

CYCLE: _____

TEAM#: _____

Score Sheet for Patient #1 - "The EX"

| 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 Vehicles, check for smoke - none, broken glass) |
| 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? |
| 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</i> |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS BREATHING? <i>22 Shallow & Regular</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>104 Strong & Regular</i> |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm & Dry</i> |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PERFORM A RAPID BODY SURVEY? <i>No Major Findings</i> |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth? |
| 19 | <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 - "The EX"

SECONDARY SURVEY

Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey. After the 3 first minutes, this is the only section that points shall be awarded to.
Actions in this section may be done in any order.

| NO. | DONE | NOT DONE | HISTORY OF THE PATIENT | |
|-------------------------|--------------------------|--------------------------|--|---------------------------|
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about SYMPTOMS | Head and Neck |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about ALLERGIES? | Pain |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICATIONS? | Bees |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICAL HISTORY? | Epi Pen |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about LAST ORAL INTAKE? | Anaphylaxis a few mth ago |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team determine INCIDENT HISTORY? | 2 hours ago |
| | | | | Head struck in MVC |
| 1st Set of VITAL SIGNS | | | | |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check LEVEL OF CONSCIOUSNESS? | Conscious |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check RESPIRATIONS? | 22 Shallow & Regular |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PULSE? | 104 Strong & Regular |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check BLOOD PRESSURE | 134/98 |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check SKIN CONDITION/TEMP? | pink, warm & dry |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PUPILS? | Equal/Reactive |
| HEAD TO TOE EXAMINATION | | | | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | Check SCALP/HEAD? | No Findings |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EYES? | Grit (glass) in eyes |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | Check NOSE? | No Findings |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEEKBONES? | Mild Abrasions left face |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | Check MOUTH? | No Findings |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | Check JAW? | No Findings |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EARS? | No Findings |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | Check NECK? | Stiffness in Neck |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | Check both COLLARBONES? | No Findings |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | Check both SHOULDERS? | No Findings |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT ARM? | No Findings |
| 43 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT ARM? | Closed FX Humerus |
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEST? | No Findings |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | Check ABDOMEN? | No Findings |
| 46 | <input type="checkbox"/> | <input type="checkbox"/> | Check BACK? | No Findings |
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | Check PELVIS? | No Findings |
| 48 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT LEG? | No Findings |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT LEG? | No Findings |

Score Sheet for Patient #1 - "The EX"
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 & SPINAL CARE |
|------------------------------|--------------------------|--------------------------|---|
| 50 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team MAINTAIN C-SPINE CONTROLL THROUGHOUT SCENARIO (or until in KED)? |
| 51 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PROPERLY MEASURE for C-COLLAR? |
| 52 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY C-COLLAR CORRECTLY? |
| 53 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PLACE KED behind patient without EXCESSIVE MOVEMENT? |
| 54 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE the PATIENT with (middle, bottom, legs, head, top) STRAPPING TECHNIQUE? |
| 55 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team EXTRICATE PATIENT SAFELY? |
| 56 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team EXTRICATE from VEHICLE DIRECTLY ONTO BACKBOARD? |
| 57 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team UN-DO KED LEG STRAPS (only) IMMEDIATELY upon being placed ON BACKBOARD? |
| 58 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMOBILIZE the patient on the BACKBOARD? (at least chest, pelvis & head) |
| CLOSED FRACTURE LEFT HUMERUS | | | |
| 59 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team FULLY EXPOSE INJURY? |
| 60 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team CHECK CIRCULATION PRIOR TO CARE? |
| 61 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE the LEFT arm in a STANDARD SLING? |
| 62 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY 2 BROAD/TRANSVERSE BANDAGES (above & Below the fracture)? |
| 63 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-CHECK CIRCULATION POST CARE? |
| 64 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PLACE an ICE PACK (15 minutes on)? |
| SHOCK & GENERAL CARE | | | |
| 65 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team REASSURE the patient about their OWN CARE? |
| 66 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check LEVEL OF CONSCIOUSNESS? |
| 67 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check RESPIRATIONS? |
| 68 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PULSE? |
| 69 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check BLOOD PRESSURE |
| 70 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check SKIN CONDITION/TEMP? |
| 71 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PUPILS? |
| 72 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY the POLICE (MVC/ Domestic)? |
| 73 | <input type="checkbox"/> | <input type="checkbox"/> | Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!) |

