

2017 OMFRS
Scenario #3 - "WSIB NIGHTMARE"

SFA LEVEL

CYCLE: _____

TEAM#: _____

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

| 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 - (turn off the saw) |
| 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 ASSESS LEVEL OF CONSCIOUSNESS? <i>Semi conscious</i> |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS AIRWAY? <i>Open</i> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS BREATHING? <i>30 Shallow & Irregular</i> |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS SKIN CONDITION (Circulation)? <i>Pale, Cold, Sweaty</i> |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PERFORM A RAPID BODY SURVEY? <i>Chest/Abd Hemorrhage</i> |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMEDIATELY APPLY DRESSINGS & DIRECT PRESSURE? |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth? |
| 17 | <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.

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 | |
|--------------------------------|--------------------------|--------------------------|--|---------------------------------------|
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about SYMPTOMS | <i>Severe Pain Chest/abdo</i> |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about ALLERGIES? | <i>None</i> |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICATIONS? | <i>OTC Sleeping pills</i> |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICAL HISTORY? | <i>Sleeping issues</i> |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about LAST ORAL INTAKE? | <i>Breakfast/Lunch</i> |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team determine INCIDENT HISTORY? | <i>dizzy ; must have fallen</i> |
| 1st Set of VITAL SIGNS | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check LEVEL OF CONSCIOUSNESS? | <i>Semi conscious</i> |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check RESPIRATIONS? | <i>30 Shallow & Irregular</i> |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PULSE? | <i>140 Weak & Rapid</i> |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check SKIN CONDITION/TEMP? | <i>Pale, Cold & Clammy</i> |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PUPILS? | <i>Equal/Reactive</i> |
| HEAD TO TOE EXAMINATION | | | | |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | Check SCALP/HEAD? | <i>No Findings</i> |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EYES? | <i>No Findings</i> |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | Check NOSE? | <i>No Findings</i> |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEEKBONES? | <i>No Findings</i> |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | Check MOUTH? | <i>No Findings</i> |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | Check JAW? | <i>No Findings</i> |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EARS? | <i>No Findings</i> |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | Check NECK? | <i>No Findings</i> |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | Check both COLLARBONES? | <i>No Findings</i> |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | Check both SHOULDERS? | <i>No Findings</i> |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT ARM? | <i>No Findings</i> |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT ARM? | <i>No Findings</i> |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEST? | <i>Severe 1 ft. LAC</i> |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | Check ABDOMEN? | <i>Severe 1 ft. LAC</i> |
| 43 | <input type="checkbox"/> | <input type="checkbox"/> | Check BACK? | <i>No Findings</i> |
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | Check PELVIS? | <i>No Findings</i> |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT LEG? | <i>No Findings</i> |
| 46 | <input type="checkbox"/> | <input type="checkbox"/> | 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 |
|----------------------|--------------------------|--------------------------|--|
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND? (Dressings soaking through) |
| 48 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY A SECOND LAYER BULKY DRESSINGS? |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE? |
| 50 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND a second time? (Dressings soaking through) |
| 51 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY A THIRD LAYER BULKY DRESSINGS? |
| 52 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE? |
| 53 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND a third time? (Not soaking through) |
| SHOCK & GENERAL CARE | | | |
| 54 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team REASSURE the patient about their OWN CARE? |
| 55 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team REASSURE the patient about their COWORKERS CARE? |
| 56 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Semi Conscious</i> |
| 57 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check RESPIRATIONS? <i>28 Shallow & Irregular</i> |
| 58 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PULSE? <i>136 Weak & Rapid</i> |
| 59 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool, & Cyanotic</i> |
| 60 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PUPILS? <i>Equal/Reactive</i> |
| 61 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY the EMPLOYER (Workplace Accident)? |
| 62 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY the POLICE (Industrial Accident/Loss of limb)? |
| 63 | <input type="checkbox"/> | <input type="checkbox"/> | 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 |
|---|--------------------------|--------------------------|---|
| 64 | <input type="checkbox"/> | <input type="checkbox"/> | Was ALL of the patients PERSONAL INFORMATION recorded? |
| 65 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT TIME AND DATE recorded? |
| 66 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT LOCATION recorded? |
| 67 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT HISTORY (Accurately) recorded? |
| 68 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients LACK OF ALLERGIES recorded? |
| 69 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients USE OF (sleeping) MEDICATIONS recorded? |
| 70 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients MEDICAL HISTORY (trouble sleeping) recorded? |
| 71 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LAST ORAL INTAKE (breakfast/lunch recently) recorded? |
| 72 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Severe LAC to the Chest/Abdomen recorded? |
| 73 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SYMPTOMS (pain) and SIGNS (Wound) recorded? |
| 74 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SUSPECTED VOLUME of (MODERATE) BLOOD LOSS RECORDED? |
| Vital Signs <u>MUST</u> be the corrected #s & <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!! | | | |
| 75 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 76 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - RESPIRATIONS recorded? |
| 77 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PULSE recorded? |
| 78 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - SKIN CONDITION recorded? |
| 79 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PUPILS recorded? |
| 80 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 81 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - RESPIRATIONS recorded? |
| 82 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PULSE recorded? |
| 83 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - SKIN CONDITION recorded? |
| 84 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PUPILS recorded? |
| 85 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CARE for the SEVERE BLEED recorded? |
| 86 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CONTINUOUS BLEEDING/RE-APPLICATION OF DRESSINGS recorded? |
| 87 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION OF EMS WITH TIME recorded? |
| 88 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION of the EMLOYER, WITH TIME recorded? |
| 89 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION of the POLICE, WITH TIME recorded? |
| 90 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Name(s) of the first aid team LEGIBLY recorded? |

