## 2016

## St. John Ambulance OMFRC Competition First Aid Challenge

#### **TEAM SCENARIO**

## Scenario # 2 - "... And they all fell down"

## **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 the ponds, waterways, bridges and a number of park like areas.

As you are travelling around the campus you hear screams for help.

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 #2 @ compost



(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 infirmary 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.

<u>Scenario Information:</u> (Info sheet given to teams just before beginning of 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 the ponds, waterways, bridges and a number of park like areas. As you are travelling around the campus you hear screams for help.

#### Scenario Set Up:

- Total number of patients: 2
- Patient #1 lying supine (on back) in a forested type area with impaled stick through the stomach which is still attached to the ground = unable to move. This person is UNCONSCIOUS for the first 10 minutes of the scenario.
- Patient #2 lying prone (on stomach) in same forested area screaming in pain.

#### **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 be a 10 minute mark of the scenario to indicate when Patient #1 becomes conscious/ wakes and screaming.
- 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 - "IMPALED"



#### **SIMULATION:**

Information	Casualty Simulation Required		
<ul> <li>Unconscious for first</li> </ul>	<ul> <li>No Response for first 10 minutes.</li> </ul>		
10 minutes	<ul> <li>Ensure patient is aware of situation and SAMPLE.</li> </ul>		
<ul> <li>Impaled through</li> </ul>	<ul> <li>3-4" stick impaled through the mid abdomen</li> </ul>		
Abdomen	<ul> <li>Moderate bleeding, soaked though hole in shirt.</li> </ul>		
<ul> <li>Head and Spinal</li> </ul>	Pain in head, headache.		
Injury			
<ul><li>Shock</li></ul>	Pale, Cool and Clammy skin		

#### **SAMPLE/ HISTORY:**

<u> </u>	WI EL/ HISTORY.					
S	1). Fall onto tree stump – impaled through the abdomen					
	2.) Head and Spinal injury from fall.					
	** Unconscious until the 10 minute mark, regains consciousness and is VERY upset about					
	injuries. While unconscious - the patient moans when touched in injury areas and if					
	teams attempts to move the casualties off the planted stump.					
A	None					
M	None					
P	None					
L	"First thing this morning."					
E	After waking: You and your friends were playing the trees. You decided to climb higher					
	and remember the branches making a cracking sound. You don't remember anything else					
	until you woke up and you have a tree stump through your stomach.					

#### **VITAL SIGNS:**

	1st SET (repeat if before 10 min.)	2 <sup>nd</sup> SET (after 10 min.)
RESP.	10 Shallow & Regular	24 Shallow & Regular
PULSE 122 Rapid & Thready		126 Rapid & Thready
B/P	134/84	186/104
SKIN Pale, cool, clammy		Pale, cool, clammy
LOC Unconscious		Conscious
PUPILS	Sluggish	Equal & Reactive



\*\* PATIENT HAS BEEN ROLLED FOR THIS PHOTO!

#### **SIMULATION:**

OINIOE/CITOIC	
Information	Casualty Simulation Required
<ul> <li>Conscious</li> </ul>	<ul> <li>Ensure patient is aware of situation and SAMPLE.</li> </ul>
	<ul> <li>Lying supine in forest area.</li> </ul>
<ul> <li>Head and Spinal</li> </ul>	<ul> <li>Pain in mid and upper back areas after fall.</li> </ul>
<ul> <li>Bilateral Closed</li> </ul>	<ul> <li>Large swelling pads on front of mid thighs</li> </ul>
Femur Fractures	Bruising
Closed Upper LEFT	Swelling and bruising to mid upper arm.
arm Fracture	
<ul><li>Shock</li></ul>	<ul> <li>Pale, Cold, clammy skin</li> </ul>

#### **SAMPLE/ HISTORY:**

S	1.) Fall from height in tree = Head and Spinal injury						
	2.) Bilateral Closed Fractured Femurs (both) = SEVERE PAIN!!						
	3.) Closed fracture to LT Upper arm/ Humerus						
A	None						
M	None						
P	None						
L	Had a snack about 30 minutes ago.						
E	You and your friend were up in the trees climbing when the branch above you; where						
	your friend was snapped causing them to fall onto you, and the both of you falling to the						
	ground. Height was approx. 25ft.						