Score Sheet for Patient #1 - "The EX"

RECORDING for Patient #1 - The EX

| NO. | DONE | NOT DONE | |
|---|--------------------------|--------------------------|---|
| 74 | <input type="checkbox"/> | <input type="checkbox"/> | Was ALL of the patients PERSONAL INFORMATION recorded? |
| 75 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT TIME AND DATE recorded? |
| 76 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT LOCATION recorded? |
| 77 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT HISTORY (Accurately) recorded? |
| 78 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients BEE ALLERGIES recorded? |
| 79 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients EPI PEN (MEDICATIONS) recorded? |
| 80 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients RECENT ANAPHYLAXIS (MEDICAL HISTORY) recorded? |
| 81 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LAST ORAL INTAKE (2 hours ago) recorded? |
| 82 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SUSPECTED HEAD/NECK INJURY recorded? |
| 83 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SYMPTOMS (pain) and SIGNS recorded? |
| 84 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SUSPECTED GLASS/GRIT in EYES recorded? |
| 85 | <input type="checkbox"/> | <input type="checkbox"/> | Was the MILD LEFT FACIAL ABRASIONS recorded? |
| 86 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CLOSED FRACTURE of the LEFT HUMERUS recorded? |
| 87 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LEFT HUMERUS SYMPTOMS (pain) and SIGNS (bruising) recorded? |
| Vital Signs <u>MUST</u> be the corrected #s & HAVE the TIME recorded, to be awarded points !!! | | | |
| 88 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 89 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - RESPIRATIONS recorded? |
| 90 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PULSE recorded? |
| 91 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - BLOOD PRESSURE recorded? |
| 92 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - SKIN CONDITION recorded? |
| 93 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PUPILS recorded? |
| 94 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 95 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - RESPIRATIONS recorded? |
| 96 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PULSE recorded? |
| 97 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - BLOOD PRESSURE recorded? |
| 98 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - SKIN CONDITION recorded? |
| 99 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PUPILS recorded? |
| 100 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF OXYGEN recorded? (if applied) |
| 101 | <input type="checkbox"/> | <input type="checkbox"/> | Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied) |
| 102 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF C-COLLAR recorded? |
| 103 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF the KED recorded? |
| 104 | <input type="checkbox"/> | <input type="checkbox"/> | Was the EXTRICATION recorded? |
| 105 | <input type="checkbox"/> | <input type="checkbox"/> | Was the BACKBOARD USE recorded? |
| 106 | <input type="checkbox"/> | <input type="checkbox"/> | Was the FULL IMMOBILIZATION on the backboard recorded? |
| 107 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Circulatory Status of the Left arm Recorded? |
| 108 | <input type="checkbox"/> | <input type="checkbox"/> | Was the CARE of the CLOSED LEFT HUMERUS FRACTURE recorded? |
| 109 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION OF EMS WITH TIME recorded? |
| 110 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION of POLICE, WITH TIME recorded? |
| 111 | <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 - "SELF HARM"

| 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 - (Turn off car) |
| 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 SUPPORT HEAD/NECK? |
| 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</i> |
| 162 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS BREATHING? <i>26 Shallow & Regular</i> |
| 163 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ADMINISTER OXYGEN APPROPRIATELY? <i>110 Regular & Full</i> |
| 164 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS PULSE? (Circulation) <i>Pink, Warm/ Sweaty</i> |
| 165 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ASSESS SKIN CONDITION (Circulation) <i>No Findings</i> |
| 166 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PERFORM A RAPID BODY SURVEY? |
| 167 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ATTEMPT TO CONSOLE/REASSURE/CALM the Upset patient? |
| 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 - "SELF HARM"

