

CYCLE: _____

TEAM#: _____

Score Sheet for Patient #1 - "TRANSECTION #1"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	✓	✗	Did the team TAKE CHARGE of the situation?
2	✓	✗	Did the team wear protective GLOVES?
3	✓	✗	Did the team ASSESS for HAZARDS?
4	✓	✗	Did the team REMOVE HAZARDS - (turn off the saw)
5	✓	✗	Did the team CALL OUT FOR HELP?
6	✓	✗	Did the team ASK for SITUATION HISTORY?
7	✓	✗	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	✓	✗	Did the team ID SELF and OBTAIN CONSENT?
9	✓	✗	Did the team WARN THE CASUALTY NOT TO MOVE?
10	✓	✗	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Semi conscious</i>
11	✓	✗	Did the team ASSESS AIRWAY? <i>Open</i>
12	✓	✗	Did the team ASSESS BREATHING? <i>30 Shallow & Irregular</i>
13	✓	✗	Did the team APPLY OXYGEN APPROPRIATELY?
14	✓	✗	Did the team ASSESS PULSE? (Circulation) <i>140 Weak & Rapid</i>
15	✓	✗	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale, Cold Sweaty</i>
16	✓	✗	Did the team PERFORM A RAPID BODY SURVEY? <i>Chest/Abdominal Hemorrhage</i>
17	✓	✗	Did the team IMMEDIATELY APPLY DRESSINGS & DIRECT PRESSURE?
18	✓	✗	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
19	✓	✗	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.

Score Sheet for Patient #1 - "TRANSECTION #1"

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	✓	✗	Did the team ask about SYMPTOMS	<i>Severe Pain Chest/abdo</i>
21	✓	✗	Did the team ask about ALLERGIES?	<i>None</i>
22	✓	✗	Did the team ask about MEDICATIONS?	<i>OTC Sleeping pills</i>
23	✓	✗	Did the team ask about MEDICAL HISTORY?	<i>Sleeping issues</i>
24	✓	✗	Did the team ask about LAST ORAL INTAKE?	<i>Breakfast/Lunch</i>
25	✓	✗	Did the team determine INCIDENT HISTORY?	<i>dizzy ; must have fallen</i>
1st Set of VITAL SIGNS				
26	✓	✗	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Semi conscious</i>
27	✓	✗	Did the team check RESPIRATIONS?	<i>30 Shallow & Irregular</i>
28	✓	✗	Did the team check PULSE?	<i>140 Weak & Rapid</i>
29	✓	✗	Did the team check BLOOD PRESSURE	<i>108/70</i>
30	✓	✗	Did the team check SKIN CONDITION/TEMP?	<i>Pale, Cold & Clammy</i>
31	✓	✗	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
32	✓	✗	Check SCALP/HEAD?	<i>No Findings</i>
33	✓	✗	Check both EYES?	<i>No Findings</i>
34	✓	✗	Check NOSE?	<i>No Findings</i>
35	✓	✗	Check CHEEKBONES?	<i>No Findings</i>
36	✓	✗	Check MOUTH?	<i>No Findings</i>
37	✓	✗	Check JAW?	<i>No Findings</i>
38	✓	✗	Check both EARS?	<i>No Findings</i>
39	✓	✗	Check NECK?	<i>No Findings</i>
40	✓	✗	Check both COLLARBONES?	<i>No Findings</i>
41	✓	✗	Check both SHOULDERS?	<i>No Findings</i>
42	✓	✗	Check RIGHT ARM?	<i>No Findings</i>
43	✓	✗	Check LEFT ARM?	<i>No Findings</i>
44	✓	✗	Check CHEST?	<i>Severe 1 ft. LAC</i>
45	✓	✗	Check ABDOMEN?	<i>Severe 1 ft. LAC</i>
46	✓	✗	Check BACK?	<i>No Findings</i>
47	✓	✗	Check PELVIS?	<i>No Findings</i>
48	✓	✗	Check RIGHT LEG?	<i>No Findings</i>
49	✓	✗	Check LEFT LEG?	<i>No Findings</i>

Score Sheet for Patient #1 - "TRANSECTION #1"

