

Scenario #1 - "What goes up, must come down"

CYCLE: _____

TEAM #: _____

Score Sheet for Patient #1 - "INFERIOR INJURIES"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	<input type="checkbox"/>	<input type="checkbox"/>	Did the team TAKE CHARGE of the situation?
2	<input type="checkbox"/>	<input type="checkbox"/>	Did the team wear protective GLOVES?
3	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS for HAZARDS?
4	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE HAZARDS - (power cords, broken items & tools)
5	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CALL OUT FOR HELP?
6	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
7	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
9	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
10	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY PROVIDE C-SPINE CONTROL/SUPPORT?
11	<input type="checkbox"/>	<input type="checkbox"/>	CONSCIOUSNESS? <i>Conscious</i>
12	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open</i>
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>24 Shallow & Regular</i>
14	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY OXYGEN APPROPRIATELY?
15	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <i>86 Strong & Regular</i>
16	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm/ Dry</i>
17	<input type="checkbox"/>	<input type="checkbox"/>	SURVEY? <i>No Findings</i>
18	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
19	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ACTIVATE EMS/AMBULANCE?

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.

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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
20	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS <i>Bil. Leg Pain, Sore Neck</i>
21	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES? <i>None</i>
22	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS? <i>None</i>
23	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY? <i>None</i>
24	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE? <i>About 1 hour ago</i>
25	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY? <i>Pulled over skyjack rail</i>
1st Set of VITAL SIGNS			
26	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
27	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS? <i>24 shallow & regular</i>
28	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE? <i>86 strong & regular</i>
29	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE <i>128/78</i>
30	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP? <i>pink, warm & dry</i>
31	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS? <i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION			
32	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD? <i>No Findings</i>
33	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES? <i>No Findings</i>
34	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE? <i>No Findings</i>
35	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES? <i>No Findings</i>
36	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH? <i>No Findings</i>
37	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW? <i>No Findings</i>
38	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS? <i>No Findings</i>
39	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK? <i>Pain, Bruising</i>
40	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES? <i>No Findings</i>
41	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS? <i>No Findings</i>
42	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM? <i>No Findings</i>
43	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM? <i>No Findings</i>
44	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST? <i>No Findings</i>
45	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN? <i>No Findings</i>
46	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK? <i>Pain, Bruising</i>
47	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS? <i>No Findings</i>
48	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG? <i>Open Fx Right Femur</i>
49	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG? <i>Open Fx Left Tib/Fib</i>

Scenario #1 - "What goes up, must come down"

Score Sheet for Patient #1 - "INFERIOR INJURIES"

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 & SPINAL INJURY CARE
50	<input type="checkbox"/>	<input type="checkbox"/>	Did the team MAINTAIN C-SPINE CONTROLL THROUGHOUT ENTIRE SCENARIO?
51	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROPERLY MEASURE for C-COLLAR?
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY C-COLLAR CORRECTLY?
53	<input type="checkbox"/>	<input type="checkbox"/>	Did the team LOG ROLL THE PATIENT ONTO A BACKBOARD?
54	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE THE PATIENT USING EFFECTIVE STRAPPING TECHNIQUE?
55	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE THE PATIENTS HEAD AS THE LAST STEP IN IMMOBILIZATION?
OPEN FRACTURE RIGHT FEMUR (UPPER LEG) CARE			
56	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
57	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK CIRCULATION PRIOR TO CARE?
58	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PLACE STERILE GAUZE OVER WOUND?
59	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE LOG CABIN STYLE PADDING ON BOTH SIDES OF THE BONE?
60	<input type="checkbox"/>	<input type="checkbox"/>	Did the team EFFECTIVELY IMMOBILIZE THE ENTIRE RIGHT LEG?
61	<input type="checkbox"/>	<input type="checkbox"/>	Did the team Place RE-CHECK CIRCULATION POST CARE?
62	<input type="checkbox"/>	<input type="checkbox"/>	Did the team AVOID LOG ROLLING PATIENT ONTO FEMUR INJURY? (if log rolled)
OPEN FRACTURE LEFT TIBIA/FIBULA (LOWER LEG) CARE			
63	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
64	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK CIRCULATION PRIOR TO CARE?
65	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PLACE STERILE GAUZE OVER WOUND?
66	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE LOG CABIN STYLE PADDING ON BOTH SIDES OF THE BONE?
67	<input type="checkbox"/>	<input type="checkbox"/>	Did the team EFFECTIVELY IMMOBILIZE THE LOWER LEFT LEG?
68	<input type="checkbox"/>	<input type="checkbox"/>	Did the team Place RE-CHECK CIRCULATION POST CARE?
SHOCK & GENERAL CARE			
69	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
70	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their FRIENDS CARE?
71	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
72	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>22 Shallow & Regular</i>
73	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>74 Strong & Regular</i>
74	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check BLOOD PRESSURE <i>126/74</i>
75	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm & Dry</i>
76	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
77	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY POLICE (Workplace/Industrial Accident)?
78	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Scenario #1 - "What goes up, must come down"

