

CYCLE: _____

TEAM: _____

Score Sheet for Patient #1 - "3rd DEGREE BURNS"

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 - (Chemicals are no Longer on fire/No other risk)
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? <i>(can be ruled out after)</i>
11	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
12	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open currently</i>
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>20 Irregular (between screams)</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>130 Rapid & Bounding</i>
16	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Red, Burnt with Cyanosis</i>
17	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>2nd/3rd burns upper body</i>
18	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY MOVE patient out of "liquid chemicals"?
19	<input type="checkbox"/>	<input type="checkbox"/>	Did the team BEGIN FLUSHING patient with WATER?
20	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
21	<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 - "3rd DEGREE BURNS"

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	
22	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS	<i>Burns with severe pain</i>
23	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	<i>None</i>
24	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	<i>None</i>
25	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	<i>None</i>
26	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	<i>an hour ago</i>
27	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	<i>Explosion</i>
1st Set of VITAL SIGNS				
28	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
29	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	<i>130 Irregular between screams</i>
30	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	<i>130 Rapid & Bounding</i>
31	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE	<i>90/50</i>
32	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	<i>Red, Burnt with cyanosis</i>
33	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
34	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD?	<i>2nd/3rd Burns</i>
35	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES?	<i>No Findings</i>
36	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE?	<i>2nd/3rd Burns</i>
37	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	<i>2nd/3rd Burns</i>
38	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	<i>2nd/3rd Burns</i>
39	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW?	<i>2nd/3rd Burns</i>
40	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS?	<i>2nd/3rd Burns</i>
41	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK?	<i>2nd/3rd Burns</i>
42	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES?	<i>2nd/3rd Burns</i>
43	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS?	<i>2nd/3rd Burns</i>
44	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM?	<i>1st/ 2nd to lower anterior</i>
45	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM?	<i>2nd/3rd Burns posterior arm</i>
46	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST?	<i>2nd/3rd Burns</i>
47	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN?	<i>No Findings</i>
48	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK?	<i>No Findings</i>
49	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS?	<i>No Findings</i>
50	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG?	<i>No Findings</i>
51	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG?	<i>No Findings</i>

Score Sheet for Patient #1 - "3rd DEGREE BURNS"

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/FACIAL BURN
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?
53	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL HEAD/FACIAL BURN AREAS with STERILE GAUZE?
54	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the HEAD/FACIAL DRESSINGS in Place?
55	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ENSURE OPEN AIRWAY (not cover mouth/nares)?
56	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REPEATEDLY APPLY WATER to DRESSINGS?
CHEST BURNS			
57	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?
58	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE ALL LOOSE fabric MATERIALS from the burn area?
59	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL CHEST BURN AREAS with STERILE GAUZE?
60	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the CHEST DRESSINGS in Place?
61	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REPEATEDLY APPLY WATER to DRESSINGS?
BILATERAL ARM BURNS (Both arms MUST be completed for points!)			
62	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?
63	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PLACE GAUZE BETWEEN FINGERS to avoid sticking?
64	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL ARM BURN AREAS with STERILE GAUZE?
65	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the ARM BURN DRESSINGS in Place?
66	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REPEATEDLY APPLY WATER to DRESSINGS?
SHOCK & GENERAL CARE			
67	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
68	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their COWORKERS CARE?
69	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS?
70	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS?
71	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE?
72	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check BLOOD PRESSURE
73	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP?
74	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS?
75	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY the EMPLOYER (Workplace Accident)?
76	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY the POLICE (Industrial Accident)?
77	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #1 - "3rd DEGREE BURNS"

