

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

SFA 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 ASSESS SKIN CONDITION (Circulation) <i>Pale, Cool & Sweaty</i>
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>No Major Findings</i>
14	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
15	<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 - "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 SKIN CONDITION/TEMP?	Pale, Cool & Sweaty
27	<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?	No Physical Findings
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

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	NITRO USE for CHEST PAIN
47	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - PATIENT (Rx)?
48	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - MEDICATION (Nitro)?
49	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - DOSE (0.4mg spray every 5 min) ?
50	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - ROUTE (sublingual)
51	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK 5 RIGHTS - TIME?
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK about RECENT use of SEXUAL ENHANCERS? <i>None</i>
53	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (first dose) PROPERLY?
54	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (Second dose) PROPERLY?
55	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 1x NITRO SPRAY (Third dose) PROPERLY?
56	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK ABOUT ASA ALLERGY (specifically) PRIOR TO assisted dose?
57	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSIST with 2x (81mg) ASA PROPERLY?
SHOCK & GENERAL CARE			
58	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
59	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious but slurring words</i>
60	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>26 Shallow & Irregular</i>
61	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>148 Strong & Regular</i>
62	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool & Sweaty</i>
63	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
64	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

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

RECORDING for Patient #1 - CHF EXACERBATION			
NO.	DONE	NOT DONE	
65	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
66	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
68	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
69	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
70	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients ALLERGIES (Penicillin & Sulfa) recorded?
71	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients MEDICATIONS (Nitro, ASA, Metoprolol, Digoxin, Puffers)
72	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients MEDICAL HISTORY (CHF, Last Episode x 6 mth ago) recorded?
73	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (drinking & eating all day) recorded?
74	<input type="checkbox"/>	<input type="checkbox"/>	Was the PRESENCE of CHF related CHEST PAIN recorded?
75	<input type="checkbox"/>	<input type="checkbox"/>	Was the CONFIRMATION of the 5 RIGHTS recorded?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
76	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
77	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
78	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
79	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
80	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
81	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
82	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
83	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
84	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
85	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
86	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 1st SPRAY of NITRO recorded with TIME!
87	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 2nd SPRAY of NITRO recorded with TIME!
88	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 3rd SPRAY of NITRO recorded with TIME!
89	<input type="checkbox"/>	<input type="checkbox"/>	Was the ASSISTANCE with 2 tablest of 81mg ASA recorded with TIME!
90	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
91	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name (Please Print) _____

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

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>
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.

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	<i>Unable to Obtain</i>
170	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	<i>None on Medical Alert</i>
171	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	<i>None on Patient Medical Alert ID "Epliepsy"</i>
172	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	<i>As per friend: drinking all morning</i>
173	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	<i>Unable to Obtain</i>
174	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	
1st Set of VITAL SIGNS				
175	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Unconscious</i>
176	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	<i>20 Deep & Snoring</i>
177	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	<i>104 Regular & Bounding</i>
178	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	<i>Pale, Cool & Sweaty</i>
179	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	<i>NOT Equal & Sluggish</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>Deformed, LAC on bridge, Bleeding</i>
184	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	<i>No Findings</i>
185	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	<i>Blood coming from mouth, Bit tongue</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>No Findings</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 - "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.	POINTS	DONE	POSSIBLE HEAD & SPINAL INJURY/IMMOBILIZATION
199	ü	ü	Did the team MAINTAIN C-SPINE CONTROL THROUGHOUT the sceanario?
LAC to NOSE			
200	ü	ü	Did the team CLEANSE the LAC on the bridge of the NOSE?
201	ü	ü	Did the team APPLY/ SECURE a DRESSING to the LAC on the bridge of the NOSE?
202	ü	ü	Did the team LIGHTLY cover NARES (no direct pressure!) with a loose dressing?
SHOCK & GENERAL CARE			
203	ü	ü	Did the team REASSURE the patient about their OWN CARE?
204	ü	ü	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Unconscious</i>
205	ü	ü	Did the team RE-check RESPIRATIONS? <i>18 Deep & Snoring</i>
206	ü	ü	Did the team RE-check PULSE? <i>100 Regular & Bounding</i>
207	ü	ü	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool & Sweaty</i>
208	ü	ü	Did the team RE-check PUPILS? <i>NOT Equal & Sluggish</i>
209	ü	ü	Did the team DISCOVER this patient on their own WITHOUT coaxing from patient 1?
210	ü	ü	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

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

NO.	DONE	NOT DONE	RECORDING for PATIENT #2 - UNCONSCIOUS EPILEPTIC
211	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
212	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
213	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
214	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
215	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients UNKNOWN ALLERGIES recorded?
216	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients UNKNOWN MEDICATIONS recorded?
217	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients EPILEPSY - MEDICAL HISTORY recorded?
218	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (all morning and afternoon) recorded?
219	<input type="checkbox"/>	<input type="checkbox"/>	Was the SUSPECTED SEIZURE recorded?
220	<input type="checkbox"/>	<input type="checkbox"/>	Was the POSSIBLE HEAD/NECK Recorded?
221	<input type="checkbox"/>	<input type="checkbox"/>	Was the INITIAL patient POSITION (Prone) recorded?
222	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAC to the BRIDGE of the NOSE Recorded?
223	<input type="checkbox"/>	<input type="checkbox"/>	Was the BLEEDING from the NARES recorded?
224	<input type="checkbox"/>	<input type="checkbox"/>	Was the BLOOD from the MOUTH recorded?
Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!!			
225	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
226	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
227	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
228	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
229	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
230	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
231	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
232	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
233	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
234	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
235	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-SPINE NEUTRAL ALIGNMENT recorded?
236	<input type="checkbox"/>	<input type="checkbox"/>	Was the C-SPINE CONTROL/SUPPORT recorded?
237	<input type="checkbox"/>	<input type="checkbox"/>	Was the LOG ROLL ONTO BACK recorded?
238	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the LAC to the BRIDGE OF THE NOSE recorded?
239	<input type="checkbox"/>	<input type="checkbox"/>	Was the LIGHT DRESSING over the NARE BLEEDING recorded?
240	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
241	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name (Please Print) _____