

CYCLE _____

TEAM _____

NO	POINTS	NOT DONE	SCENE/PRIMARY SURVEY
Y 1	10	0	Did the team TAKE CHARGE of the situation? (remained calm themselves?)
Y 2	10	0	Did the team wear protective GLOVES?
Y 3	10	0	Did the team ASSESS for HAZARDS? <i>Ice Surface, Ensure Game has stopped</i>
Y 4	10	0	Did the team CALL OUT for HELP? <i>Trainer Available</i>
Y 5	20	0	Did the team ASK for SITUATION HISTORY from Trainer on site?
Y 6	10	0	Did the team DETERMINE the MECHANISM OF INJURY? <i>Knocked to ground, high speed into boards</i>
Y 7	10	0	Did the team DETERMINE the NUMBER OF CASUALTIES? <i>2</i>
Y 8	10	0	Did the team ID SELF and OBTAIN CONSENT? <i>Implied</i>
Y 9	10	0	Did the team WARN THE CASUALTY NOT TO MOVE?
Y 10	20	0	Did the team IMMEDIATELY CONTROL C-SPINE to prevent movement?
Y 11	10	0	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Unconscious, Moans when touched in face</i>
Y 12	10	0	Did the team ASSESS AIRWAY? <i>Unable to Assess in Position found</i>
Y 13	20	0	Did the team RECOGNIZE unable to PROPERLY ASSESS AIRWAY in the position found?
Y 14	20	0	Did the team LOG ROLL the patient as a SINGLE UNIT while PROTECTING C-SPINE CONTROL properly?
Y 15	20	0	Did the team LOG ROLL the patient DIRECTLY onto a Blanket (off cold ice)?
Y 16	20	0	Did the team RE-ASSESS AIRWAY? <i>Blood in the mouth/ Spit</i>
Y 17	20	0	Did the team WIPE BLOOD from around MOUTH? <i>No more than 15 seconds</i>
Y 18	10	0	Did the team ASSESS BREATHING? (in supine position) <i>10 Shallow & Irregular</i>
Y 19	10	0	Did the team ASSESS SKIN CONDITION? (Circulation) <i>Flushed & Sweaty</i>
Y 20	10	0	Did the team PERFORM A RAPID BODY SURVEY? <i>No findings</i>
Y 21	10	0	Did the team IMMEDIATELY COVER OVER with a BLANKET for shock and warmth?
Y 22	10	0	Did the team ensure ACTIVATION of EMS/AMBULANCE?
	290		Total of SCENE/PRIMARY SURVEY (Page 1)

JUDGE'S NOTES

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

JUDGES DO NOT TALLY MARKS FROM YOUR OWN SHEETS!

Judges MUST circle EITHER the POINT VALUE OR "0" on EACH LINE!

Score Sheet for Patient #1 - "Player"

SECONDARY SURVEY

Actions in this section may be performed by the competitors at ANY point in the scenario. After the 3 first minutes, this section and beyond are the only areas that points shall be awarded