#### **VITAL SIGNS:**

	1 <sup>st</sup> SET	2 <sup>nd</sup> SET
RESP.	22 Crying, Laboured	20 deep, laboured
PULSE 110 Bounding & Rapid		90 Regular & Full
<b>B/P</b> 166/96		150/94
SKIN Pale, cool, clammy Pal		Pale, cool, clammy
LOC Conscious		Conscious
PUPILS Equal & Reactive		Equal & Reactive

0\/0  F #	TE A B A #
CYCLE #	TEAM #

NO.	DONE	NOT DONE		SCENI	PRIMARY SURVE	Υ
1	$\checkmark$	X	Did the team	TAKE CHARGE of	the situation?	
2	$\checkmark$	X	Did the team	wear protective (	SLOVES?	
3	$\checkmark$	X	Did the team	CALL OUT FOR HE	LP from bystande	rs?
4	$\checkmark$	X	Did the team	ASSESS for HAZAI	RDS?	
5	$\checkmark$	X	Did the team	adequately REMO	OVE ALL HAZARDS	?
6	$\checkmark$	X	Did the team	DETERMINE/STAT	E the MECHANISM	M OF INJURY?
7	$\checkmark$	X	Did the team	DETERMINE the N	IUMBER OF CASU	ALTIES?
8	$\checkmark$	X	Did the team	RULE IN C-Spine i	njury?	
9	$\checkmark$	X	Did the team	WARN PATIENT "	DO NOT MOVE"?	
10	$\checkmark$	X	Did the team	IMMEDIATELY CO	NTROL HEAD/NEO	CK?
11	$\checkmark$	X	Did the team	ID SELF and OBTA	IN CONSENT?	
12	$\checkmark$	X	Did the team	ASSESS LEVEL OF	CONSCIOUSNESS	?
13	$\checkmark$	X	Did the team	ASSESS AIRWAY i	n position	Open
14	$\checkmark$	X	Did the team	ASSESS BREATHIN	IG?	10 Shallow & Regular
15	$\checkmark$	X	Did the team	ADMINISTER HIG	H FLOW OXYGEN?	
16	$\checkmark$	X	Did the team	ASSESS PULSE? (C	Circulation	122 Rapid & Thready
17	$\checkmark$	X		ASSESS SKIN CON	•	Pale/cool/clammy
18	$\checkmark$	X	Did the team	PERFORM A RAPI	D BODY SI	Abdo Wound
19	<b>√</b>	X	Did the team	IMMEDIATELY CO	VER WITH A BLAN	IKET for shock and warmth
20	$\checkmark$	X	Did the team	ACTIVATE EMS/A	MBULANCE?	
			<b>Total of SCEN</b>	IE/PRIMARY SUR	/EY	

#### JUDGES NOTE:

<u>This section is active for the first 3 minutes of the scenario only!</u> 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 - "Impaled"

#### **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 PA	ATIENT
21	$\checkmark$	X	Did the team ask about SYMPTOMS	Neck & Abdo Pain
22	✓	X	Did the team ask about ALLERGIES?	None
23	$\checkmark$	Χ	Did the team ask about MEDICATIONS?	None
24	✓	X	Did the team ask about MEDICAL HISTOF	None
25	✓	Χ	Did the team ask about LAST ORAL INTAL	"First thing this am"
26	✓	X	Did the team determine INCIDENT HISTC	heard crack, woke as is
			1st Set of VITAL SIGNS	
27	<b>√</b>	X	Did the team check LEVEL OF CONSCIOU	Unconscious
28	✓	X	Did the team check RESPIRATIONS?	10 Shallow & regular
29	<b>√</b>	Χ	Did the team check PULSE?	122 Rapid & Thready
30	✓	X	Did the team check BLOOD PRESSURE	134/84
31	$\checkmark$	X	Did the team check SKIN CONDITION/TEI	Pale/Cool/Clammy
32	✓	X	Did the team check PUPILS?	Sluggish
			HEAD TO TOE EXAMINATION	
33	<b>√</b>	X	Check SCALP/HEAD?	No Findings
34	✓	X	Check both EYES?	No Findings
35	✓	X	Check NOSE?	No Findings
36	✓	X	Check CHEEKBONES?	No Findings
37	$\checkmark$	X	Check MOUTH?	No Findings
38	✓	X	Check JAW?	No Findings
39	<b>√</b>	X	Check both EARS?	No Findings
40	✓	X	Check NECK?	Moaning, Pain on palp.
41	<b>√</b>	X	Check both COLLARBONES?	No Findings
42	✓	X	Check both SHOULDERS?	No Findings
43	<b>√</b>	X	Check RIGHT ARM?	No Findings
44	<b>√</b>	X	Check LEFT ARM?	No Findings
45	<b>√</b>	X	Check CHEST?	No Findings
46	✓	X	Check ABDOMEN?	embedded stick/bleed
47	✓	X	Check BACK?	No Findings
48	<b>√</b>	X	Check PELVIS?	No Findings
49	<b>√</b>	X	Check RIGHT LEG?	No Findings
50	<b>√</b>	X	Check LEFT LEG?	No Findings
			Total of SECONDARY SURVEY	