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>Broken Heart</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>"None" - after OD changes</i> |
| 173 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about MEDICAL HISTORY? <i>"A broken heart"</i> |
| 174 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ask about LAST ORAL INTAKE? <i>"haven't eaten in days"</i> |
| 175 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team determine INCIDENT HISTORY? <i>MVC, "Foot slipped"</i> |
| 1st Set of VITAL SIGNS | | | |
| 176 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check LEVEL OF CONSCIOUSNESS? <i>Conscious</i> |
| 177 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check RESPIRATIONS? <i>26 Shallow & Regular</i> |
| 178 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PULSE? <i>110 Regular & Full</i> |
| 179 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check BLOOD PRESSURE <i>164/92</i> |
| 180 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check SKIN CONDITION/TEMP? <i>Pink, Warm, Sweaty</i> |
| 181 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team check PUPILS? <i>Equal/Reactive</i> |
| HEAD TO TOE EXAMINATION | | | |
| 182 | <input type="checkbox"/> | <input type="checkbox"/> | Check SCALP/HEAD? <i>Struck head, no complaints</i> |
| 183 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EYES? <i>No Findings</i> |
| 184 | <input type="checkbox"/> | <input type="checkbox"/> | Check NOSE? <i>No Findings</i> |
| 185 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEEBONES? <i>No Findings</i> |
| 186 | <input type="checkbox"/> | <input type="checkbox"/> | Check MOUTH? <i>No Findings</i> |
| 187 | <input type="checkbox"/> | <input type="checkbox"/> | Check JAW? <i>No Findings</i> |
| 188 | <input type="checkbox"/> | <input type="checkbox"/> | Check both EARS? <i>No Findings</i> |
| 189 | <input type="checkbox"/> | <input type="checkbox"/> | Check NECK? <i>Slight ache</i> |
| 190 | <input type="checkbox"/> | <input type="checkbox"/> | Check both COLLARBONES? <i>No Findings</i> |
| 191 | <input type="checkbox"/> | <input type="checkbox"/> | Check both SHOULDERS? <i>No Findings</i> |
| 192 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT ARM? <i>No Findings</i> |
| 193 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT ARM? <i>No Findings</i> |
| 194 | <input type="checkbox"/> | <input type="checkbox"/> | Check CHEST? <i>No Findings</i> |
| 195 | <input type="checkbox"/> | <input type="checkbox"/> | Check ABDOMEN? <i>No Findings</i> |
| 196 | <input type="checkbox"/> | <input type="checkbox"/> | Check BACK? <i>No Findings</i> |
| 197 | <input type="checkbox"/> | <input type="checkbox"/> | Check PELVIS? <i>No Findings</i> |
| 198 | <input type="checkbox"/> | <input type="checkbox"/> | Check RIGHT LEG? <i>No Findings</i> |
| 199 | <input type="checkbox"/> | <input type="checkbox"/> | Check LEFT LEG? <i>No Findings</i> |

Score Sheet for Patient #2 - "SELF HARM"

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 & SPINAL CARE |
|--------------------------------------|--------------------------|--------------------------|---|
| 200 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team MAINTAIN C-SPINE CONTROLL THROUGHOUT SCENARIO (or until in KED)? |
| 201 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PROPERLY MEASURE for C-COLLAR? |
| 202 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team APPLY C-COLLAR CORRECTLY? |
| 203 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team PLACE KED behind patient without EXCESSIVE MOVEMENT? |
| 204 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SECURE the PATIENT with (middle, bottom, legs, head, top) STRAPPING TECHNIQUE? |
| 205 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team EXTRICATE PATIENT SAFELY? |
| 206 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team EXTRICATE from VEHICLE DIRECTLY ONTO BACKBOARD? |
| 207 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team UN-DO KED LEG STRAPS (only) IMMEDIATELY upon being placed ON BACKBOARD? |
| 208 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMOBILIZE the patient on the BACKBOARD? (at least chest, pelvis & head) |
| ATTEMPTED OD (at the 10 MINUTE MARK) | | | |
| 209 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IMMEDIATELY IDENTIFY patient ATTEMPTING OD? |
| 210 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SAFELY PREVENT OD by KNOCKING/ TAKING AWAY PILL BOTTLE? <i>(Ask casualty after - if any candies swallowed, NO POINTS!!)</i> |
| 211 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team KEEP a PROFESSIONAL and CALM DEMEANOUR? |
| 212 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SPEAK to the PATIENT in a SUPPORTIVE MANNER? |
| 213 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team UPDATE EMS with Possible OD |
| 214 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team IDENTIFY MEDICATION ATTEMPTED TO BE TAKEN? |
| 215 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team ESTABLISH REMAINING NUMBER OF PILLS IN BOTTLE? |
| 216 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team SEEK ADVICE/CALL POISON CONTROL? |
| 217 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTE THE (actual) TIME OF ATTEMPTED INJECTION? |
| SHOCK & GENERAL CARE | | | |
| 218 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Consious</i> |
| 219 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check RESPIRATIONS? <i>20 Shallow & Regular</i> |
| 220 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PULSE? <i>108 Regular & Full</i> |
| 221 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check BLOOD PRESSURE <i>166/104</i> |
| 222 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm & Sweaty</i> |
| 223 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team RE-check PUPILS? <i>Equal/Reactive</i> |
| 224 | <input type="checkbox"/> | <input type="checkbox"/> | Did the team NOTIFY POLICE (Workplace Accident)? |
| 225 | <input type="checkbox"/> | <input type="checkbox"/> | Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!) |