NO	POINTS	NOT DONE	STORY OF THE PATIENT - If the team does not ask Trainer for Medical Record = "Unknown" & ZERO POINT	
Y 23	10	0	Did the team determine SYMPTOMS?	Head/Mouth Trauma, Seizure, Unequal Pupils
Y 24	10	0	Did the team ask <u>Trainer</u> about ALLERGIES?	None
Y 25	* 10 *	0	Did the team ask <u>Trainer</u> about MEDICATIONS?	Lantus 10 IU (am), Toronto 18 IU (pm), Ventolin MDI (prn), Flovent MDI (daily)
Y 26	* 10 *	0	Did the team ask <u>Trainer</u> about MEDICAL HISTORY?	Diabetic, Asthma
Y 27	10	0	Did the team ask <u>Trainer</u> about LAST ORAL INTAKE?	Unknown
Y 28	10	0	Did the team determine INCIDENT HISTORY?	Pushed into ground, head first into boards
Y 29	10	0	Did the team SEEK OUT a MEDICAL ALERT DEVICE?	None
Y 30	* 20 *	0	Did the team ask Trainer for a PLAYER MEDICAL RECORD?	> Give to Team ONLY if asked!
FIRST SET OF VITALS				
Y 31	10	0	Did the team check LEVEL OF CONSCIOUSNESS?	Unconscious
Y 32	10	0	Did the team check RESPIRATIONS?	10 Shallow & Irregular
Y 33	10	0	Did the team check PULSE?	124 Bounding & Regular
Y 34	10	0	Did the team check SKIN CONDITION/TEMP?	Flushed, Sweaty
Y 35	10	0	Did the team check PUPILS?	Right=3, Left=5 & Non-reactive
HEAD TO TOE EXAMINATION				
Y 36	10	0	Check SCALP/HEAD?	No Findings
Y 37	10	0	Check both EYES?	No Findings
Y 38	10	0	Check NOSE?	No Findings
Y 39	10	0	Check CHEEKBONES?	No Findings
Y 40	10	0	Check MOUTH?	' & Spit in mouth; <u>IF NOT</u> already wiped away AND Cut Lip (No Active Bleeding)
Y 41	10	0	Check JAW?	No Findings
Y 42	10	0	Check both EARS?	No Findings
Y 43	10	0	Check NECK?	No Findings
Y 44	10	0	Check both COLLARBONES?	No Findings
Y 45	10	0	Check both SHOULDERS?	No Findings
Y 46	10	0	Check RIGHT UPPER ARM?	No Findings
Y 47	10	0	Check RIGHT LOWER ARM?	No Findings
Y 48	10	0	Check RIGHT HAND and FINGERS?	No Findings
Y 49	10	0	Check LEFT UPPER ARM?	No Findings
Y 50	10	0	Check LEFT LOWER ARM?	No Findings
Y 51	10	0	Check LEFT HAND and FINGERS?	No Findings
Y 52	10	0	Check CHEST?	No Findings
Y 53	10	0	Check ABDOMEN?	No Findings
Y 54	10	0	Check BACK?	No Findings
Y 55	10	0	Check PELVIS?	No Findings
Y 56	10	0	Check RIGHT UPPER LEG?	No Findings
Y 57	10	0	Check RIGHT LOWER LEG?	No Findings
Y 58	10	0	Check RIGHT ANKLE and FOOT?	No Findings
Y 59	10	0	Check LEFT UPPER LEG?	No Findings
Y 60	10	0	Check LEFT LOWER LEG?	No Findings
Y 61	10	0	Check LEFT ANKLE and FOOT?	No Findings
	360		Total of SECONDARY SURVEY (Page 2)	

Score Sheet for Patient #1 - "Player"