Score Sheet for Patient #1 - "INFERIOR INJURIES"

NO.	DONE	NOT DONE	RECORDING for Patient #1 - INFERIOR INJURIES
79	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
80	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
81	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
82	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
83	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF ALLERGIES recorded?
84	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICATIONS recorded?
85	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICAL HISTORY recorded?
86	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (1 Hr Ago) recorded?
87	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected HEAD & SPINAL INJURY recorded?
88	<input type="checkbox"/>	<input type="checkbox"/>	Was the SYMPTOMS (pain) and SIGNS (Bruising on neck & back) recorded?
89	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected OPEN FRACTURE RIGHT FEMUR recorded?
90	<input type="checkbox"/>	<input type="checkbox"/>	Was the RT. FEMUR SYMPTOMS (pain) and SIGNS (open wound & bone) recorded?
91	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected OPEN FRACTURE LEFT TIB/FIB recorded?
92	<input type="checkbox"/>	<input type="checkbox"/>	Was the LT. TIB/FIB SYMPTOMS (pain) and SIGNS (open wound & bone) recorded?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
93	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
94	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
95	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
96	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - BLOOD PRESSURE recorded?
97	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
98	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
99	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
100	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
101	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
102	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
103	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
104	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
105	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF OXYGEN recorded?
106	<input type="checkbox"/>	<input type="checkbox"/>	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?
107	<input type="checkbox"/>	<input type="checkbox"/>	Was the MANUAL C-SPINE STABILIZATION recorded?
108	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-COLLAR SIZE recorded?
109	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF C-COLLAR recorded?
110	<input type="checkbox"/>	<input type="checkbox"/>	Was the MOVEMENT (Log Roll) onto the Backboard recorded?
111	<input type="checkbox"/>	<input type="checkbox"/>	Was the SPINAL IMMOBILIZATION (strapping) recorded?
112	<input type="checkbox"/>	<input type="checkbox"/>	Was the RIGHT LEG CIRCULATION STATUS recorded?
113	<input type="checkbox"/>	<input type="checkbox"/>	Was the WOUND CARE of the RIGHT FEMUR FRACTURE recorded?
114	<input type="checkbox"/>	<input type="checkbox"/>	Was the IMMOBILIZATION of the RIGHT FEMUR FRACTURE recorded?
115	<input type="checkbox"/>	<input type="checkbox"/>	Was the LEFT LEG CIRCULATORY STATUS recorded?
116	<input type="checkbox"/>	<input type="checkbox"/>	Was the WOUND CARE of the LEFT TIB/FIB FRACTURE recorded?
117	<input type="checkbox"/>	<input type="checkbox"/>	Was the IMMOBILIZATION of the LEFT TIB/FIB FRACTURE recorded?
118	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
119	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF POLICE WITH TIME recorded?
120	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

JUDGES' NAME _____
(Please Print)

Scenario #1 - "What goes up, must come down"

CYCLE: _____

TEAM#: _____

Score Sheet for Patient #2 - "SUPERIOR INJURIES"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
150	<input type="checkbox"/>	<input type="checkbox"/>	Did the team TAKE CHARGE of the situation?
151	<input type="checkbox"/>	<input type="checkbox"/>	Did the team wear protective GLOVES?
152	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS for HAZARDS?
153	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE HAZARDS - (power cords, broken items & tools)
154	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CALL OUT FOR HELP?
155	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
156	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
157	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
158	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
159	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY PROVIDE C-SPINE CONTROL/SUPPORT?
160	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Semi Con. / Slow Response</i>
161	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open</i>
162	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>8 Shallow & Laboured</i>
163	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COACH RESPIRATIONS (attempt to raise above 8/min)?
164	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY OXYGEN APPROPRIATELY?
165	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <i>68 Regular & Full</i>
166	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm/ Dry</i>
167	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>No Findings</i>
168	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
169	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ACTIVATE EMS/AMBULANCE?

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.

