

Team Number: _____

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CODE NAME - "CAESAR SALAD"

Team Members: _____ **Category:** _____

Problem Statement

While visiting your friends business, you wander through the plant to find an employee in distress.

Casualty Simulation

UNCONSCIOUS

SEIZURING first (1) minute of problem

SALIVA extruding from mouth

INCONTINENT (Urine soaked groin area)

History

Asthma

Epilepsy

Allergies - Sulpha
- Demerol

Medications - Dilantin
- Lorazepam
- Ventolin

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Judging Notes:

- Assist team with prompting if casualty does not respond properly.
- Please check the casualty's position and all simulation.
- Seizuring for 1 full minute, casualty should kick and convulse
- Ensure Ventolin Inhaler left in pant pocket
- 4 minute mark - casualty becomes conscious (slowly and confused about surroundings and very embarrassed) but fully aware about his/her medical history

I Information Requested A Actions Taken S Statements

IMMEDIATE ACTION: (within first four (4) minutes of problem)

1.	Did a team member take charge	A	10	0
2.	Did team properly identify themselves and seek consent	A	10	0
3.	Did team protect casualty from hazards and harm	A	10	0
	[moved away from shelf; protected]			
4.	Did team NOT forcibly restrain casualty during their seizure	A	10	0
5.	Did team protect themselves by using gloves?	A	15	0
6.	Was effort made to determine level of consciousness?	A/S	05	0
7.	Was effort made to assess quality of airway?	A/S	05	0
8.	Was effort made to assess quality of pulse? (regular & bounding)	A/S	05	0
	[not possible during first minute; during seizure]			
9.	Was effort made to establish a gross bleed check?	A/S	10	0
10.	Did team dispatch for an ambulance or to investigate transportation possibilities?	S	10	0
11.	Attempt made to contact management	S	05	0

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SECONDARY ACTION:

12.	Was body warmth maintained by covering casualty (over)	A	05	0
	(under)	A	05	0
13.	Vitals: Did team perform suitable assessment of the following			
	Pulse Check (once) (corrected to be 120, full and regular)	A	10	0
	Pulse Check (twice) (as found)	A	10	0
	Respiration Check (once) (corrected to be 25 shallow & regular)	A	10	0
	Respiration Check (twice) (as found)	A	10	0
	Temperature and Skin Condition Checked (once) (pale,cool,moist)	A	10	0
	Temperature and Skin Condition Checked (twice) (pink/warm/dry)	A	10	0
14.	Did team interact with casualty during Primary/Secondary assessment	A	10	0
	(explaining what they were doing and questioning him/her for pain etc..)			
15.	Secondary Assessment: Did team perform suitable assessment of the following areas:			
	skull (no bumps, no indentations, no bleeding)	A/S	05	0
	ears (as found, no fluids)	A/S	05	0
	eyes (as found, equal and reactive)	A/S	05	0
	nose (as found, no fluids)	A/S	05	0
	mouth (as found, no odour)	A/S	05	0
	jaw (as found)	A/S	05	0
	neck (as found)	A/S	05	0
	back/spine (as found)	A/S	05	0
	chest (as found)	A/S	05	0
	abdomen (as found)	A/S	05	0
	pelvic area (urine soaked)	A/S	05	0
	right leg (as found)	A/S	05	0
	right foot (as found)	A/S	05	0
	left leg (as found)	A/S	05	0
	left foot (as found)	A/S	05	0
	right clavicle (as found)	A/S	05	0
	right arm (as found)	A/S	05	0
	right hand (as found)	A/S	05	0
	left clavicle (as found)	A/S	05	0
	left arm (as found)	A/S	05	0
	left hand (as found)	A/S	05	0
16.	Did team ask casualty questions in order to determine the History			
	of the situation	A	10	0
17.	Was constant monitoring of pulse and respirations maintained?	A/S	10	0
18.	Reassurance provided... (would you as a casualty feel:)			

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RECORDING:

29.	Was the time and date of incident recorded A	05	0
30.	Was name and address recorded? A	05	0
31.	Was first pulse check (including time) recorded?	..... A	05	0
32.	Was first respiration recorded (including time) recorded?	..... A	05	0
33.	Was first temperature and skin condition recorded?	..... A	05	0
34.	Was second pulse check (including time) recorded?	..... A	05	0
35.	Was second respiration recorded (including time) recorded?	..... A	05	0
36.	Was second temperature and skin condition recorded?	..... A	05	0
37.	Were medications recorded?	..... A	05	0
38.	Were allergies recorded?	..... A	05	0
39.	Were medical conditions recorded?	..... A	10	0
40.	Was incontinence recorded?	..... A	10	0
41.	Was duration and type of seizure recorded?	..... A	10	0
42.	Was history recorded?	..... A	05	0
43.	Was the presence of medication recorded?	..... A	05	0
44.	Was record signed by both first aiders?	..... A	05	0

Total Possible Marks: 540

Actual Total : _____

Team Name: _____

Floor Position: _____

Judges' Names: (1) _____

(2) _____

Judges' Signatures: (1) _____

(2) _____