ASSESSMENT / FIRST AID TREATMENT			
<i>Actions in this section may be performed by the competitor at any point in the scenario.</i>			
NO	POINTS	NOT DONE	CARE FOR SEIZURE (Occurs at the 3 minute mark; lasts 30 seconds)
Y 62	30	0	Did the team IMMEDIATELY RECOGNIZE the full-body SEIZURE ACTIVITY?
Y 63	20	0	Did the team ATTEMPT to COUNT the DURATION of the SEIZURE? <i>30 Seconds</i>
Y 64	20	0	Did the team PROTECT the patient DURING the SEIZURE?
Y 65	30	0	Did the team AVOID HOLDING the PATIENT DOWN DURING the SEIZURE?
Y 66	30	0	Did the team MAINTAIN C-SPINE CONTROL THROUGHOUT the SEIZURE?
Y 67	20	0	Did the team RE-ASSESS AIRWAY IMMEDIATELY AFTER SEIZURE? <i>Open, No new blood/secretions</i>
CARE FOR SUSPECTED HEAD & NECK INJURY			
Y 68	20	0	Did the team MAINTAIN C-SPINE CONTROL for duration of the scenario?
Y 69	30	0	Did the team LEAVE HELMET IN PLACE to avoid movemnet of the head/neck?
Y 70	20	0	Did the team CONSTANTLY MONITOR of the PATIENTS AIRWAY?
ONGOING CARE/ CONTINUED VITAL SIGNS			
Y 71	10	0	Did the team REASSURE the unconscious patient?
Y 72	10	0	Did the team Re-check LEVEL OF CONSCIOUSNESS? (2nd Set) <i>Unconscious</i>
Y 73	10	0	Did the team Re-check RESPIRATIONS? (2nd Set) <i>12 Shallow & Irregular</i>
Y 74	10	0	Did the team Re-check PULSE? (2nd Set) <i>90 strong & Regular</i>
Y 75	10	0	Did the team Re-check SKIN CONDITION/TEMP? (2nd Set) <i>Flushed & Sweaty</i>
Y 76	10	0	Did the team Re-check PUPILS? (2nd Set) <i>Right=3, Left=5 & Non-Reactive</i>
Y 77	10	0	Did the team Re-check LEVEL OF CONSCIOUSNESS? (3rd Set) <i>Unconscious</i>
Y 78	10	0	Did the team Re-check RESPIRATIONS? (3rd Set) <i>10 Shallow & Irregular</i>
Y 79	10	0	Did the team Re-check PULSE? (3rd Set) <i>96 Strong & Regular</i>
Y 80	10	0	Did the team Re-check SKIN CONDITION/TEMP? (3rd Set) <i>Flushed & Sweaty</i>
Y 81	10	0	Did the team Re-check PUPILS? (3rd Set) <i>Right=3, Left=5 & Non-Reactive</i>
Y 82	30	0	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)
360			Total of AMFR ASSESSMENT / FIRST AID TREATMENT (Page 3)

Score Sheet for Patient #1 - "Player"

