

2017 OMFRC
Scenario #4 - "Drown the Sorrows Away"

AMFR/ PRO LEVEL

CYCLE: _____ **TEAM:** _____

Score Sheet for Patient #1 - "CHF Exacerbation #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 CALL OUT FOR HELP?
5	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
6	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
7	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
8	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
9	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious but slurring words</i>
10	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open</i>
11	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>30 Shallow & Irregular</i>
12	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY OXYGEN APPROPRIATELY? (NRB 15LPM)
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <i>154 Strong & Regular</i>
14	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale, Cool & Sweaty</i>
15	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>No Major Findings</i>
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.

Scenario #4 - "Drown the Sorrows Away"

Score Sheet for Patient #1 - "CHF Exacerbation #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	
17	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS	Chest Pain 5/10 & drown. SOB
18	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	Penicillin & Sulfa
19	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	Nitro, Asa, Metoprolol, Digoxin, Puffers
20	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	CHF, Last episode x6mth ago
21	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	Drinking & eating all morning
22	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	Moving heavy item
1st Set of VITAL SIGNS				
23	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	Conscious but slurring words
24	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	30 Shallow & Irregular
25	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	154 Strong & Regular
26	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE	188/122
27	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	Pale, Cool & Sweaty
28	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	Equal/Reactive
HEAD TO TOE EXAMINATION				
29	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD?	No Findings
30	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES?	No Findings
31	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE?	No Findings
32	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	No Findings
33	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	No Findings
34	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW?	No Findings
35	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS?	No Findings
36	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK?	No Findings
37	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES?	No Findings
38	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS?	No Findings
39	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM?	No Findings
40	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM?	No Findings
41	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST?	If ausculted = Crackles
42	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN?	No Findings
43	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK?	No Findings
44	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS?	No Findings
45	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG?	No Findings
46	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG?	No Findings

Scenario #4 - "Drown the Sorrows Away"

Score Sheet for Patient #1 - "CHF Exacerbation #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	CHEST ASSESSMENT	
47	<input type="checkbox"/>	<input type="checkbox"/>	Did the team AUSCULTATE THE CHEST?	<i>Crackles</i>
48	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about ONSET of Chest pain?	<i>Moving heavy item</i>
49	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about PROVOKES the Chest Pain?	<i>Laying makes worse</i>
50	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about QUALITY of the Chest Pain?	<i>Drowning/ Heaviness</i>
51	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about REGION of the Chest Pain?	<i>Substernal</i>
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about RADATION from the Chest?	<i>No Radiation</i>
53	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about RELIEF?	<i>Nothing makes better</i>
54	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about SEVERITY of the Chest Pain?	<i>5 out of 10</i>
55	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about TIME?	<i>past 15 minutes</i>
NITRO USE for CHEST PAIN				
56	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - PATIENT (Rx)?	
57	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - MEDICATION (Nitro)?	
58	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - DOSE (0.4mg spray every 5 min) ?	
59	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - ROUTE (sublingual)	
60	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - TIME?	
61	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about RECENT use of SEXUAL ENHANCERS?	<i>None</i>
62	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK BP PRIOR TO FIRST assisted dose?	<i>188/122</i>
63	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (first dose) PROPERLY?	
64	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK BP PRIOR TO SECOND assisted dose?	<i>146/118</i>
65	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (Second dose) PROPERLY?	
66	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK BP PRIOR TO THIRD assisted dose?	<i>146/118</i>
67	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (Third dose) PROPERLY?	
68	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK ABOUT ASA ALLERGY (specifically) PRIOR TO assisted dose?	
69	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 2x (81mg) ASA PROPERLY?	
SHOCK & GENERAL CARE				
70	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?	
71	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS?	<i>Conscious but slurring words</i>
72	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS?	<i>26 Shallow & Irregular</i>
73	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE?	<i>148 Strong & Regular</i>
74	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP?	<i>Pale, Cool & Sweaty</i>
75	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS?	<i>Equal/Reactive</i>
76	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

Scenario #4 - "Drown the Sorrows Away"

Score Sheet for Patient #1 - "CHF Exacerbation #1"

