# ZONE Scenario #2 - "Scared Heart"

ROTATION #	TEAM #
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NO.	POINTS	DONE	SCENE/PRIMARY SURVEY	
1	10		Did the team TAKE CHARGE of the situation?	
2	10		Did the team wear protective GLOVES?	
3	10		Did the team ASSESS for HAZARDS?	
4	10		Did the team CALL OUT FOR HELP?	
5	10		Did the team ASK for SITUATION HISTORY?	
6	10		Did the team OFFER help to the casualty prior 3 minutes?	Initially refuses
7	10		Did the team ID SELF and OBTAIN CONSENT?	
8	10		Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Conscious
9	10		Did the team ASSESS AIRWAY?	Open
10	10		Did the team ASSESS BREATHING?	20 Shallow & Regular
11	10		Did the team ADMINISTER high flow OXYGEN via NRB @ 10-15L/mi	n?
12	10		Did the team ASSESS PULSE? (Circulation)	122 Strong & Bounding
13	10		Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm/ Dry
14	10		Did the team PERFORM A RAPID BODY SURVEY?	No Findings
15	10		Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warm	nth?
16	10		Did the team ACTIVATE EMS/AMBULANCE?	
17	20		Did the team RECOGNIZE the CHANGE IN CASUALTY CONDITION prior to	or @ 10 minute mark?
18	30		Did the team RECOGNIZE the CHANGE IN CASUALTY CONDITION immedi	ately (@ 3 minute mark)?
	210	0	Total of SCENE/PRIMARY SURVEY	

#### JUDGES NOTE:

This Patient DOES NOT ALLOW for any Assessment Until the 3 minute mark.

Teams can earn BOTH line 17 & line 18 if they note at the three minute mark (or within the first minute after) when the patient begins rubbing their chest.

There is NO time limit on when the items in the SCENE/PRIMARY SURVEY can be completed. So, unlike all other scenarios - a team may complete any of this page at any point during their 17 minutes and will be awarded the marks. Please note Bonus points for if discovering patients condition change prior to the 10 minute mark.

Score Sheet for Casualty #1 - "Chest Pain"

# ZONE Scenario #2 - "Scared Heart"

# SECONDARY SURVEY

Actions in this section may be done in any order.

NO.	POINTS	DONE	HISTORY OF THE PATIENT	
19	10		Did the team ask about SYMPTOMS	Chest Pain
20	10		Did the team ask about ALLERGIES?	None
21	10		Did the team ask about MEDICATIONS?	Ventolin
22	10		Did the team ask about MEDICAL HISTORY?	Asthma, CP recently
23	10		Did the team ask about LAST ORAL INTAKE?	About 1 hr ago
24	10		Did the team determine INCIDENT HISTORY?	Stressed about loved one
			1st Set of VITAL SIGNS	
23	10		Did the team check LEVEL OF CONSCIOUSNESS?	Conscious
24	10		Did the team check RESPIRATIONS?	20 shallow & regular
25	10		Did the team check PULSE?	122 strong & regular
26	10		Did the team check BLOOD PRESSURE	180/110
27	10		Did the team check SKIN CONDITION/TEMP?	pink, warm & dry
28	10		Did the team check PUPILS?	Equal/Reactive
			HEAD TO TOE EXAMINATION	
29	5		Check SCALP/HEAD?	No Findings
30	5		Check both EYES?	No Findings
31	5		Check NOSE?	No Findings
32	5		Check CHEEKBONES?	No Findings
33	5		Check MOUTH?	No Findings
34	5		Check JAW?	No Findings
35	5		Check both EARS?	No Findings
36	5		Check NECK?	No Findings
37	5		Check both COLLARBONES?	No Findings
38	5		Check both SHOULDERS?	No Findings
39	5		Check RIGHT ARM?	No Findings
40	5		Check LEFT ARM?	No Findings
41	5		Check CHEST?	No Findings
42	5		Check ABDOMEN?	No Findings
43	5		Check BACK?	No Findings
44	5		Check PELVIS?	No Findings
45	5		Check RIGHT LEG?	No Findings
46	5		Check LEFT LEG?	No Findings
	210	0	Total of SECONDARY SURVEY	

Score Sheet for Casualty #1 - "Chest Pain"

# ZONE Scenario #2 - "Scared Heart"

# FIRST AID / TREATMENT

Actions in this section may be done in any order.