Scenario #1 - "What goes up, must come down"

Score Sheet for Patient #2 - "SUPERIOR INJURIES"

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	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS <i>Shoulder, Ribs, Back Pain</i>
171	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES? <i>None</i>
172	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS? <i>None</i>
173	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY? <i>None</i>
174	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE? <i>A few hours ago</i>
175	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY? <i>Fell off raised skyjack</i>
1st Set of VITAL SIGNS			
176	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS? <i>Semi Conscious</i>
177	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS? <i>8 Shallow & Laboured</i>
178	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE? <i>68 Regular & Full</i>
179	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE <i>118/80</i>
180	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP? <i>Pink, Warm, Dry</i>
181	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS? <i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION			
182	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD? <i>No Findings</i>
183	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES? <i>No Findings</i>
184	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE? <i>No Findings</i>
185	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES? <i>No Findings</i>
186	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH? <i>No Findings</i>
187	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW? <i>No Findings</i>
188	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS? <i>No Findings</i>
189	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK? <i>Bruising & Pain</i>
190	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES? <i>No Findings</i>
191	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS? <i>Dislocated Lt Shoulder</i>
192	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM? <i>No Findings</i>
193	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM? <i>No Findings</i>
194	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST? <i>Flail Left Chest, Bruising</i>
195	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN? <i>No Findings</i>
196	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK? <i>Bruising & Pain</i>
197	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS? <i>No Findings</i>
198	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG? <i>No Findings</i>
199	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG? <i>No Findings</i>

Scenario #1 - "What goes up, must come down"

Score Sheet for Patient #2 - "SUPERIOR INJURIES"

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 & SPINAL INJURY CARE
200	<input type="checkbox"/>	<input type="checkbox"/>	Did the team MAINTAIN C-SPINE CONTROL THROUGHOUT ENTIRE SCENARIO?
201	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROPERLY MEASURE for C-COLLAR?
202	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY C-COLLAR CORRECTLY?
203	<input type="checkbox"/>	<input type="checkbox"/>	Did the team LOG ROLL THE PATIENT ONTO A BACKBOARD?
204	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE THE PATIENT USING EFFECTIVE STRAPPING TECHNIQUE?
205	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE THE PATIENTS HEAD AS THE LAST STEP IN IMMOBILIZATION?
DISLOCATED LEFT SHOULDER CARE			
206	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
207	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK CIRCULATION PRIOR TO CARE?
208	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMOBILIZE in position of comfort- ST. JOHN TUBULAR SLING?
209	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY at least 1 -TRANSVERSE WIDE BANDAGE?
210	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-CHECK CIRCULATION POST CARE?
SHOCK & GENERAL CARE			
211	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
212	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their FRIENDS CARE?
213	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Semi Conscious</i>
214	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>8 Shallow & Laboured</i>
215	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>74 Regular & Full</i>
216	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check BLOOD PRESSURE <i>114/88</i>
217	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm & Dry</i>
218	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
219	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY POLICE (Workplace/Industrial Accident)?
220	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Scenario #1 - "What goes up, must come down"

Score Sheet for Patient #2 - "SUPERIOR INJURIES"

NO.	DONE	NOT DONE	RECORDING for PATIENT #2 - SUPERIOR INJURIES
221	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
222	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
223	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
224	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
225	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF ALLERGIES recorded?
226	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICATIONS recorded?
227	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICAL HISTORY recorded?
228	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (a few hrs Ago) recorded?
229	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected HEAD & SPINAL INJURY recorded?
230	<input type="checkbox"/>	<input type="checkbox"/>	Was the SYMPTOMS (pain) and SIGNS (Bruising on neck & back) recorded?
231	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected DISLOCATED LEFT SHOULDER recorded?
232	<input type="checkbox"/>	<input type="checkbox"/>	Was the LT. SHOULDER SYMPTOMS (pain) and SIGNS (posterior swelling) recorded?
233	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected LEFT SIDE FLAIL CHEST recorded?
234	<input type="checkbox"/>	<input type="checkbox"/>	Was the FLAIL CHEST SYMPTOMS (pain/SOB) and SIGNS (paradoical mvt) recorded?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
235	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
236	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
237	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
238	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - BLOOD PRESSURE recorded?
239	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
240	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
241	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
242	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
243	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
244	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
245	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
246	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
247	<input type="checkbox"/>	<input type="checkbox"/>	Was the teams ATTEMPTS to COACH RESPIRATIONS recorded?
248	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF OXYGEN recorded?
249	<input type="checkbox"/>	<input type="checkbox"/>	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?
250	<input type="checkbox"/>	<input type="checkbox"/>	Was the MANUAL C-SPINE STABILIZATION recorded?
251	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-COLLAR SIZE recorded?
252	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF C-COLLAR recorded?
253	<input type="checkbox"/>	<input type="checkbox"/>	Was the MOVEMENT (Log Roll) onto the Backboard recorded?
254	<input type="checkbox"/>	<input type="checkbox"/>	Was the SPINAL IMMOBILIZATION (strapping) recorded?
255	<input type="checkbox"/>	<input type="checkbox"/>	Was the LEFT ARM CIRCULATION STATUS recorded?
256	<input type="checkbox"/>	<input type="checkbox"/>	Was the IMMOBILIZATION of the LEFT SHOULDER DISLOCATION recorded?
257	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
258	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF POLICE WITH TIME recorded?
259	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?
JUDGE'S NAME _____ (Please Print)			