Score Sheet for Patient #1 - "Impaled"

#### 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		HEAD AN	ID SPINAL CARE	
51	<b>√</b>	X	Did the team ma	aintain HEAD/NECI	SUPPORT THRO	UGHOUT SCENARIO?
52	✓	X	Did the team MI	EASURE ACCURATE	ELY for C-COLLAR	?
53	✓	X	Did the team AP	PPLY C-COLLAR with	hout excessive m	ovement?
54	<b>√</b>	Χ	Did the team HA	AVE PATIENT SWAL	LOW/ Check for t	tightness?
		PANI	C UPON REGAINI	ING CONSCIOUSNE	SS (AT 10 MIN. M	1ARK)
55	✓	Χ	Did the team IM	1MEDIATE RE-ID TH	IEMSELVES & GET	CONSENT?
56	✓	Χ	Did the team att	tempt to CALM/ RE	EASSURE THE PAT	TENT?
57	✓	Χ	Did the team W	ARN THE CONSCIO	US PATIENT NOT	TO MOVE?
			IMBEDDE	D OBJECT IN MID A	ABDOMEN	
58	✓	X	Did the team AP	PPLY STERILE DRESS	SINGS around the	base of the object?
59	✓	Χ	Did the team AP	PPLY PADDING TO	ADEQUATELY SEC	URE OBJECT?
60	✓	Χ	Did the team RE	-ASSESS DRESSING	S AFTER CARE FO	R SATURATION?
			SH	OCK & GENERAL C	ARE	
61	✓	Χ	Did the team CC	OVER OVER the pat	ient with a BLANI	KET?
62	<b>√</b>	X	Did the team RE	ASSURE the patier	nt about their OW	'N CARE?
63	✓	Χ	Did the team RE	ASSURE the patier	nt about their FRI	ENDS CARE?
65	<b>√</b>	X	Did the team RE	E-check LEVEL OF C	ONSCI	Conscious
66	✓	Χ	Did the team RE	-check RESPIRATIO	NS?	24 Shallow & Regular
67	<b>√</b>	X	Did the team RE	E-check PULSE?		126 Rapid & Thready
68	✓	Χ	Did the team RE	-check BLOOD PRE	SSURE	186/104
69	✓	X	Did the team RE	-check SKIN COND	ITION,	Pale/Cool/Clammy
70	✓	Χ	Did the team RE			Equal/Reactive
71	✓	Χ	Did team INFOR	M UNIVERSITY abo	out on site incider	nt?
72	✓	X	Were GLOVES E	FFECTIVE THROUG	HOUT? (Torn glo	ves MUST be replaced!)
			Total of FIRST A	ID/TREATMENT		

Score Sheet for Patient #1 - "Impaled"