DOCUMENTATION				
Actions in this section may be performed by the competitor at any point in the scenario.				
NO	POINTS	NOT DONE	Initial Assessment & Care Rendered	
Y 83	* 20 *	0	Was <u>ALL</u> of the patients PERSONAL INFORMATION recorded?	Only available if asked for medical record
Y 84	10	0	Was the INCIDENT TIME AND DATE recorded?	
Y 85	10	0	Was the INCIDENT LOCATION recorded?	
Y 86	10	0	Was the INCIDENT HISTORY (Accurately) recorded?	Pushed/ head first into Referee & boards
Y 87	10	0	Was the INITIAL (SUPINE) POSITION of the patient recorded?	
Y 88	10	0	Was the C-Spine Manual Control recorded?	
Y 89	10	0	Was the LOG ROLL of the patient RECORDED?	
Y 90	10	0	Was the INITIAL ASSESSMENT of the AIRWAY recorded?	Blood/ Secetions
Y 91	20	0	Was the INITIAL BLOOD around the MOUTH recorded??	
Y 92	10	0	Was the LACK of FINDINGS in the RAPID BODY SURVEY recorded?	
Jges Note: "CNO" is NOT ACCEPTABLE, Points can only be awared if team has accurate info from Trainers "Player Medical Reco				
Y 93	10	0	Was the patients ALLERGIES recorded?	None - If no Medical Record= 0 points!
Y 94	* 10 *	0	Was the patients MEDICATIONS recorded?	Lantus 10 IU (am), Toronto 18 IU (pm), Ventolin MDI (prn), Flovent MDI (daily)
Y 95	* 10 *	0	Was the patients MEDICAL HISTORY recorded?	Diabetic & Asthma
Y 96	10	0	Was the LACK of MEDICAL ALERT DEVICE recorded?	
Y 97	10	0	Was the LAST ORAL INTAKE recorded?	Unknown
Judges Note: Vital Signs MUST be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!				
Y 98	5	0	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?	Unconscious
Y 99	5	0	Was 1st set of vital signs - RESPIRATIONS recorded?	10 Shallow & Irregular
Y 100	5	0	Was 1st set of vital signs - PULSE recorded?	124 Bounding & Regular
Y 101	5	0	Was 1st set of vital signs - SKIN CONDITION recorded?	Flushed, Sweaty
Y 102	5	0	Was 1st set of vital signs - PUPILS recorded?	Right=3, Left=5 & Non-reactive
Y 103	5	0	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?	Unconscious
Y 104	5	0	Was 2nd set of vital signs - RESPIRATIONS recorded?	12 Shallow & Irregular
Y 105	5	0	Was 2nd set of vital signs - PULSE recorded?	90 strong & Regular
Y 106	5	0	Was 2nd set of vital signs - SKIN CONDITION recorded?	Flushed & Sweaty
Y 107	5	0	Was 2nd set of vital signs - PUPILS recorded?	Right=3, Left=5 & Non-Reactive
Y 108	5	0	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?	Unconscious
Y 109	5	0	Was 3rd set of vital signs - RESPIRATIONS recorded?	10 Shallow & Irregular
Y 110	5	0	Was 3rd set of vital signs - PULSE recorded?	96 Strong & Regular
Y 111	5	0	Was 3rd set of vital signs - SKIN CONDITION recorded?	Flushed & Sweaty
Y 112	5	0	Was 3rd set of vital signs - PUPILS recorded?	Right=3, Left=5 & Non-Reactive
Continued Assessment & Treatment Rendered				
Y 113	10	0	Was the ONSET of SEIZURE ACTIVITY NOTED with START TIME recorded?	
Y 114	10	0	Was the DURATION of SEIZURE ACTIVITY recorded?	30 Seconds
Y 115	10	0	Was the PROTECTION of the patient DURING SEIZURE recorded?	
Y 116	10	0	Was the MAINTENANCE OF C-SPINE CONTROL recorded?	
Y 117	10	0	Was the Application of a BLANKET recorded?	
Y 118	10	0	Was the Notification of EMS with TIME recorded?	
Y 119	10	0	Was the Name(s) of the first aid team LEGIBLY recorded?	
	275		Total of DOCUMENTATION. (Page 4)	

CYCLE _____

TEAM _____

NO	POINTS	NOT DONE	SCENE/PRIMARY SURVEY
Y 120	10	0	Did the team TAKE CHARGE of the situation? (remained calm themselves?)
Y 121	10	0	Did the team wear protective GLOVES?
Y 122	10	0	Did the team ASSESS for HAZARDS? ce Surface, Ensure Game has stopped
Y 123	20	0	Did the team CALL OUT FOR HELP from Bystanders?
Y 124	10	0	Did the team ASK for SITUATION HISTORY from Conscious Patient?
Y 125	10	0	Did the team Determine the MECHANISM OF INJURY?
Y 126	10	0	Did the team DETERMINE the NUMBER OF CASUALTIES? 2
Y 127	10	0	Did the team ID SELF and OBTAIN CONSENT? Given
Y 128	10	0	Did the team WARN THE CASUALTY NOT TO MOVE?
Y 129	20	0	Did the team IMMEDIATELY CONTROL C-SPINE to prevent movement?
Y 130	20	0	Did the team IMMEDIATELY CONTROL LEFT LEG to prevent movement while removing patient #1?
Y 131	10	0	Did the team ASSESS LEVEL OF CONSCIOUSNESS? Conscious
Y 132	10	0	Did the team ASSESS AIRWAY? Open
Y 133	10	0	Did the team ASSESS BREATHING? 30 Shallow & Regular
Y 134	10	0	Did the team ASSESS SKIN CONDITION (Circulation) Flushed & Sweaty
Y 135	10	0	Did the team PERFORM A RAPID BODY SURVEY? Open Fx LEFT lower leg
Y 136	10	0	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
Y 137	10	0	Did the team ACTIVATE EMS/AMBULANCE?
Y 138	30	0	Did the team CONTACT the ICE RINK ATTENDANT (Workplace Supervisor)?
	240		Total of SCENE / PRIMARY SURVEY (Page 5)

JUDGE'S NOTES

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JUDGES DO NOT TALLY MARKS FROM YOUR OWN SHEETS!