NO.	DONE	NOT DONE	RECORDING for Patient #1 - CHF EXACERBATION
77	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
78	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
79	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
80	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
81	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients ALLERGIES (Penicillin & Sulfa) recorded?
82	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients MEDICATIONS (Nitro, ASA, Metoprolol, Digoxin, Puffers) recorded?
83	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients MEDICAL HISTORY (CHF, Last Episode x 6 mth ago) recorded?
84	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (drinking & eating all day) recorded?
85	<input type="checkbox"/>	<input type="checkbox"/>	Was the PRESENCE of CHF related CHEST PAIN recorded?
86	<input type="checkbox"/>	<input type="checkbox"/>	Was the ONSET (lifting heavy item) recorded?
87	<input type="checkbox"/>	<input type="checkbox"/>	Was the PROVOCATION (laying) recorded?
88	<input type="checkbox"/>	<input type="checkbox"/>	Was the QUALITY (drowning & heaviness) recorded?
89	<input type="checkbox"/>	<input type="checkbox"/>	Was the REGION (substernal) recorded?
90	<input type="checkbox"/>	<input type="checkbox"/>	Was the RADIATION (None) recorded?
91	<input type="checkbox"/>	<input type="checkbox"/>	Was the RELIEF (None) recorded?
92	<input type="checkbox"/>	<input type="checkbox"/>	Was the SEVERITY (5/10) recorded?
93	<input type="checkbox"/>	<input type="checkbox"/>	Was the TIME (15 minutes) recorded?
94	<input type="checkbox"/>	<input type="checkbox"/>	Was the CONFIRMATION of the 5 RIGHTS recorded?
Vital Signs <u>MUST</u> be the corrected #s & <u>HAVE</u> the TIME recorded, to be awarded points !!!			
95	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
96	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
97	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
98	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - BLOOD PRESSURE recorded?
99	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
100	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
101	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
102	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
103	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
104	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
105	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
106	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
107	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF OXYGEN recorded?
108	<input type="checkbox"/>	<input type="checkbox"/>	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?
109	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 1st SPRAY of NITRO recorded with TIME!
110	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 2nd SPRAY of NITRO recorded with TIME!
111	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 3rd SPRAY of NITRO recorded with TIME!
112	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 2 tablets of 81mg ASA recorded with TIME!
113	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
114	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name (Please Print)

Scenario #4 - "Drown the Sorrows Away"

CYCLE: _____ TEAM: _____

Score Sheet for Patient #2 - "UNCONSCIOUS EPILEPTIC #2"

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 CALL OUT FOR HELP?
154	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
155	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
156	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT? <i>Implied</i>
157	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
158	<input type="checkbox"/>	<input type="checkbox"/>	Did the team LOG ROLL WHILE MAINTAINING C-SPINE CONTROL?
159	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY PROVIDE C-SPINE support?
160	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Unconscious</i>
161	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open, however blood in mouth</i>
162	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>20 deep & Snoring</i>
163	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ADMINISTER OXYGEN APPROPRIATELY?
164	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <i>104 Regular & Bounding</i>
165	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale Cool & Sweaty</i>
166	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>No Major Bleeding</i>
167	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
168	<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 #4 - "Drown the Sorrows Away"

Score Sheet for Patient #2 - "UNCONSCIOUS EPILEPTIC #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	
169	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS	Unable to Obtain
170	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	None on Medical Alert
171	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	None on Patient
172	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	Medical Alert ID "Epilepsy"
173	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	As per friend: drinking all morning
174	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	Unable to Obtain
1st Set of VITAL SIGNS				
175	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	Unconscious
176	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	20 Deep & Snoring
177	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	104 Regular & Bounding
178	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE	132/80
179	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	Pale, Cool & Sweaty
180	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	NOT Equal & Sluggish
HEAD TO TOE EXAMINATION				
181	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD?	No Findings
182	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES?	No Findings
183	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE?	Deformed, LAC on bridge, Bleeding
184	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	No Findings
185	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	Blood coming from mouth, Bit tongue
186	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW?	No Findings
187	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS?	No Findings
188	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK?	No Findings
189	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES?	No Findings
190	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS?	No Findings
191	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM?	No Findings
192	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM?	No Findings
193	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST?	No Findings
194	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN?	No Findings
195	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK?	No Findings
196	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS?	No Findings
197	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG?	No Findings
198	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG?	No Findings