			SITE # 2 -"And they all fell down"
NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
73	<b>√</b>	X	Was ALL of the patients PERSONAL INFORMATION recorded?
74	<b>√</b>	X	Was the INCIDENT TIME AND DATE recorded?
75	<b>√</b>	X	Was the INCIDENT LOCATION recorded?
76	<b>√</b>	X	Was the INCIDENT HISTORY (Accurately) recorded?
77	<b>√</b>	X	Was the patients ALLERGIES recorded?
78	✓	X	Was the patients MEDICATIONS recorded?
79	$\checkmark$	X	Was the patients MEDICAL HISTORY recorded?
80	<b>√</b>	X	Was the LAST ORAL INTAKE recorded?
81	<b>√</b>	X	Was the patients INITIAL LOC recorded?
82	<b>√</b>	X	Was the suspected Head & Spinal Injury recorded?
83	<b>√</b>	X	Was the ABDOMINAL TRAUMA/INJURY recorded?
84	<b>√</b>	X	Was suspected SHOCK recorded?
		Vital Signs <u>N</u>	MUST HAVE the TIME recorded as well, to be awarded points !!!
85	<b>√</b>	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
86	<b>√</b>	X	Was 1st set of vital signs - RESPIRATIONS recorded?
87	<b>√</b>	X	Was 1st set of vital signs - PULSE recorded?
88	<b>√</b>	X	Was 1st set of vital signs - BLOOD PRESSURE recorded?
89	<b>√</b>	X	Was 1st set of vital signs - SKIN CONDITION recorded?
90	<b>√</b>	X	Was 1st set of vital signs - PUPILS recorded?
91	<b>√</b>	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
92	<b>√</b>	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
93	<b>√</b>	X	Was 2nd set of vital signs - PULSE recorded?
94	<b>√</b>	X	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
95	<b>√</b>	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
96	<b>√</b>	X	Was 2nd set of vital signs - PUPILS recorded?
97	✓	X	Was the APPLICATION OF OXYGEN recorded?
98	<b>√</b>	X	Was the OXYGEN FLOW RATE & MASK TYPE recorded?
99	<b>√</b>	X	Was the CHANGE IN LOC recorded (with approx. time)?
100	<b>√</b>	X	Was the MANNUAL C-SPINE STABILIZATION recorded?
101	<b>√</b>	Χ	Was the C-COLLAR SIZE <b>AND</b> APPLICATION recorded?
102	$\checkmark$	X	Was the CARE for ABDOMINAL TRAUMA recorded?
103	✓	X	Was the USE OF A BLANKET recorded?
104	$\checkmark$	X	Was the NOTIFICATION OF EMS recorded?
105	$\checkmark$	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
			Total of FIRST AID/TREATMENT

CYCLE #	TEAM #

NO.	DONE	NOT DONE		SCENE/PRIM	ARY SURVEY	
150	<b>√</b>	X	Did the team	TAKE CHARGE of the situ	ation?	
151	<b>√</b>	X	Did the team	wear protective GLOVES	?	
152	$\checkmark$	X	Did the team	CALL OUT FOR HELP from	n bystanders?	
153	$\checkmark$	X	Did the team	ASSESS for HAZARDS?		
154	$\checkmark$	X	Did the team	adequately REMOVE ALL	. HAZARDS?	
155	$\checkmark$	X	Did the team	DETERMINE/STATE the N	MECHANISM OF	INJURY?
156	$\checkmark$	X	Did the team	DETERMINE the NUMBE	R OF CASUALTI	ES?
157	$\checkmark$	X	Did the team	RULE IN HEAD/NECK INJ	URY?	
158	$\checkmark$	X	Did the team	WARN PATIENT "DO NO	T MOVE"?	
159	$\checkmark$	X	Did the team	IMMEDIATELY CONTROL	HEAD/NECK?	
160	$\checkmark$	X	Did the team	ID SELF and OBTAIN COM	ISENT?	
161	<b>√</b>	X	Did the team	ASSESS LEVEL OF CONSC	IOUSNESS?	
162	$\checkmark$	X	Did the team	ASSESS AIRWAY?		Open
163	<b>√</b>	X	Did the team	ASSESS BREATHING?		22 Crying/Laboured
164	$\checkmark$	X	Did the team	ASSESS PULSE? (Circulat	ion <b>1</b>	10 Bounding & Rapid
165	<b>√</b>	X	Did the team	ASSESS SKIN CONDITION	(C	Pale/Cool/Clammy
166	<b>√</b>	X	Did the team	PERFORM A RAPID BODY	/ SI	No Gross Bleeds
167	<b>√</b>	X	Did the team	COVER WITH A BLANKET	for shock and	warmth?
168	$\checkmark$	X	Did the team	ACTIVATE EMS/AMBULA	NCE?	
			<b>Total of SCEN</b>	NE/PRIMARY SURVEY		

#### JUDGES NOTE:

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Actions in this section may be done in any order.

Score Sheet for Patient #2 - "Bi-Lat."