Judges MUST circle EITHER the POINT VALUE OR "0" on EACH LINE!

Score Sheet for Patient #2 - "Referee"

SECONDARY SURVEY

Actions in this section may be performed by the competitors at ANY point in the scenario. After the 3 first minutes, this section and beyond are the only areas that points shall be awarded

NO	POINTS	NOT DONE	HISTORY OF THE PATIENT
Y 139	10	0	Did the team ask about SYMPTOMS <i>Open Fx with Bone LEFT lower Leg, PAIN ++</i>
Y 140	10	0	Did the team ask about ALLERGIES? <i>None</i>
Y 141	10	0	Did the team ask about MEDICATIONS? <i>None</i>
Y 142	10	0	Did the team ask about MEDICAL HISTORY? <i>Previously Healthy</i>
Y 143	10	0	Did the team ask about LAST ORAL INTAKE? <i>te meal 2 hr ago, energy drink before game</i>
Y 144	10	0	Did the team determine INCIDENT HISTORY? <i>Player slid into leg leg, heard/felt snap</i>
FIRST SET OF VITALS			
Y 145	10	0	Did the team check LEVEL OF CONSCIOUSNESS? <i>Conscious (No LOC post Incident)</i>
Y 146	10	0	Did the team check RESPIRATIONS? <i>30 Shallow & Regular</i>
Y 147	10	0	Did the team check PULSE? <i>134 Bounding</i>
Y 148	10	0	Did the team check SKIN CONDITION/TEMP? <i>Flushed & Sweaty</i>
Y 149	10	0	Did the team check PUPILS? <i>Reactive @ 4mm</i>
HEAD TO TOE EXAMINATION			
Y 150	10	0	Check SCALP/HEAD? <i>No Findings</i>
Y 151	10	0	Check both EYES? <i>No Findings</i>
Y 152	10	0	Check NOSE? <i>No Findings</i>
Y 153	10	0	Check CHEEKBONES? <i>No Findings</i>
Y 154	10	0	Check MOUTH? <i>No Findings</i>
Y 155	10	0	Check JAW? <i>No Findings</i>
Y 156	10	0	Check both EARS? <i>No Findings</i>
Y 157	10	0	Check NECK? <i>No Findings</i>
Y 158	10	0	Check both COLLARBONES? <i>No Findings</i>
Y 159	10	0	Check both SHOULDERS? <i>No Findings</i>
Y 160	10	0	Check RIGHT UPPER ARM? <i>No Findings</i>
Y 161	10	0	Check RIGHT LOWER ARM? <i>No Findings</i>
Y 162	10	0	Check RIGHT HAND and FINGERS? <i>No Findings</i>
Y 163	10	0	Check LEFT UPPER ARM? <i>No Findings</i>
Y 164	10	0	Check LEFT LOWER ARM? <i>No Findings</i>
Y 165	10	0	Check LEFT HAND and FINGERS? <i>No Findings</i>
Y 166	10	0	Check CHEST? <i>No Findings</i>
Y 167	10	0	Check ABDOMEN? <i>No Findings</i>
Y 168	10	0	Check BACK? <i>No Findings</i>
Y 169	10	0	Check PELVIS? <i>No Findings</i>
Y 170	10	0	Check RIGHT UPPER LEG? <i>No Findings</i>
Y 171	10	0	Check RIGHT LOWER LEG? <i>No Findings</i>
Y 172	10	0	Check RIGHT ANKLE and FOOT? <i>No Findings - Good Distal Circulation</i>
Y 173	10	0	Check LEFT UPPER LEG? <i>No Findings</i>
Y 174	10	0	Check LEFT LOWER LEG? <i>Small Bone from 2" Wound, trickle of blood</i>
Y 175	10	0	Check LEFT ANKLE and FOOT? <i>No Findings - Good Distal Circulation</i>
370			Total of SECONDARY SURVEY (Page 6)