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	TORSO HEMMORHAGE
50	✓	✗	Did the team RE-ASSESS WOUND? (Dressings soaking through)
51	✓	✗	Did the team APPLY A SECOND LAYER BULKY DRESSINGS?
52	✓	✗	Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE?
52	✓	✗	Did the team RE-ASSESS WOUND a second time? (Dressings soaking through)
55	✓	✗	Did the team APPLY A THIRD LAYER BULKY DRESSINGS?
56	✓	✗	Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE?
57	✓	✗	Did the team RE-ASSESS WOUND a third time? (Not soaking through)
SHOCK & GENERAL CARE			
58	✓	✗	Did the team REASSURE the patient about their OWN CARE?
59	✓	✗	Did the team REASSURE the patient about their COWORKERS CARE?
60	✓	✗	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Semi Conscious</i>
61	✓	✗	Did the team RE-check RESPIRATIONS? <i>28 Shallow & Irregular</i>
62	✓	✗	Did the team RE-check PULSE? <i>136 Weak & Rapid</i>
63	✓	✗	Did the team RE-check BLOOD PRESSURE <i>86/54</i>
64	✓	✗	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool, & Cyanotic</i>
65	✓	✗	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
66	✓	✗	Did the team NOTIFY the EMPLOYER (Workplace Accident)?
67	✓	✗	Did the team NOTIFY the POLICE (Industrial Accident/Loss of limb)?
68	✓	✗	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #1 - "TRANSECTION #1"

NO.	DONE	NOT DONE	RECORDING for Patient #1 - TRANSECTION
69	✓	✗	Was ALL of the patients PERSONAL INFORMATION recorded?
70	✓	✗	Was the INCIDENT TIME AND DATE recorded?
71	✓	✗	Was the INCIDENT LOCATION recorded?
72	✓	✗	Was the INCIDENT HISTORY (Accurately) recorded?
73	✓	✗	Was the patients LACK OF ALLERGIES recorded?
74	✓	✗	Was the patients USE OF MEDICATIONS recorded?
75	✓	✗	Was the patients MEDICAL HISTORY recorded?
76	✓	✗	Was the LAST ORAL INTAKE (breakfast/lunch recently) recorded?
77	✓	✗	Was the Severe LAC to the Chest/Abdomen recorded?
78	✓	✗	Was the SYMPTOMS (pain) and SIGNS (Wound) recorded?
79	✓	✗	Was the SUSPECTED VOLUME of (MODERATE) BLOOD LOSS RECORDED?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
80	✓	✗	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
81	✓	✗	Was 1st set of vital signs - RESPIRATIONS recorded?
82	✓	✗	Was 1st set of vital signs - PULSE recorded?
83	✓	✗	Was 1st set of vital signs - BLOOD PRESSURE recorded?
84	✓	✗	Was 1st set of vital signs - SKIN CONDITION recorded?
85	✓	✗	Was 1st set of vital signs - PUPILS recorded?
86	✓	✗	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
87	✓	✗	Was 2nd set of vital signs - RESPIRATIONS recorded?
88	✓	✗	Was 2nd set of vital signs - PULSE recorded?
89	✓	✗	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
90	✓	✗	Was 2nd set of vital signs - SKIN CONDITION recorded?
91	✓	✗	Was 2nd set of vital signs - PUPILS recorded?
92	✓	✗	Was the APPLICATION OF OXYGEN recorded? (if applied)
93	✓	✗	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
94	✓	✗	Was the CARE for the SEVERE BLEED recorded?
95	✓	✗	Was the CONTINUOUS BLEEDING/RE-APPLICATION OF DRESSINGS recorded?
96	✓	✗	Was the NOTIFICATION OF EMS WITH TIME recorded?
97	✓	✗	Was the NOTIFICATION of the EMPLOYER, WITH TIME recorded?
98	✓	✗	Was the NOTIFICATION of the POLICE, WITH TIME recorded?
99	✓	✗	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name
(Please Print)