#### **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 PA	ATIENT
170	$\checkmark$	X	Did the team ask about SYMPTOMS	Leg, Arm, Back Pain
171	$\checkmark$	X	Did the team ask about ALLERGIES?	None
172	$\checkmark$	X	Did the team ask about MEDICATIONS?	None
173	$\checkmark$	X	Did the team ask about MEDICAL HISTOF	None
174	$\checkmark$	X	Did the team ask about LAST ORAL INTAL	Snack about 30 Min. Ago
175	$\checkmark$	X	Did the team determine INCIDENT HISTC	Fell 25ft from trees
			1st Set of VITAL SIGNS	
176	$\checkmark$	X	Did the team check LEVEL OF CONSCIOU	Conscious
177	$\checkmark$	X	Did the team check RESPIRATIONS?	22 Crying, Laboured
178	$\checkmark$	X	Did the team check PULSE?	110 Bounding & Rapid
179	$\checkmark$	X	Did the team check BLOOD PRESSURE	166/96
180	$\checkmark$	X	Did the team check SKIN CONDITION/TEI	Pale/Cool/Clammy
181	$\checkmark$	X	Did the team check PUPILS?	Equal/Reactive
			HEAD TO TOE EXAMINATION	
182	$\checkmark$	X	Check SCALP/HEAD?	No Findings
183	$\checkmark$	X	Check both EYES?	No Findings
184	$\checkmark$	X	Check NOSE?	No Findings
185	$\checkmark$	X	Check CHEEKBONES?	No Findings
186	$\checkmark$	X	Check MOUTH?	No Findings
187	$\checkmark$	X	Check JAW?	No Findings
188	$\checkmark$	X	Check both EARS?	No Findings
189	$\checkmark$	X	Check NECK?	No Findings
190	<b>√</b>	X	Check both COLLARBONES?	No Findings
191	$\checkmark$	X	Check both SHOULDERS?	No Findings
192	<b>√</b>	X	Check RIGHT ARM?	No Findings
193	$\checkmark$	X	Check LEFT ARM?	Closed Fx Humerus
194	$\checkmark$	X	Check CHEST?	No Findings
195	$\checkmark$	X	Check ABDOMEN?	No Findings
196	$\checkmark$	X	Check BACK?	Pain Mid/Upper Back
197	<b>√</b>	X	Check PELVIS?	No Findings
198	<b>√</b>	X	Check RIGHT LEG?	Closed Fx Femur
199	$\checkmark$	X	Check LEFT LEG?	Closed Fx Femur
			Total of SECONDARY SURVEY	

Score Sheet for Patient #2 - "Bi-Lat."

#### 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 IMMOBIL	IZATION
200	$\checkmark$	X	Did the team maintain HEAD/NECK SUPPO	ORT THROUGHOUT SCENARIO?
201	<b>√</b>	X	Did the team MEASURE ACCURATELY for O	C-COLLAR?
202	<b>√</b>	X	Did the team APPLY C-COLLAR without exc	cessive movement?
203	$\checkmark$	X	Did the team HAVE PATIENT SWALLOW/ C	Check for tightness?
204	<b>√</b>	X	Did the team LOG ROLL the patient as ON	E UNIT onto a backboard?
205	$\checkmark$	X	Did the team secure the patients CHEST- F	IRST, to backboard?
206	$\checkmark$	X	Did the team secure the patients LEGS - SE	ECOND, to backboard?
207	<b>√</b>	X	Did the team secure the patients HEAD - L	AST, to backboard?
208	$\checkmark$	X	Did the team RE-CHECK ALL IMMOBILIZAT	TON STRAPS? (ensure pt. secured)
			LEFT HUMERUS - CLOSED FRACTUR	RE
209	<b>√</b>	X	Did the team CHECK CIRCULATION BEFOR	E SPLINTING?
210	<b>√</b>	X	Did the team APPLY a STANDARD ARM SL	ING WITH 2 BANDAGES?
211	<b>√</b>	X	Did the team RE-CHECK CIRCULATION BEF	ORE SPLINTING?
212	<b>√</b>	X	Did the team APPLY ICE FOR SWELLING?	
			LEFT FEMUR- CLOSED FRACTURE	
213	<b>√</b>	X	Did the team CHECK CIRCULATION BEFOR	E SPLINTING?
214	<b>√</b>	X	Did the team SPLINT LEG EFFECTIVELY?	
215	<b>√</b>	X	Did the team RECHECK CIRCULATION AFTE	ER SPLINTING?
216	<b>√</b>	X	Did the team APPLY COLD PACK for swelling	ng?
			RIGHT FEMUR- CLOSED FRACTUR	E
217	<b>√</b>	X	Did the team CHECK CIRCULATION BEFOR	E SPLINTING?
218	$\checkmark$	X	Did the team SPLINT LEG EFFECTIVELY?	
219	<b>√</b>	X	Did the team RECHECK CIRCULATION AFTE	ER SPLINTING?
220	$\checkmark$	X	Did the team APPLY COLD PACK for swelling	ng?
			SHOCK & GENERAL CARE	
221	<b>√</b>	X	Did the team REASSURE the patient about	their OWN CARE?
222	<b>√</b>	X	Did the team RE-check LEVEL OF CONSCI	Conscious
223	<b>√</b>	X	Did the team RE-check RESPIRATIONS?	20 Deep, Laboured
224	<b>√</b>	X	Did the team RE-check PULSE?	90 Regular & Full
225	<b>√</b>	X	Did the team RE-check BLOOD PRESSURE	150/94
226	$\checkmark$	X	Did the team RE-check SKIN CONDITION,	Pale/Cool/Clammy
227	✓	X	Did the team RE-check PUPILS?	Equal/Reactive
228	<b>√</b>	X	Were GLOVES EFFECTIVE THROUGHOUT?	(Torn gloves MUST be replaced!)
			Total of FIRST AID/TREATMENT	