Score Sheet for Patient #2 - "Referee"

ASSESSMENT / FIRST AID TREATMENT			
Actions in this section may be performed by the competitor at any point in the scenario.			
NO	POINTS	NOT DONE	CARE for SUSPECTED HEAD AND SPINAL INJURY
Y 176	20	0	Did the team MAINTAIN C-SPINE CONTROL, throughout duration of the scenario?
Y 177	20	0	Did the team CONSTANTLY MONITOR of the PATIENT throughout the scenario?
Care for LEFT LOWER LEG- Open Fracture			
Y 178	10	0	Did the team PLACE a TENTED DRESSING over protruding bone end?
Y 179	20	0	Did the team PLACE PADDING (Log Cabin) on either side for protection?
Y 180	20	0	Did the team SECURE the PADDING (Log Cabin) in Place?
Y 181	10	0	Did the team CHECK CIRCULATION BEFORE BANDAGING
Y 182	20	0	Did the team IMMOBILIZE the LEFT LEG with 2 SPLINTS (or OTHER LEG with Padding between)?
Y 183	30	0	Did the team SECURE SPINT/LEG using <u>5 WIDE BANDAGES</u> ? r <i>Standard First Aid Manual Standards</i>
Y 184	10	0	Did the team RE-CHECK CIRCULATION AFTER BANDAGING
Y 185	20	0	Did the team AVOID USING ICE (Open Fracture is a contra-indication for ice)?
ONGOING CARE/ CONTINUED VITAL SIGNS			
Y 186	10	0	Did the team REASSURE the patient about their OWN CARE?
Y 187	10	0	Did the team Re-check LEVEL OF CONSCIOUSNESS? (2nd Set) <i>Conscious</i>
Y 188	10	0	Did the team Re-check RESPIRATIONS? (2nd Set) <i>24 Shallow & Regular</i>
Y 189	10	0	Did the team Re-check PULSE? (2nd Set) <i>124 Bounding</i>
Y 190	10	0	Did the team Re-check SKIN CONDITION/TEMP? (2nd Set) <i>Flushed & Sweaty</i>
Y 191	10	0	Did the team Re-check PUPILS? (2nd Set) <i>Reactive @ 4mm</i>
Y 192	10	0	Did the team Re-check LEVEL OF CONSCIOUSNESS? (3rd Set) <i>Conscious</i>
Y 193	10	0	Did the team Re-check RESPIRATIONS? (3rd Set) <i>22 Shallow & Regular</i>
Y 194	10	0	Did the team Re-check PULSE? (3rd Set) <i>110 Bounding</i>
Y 195	10	0	Did the team Re-check SKIN CONDITION/TEMP? (3rd Set) <i>Slightly Pale</i>
Y 196	10	0	Did the team Re-check PUPILS? (3rd Set) <i>Reactive @ 4mm</i>
Y 197	10	0	Did the team Re-check BLOOD PRESSURE? (2nd Set) <i>146/ 84</i>
Y 198	30	0	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)
190			Total of AMFR ASSESSMENT / FIRST AID TREATMENT (Page 7)

Score Sheet for Patient #2 - "Referee"

RECORDING

Actions in this section may be performed by the competitor at any point in the scenario.