Scenario #4 - "Drown the Sorrows Away"

Score Sheet for Patient #2 - "UNCONSCIOUS EPILEPTIC #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	POSSIBLE HEAD & SPINAL INJURY/IMMOBILIZATION
199	<input type="checkbox"/>	<input type="checkbox"/>	Did the team MAINTAIN C-SPINE CONTROL THROUGHOUT (until fully
200	<input type="checkbox"/>	<input type="checkbox"/>	Did the team LOG ROLL the patient DIRECTLY ONTO BACKBOARD (one move only!)
202	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROVIDE NEUTRAL ALIGNMENT after TURNING SUPINE?
203	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROPERLY SIZE & APPLY C-COLLAR?
204	<input type="checkbox"/>	<input type="checkbox"/>	Did the team EFFECTIVELY IMMOBILIZE the patient on the BACKBOARD?
205	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the patients HEAD AS THE FINAL STEP of immobilization?
LAC to NOSE			
206	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEANSE the LAC on the bridge of the NOSE?
207	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY/ SECURE a DRESSING to the LAC on the bridge of the NOSE?
208	<input type="checkbox"/>	<input type="checkbox"/>	Did the team LIGHTLY cover NARES (no direct pressure!) with a loose dressing?
SHOCK & GENERAL CARE			
209	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
210	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Unconscious</i>
211	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>18 Deep & Snoring</i>
212	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>100 Regular & Bounding</i>
213	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check BLOOD PRESSURE <i>136/82</i>
214	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool & Sweaty</i>
215	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>NOT Equal & Sluggish</i>
216	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DISCOVER this patient on their own WITHOUT coaxing from patient 1?
217	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Scenario #4 - "Drown the Sorrows Away"

Score Sheet for Patient #2 - "UNCONSCIOUS EPILEPTIC #2"

NO.	DONE	NOT DONE	RECORDING for PATIENT #2 - UNCONSCIOUS EPILEPTIC
218	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
219	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
220	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
221	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
222	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients UNKNOWN ALLERGIES recorded?
223	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients UNKNOWN MEDICATIONS recorded?
224	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients EPILEPSY - MEDICAL HISTORY recorded?
225	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (all morning and afternoon) recorded?
226	<input type="checkbox"/>	<input type="checkbox"/>	Was the SUSPECTED SEIZURE recorded?
227	<input type="checkbox"/>	<input type="checkbox"/>	Was the POSSIBLE HEAD/NECK Recorded?
228	<input type="checkbox"/>	<input type="checkbox"/>	Was the INITIAL patient POSITION (Prone) recorded?
229	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAC to the BRIDGE of the NOSE Recorded?
230	<input type="checkbox"/>	<input type="checkbox"/>	Was the BLEEDING from the NARES recorded?
231	<input type="checkbox"/>	<input type="checkbox"/>	Was the BLOOD from the MOUTH recorded?
Vital Signs <u>MUST</u> be the corrected #s & <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!			
232	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
233	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
234	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
235	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - BLOOD PRESSURE recorded?
236	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
237	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
238	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
239	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
240	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
241	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
242	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
243	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
244	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF OXYGEN recorded? (if applied)
245	<input type="checkbox"/>	<input type="checkbox"/>	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
246	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-SPINE NEUTRAL ALIGNMENT recorded?
247	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-SPINE CONTROL/SUPPORT recorded?
248	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF C-COLLAR recorded?
249	<input type="checkbox"/>	<input type="checkbox"/>	Was the LOG ROLL ONTO BACKBOARD recorded?
250	<input type="checkbox"/>	<input type="checkbox"/>	Was the COMPLETE SPINAL IMMOBILIZATION recorded?
251	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the LAC to the BRIDGE OF THE NOSE recorded?
252	<input type="checkbox"/>	<input type="checkbox"/>	Was the LIGHT DRESSING over the NARE BLEEDING recorded?
253	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
254	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name (Please Print)