Judge's Name
(Please Print)

2017 OMFRC
Scenario #3 - "WSIB NIGHTMARE"

SFA LEVEL

CYCLE: _____

TEAM#: _____

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

| NO. | DONE | NOT DONE | SCENE/PRIMARY SURVEY |
|-----|-----------------------|-----------------------|---|
| 150 | <input type="radio"/> | <input type="radio"/> | Did the team TAKE CHARGE of the situation? |
| 151 | <input type="radio"/> | <input type="radio"/> | Did the team wear protective GLOVES? |
| 152 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS for HAZARDS? |
| 153 | <input type="radio"/> | <input type="radio"/> | Did the team REMOVE HAZARDS - (saw is turned off) |
| 154 | <input type="radio"/> | <input type="radio"/> | Did the team CALL OUT FOR HELP? |
| 155 | <input type="radio"/> | <input type="radio"/> | Did the team ASK for SITUATION HISTORY? |
| 156 | <input type="radio"/> | <input type="radio"/> | Did the team DETERMINE the NUMBER OF CASUALTIES? |
| 157 | <input type="radio"/> | <input type="radio"/> | Did the team ID SELF and OBTAIN CONSENT? |
| 158 | <input type="radio"/> | <input type="radio"/> | Did the team HELP the AMBULATORY PATIENT to the FLOOR? |
| 159 | <input type="radio"/> | <input type="radio"/> | Did the team IMMEDIATELY APPLY DIRECT PRESSURE TO THE STUMP? |
| 160 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i> |
| 161 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS AIRWAY? <i>Open</i> |
| 162 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS BREATHING? <i>28 Laboured</i> |
| 163 | <input type="radio"/> | <input type="radio"/> | Did the team ADMINISTER OXYGEN APPROPRIATELY? |
| 164 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS PULSE? (Circulation) <i>144 Weak & Thready</i> |
| 165 | <input type="radio"/> | <input type="radio"/> | Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale, Cool & Clammy</i> |
| 166 | <input type="radio"/> | <input type="radio"/> | Did the team PERFORM A RAPID BODY SURVEY? <i>Severe Bleeding from hand</i> |
| 167 | <input type="radio"/> | <input type="radio"/> | Did the team IMMEDIATELY COVER WOUND to stop moderate Bleeding? |
| 168 | <input type="radio"/> | <input type="radio"/> | Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth? |
| 169 | <input type="radio"/> | <input type="radio"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about SYMPTOMS | <i>Pain and then dizzy</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>Xarelto (blood thinner)</i> |
| 173 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICAL HISTORY? | <i>Blood Clot in Lungs x6mth</i> |
| 174 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about LAST ORAL INTAKE? | <i>Breakfast or lunch</i> |
| 175 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team determine INCIDENT HISTORY? | <i>Pull coworker off saw</i> |
| 1st Set of VITAL SIGNS | | | | |
| 176 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check LEVEL OF CONSCIOUSNESS? | <i>Consious</i> |
| 177 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check RESPIRATIONS? | <i>28 Laboured</i> |
| 178 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PULSE? | <i>144 Weak & Thready</i> |
| 179 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check SKIN CONDITION/TEMP? | <i>Pale, Cool, Clammy</i> |
| 180 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PUPILS? | <i>Equal/Reactive</i> |
| HEAD TO TOE EXAMINATION | | | | |
| 181 | <input type="checkbox"/> | <input type="checkbox"/> | Check SCALP/HEAD? | <i>No Findings</i> |
| 182 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EYES? | <i>No Findings</i> |
| 183 | <input type="checkbox"/> | <input type="checkbox"/> | Check NOSE? | <i>No Findings</i> |
| 184 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEEKBONES? | <i>No Findings</i> |
| 185 | <input type="checkbox"/> | <input type="checkbox"/> | Check MOUTH? | <i>No Findings</i> |
| 186 | <input type="checkbox"/> | <input type="checkbox"/> | Check JAW? | <i>No Findings</i> |
| 187 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EARS? | <i>No Findings</i> |
| 188 | <input type="checkbox"/> | <input type="checkbox"/> | Check NECK? | <i>No Findings</i> |
| 189 | <input type="checkbox"/> | <input type="checkbox"/> | Check both COLLARBONES? | <i>No Findings</i> |
| 190 | <input type="checkbox"/> | <input type="checkbox"/> | Check both SHOULDERS? | <i>No Findings</i> |
| 191 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT ARM? | <i>No Findings</i> |
| 192 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT ARM? | <i>Amputated Left Hand</i> |
| 193 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEST? | <i>No Findings</i> |