NO.			DONE	NOT DONE	RECORDING for Patient #1 - 3rd DEGREE BURNS
78	<input type="checkbox"/>	<input type="checkbox"/>			Was ALL of the patients PERSONAL INFORMATION recorded?
79	<input type="checkbox"/>	<input type="checkbox"/>			Was the INCIDENT TIME AND DATE recorded?
80	<input type="checkbox"/>	<input type="checkbox"/>			Was the INCIDENT LOCATION recorded?
81	<input type="checkbox"/>	<input type="checkbox"/>			Was the INCIDENT HISTORY (Accurately) recorded?
82	<input type="checkbox"/>	<input type="checkbox"/>			Was the patients LACK OF ALLERGIES recorded?
83	<input type="checkbox"/>	<input type="checkbox"/>			Was the patients LACK OF MEDICATIONS recorded?
84	<input type="checkbox"/>	<input type="checkbox"/>			Was the patients LACK OF MEDICAL HISTORY recorded?
85	<input type="checkbox"/>	<input type="checkbox"/>			Was the LAST ORAL INTAKE (an hour ago) recorded?
86	<input type="checkbox"/>	<input type="checkbox"/>			Was the 2nd & 3rd DEGREE BURNS TO FACE/HEAD recorded?
87	<input type="checkbox"/>	<input type="checkbox"/>			Was the 2nd & 3rd DEGREE BURNS TO CHEST recorded?
88	<input type="checkbox"/>	<input type="checkbox"/>			Was the 2nd & 3rd DEGREE BURNS TO LEFT ARM recorded?
89	<input type="checkbox"/>	<input type="checkbox"/>			Was the 1st & 2nd DEGREE BURNS TO RIGHT lower arm recorded?
90	<input type="checkbox"/>	<input type="checkbox"/>			Was a RULE OF 9's (body surface area effected) ACCURATELY recorded? (20-30%)
Vital Signs <u>MUST</u> be the corrected #s & <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!					
91	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
92	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - RESPIRATIONS recorded?
93	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - PULSE recorded?
94	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - BLOOD PRESSURE recorded?
95	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - SKIN CONDITION recorded?
96	<input type="checkbox"/>	<input type="checkbox"/>			Was 1st set of vital signs - PUPILS recorded?
97	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
98	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - RESPIRATIONS recorded?
99	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - PULSE recorded?
100	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - BLOOD PRESSURE recorded?
101	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - SKIN CONDITION recorded?
102	<input type="checkbox"/>	<input type="checkbox"/>			Was 2nd set of vital signs - PUPILS recorded?
103	<input type="checkbox"/>	<input type="checkbox"/>			Was the APPLICATION OF OXYGEN recorded? (if applied)
104	<input type="checkbox"/>	<input type="checkbox"/>			Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
105	<input type="checkbox"/>	<input type="checkbox"/>			Was the CARE for the HEAD/FACIAL BURNS recorded?
106	<input type="checkbox"/>	<input type="checkbox"/>			Was the CARE for the CHEST BURNS recorded?
107	<input type="checkbox"/>	<input type="checkbox"/>			Was the RIGHT ARM CIRCULATORY STATUS recorded?
108	<input type="checkbox"/>	<input type="checkbox"/>			Was the CARE for the LEFT ARM BURNS recorded?
109	<input type="checkbox"/>	<input type="checkbox"/>			Was the CARE for the RIGHT ARM BURNS recorded?
110	<input type="checkbox"/>	<input type="checkbox"/>			Was the LEFT ARM CIRCULATORY STATUS recorded?
111	<input type="checkbox"/>	<input type="checkbox"/>			Was the CARE for the LEFT ARM BURNS recorded?
112	<input type="checkbox"/>	<input type="checkbox"/>			Was the NOTIFICATION OF EMS WITH TIME recorded?
113	<input type="checkbox"/>	<input type="checkbox"/>			Was the NOTIFICATION of the EMLOYER, WITH TIME recorded?
114	<input type="checkbox"/>	<input type="checkbox"/>			Was the NOTIFICATION OF POLICE WITH TIME recorded?
115	<input type="checkbox"/>	<input type="checkbox"/>			Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name
(Please Print)

CYCLE: _____

TEAM: _____

Score Sheet for Patient #2 - "FACIAL BURNS"

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 - (Chemicals are no Longer on fire/No other risk)
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? <i>(can be ruled out after)</i>
160	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
161	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open currently</i>
162	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>20 Irregular & Wheezing</i>
163	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY OXYGEN APPROPRIATELY?
164	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <i>134 Bounding & Rapid</i>
165	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Burnt Red</i>
166	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>Burns to Face/ Airway</i>
167	<input type="checkbox"/>	<input type="checkbox"/>	Did the team BEGIN FLUSHING patient with WATER?
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.

Score Sheet for Patient #2 - "FACIAL BURNS"
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	Burns, Pain , loss of vision
171	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	None
172	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	Vitamins - Calcium, Vit D
173	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	"Vitamin problems"
174	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	coffee break around an hour ago
175	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	Explosion in Face
1st Set of VITAL SIGNS				
176	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	Consious
177	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	26 Irregular & Wheezing
178	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	134 Bounding & Rapid
179	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE	94/66
180	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	Burnt Red
181	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	Equal/Reactive
HEAD TO TOE EXAMINATION				
182	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD?	1st Degree Burns
183	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES?	flash burns (loss of vision)
184	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE?	2nd Degree burns
185	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	2nd Degree burns
186	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	2nd Degree burns around mouth
187	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW?	2nd Degree burns
188	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS?	1st Degree Burns
189	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK?	1st Degree Burns
190	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES?	1st Degree Burns
191	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS?	No Findings
192	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM?	No Findings
193	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM?	No Findings
194	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST?	No Findings
195	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN?	No Findings
196	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK?	No Findings
197	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS?	No Findings
198	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG?	No Findings
199	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG?	No Findings

