

VITAL SIGNS:

	<u>1st SET</u> (BEFORE [Repeat if no] tx)	<u>2nd SET</u> (AFTER Ventolin tx)
RESP.	28 laboured (from crawling)	20 Slightly laboured
PULSE	110 Bounding & Rapid	98 Bounding and rapid
B/P	156/96	112/76 - (repeat for subsequent)
SKIN	Pale, cool, wet, shivering	Pale, cool, wet, shivering
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

CASUALTY SIMULATORS INFORMATION**Patient #2 – “Stung”****SIMULATION:**

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious adult 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. Laying supine on grass (above Patient #1)
<ul style="list-style-type: none"> Moderate Immersion Hypothermia 	<ul style="list-style-type: none"> Simulated wet clothing Cold/ “wet” and bluish skin Chattering teeth and shivering
<ul style="list-style-type: none"> Head/Neck Injury 	<ul style="list-style-type: none"> Complaining of “Sore neck” Dramatic bruise to back of the neck/base of skull
<ul style="list-style-type: none"> Stung by Bee 	<ul style="list-style-type: none"> Small swelling pad on RIGHT forearm with redness and a small black stinger in place.

SAMPLE/ HISTORY:

S	1.) Fall out of canoe and struck back of head on the side of the canoe. You have a sore neck and have a bruise at the base of the skull. 2.) Stung by the Bee = Mild swelling/rash on the RT forearm with stinger in place. 3.) Had to swim in in the frigid water = moderate immersion hypothermia.
A	None that you know of.
M	None
P	None
L	Around 2 hours ago.
E	You and your friend were paddling around the pond. A bee started buzzing around. Your friend (patient #1) is allergic and was swinging, you (patient #2) jumped to help but lost your balance, fell backwards; striking the back of your head on the edge of the boat and tipped the canoe. When you fell into the frigid water.

VITAL SIGNS:

	<u>1st SET</u>	<u>2nd SET</u>
RESP.	24 slightly laboured (from crawling)	18 Regular & Full
PULSE	100 Bounding & Rapid	84 Regular & Full
B/P	114/78	108/74
SKIN	Pale, cool, wet, shivering	Pale, cool, wet, shivering
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

CYCLE # _____

TEAM # _____

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	✓	X	Did the team TAKE CHARGE of the situation?
2	✓	X	Did the team wear protective GLOVES?
3	✓	X	Did the team CALL OUT FOR HELP from bystanders?
4	✓	X	Did the team ASSESS for HAZARDS?
5	✓	X	Did the team adequately REMOVE ALL HAZARDS?
6	✓	X	Did the team DETERMINE/STATE the MECHANISM OF INJURY?
7	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	✓	X	Did the team RULE OUT C-Spine injury?
9	✓	X	Did the team ID SELF and OBTAIN CONSENT?
10	✓	X	Did the team ASSESS LEVEL OF CONSCIOUSNESS?
11	✓	X	Did the team ASSESS AIRWAY? <i>Open</i>
12	✓	X	Did the team ASSESS BREATHING? <i>30 Laboured</i>
13	✓	X	Did the team ENSURE SOB is NOT due to Anaphylaxis?
14	✓	X	Did the team COACH RESPIRATIONS to slow rate?
15	✓	X	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale/cool/wet/shiver</i>
16	✓	X	Did the team PERFORM A RAPID BODY SURVEY? <i>No findings</i>
17	✓	X	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
18	✓	X	Did the team ACTIVATE EMS/AMBULANCE?

Total of SCENE/PRIMARY SURVEY

JUDGES NOTE:

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.

Score Sheet for Patient #1 - The "Asthmatic"

SITE # 1 -"TIPPY"