Score Sheet for Patient #2 - "Bi-Lat."

			SITE # 2And they all fell down
		NOT DONE	·
229	<b>√</b>	X	Was ALL of the patients PERSONAL INFORMATION recorded?
230		X	Was the INCIDENT TIME AND DATE recorded?
231		X	Was the INCIDENT LOCATION recorded?
232		X	Was the INCIDENT HISTORY (Accurately) recorded?
233		X	Was the patients ALLERGIES recorded?
234	<b>√</b>	X	Was the patients MEDICATIONS recorded?
235		X	Was the patients MEDICAL HISTORY recorded?
236		X	Was the LAST ORAL INTAKE recorded?
237	<b>√</b>	X	Was the suspected HEAD AND NECK INJURY recorded?
238		X	Was the suspected CLOSED FX LEFT HUMERUS recorded?
239	<b>√</b>	X	Was the LEFT CLOSED FX FEMUR recorded?
240	<b>√</b>	X	Was the RIGHT CLOSED FX FEMUS recorded?
		ا Vital Signs	MUST HAVE the TIME recorded as well, to be awarded points !!!
241	<b>√</b>	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
242	<b>√</b>	X	Was 1st set of vital signs - RESPIRATIONS recorded?
243	<b>√</b>	X	Was 1st set of vital signs - PULSE recorded?
244	<b>√</b>	X	Was 1st set of vital signs - BLOOD PRESSURE recorded?
245	<b>√</b>	X	Was 1st set of vital signs - SKIN CONDITION recorded?
246		X	Was 1st set of vital signs - PUPILS recorded?
247	<b>√</b>	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
248	<b>√</b>	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
249	<b>√</b>	X	Was 2nd set of vital signs - PULSE recorded?
250	<b>√</b>	X	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
251	<b>√</b>	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
252	<b>√</b>	X	Was 2nd set of vital signs - PUPILS recorded?
253	<b>√</b>	X	Was the C-COLLAR SIZE <b>AND</b> APPLICATION recorded?
254	<b>√</b>	X	Was the LOG ROLL recorded?
255	<b>√</b>	X	Was the USE OF A BACKBOARD recorded?
256	<b>√</b>	X	Was the IMMOBILIZATION on the backboard recorded?
257	<b>√</b>	X	Was the CIRCULATION FOR LEFT ARM -BEFORE AND AFTER recorded
258	<b>√</b>	X	Was the CARE FOR FX HUMERUS recorded?
259	<b>√</b>	X	Was the CIRCULATION FOR BOTH LEGS -BEFORE AND AFTER recorded
260	$\checkmark$	X	Was the CARE FOR FX LEFT FEMUR recorded?
261	$\checkmark$	X	Was the CARE FOR FX RIGHT FEMUR recorded?
262	$\checkmark$	X	Was the NOTIFICATION OF EMS recorded?
263	$\checkmark$	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
			RECORDING/ DOCUMENTATION