Score Sheet for Patient #2 - "FACIAL BURNS"

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	FLASH BURNS to EYES	
200	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS VISUAL FIELDS/ACCUITY?	<i>Loss of Vision</i>
201	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?	
202	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER FLASH BURNS TO EYES with STERILE GAUZE?	
203	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the EYE DRESSINGS in Place?	
1st DEGREE BURNS TO FACE & EXPOSED NECK				
204	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?	
205	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE ALL LOOSE fabric MATERIALS from the burn area?	
206	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL FACIAL & NECK BURN AREAS with STERILE GAUZE?	
207	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the FACIAL & NECK BURN DRESSINGS in Place?	
208	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REPEATEDLY APPLY WATER to DRESSINGS?	
1st DEGREE BURNS TO EXPOSED BILATRAL LOWER ARMS				
209	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FLUSH the area with copious amount (simulated) of WATER?	
210	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PLACE GAUZE BETWEEN FINGERS to avoid sticking?	
211	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL ARM BURN AREAS with STERILE GAUZE?	
212	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the ARM BURN DRESSINGS in Place?	
213	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REPEATEDLY APPLY WATER to DRESSINGS?	
SHOCK & GENERAL CARE				
214	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?	
215	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their COWORKERS CARE?	
216	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
217	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS?	<i>24 Irregular & Wheezing</i>
218	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE?	<i>136 Bounding & Rapid</i>
219	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check BLOOD PRESSURE	<i>82/64</i>
220	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP?	<i>Burnt Red</i>
221	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS?	<i>Equal/Reactive</i>
222	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY EMPLOYER (Workplace Accident)?	
223	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY POLICE (Industrial Accident)?	
224	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)	

Score Sheet for Patient #2 - "FACIAL BURNS"

NO.	DONE	NOT DONE	RECORDING for PATIENT #2 - FACIAL BURNS
225	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
226	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
227	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
228	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
229	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF ALLERGIES recorded?
230	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients USE OF VITAMINS (MEDICATIONS) recorded?
231	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients MEDICAL HISTORY (Vitamin Deficiencies) recorded?
232	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (Coffee an hour ago) recorded?
233	<input type="checkbox"/>	<input type="checkbox"/>	Was the FLASH BURNS to the EYES recorded?
234	<input type="checkbox"/>	<input type="checkbox"/>	Was the SUDDEN LOSS OF VISION recorded?
235	<input type="checkbox"/>	<input type="checkbox"/>	Was the 2nd DEGREE MOUTH/AIRWAY BURNS recorded?
236	<input type="checkbox"/>	<input type="checkbox"/>	Was the 1st DEGREE FACIAL & NECK BURNS recorded?
237	<input type="checkbox"/>	<input type="checkbox"/>	Was the 1st DEGREE BILATERAL LOWER ARM BURNS recorded?
238	<input type="checkbox"/>	<input type="checkbox"/>	Was a RULE OF 9's (body surface area effected) ACCURATELY recorded? (12-15%)
Vital Signs <u>MUST</u> be the corrected #s & <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!			
239	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
240	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
241	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
242	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - BLOOD PRESSURE recorded?
243	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
244	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
245	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
246	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
247	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
248	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
249	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
250	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
251	<input type="checkbox"/>	<input type="checkbox"/>	Was the APPLICATION OF OXYGEN recorded? (if applied)
252	<input type="checkbox"/>	<input type="checkbox"/>	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
253	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the FLASH BURNS to the EYES recorded?
254	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the BURNS to FACE & NECK recorded?
255	<input type="checkbox"/>	<input type="checkbox"/>	Was the RIGHT ARM CIRCULATORY STATUS recorded?
256	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the LEFT ARM BURNS recorded?
257	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the RIGHT ARM BURNS recorded?
258	<input type="checkbox"/>	<input type="checkbox"/>	Was the LEFT ARM CIRCULATORY STATUS recorded?
259	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the LEFT ARM BURNS recorded?
260	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
261	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION of the EMLOYER, WITH TIME recorded?
262	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF POLICE WITH TIME recorded?
263	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

Judge's Name
(Please Print)