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. Actions in this section may be done in any order.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
21	✓	X	Did the team ask about SYMPTOMS	<i>Severe SOB</i>
22	✓	X	Did the team ask about ALLERGIES?	<i>Bees</i>
23	✓	X	Did the team ask about MEDICATIONS?	<i>EpiPen/Ventolin/Flovent</i>
24	✓	X	Did the team ask about MEDICAL HISTORY?	<i>Severe Asthma</i>
25	✓	X	Did the team ask about LAST ORAL INTAKE?	<i>2 hrs ago</i>
26	✓	X	Did the team determine INCIDENT HISTORY?	<i>Swim in cold water</i>
1st Set of VITAL SIGNS				
27	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
28	✓	X	Did the team check RESPIRATIONS?	<i>28 Laboured</i>
29	✓	X	Did the team check PULSE?	<i>110 Bounding/Rapid</i>
30	✓	X	Did the team check SKIN CONDITION/TEMP?	<i>Pale/cool/wet/shivering</i>
31	✓	X	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
32	✓	X	Check SCALP/HEAD?	<i>No Findings</i>
33	✓	X	Check both EYES?	<i>No Findings</i>
34	✓	X	Check NOSE?	<i>No Findings</i>
35	✓	X	Check CHEEKBONES?	<i>No Findings</i>
36	✓	X	Check MOUTH?	<i>No Findings</i>
37	✓	X	Check JAW?	<i>No Findings</i>
38	✓	X	Check both EARS?	<i>No Findings</i>
39	✓	X	Check NECK?	<i>No Findings</i>
40	✓	X	Check both COLLARBONES?	<i>No Findings</i>
41	✓	X	Check both SHOULDERS?	<i>No Findings</i>
42	✓	X	Check RIGHT ARM?	<i>No Findings</i>
43	✓	X	Check LEFT ARM?	<i>No Findings</i>
44	✓	X	Check CHEST?	<i>No Findings</i>
45	✓	X	Check ABDOMEN?	<i>No Findings</i>
46	✓	X	Check BACK?	<i>No Findings</i>
47	✓	X	Check PELVIS?	<i>No Findings</i>
48	✓	X	Check RIGHT LEG?	<i>No Findings</i>
49	✓	X	Check LEFT LEG?	<i>No Findings</i>
Total of SECONDARY SURVEY				

Score Sheet for Patient #1 - The "Asthmatic"

SITE # 1 -"TIPPY"

FIRST AID / TREATMENT

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. Actions in this section may be done in any order.

NO.	DONE	NOT DONE	ASTHMA ATTACK CARE
51	✓	X	Did the team CONTINUE TO COACH RESPIRATIONS
52	✓	X	Did the team ASK about SEVERITY OF ASTHMA? <i>Last attack x 3 days ago</i>
			Did the team DETERMINE the 5 RIGHTS <u>BEFORE</u> assisting with Ventolin?
53	✓	X	RIGHT PERSON/ Patient Name <i>As per label</i>
54	✓	X	RIGHT MEDICATION <i>Ventolin (Blue)</i>
55	✓	X	RIGHT TIME <i>SOB/ spt. Asthma</i>
56	✓	X	RIGHT ROUTE <i>Inhalation</i>
57	✓	X	RIGHT AMOUNT/DOSE <i>4 x 4 x 4 (as per RX)</i>
58	✓	X	Did the team INFORM the patient as to HOW TO USE MEDICATION?
59	✓	X	Did the team CHECK THE EXPIRY DATE BEFORE USE?
60	✓	X	Did the team ASSIST with 1st PUFF of VENTOLIN followed by 4 BREATHS?
61	✓	X	Did the team ASSIST with 2nd PUFF of VENTOLIN followed by 4 BREATHS?
62	✓	X	Did the team ASSIST with 3rd PUFF of VENTOLIN followed by 4 BREATHS?
63	✓	X	Did the team ASSIST with 4th PUFF of VENTOLIN followed by 4 BREATHS?
64	✓	X	Did the team REASSESS SOB AFTER 4 PUFFS? <i>Resolved SOB</i>
65	✓	X	Did the team REASSESS SOB AFTER 5+ MINUTES? <i>No New findings</i>
			HYPOTHERMIA CARE
66	✓	X	Did the team COVER OVER the patient with a BLANKET?
67	✓	X	Did the team COVER UNDER the patient with a BLANKET?
68	✓	X	Did the team REMOVE (verbalize) WET CLOTHING?
69	✓	X	Did the team PROVIDE SUPPLEMENTAL HEAT? <i>ie: body to body/heater</i>
			SHOCK & GENERAL CARE
70	✓	X	Did the team REASSURE the patient about their OWN CARE?
71	✓	X	Did the team REASSURE the patient about their FRIENDS CARE?
72	✓	X	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
73	✓	X	Did the team RE-check RESPIRATIONS? <i>20 Slightly Laboured</i>
74	✓	X	Did the team RE-check PULSE? <i>98 Bounding /Rapid</i>
75	✓	X	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale/Cold/Wet/Shivering</i>
76	✓	X	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
77	✓	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)
			Total of FIRST AID/TREATMENT

Score Sheet for Patient #1 - The "Asthmatic"

SITE # 1 -"TIPPY"

NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
80	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
81	✓	X	Was the INCIDENT TIME AND DATE recorded?
82	✓	X	Was the INCIDENT LOCATION recorded?
83	✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
84	✓	X	Was the patients ALLERGIES recorded?
85	✓	X	Was the patients MEDICATIONS recorded?
86	✓	X	Was the patients MEDICAL HISTORY recorded?
87	✓	X	Was the LAST ORAL INTAKE recorded?
88	✓	X	Was the suspected ASTHMA ATTACK recorded with assessment findings?
89	✓	X	Was the suspected HYPOTHERMIA recorded?
Vital Signs <u>MUST HAVE</u> the <u>TIME</u> recorded as well, to be awarded points !!!			
90	✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
91	✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
92	✓	X	Was 1st set of vital signs - PULSE recorded?
93	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
94	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
95	✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
96	✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
97	✓	X	Was 2nd set of vital signs - PULSE recorded?
98	✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
99	✓	X	Was 2nd set of vital signs - PUPILS recorded?
100	✓	X	Was the COACHING OF RESPIRATIONS recorded?
101	✓	X	Was the 5 RIGHTS recorded?
102	✓	X	Was the USE OF VENTOLIN RECORDED WITH the TIME of administration?
103	✓	X	Was the EXPIRY DATE of the ventolin recorded?
104	✓	X	Was the RESOLUTION OF SOB recorded?
105	✓	X	Was the REMOVAL of WET CLOTHING recorded?
106	✓	X	Was the BLANKET(S) USE "OVER THE PATIENT" recorded?
107	✓	X	Was the BLANKET(S) USE "UNDER THE PATIENT" recorded?
108	✓	X	Was the OTHER RE-WARMING TECHNIQUES used recorded?
109	✓	X	Was the NOTIFICATION OF EMS recorded?
110	✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
Total of FIRST AID/TREATMENT			

Score Sheet for Patient #1 - The "Asthmatic"

CYCLE # _____

TEAM # _____

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
150	✓	X	Did the team TAKE CHARGE of the situation?
151	✓	X	Did the team wear protective GLOVES?
152	✓	X	Did the team CALL OUT FOR HELP from bystanders?
153	✓	X	Did the team ASSESS for HAZARDS?
154	✓	X	Did the team adequately REMOVE ALL HAZARDS?
155	✓	X	Did the team DETERMINE/STATE the MECHANISM OF INJURY?
156	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?
157	✓	X	Did the team RULE IN HEAD/NECK INJURY?
158	✓	X	Did the team WARN PATIENT "DO NOT MOVE"?
159	✓	X	Did the team IMMEDIATELY CONTROL HEAD/NECK ?
160	✓	X	Did the team ID SELF and OBTAIN CONSENT?
161	✓	X	Did the team ASSESS LEVEL OF CONSCIOUSNESS?
162	✓	X	Did the team ASSESS AIRWAY? <i>Open</i>
163	✓	X	Did the team ASSESS BREATHING? <i>24 slightly laboured</i>
164	✓	X	Did the team COACH RESPIRATIONS?
165	✓	X	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale/cool/wet/shivering</i>
166	✓	X	Did the team PERFORM A RAPID BODY SURVEY? <i>No Life Threats</i>
167	✓	X	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
168	✓	X	Did the team ACTIVATE EMS/AMBULANCE?
Total of SCENE/PRIMARY SURVEY			

JUDGES NOTE:

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.

Score Sheet for Patient #2 - "Stung"

SITE # 1 -"TIPPY"

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. Actions in this section may be done in any order.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
170	✓	X	Did the team ask about SYMPTOMS	<i>Pain in Neck & Rt Arm</i>
171	✓	X	Did the team ask about ALLERGIES?	<i>None</i>
172	✓	X	Did the team ask about MEDICATIONS?	<i>None</i>
173	✓	X	Did the team ask about MEDICAL HISTORY?	<i>None</i>
174	✓	X	Did the team ask about LAST ORAL INTAKE?	<i>Around 2 hrs ago</i>
175	✓	X	Did the team determine INCIDENT HISTORY?	<i>neck on boat/ cold water</i>
1st Set of VITAL SIGNS				
176	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
177	✓	X	Did the team check RESPIRATIONS?	<i>24 Slightly laboured</i>
178	✓	X	Did the team check PULSE?	<i>110 Bounding & Rapid</i>
179	✓	X	Did the team check SKIN CONDITION/TEMP?	<i>Pale/cool/wet/shivering</i>
180	✓	X	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
181	✓	X	Check SCALP/HEAD?	<i>No Findings</i>
182	✓	X	Check both EYES?	<i>No Findings</i>
183	✓	X	Check NOSE?	<i>No Findings</i>
184	✓	X	Check CHEEKBONES?	<i>No Findings</i>
185	✓	X	Check MOUTH?	<i>No Findings</i>
186	✓	X	Check JAW?	<i>No Findings</i>
187	✓	X	Check both EARS?	<i>No Findings</i>
188	✓	X	Check NECK?	<i>Pain, Swelling & Bruise</i>
189	✓	X	Check both COLLARBONES?	<i>No Findings</i>
190	✓	X	Check both SHOULDERS?	<i>No Findings</i>
191	✓	X	Check RIGHT ARM?	<i>Swelling, Red and Stinger</i>
192	✓	X	Check LEFT ARM?	<i>No Findings</i>
193	✓	X	Check CHEST?	<i>No Findings</i>
194	✓	X	Check ABDOMEN?	<i>No Findings</i>
195	✓	X	Check BACK?	<i>No Findings</i>
196	✓	X	Check PELVIS?	<i>No Findings</i>
197	✓	X	Check RIGHT LEG?	<i>No Findings</i>
198	✓	X	Check LEFT LEG?	<i>No Findings</i>
Total of SECONDARY SURVEY				