CYCLE: _____

TEAM#: _____

Score Sheet for Patient #2 - "AMPUTATION #2"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
150	✓	✗	Did the team TAKE CHARGE of the situation?
151	✓	✗	Did the team wear protective GLOVES?
152	✓	✗	Did the team ASSESS for HAZARDS?
153	✓	✗	Did the team REMOVE HAZARDS - (saw is turned off)
154	✓	✗	Did the team CALL OUT FOR HELP?
155	✓	✗	Did the team ASK for SITUATION HISTORY?
156	✓	✗	Did the team DETERMINE the NUMBER OF CASUALTIES?
157	✓	✗	Did the team ID SELF and OBTAIN CONSENT?
158	✓	✗	Did the team HELP the AMBULATORY PATIENT to the FLOOR?
159	✓	✗	Did the team IMMEDIATELY APPLY DIRECT PRESSURE TO THE STUMP?
160	✓	✗	Did the team ASSESS LEVEL OF CONSCIOUSNESS? Conscious
161	✓	✗	Did the team ASSESS AIRWAY? Open
162	✓	✗	Did the team ASSESS BREATHING? 28 Laboured
163	✓	✗	Did the team ADMINISTER OXYGEN APPROPRIATELY?
164	✓	✗	Did the team ASSESS PULSE? (Circulation) 144 Weak & Thready
165	✓	✗	Did the team ASSESS SKIN CONDITION (Circulation) Pale, Cool & Clammy
166	✓	✗	Did the team PERFORM A RAPID BODY SURVEY? Severe Bleeding from hand
167	✓	✗	Did the team IMMEDIATELY COVER WOUND to stop moderate Bleeding?
168	✓	✗	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
169	✓	✗	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.

Score Sheet for Patient #2 - "AMPUTATION #2"

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	✓	✗	Did the team ask about SYMPTOMS	<i>Pain and then dizzy</i>
171	✓	✗	Did the team ask about ALLERGIES?	<i>None</i>
172	✓	✗	Did the team ask about MEDICATIONS?	<i>Xarelto (blood thinner)</i>
173	✓	✗	Did the team ask about MEDICAL HISTORY?	<i>Blood Clot in Lungs x6mth</i>
174	✓	✗	Did the team ask about LAST ORAL INTAKE?	<i>Breakfast or lunch</i>
175	✓	✗	Did the team determine INCIDENT HISTORY?	<i>Pull coworker off saw</i>
1st Set of VITAL SIGNS				
176	✓	✗	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Consious</i>
177	✓	✗	Did the team check RESPIRATIONS?	<i>28 Laboured</i>
178	✓	✗	Did the team check PULSE?	<i>144 Weak & Thready</i>
179	✓	✗	Did the team check BLOOD PRESSURE	<i>166/108</i>
180	✓	✗	Did the team check SKIN CONDITION/TEMP?	<i>Pale, Cool, Clammy</i>
181	✓	✗	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
182	✓	✗	Check SCALP/HEAD?	<i>No Findings</i>
183	✓	✗	Check both EYES?	<i>No Findings</i>
184	✓	✗	Check NOSE?	<i>No Findings</i>
185	✓	✗	Check CHEEKBONES?	<i>No Findings</i>
186	✓	✗	Check MOUTH?	<i>No Findings</i>
187	✓	✗	Check JAW?	<i>No Findings</i>
188	✓	✗	Check both EARS?	<i>No Findings</i>
189	✓	✗	Check NECK?	<i>No Findings</i>
190	✓	✗	Check both COLLARBONES?	<i>No Findings</i>
191	✓	✗	Check both SHOULDERS?	<i>No Findings</i>
192	✓	✗	Check RIGHT ARM?	<i>No Findings</i>
193	✓	✗	Check LEFT ARM?	<i>Amputated Left Hand</i>
194	✓	✗	Check CHEST?	<i>No Findings</i>
195	✓	✗	Check ABDOMEN?	<i>No Findings</i>
196	✓	✗	Check BACK?	<i>No Findings</i>
197	✓	✗	Check PELVIS?	<i>No Findings</i>
198	✓	✗	Check RIGHT LEG?	<i>No Findings</i>
199	✓	✗	Check LEFT LEG?	<i>No Findings</i>

Score Sheet for Patient #2 - "AMPUTATION #2"