| 194 | <input type="checkbox"/> | <input type="checkbox"/> | Check ABDOMEN? | <i>No Findings</i> |
| 195 | <input type="checkbox"/> | <input type="checkbox"/> | Check BACK? | <i>No Findings</i> |
| 196 | <input type="checkbox"/> | <input type="checkbox"/> | Check PELVIS? | <i>No Findings</i> |
| 197 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT LEG? | <i>No Findings</i> |
| 198 | <input type="checkbox"/> | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND? (Dressings soaking through) |
| 201 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY A SECOND LAYER BULKY DRESSINGS? |
| 202 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE? |
| 203 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND a second time? (Dressings soaking through) |
| 204 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY A THIRD LAYER BULKY DRESSINGS? |
| 205 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE DRESSINGS TO PROVIDE DIRECT PRESSURE? |
| 206 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-ASSESS WOUND a third time? (Not soaking through) |
| SHOCK & GENERAL CARE | | | |
| 207 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team REASSURE the patient about their OWN CARE? |
| 208 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team REASSURE the patient about their COWORKERS CARE? |
| 207 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i> |
| 209 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check RESPIRATIONS? <i>24 Deep & Regular</i> |
| 210 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PULSE? <i>120 Weak & Thready</i> |
| 211 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool, & Cyanotic</i> |
| 212 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PUPILS? <i>Equal/Reactive</i> |
| 213 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY the EMPLOYER (Workplace Accident)? |
| 214 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY the POLICE? (Industrial Accident/ Loss of Limb) |
| 215 | <input type="checkbox"/> | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | Was ALL of the patients PERSONAL INFORMATION recorded? |
| 218 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT TIME AND DATE recorded? |
| 219 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT LOCATION recorded? |
| 220 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT HISTORY (Accurately) recorded? |
| 221 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients LACK OF ALLERGIES recorded? |
| 222 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients MEDICATIONS (xarelto) recorded? |
| 223 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients MEDICAL HISTORY (blood clot in lungs x6mth ago) recorded? |
| 224 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LAST ORAL INTAKE (a couple hrs Ago) recorded? |
| 225 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Complete AMPUTATION OF THE LEFT HAND recorded? |
| 226 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SYMPTOMS (pain) and SIGNS (missing limb) recorded? |
| 227 | <input type="checkbox"/> | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 229 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - RESPIRATIONS recorded? |
| 230 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PULSE recorded? |
| 231 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - SKIN CONDITION recorded? |
| 232 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PUPILS recorded? |
| 233 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 234 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - RESPIRATIONS recorded? |
| 235 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PULSE recorded? |
| 236 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - SKIN CONDITION recorded? |
| 237 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PUPILS recorded? |
| 238 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LEFT ARM CIRCULATION STATUS recorded? |
| 239 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CARE for the SEVERE BLEED recorded? |
| 240 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CONTINUOUS BLEEDING/RE-APPLICATION OF DRESSINGS recorded? |
| 241 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION OF EMS WITH TIME recorded? |
| 242 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION of the EMLOYER, WITH TIME recorded? |
| 243 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION of the POLICE, WITH TIME recorded? |
| 244 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Name(s) of the first aid team LEGIBLY recorded? |

Judge's Name
(Please Print)