Score Sheet for Patient #2 - "Stung"

SITE # 1 -"TIPPY"

FIRST AID / TREATMENT

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. Actions in this section may be done in any order.

NO.	DONE	NOT DONE	SPINAL IMMOBILIZATION
200	✓	X	Did the team maintain HEAD/NECK SUPPORT THROUGHOUT SCENARIO?
BEE STING- RIGHT ARM			
201	✓	X	Did the team CHECK FOR SIGNS OF ANAPHYLAXIS IMMEDIATELY?
202	✓	X	Did the team CONTINUE TO RE-CHECK FOR SIGNS OF ANAPHYLAXIS?
203	✓	X	Did the team USE BLUNT EDGE TO SCRAPE/REMOVE STINGER?
204	✓	X	Did the team APPLY ICE FOR SWELLING?
HYPOTHERMIA CARE			
205	✓	X	Did the team COVER OVER the patient with a BLANKET?
206	✓	X	Did the team COVER UNDER the patient with a BLANKET?
207	✓	X	Did the team REMOVE (verbalize) WET CLOTHING?
208	✓	X	Did the team PROVIDE SUPPLEMENTAL HEAT? <i>le: body to body/heater</i>
SHOCK & GENERAL CARE			
209	✓	X	Did the team REASSURE the patient about their OWN CARE?
210	✓	X	Did the team REASSURE the patient about their FRIENDS CARE?
211	✓	X	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
213	✓	X	Did the team RE-check RESPIRATIONS? <i>18 Regular & Full</i>
214	✓	X	Did the team RE-check PULSE? <i>84 Regular & Full</i>
215	✓	X	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale/cool/wet/shivering</i>
216	✓	X	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
217	✓	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)
Total of FIRST AID/TREATMENT			

Score Sheet for Patient #2 - "Stung"

SITE # 1 -"TIPPY"

NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
226	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
227	✓	X	Was the INCIDENT TIME AND DATE recorded?
228	✓	X	Was the INCIDENT LOCATION recorded?
229	✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
230	✓	X	Was the patients ALLERGIES recorded?
231	✓	X	Was the patients MEDICATIONS recorded?
232	✓	X	Was the patients MEDICAL HISTORY recorded?
233	✓	X	Was the LAST ORAL INTAKE recorded?
234	✓	X	Was the suspected HEAD AND NECK INJURY recorded?
235	✓	X	Was the RIGHT ARM BEE STING recorded?
236	✓	X	Was the suspected HYPOTHERMIA recorded?
Vital Signs <u>MUST HAVE</u> the <u>TIME</u> recorded as well, to be awarded points !!!			
237	✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
238	✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
239	✓	X	Was 1st set of vital signs - PULSE recorded?
240	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
241	✓	X	Was 1st set of vital signs - PUPILS recorded?
242	✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
243	✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
244	✓	X	Was 2nd set of vital signs - PULSE recorded?
245	✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
246	✓	X	Was 2nd set of vital signs - PUPILS recorded?
247	✓	X	Was the C-SPINE SUPPORT recorded?
248	✓	X	Was the REMOVAL OF THE BEE STINGER recorded?
249	✓	X	Was the USE OF ICE ON THE BEE STING recorded?
250	✓	X	Was the REMOVAL of WET CLOTHING recorded?
251	✓	X	Was the BLANKET(S) USE "OVER THE PATIENT" recorded?
252	✓	X	Was the BLANKET(S) USE "UNDER THE PATIENT" recorded?
253	✓	X	Was the OTHER RE-WARMING TECHNIQUES used recorded?
254	✓	X	Was the NOTIFICATION OF EMS recorded?
255	✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
RECORDING/ DOCUMENTATION			

Score Sheet for Patient #2 - "Stung"