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			AMPUTATED LEFT HAND
200	✓	✗	Did the team RE-ASSESS WOUND? (Dressings soaking through)
201	✓	✗	Did the team APPLY A SECOND LAYER BULKY DRESSINGS?
202	✓	✗	Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE?
203	✓	✗	Did the team RE-ASSESS WOUND a second time? (Dressings soaking through)
204	✓	✗	Did the team APPLY A THIRD LAYER BULKY DRESSINGS?
205	✓	✗	Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE?
206	✓	✗	Did the team RE-ASSESS WOUND a third time? (Not soaking through)
			SHOCK & GENERAL CARE
207	✓	✗	Did the team REASSURE the patient about their OWN CARE?
208	✓	✗	Did the team REASSURE the patient about their COWORKERS CARE?
207	✓	✗	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
209	✓	✗	Did the team RE-check RESPIRATIONS? <i>24 Deep & Regular</i>
210	✓	✗	Did the team RE-check PULSE? <i>120 Weak & Thready</i>
211	✓	✗	Did the team RE-check BLOOD PRESSURE <i>148/96</i>
212	✓	✗	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool, & Cyanotic</i>
213	✓	✗	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
214	✓	✗	Did the team NOTIFY the EMPLOYER (Workplace Accident)?
215	✓	✗	Did the team NOTIFY the POLICE? (Industrial Accident/ Loss of Limb)
216	✓	✗	Were GLOVES EFFECTIVE THROUGHOUT (Torn gloves must be replaced!)

Score Sheet for Patient #2 - "AMPUTATION #2"

NO.	DONE	NOT DONE	RECORDING for PATIENT #2 - AMPUTATION
217	✓	✗	Was ALL of the patients PERSONAL INFORMATION recorded?
218	✓	✗	Was the INCIDENT TIME AND DATE recorded?
219	✓	✗	Was the INCIDENT LOCATION recorded?
220	✓	✗	Was the INCIDENT HISTORY (Accurately) recorded?
221	✓	✗	Was the patients LACK OF ALLERGIES recorded?
222	✓	✗	Was the patients MEDICATIONS (xarelto) recorded?
223	✓	✗	Was the patients MEDICAL HISTORY (blood clot in lungs x6mth ago) recorded?
224	✓	✗	Was the LAST ORAL INTAKE (a couple hrs Ago) recorded?
225	✓	✗	Was the Complete AMPUTATION OF THE LEFT HAND recorded?
226	✓	✗	Was the SYMPTOMS (pain) and SIGNS (missing limb) recorded?
227	✓	✗	Was the SUSPECTED VOLUME of (MODERATE) BLOOD LOSS RECORDED?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
228	✓	✗	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
229	✓	✗	Was 1st set of vital signs - RESPIRATIONS recorded?
230	✓	✗	Was 1st set of vital signs - PULSE recorded?
231	✓	✗	Was 1st set of vital signs - BLOOD PRESSURE recorded?
232	✓	✗	Was 1st set of vital signs - SKIN CONDITION recorded?
233	✓	✗	Was 1st set of vital signs - PUPILS recorded?
234	✓	✗	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
235	✓	✗	Was 2nd set of vital signs - RESPIRATIONS recorded?
236	✓	✗	Was 2nd set of vital signs - PULSE recorded?
237	✓	✗	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
238	✓	✗	Was 2nd set of vital signs - SKIN CONDITION recorded?
239	✓	✗	Was 2nd set of vital signs - PUPILS recorded?
240	✓	✗	Was the APPLICATION OF OXYGEN recorded? (if applied)
241	✓	✗	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
242	✓	✗	Was the LEFT ARM CIRCULATION STATUS recorded?
243	✓	✗	Was the CARE for the SEVERE BLEED recorded?
244	✓	✗	Was the CONTINUOUS BLEEDING/RE-APPLICATION OF DRESSINGS recorded?
245	✓	✗	Was the NOTIFICATION OF EMS WITH TIME recorded?
246	✓	✗	Was the NOTIFICATION of the EMPLOYER, WITH TIME recorded?
247	✓	✗	Was the NOTIFICATION of the POLICE, WITH TIME recorded?
248	✓	✗	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name
(Please Print) _____