Score Sheet for Patient #2 - "SELF HARM"

| NO. DONE NOT DONE | | | RECORDING for PATIENT #2 - SELF HARM |
|--|--------------------------|--------------------------|---|
| 226 | <input type="checkbox"/> | <input type="checkbox"/> | Was ALL of the patients PERSONAL INFORMATION recorded? |
| 227 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT TIME AND DATE recorded? |
| 228 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT LOCATION recorded? |
| 229 | <input type="checkbox"/> | <input type="checkbox"/> | Was the INCIDENT HISTORY (Accurately) recorded? |
| 230 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients LACK OF ALLERGIES recorded? |
| 231 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients LACK OF MEDICATIONS recorded? |
| 232 | <input type="checkbox"/> | <input type="checkbox"/> | Was the patients LACK OF MEDICAL HISTORY recorded? |
| 233 | <input type="checkbox"/> | <input type="checkbox"/> | Was the LAST ORAL INTAKE (days Ago) recorded? |
| 234 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SUSPECTED HEAD & SPINAL INJURY recorded? |
| 235 | <input type="checkbox"/> | <input type="checkbox"/> | Was the SYMPTOMS (pain) recorded? |
| 236 | <input type="checkbox"/> | <input type="checkbox"/> | Was the ATTEMPTED OD recorded? |
| 237 | <input type="checkbox"/> | <input type="checkbox"/> | Was the TIME OF THE ATTEMPTED OD recorded? |
| 238 | <input type="checkbox"/> | <input type="checkbox"/> | Was the MEDICATION NAME (Cipralax) in the ATTEMPTED OD recorded? |
| 239 | <input type="checkbox"/> | <input type="checkbox"/> | Was the REMAINING PILL COUNT/SUSPECTED OD DOSE recorded? |
| Vital Signs <u>MUST</u> be the corrected #s & HAVE the <u>TIME</u> recorded, to be awarded points !!! | | | |
| 240 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 241 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - RESPIRATIONS recorded? |
| 242 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PULSE recorded? |
| 243 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - BLOOD PRESSURE recorded? |
| 244 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - SKIN CONDITION recorded? |
| 245 | <input type="checkbox"/> | <input type="checkbox"/> | Was 1st set of vital signs - PUPILS recorded? |
| 246 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? |
| 247 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - RESPIRATIONS recorded? |
| 248 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PULSE recorded? |
| 249 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - BLOOD PRESSURE recorded? |
| 250 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - SKIN CONDITION recorded? |
| 251 | <input type="checkbox"/> | <input type="checkbox"/> | Was 2nd set of vital signs - PUPILS recorded? |
| 252 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF OXYGEN recorded? (if applied) |
| 253 | <input type="checkbox"/> | <input type="checkbox"/> | Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied) |
| 254 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF C-COLLAR recorded? |
| 255 | <input type="checkbox"/> | <input type="checkbox"/> | Was the APPLICATION OF the KED recorded? |
| 256 | <input type="checkbox"/> | <input type="checkbox"/> | Was the EXTRICATION recorded? |
| 257 | <input type="checkbox"/> | <input type="checkbox"/> | Was the BACKBOARD USE recorded? |
| 258 | <input type="checkbox"/> | <input type="checkbox"/> | Was the FULL IMMOBILIZATION on the backboard recorded? |
| 259 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION OF EMS WITH TIME recorded? |
| 260 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION POLICE WITH TIME recorded? |
| 261 | <input type="checkbox"/> | <input type="checkbox"/> | Was the NOTIFICATION OF POISON CONTROL WITH TIME recorded? |
| 262 | <input type="checkbox"/> | <input type="checkbox"/> | Was the Name(s) of the first aid team LEGIBLY recorded? |

Judge's Name (Please Print)