NO.	POINTS	DONE	OPQRST - Pain Assessment	
47	20		Did the team Determine ONSET?	"I am stressed over my loved one"
48	20		Did the team Determine PROVOKES?	"Walking/standing make it worse"
49	20		Did the team Determine PALLIATES?	"Nothing makes it better"
50	20		Did the team Determine QUALITY?	"Heaviness" "elephant on my chest"
51	20		Did the team Determine RADIATION?	"Into my Lt Arm, Neck, jaw, back"
52	20		Did the team Determine SEVERITY?	"6/10" before 10min, "8/10" after
52	20		Did the team Determine TIME?	"Just started since he/she fell"
			CHEST PAIN CARE	
53	10		Did the team immediately identify the suspected Cardiac Ischer	nia?
54	10		Did the team establish NO Previous NITROGLYCERIN USE/RX?	
55	10		Did the team find the non prescription bottle of ASA (Casualty #	2s bag of meds)
56	10		Did the team determine NO Allergy to ASA	No Allergey specific to ASA
57	10		Did the team determine this is the RIGHT PATIENT?	Yes - suspected Cardiac Ischemia
58	10		Did the team determine this is the RIGHT MEDICATION?	ASA, 81 mg
59	10		Did the team determine this it the RIGHT DOSE?	81mg x 2 tablets
60	10		Did the team determine this is the RIGHT ROUTE?	Oral, Chewed
61	10		Did the team determine this is the RIGHT TIME?	Yes - suspected current ischemia
62	10		Did the team ASK the Casualty if they would like to take ASA?	Establish RIGHT to REFUSE
63	10		Did the team Accurately note the TIME of assistace with ASA?	
64	10		Did the team only offer the SINGLE Administration?	No subsequent doses given
			SHOCK & GENERAL CARE	
65	10		Did the team REASSURE the patient about their OWN CAR	E?
66	10		Did the team REASSURE the patient about their FRIENDS C	ARE?
67	10		Did the team RE-check LEVEL OF CONSCIOUSNESS?	Conscious
69	10		Did the team RE-check RESPIRATIONS?	28 Shallow & Regular
70	10		Did the team RE-check PULSE?	130 Weak & Irregular
71	10		Did the team RE-check BLOOD PRESSURE	210/118
72	10		Did the team RE-check SKIN CONDITION/TEMP?	Pale, cool, very sweaty
73	10		Did the team RE-check PUPILS?	Equal/Reactive
74	20		Did the team PROTECT THE CASUALTIES BELONGINGS?	
75	30		Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST b	e replaced!)
	390	0	Total of FIRST AID/TREATMENT	

# ZONE Scenario #2 - "Scared Heart"

NO.	POINTS DO	RECORDING/ DOCUMENTATION
76	20	Was ALL of the Casualty's PERSONAL INFORMATION recorded?
77	10	Was the INCIDENT TIME AND DATE recorded?
78	10	Was the INCIDENT LOCATION recorded?
79	20	Was the INCIDENT HISTORY (Accurately) recorded?
80	10	Was the Casualty's Lack of ALLERGIES recorded?
81	10	Were the Casualty's MEDICATIONS (ventolin) recorded?
82	10	Was the Casualty's MEDICAL HISTORY (asthma, previous CP) recorded?
83	10	Was the LAST ORAL INTAKE (1hr ago) recorded?
84	10	Was the suspected Ischemic Chest Pain recorded?
		Vital Signs MUST HAVE the TIME recorded as well, to be awarded points !!!
85	5	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
86	5	Was 1st set of vital signs - RESPIRATIONS recorded?
87	5	Was 1st set of vital signs - PULSE recorded?
88	5	Was 1st set of vital signs - BLOOD PRESSURE recorded?
89	5	Was 1st set of vital signs - SKIN CONDITION recorded?
90	5	Was 1st set of vital signs - PUPILS recorded?
91	5	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
92	5	Was 2nd set of vital signs - RESPIRATIONS recorded?
93	5	Was 2nd set of vital signs - PULSE recorded?
94	5	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
95	5	Was 2nd set of vital signs - SKIN CONDITION recorded?
96	5	Was 2nd set of vital signs - PUPILS recorded?
97	10	Was the Administration of Oxygen Recorded?
98	10	Was the Assistance of ASA (182mg) Recorded, WITH THE TIME?
99	10	Was the NOTIFICATION OF EMS WITH TIME recorded?
100	30	Was the NAME(S) of the first aid team LEGIBLY recorded?
	230	Total of RECORDING/ DOCUMENTATION

Score Sheet for Casualty #1 - "Chest Pain"