NO	POINTS	NOT DONE	
Y 199	20	0	Was ALL of the patients PERSONAL INFORMATION recorded?
Y 200	10	0	Was the INCIDENT TIME AND DATE recorded?
Y 201	10	0	Was the INCIDENT LOCATION recorded?
Y 202	10	0	Was the INCIDENT HISTORY (Accurately) recorded? <i>uck in Left Leg by fallen player at fast speed</i>
Y 203	10	0	Was the patients ALLERGIES recorded? <i>None</i>
Y 204	10	0	Was the patients MEDICATIONS recorded? <i>None</i>
Y 205	10	0	Was the patients MEDICAL HISTORY recorded? <i>Previously Healthy</i>
Y 206	10	0	Was the LAST ORAL INTAKE recorded? <i>Ate 2 hr ago & Energy drink before game</i>
Y 207	10	0	Was the Suspected Head & Spinal Injury recorded?
Y 208	10	0	Was the C-Spine Manual Control recorded?
Y 209	10	0	Was the suspected OPEN FRACTURE of the LEFT LOWER LEG recorded?
Y 210	10	0	Was the LEFT LEG Manual Control recorded?
Judges Note: Vital Signs <u>MUST</u> be the <u>CORRECTED</u> #s & <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!			
Y 211	5	0	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded? <i>Conscious (No LOC post Incident)</i>
Y 212	5	0	Was 1st set of vital signs - RESPIRATIONS recorded? <i>30 Shallow & Regular</i>
Y 213	5	0	Was 1st set of vital signs - PULSE recorded? <i>134 Bounding</i>
Y 214	5	0	Was 1st set of vital signs - SKIN CONDITION recorded? <i>Flushed & Sweaty</i>
Y 215	5	0	Was 1st set of vital signs - PUPILS recorded? <i>Reactive @ 4mm</i>
Y 216	5	0	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? <i>Conscious</i>
Y 217	5	0	Was 2nd set of vital signs - RESPIRATIONS recorded? <i>24 Shallow & Regular</i>
Y 218	5	0	Was 2nd set of vital signs - PULSE recorded? <i>124 Bounding</i>
Y 219	5	0	Was 2nd set of vital signs - SKIN CONDITION recorded? <i>Flushed & Sweaty</i>
Y 220	5	0	Was 2nd set of vital signs - PUPILS recorded? <i>Reactive @ 4mm</i>
Y 221	5	0	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded? <i>Conscious</i>
Y 222	5	0	Was 3rd set of vital signs - RESPIRATIONS recorded? <i>22 Shallow & Regular</i>
Y 223	5	0	Was 3rd set of vital signs - PULSE recorded? <i>110 Bounding</i>
Y 224	5	0	Was 3rd set of vital signs - SKIN CONDITION recorded? <i>Slightly Pale</i>
Y 225	5	0	Was 3rd set of vital signs - PUPILS recorded? <i>Reactive @ 4mm</i>
Continued Assessment & Treatment Rendered			
Y 226	10	0	Was the PRE-BANDAGING CIRCULATION of the Open Fracture Left Leg recorded?
Y 227	10	0	Was the DRESSING/ WOUND CARE of the Open Fracture Left Leg recorded?
Y 228	10	0	Was the SPLINTS/ # of BANDAGES recorded?
Y 229	10	0	Was the POST BANDAGING CIRCULATION of the Open Fracture Left Leg recorded?
Y 230	10	0	Was the MAINTENANCE OF C-SPINE CONTROL recorded?
Y 231	10	0	Was the Application of a BLANKET recorded?
Y 232	10	0	Was the ACTIVATION of EMS WITH TIME recorded?
Y 233	10	0	Was the CONTACT of FACILITY SUPERVISOR recorded?
Y 234	10	0	Was the Name(s) of the first aid team LEGIBLY recorded?
	295		Total of DOCUMENTATION (Page 8)

SCENARIO #1 - POINTS TOTALS			
SCENARIO ASSESSMENT (Page #)	PATIENT #1	PATIENT #2	ASSESSMENT TOTALS:
SCENE & PRIMARY SURVEY (Page 1 & 5)	0	0	0
SECONDARY SURVEY (Page 2 & 6)	0	0	0
ASSESSMENT/ CARE (Page 3 & 7)	0	0	0
DOCUMENTATION (Page 4 & 8)	0	0	0
PATIENT TOTALS:			SCENARIO TOTAL:
			0
TEAM NAME/ TEAM#:			Out of Possible:
			2380