

Central Area - Regional Competition 1997

Junior / Intermediate Scenario

Team Information

You are at winter camp, in your cabin. There is a knock at the door, and someone else brings in a person dressed in a winter coat, gloves and boots. The patient has been guided to the ground as they collapsed, and you are asked to take care of him or her. You have 20 minutes to complete the scenario, and there will be a warning when 15, 10, 5 and 1 minute(s) remain. A verbal report to the ambulance as well as a Patient Care Record are required.

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Judge's Information

The team has been told the following:

You are at winter camp, in your cabin. There is a knock at the door, and someone else brings in a person dressed in a winter coat, gloves and boots. The patient has been guided to the ground as they collapsed, and you are asked to take care of him or her. You have 20 minutes to complete the scenario, and there will be a warning when 15, 10, 5 and 1 minute(s) remain. A verbal report to the ambulance as well as a Patient Care Record are required.

The history you may give as a bystander:

Nothing - there are no bystanders available to help.

Time line:

The team has 20 minutes to complete the scenario. The patient will be conscious on arrival, then will lose consciousness at 15 minutes remaining until 10 minutes remaining though during this time he or she will still respond to painful stimuli. The patient will regain consciousness from 10 minutes remaining until 5 minutes remaining, then lose it again until the completion of the scenario (still responsive to pain).

Medical History, allergies and medications:

- patient has no past medical history, is taking no medication and is not allergic to anything

Injuries:

- moderate hypothermia approx. 31° C, shivering is not present
- minor cuts to forehead, right cheek (not a gross bleed)
- open fracture left humerus - there will be a dark patch stuck to the coat but it will not be wet; if asked, it is blood
- feeling in both hands is equal/good, but movement and strength are impossible in the left arm because of pain
- delayed capillary refill in all extremities though all pulses are present

- flail segment of ribs 5 through 8 on the left flank
- variable level of consciousness
- at first, LOA x 0, MEM x 1 incident not past or recent; after first loss of consciousness, LOA x 1 to person not to place or time, MEM x 3 when conscious though slow to answer

Vitals:

To be given in accordance with the established time line so as not to mislead the competitors:

	until 5 min.	5-10 min.	10-15 min.	15-20 min.
temperature	cold, cyanotic, dry	cold, cyanotic, dry	cold, pale, dry	cool, dry, flushed
pulse	50 weak regular	50 weak regular	62 weak regular	70 weak regular
pupils	6mm sluggish	6mm sluggish	5mm sluggish	4mm sluggish
respirations	8 shallow regular	10 shallow regular	10 shallow regular	12 shallow regular
blood pressure	90/62	92/64	98/64	100/68

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Patient and Simulator's Information

The team has been told the following:

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Patient information:

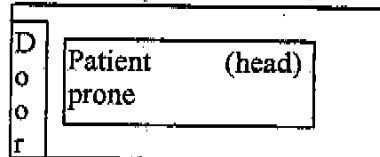
All you remember is that you were snowmobiling and hit a tree. You're cold, but not shivering. For the first 5 minutes you will be conscious and your speech will be very slurred when they ask you questions. Then you will lose consciousness until 10 minutes, then regain consciousness. From this point on, you know your name, but not where you are or what time it is, and can answer all personal questions (like what's your address) but slowly. You will fall unconscious once more, from the 15 minute mark until the end of the scenario. You will always respond to pain in your left upper arm, and you can't bend your left elbow, wrist or fingers because of the pain. You will also always respond to pain in the left side of your ribcage, just under your armpit for about a hand width. You feel very tired.

Casualty simulation:

- cyanosis of hands, face and feet; very prominent around mouth, earlobes
- open fracture left humerus
- a dark coloured patch will have to be stuck to the coat over the fracture site to indicate the blood which has seeped through
- bruising left ribcage, on the side, ribs 5-8

Scene set up:

At one end of the square is the door through which the patient entered. He or she is now face down with the feet toward the door. The patient is wearing a winter coat, boots, a toque and gloves.



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Marking Guide

	Item	12	6	3	0	Comments
p r i m a r y	Hazard check					
	Universal precautions					
	Consent to treat					
	Responsiveness					
	Airway - initial					
	- ongoing					
	- ongoing					
	Breathing - initial					
	- ongoing					
	- ongoing					
	Cervical spine - checked					
	Circulation - pulse initial					
	- pulse ongoing					
	- pulse ongoing					
	- gross bleed, find fx					
	Treat open fx bleed					
Blanket patient immediately						
v i t a l s	Temperature - first					
	- second					
	- third					
	- fourth					
	Pulse - first					
	- second					
	- third					
	- fourth					
	Pupils - first					
	- second					
	- third					
	- fourth					
	Respirations - first					
	- second					
	- third					
	- fourth					
LOA - first						
- second						
- third						
- fourth						

	Memory - first				
	- second				
	- third				
	- fourth				
h x	what happened				
	patient history - meds				
	- allergies				
	- past medical				
s e c o n d a r y	head, face				
	neck, c-spine				
	clavicles				
	chest wall and sternum				
	flanks				
	abdomen - 4 quadrants, look and palpate				
	pelvis				
	scapulae				
	back				
	spine				
	left leg - palpate full length				
	- strength				
	- sensation				
	- mobility				
	- cap refill/pulse slow				
	right leg - palpate full length				
	- strength				
	- sensation				
	- mobility				
	- cap refill/pulse slow				
	left arm - palpate full length, find fracture compound humerus				
	- strength compromise				
	- sensation good				
- mobility compromise					
- pulse/cap refill slow					
right arm - palpate full length					
- strength					
- sensation					
- mobility					
- pulse/cap refill slow					
checked for medic alert					
t r	stabilize flail segment				
	immobilize c-spine in primary				

e a t me nt	splint, ice humerus				
	- distal circulation pre and post				
	other rewarming attempts				
	treat for shock				
c o	reassurance				
	introduction of self and partner				
m m	patient informed as to intent of team				
	patient directed to assist				
r e p o r t	team communicates well with one another				
	introduction of patient				
	chief complaint (s)				
	history related to incident				
	past medical history				
	assessment findings				
r e c o r d	treatment				
	response to treatment				
	patient history				
	incident history				
	medical history				
	vital signs including time				
	assessment				
	treatment				
time of changes of LOC					
signed, dated					