# ZONE Scenario #2 - "Scared Heart"

TEAM #
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NO.	POINTS	DONE	SCENE/PRIMARY SURVEY	
150	10		Did the team TAKE CHARGE of the situation?	
151	10		Did the team wear protective GLOVES?	
152	10		Did the team ASSESS for HAZARDS?	
153	10		Did the team REMOVE HAZARDS/ Cover Vomit?	
154	10		Did the team CALL OUT FOR HELP?	
155	10		Did the team ASK for SITUATION HISTORY?	
156	10		Did the team DETERMINE the NUMBER OF CASUALTIES?	
157	10		Did the team ID SELF and OBTAIN CONSENT?	
158	10		Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Unconscious
159	10		Did the team ASSESS AIRWAY?	Open, No Vomit in airway
160	10		Did the team ASSESS BREATHING?	6 Shallow & Regular
161	10		Did the team Assist with Ventilations?	
162	10		Did the team Administer High Flow Oxygen	
163	10		Did the team ASSESS PULSE? (Circulation)	56 Regular & Weak
164	10		Did the team ASSESS SKIN CONDITION (Circulation)	Pale, cool, Dry
165	10		Did the team PERFORM A RAPID BODY SURVEY?	Small bleeding R Wrist Fx
166	10		Did the team IMMEDIATELY COVER WITH A BLANKET for	shock and warmth?
167	10		Did the team ACTIVATE EMS/AMBULANCE?	
	180	0	Total of SCENE/PRIMARY SURVEY	

#### 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 Casualty #2 - "Passed out Loved One"

# ZONE Scenario #2 - "Scared Heart"

# 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.	POINTS	DONE	HISTORY OF THE PATIENT - Can be determ	ined by asking Patient #1
168	10		Did the team ask about SYMPTOMS	Vomiting x1 hr, Dizzyness
169	10		Did the team ask about ALLERGIES?	Prednisone, Penicillin, Sulfa
170	10		Did the team ask about MEDICATIONS?	CHEMO, Pills in bag
171	10		Did the team ask about MEDICAL HISTORY?	Brain CA, Low BP
172	10		Did the team ask about LAST ORAL INTAKE?	1 Hr ago
173	10		Did the team determine INCIDENT HISTORY?	Sudden Collapse
			1st Set of VITAL SIGNS	
174	10		Did the team check LEVEL OF CONSCIOUSNESS?	Unconscious
175	10		Did the team check RESPIRATIONS?	10 Shallow & Regular
176	10		Did the team check PULSE?	56 Regular & Weak
177	10		Did the team check BLOOD PRESSURE	80/40
178	10		Did the team check SKIN CONDITION/TEMP?	Pale, Cool, Dry
179	10		Did the team check PUPILS?	Equal/Reactive
			HEAD TO TOE EXAMINATION	
180	5		Check SCALP/HEAD?	No Findings
181	5		Check both EYES?	No Findings
182	5		Check NOSE?	No Findings
183	5		Check CHEEKBONES?	No Findings
184	5		Check MOUTH?	No Findings
185	5		Check JAW?	No Findings
186	5		Check both EARS?	No Findings
187	5		Check NECK?	No Findings
188	5		Check both COLLARBONES?	No Findings
189	5		Check both SHOULDERS?	No Findings
190	5		Check RIGHT ARM?	Open FX Right Wrist
191	5		Check LEFT ARM?	Closed FX Left Collarbone
192	5		Check CHEST?	No Findings
193	5		Check ABDOMEN?	No Findings
194	5		Check BACK?	No Findings
195	5		Check PELVIS?	No Findings
196	5		Check RIGHT LEG?	No Findings
197	5		Check LEFT LEG?	No Findings
	210	0	Total of SECONDARY SURVEY	

Score Sheet for Casualtyt #2 - "Passed out Loved One"

# ZONE Scenario #2 - "Scared Heart"

# 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	LEFT CLOSED COLLARBONE FRACTURE	CARE	
198	20		Did the team Check the Distal Circulation BEFORE Immobil	ization	
199	20		Did the team Immobilize the left arm (Tubular Sling with Transverse)?		
200	20		Did the team Place an ICE pack on (up to 15 minutes on)?		
201	20		Did the team RE-Check the Distal Circlation AFTER Immobil	Did the team RE-Check the Distal Circlation AFTER Immobilization?	
			RIGHT OPEN FRACTURE RIGHT WRIST		
202	20		Did the team Cover the Wound with a Sterile Dressing?		
203	20		Did the team Place Padding around the Exposed Bone Ends	s for Protection?	
204	20		Did the team Check the Distal Circulation BEFORE Immobil	ization	
205	20		Did the team Use a Padded and Rigid Split to support the A	Arm?	
206	20		Did the team Immobilize the right arm (standard arm sling	)?	
207	20		Did the team RE-Check the Distal Circlation AFTER Immobil	lization?	
	SHOCK & GENERAL CARE				
208	20		Did the tem Recognize the Change in Level of Consciousness?		
209	20		Did the team ID SELF & OBTAIN CONSENT with the now Conscious patient?		
210	10		Did the team REASSURE the patient about their OWN CARE?		
211	10		Did the team REASSURE the patient about their FRIENDS CARE?		
212	10		d the team LOOSEN TIGHT CLOTHING appropriately?		
213	10		Did the team COVER the Casualty with a BLANKET?		
214	10		Did the team Protect the casualty's belongings?		
215	10		Did the team RE-check LEVEL OF CONSCIOUSNESS?	Semi Conscious	
216	10		Did the team RE-check RESPIRATIONS?	10 Shallow & Regular	
217	10		Did the team RE-check PULSE?	60 Regular & Weak	
218	10		Did the team RE-check BLOOD PRESSURE	84/56	
219	10		Did the team RE-check SKIN CONDITION/TEMP?	Pale, Cool & Dry	
220	10		Did the team RE-check PUPILS?	Equal/Reactive	
221	30		Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MU	JST be replaced!)	
	380	0	Total of FIRST AID/TREATMENT		

# ZONE Scenario #2 - "Scared Heart"

NO.	POINTS	DONE	RECORDING/ DOCUMENTATION
222	20		Was ALL of the Casualty's PERSONAL INFORMATION recorded?
223	10		Was the INCIDENT TIME AND DATE recorded?
224	10		Was the INCIDENT LOCATION recorded?
225	20		Was the INCIDENT HISTORY (Accurately) recorded?
226	10		Were the Casualty's ALLERGIES recorded?
227	10		Were the Casualty's MEDICATIONS recorded?
228	10		Was the Casualty's MEDICAL HISTORY (Accurately) recorded?
229	10		Was the LAST ORAL INTAKE recorded?
230	10		Was the SUSPECTED CLOSED FX LEFT Collarbone recorded?
231	10		Was the SUSPECTED OPEN FX RIGHT Wrist recorded?
232	10		Was the Left Arm PICC Line Presence recoded?
		Vital Sigr	ns MUST HAVE the TIME recorded as well, to be awarded points !!!
233	5		Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
234	5		Was 1st set of vital signs - RESPIRATIONS recorded?
235	5		Was 1st set of vital signs - PULSE recorded?
236	5		Was 1st set of vital signs - BLOOD PRESSURE recorded?
237	5		Was 1st set of vital signs - SKIN CONDITION recorded?
238	5		Was 1st set of vital signs - PUPILS recorded?
239	5		Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
240	5		Was 2nd set of vital signs - RESPIRATIONS recorded?
241	5		Was 2nd set of vital signs - PULSE recorded?
242	5		Was 2nd set of vital signs - BLOOD PRESSURE recorded?
243	5		Was 2nd set of vital signs - SKIN CONDITION recorded?
244	5		Was 2nd set of vital signs - PUPILS recorded?
245	10		Was the Initial Need for Assisted Respiations (with rate given) Recorded?
246	10		Was the USE of OXYGEN (with Flow rate and method) recorded?
247	10		Was the Circulatory Status of the Left Arm Recorded?
248	10		Was the Care of the LEFT Collarbone recorded?
249	10		Was the Circulatory Status of the Right Arm Recorded?
250	10		Was the Care of the RIGHT Wrist recorded?
251	10		Was the GENERAL CARE of the PATIENT recorded?
252	10		Was the NOTIFICATION OF EMS WITH TIME recorded?
253	30		Was the NAME(S) of the first aid team LEGIBLY recorded?
	300	0	RECORDING/ DOCUMENTATION

Score Sheet for Casualty #2 - "Passed out Loved One"

ZONE Scenario #2 - "Scared Heart"

ROTATION #	TEAM #
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# **SCENARIO SCORE TOTALS:**

	Casualty # 1 - "Chest Pain"	Casualty #2-"Passed Out Loved 1"
SCENE/PRIMARY SURVEY	0	0
SECONDARY SURVEY	0	0
FIRST AID/ TREATMENT	0	0
RECORDING/DOCUMENTATION	0	0
. II. 70711		•
Casualty TOTAL	0 /1040	0 /1070

**SCENARIO TOTAL** 

/2110 Total