

ONTARIO

**COMMUNITY SERVICES
PATIENT CARE COMPETITION**

SCENARIO # 2

Scenario Name: "GOING FOR THE GOLD"

APRIL 7, 2002

2002 ONTARIO COMMUNITY SERVICES PATIENT CARE SCENARIO
April 7, 2002 – Scenario 2

TEAM NAME: _____

TEAM CAPTAIN NAME: _____

JUDGE #1: _____

JUDGE #2: _____

FLOOR POSITION: _____

SCORING:

Page 1 Total: _____

Page 2 Total: _____

Grand Total: _____

2002 ONTARIO COMMUNITY SERVICES PATIENT CARE COMPETITION

JUDGE'S COPY OF SCENARIO (DO NOT GIVE THIS SHEET TO TEAMS)

Team Scenario # 2

Your division is providing patient care services at a local track and field meet on a very hot and sunny day about 40 minutes outside of the city. It is about 1400hrs.

You and your partner come across a participant barely conscious with a flushed face, hot and dry skin sitting against a wall.

Patient Briefing: He/she is very lethargic and confused.

You can answer some questions.

ie. If asked if you took your insulin today – answer NO

When you last ate – answer LUNCH I THINK

Answer no other questions!

2002 ONTARIO COMMUNITY SERVICES PATIENT CARE COMPETITION

TEAM COPY OF SCENARIO (*GIVE THIS SHEET TO TEAMS*)

Team Scenario # 2

Your division is providing patient care services at a local track and field meet on a very hot and sunny day about 40 minutes outside of the city. It is about 1400hrs.

You and your partner come across a participant barely conscious with a flushed face, hot and dry skin sitting against a wall.

CASUALTY SIMULATION INFORMATION

PROPS:

Medical Alert for a Diabetic

Track and Field clothing if possible ie. Shorts, tee shirt, and running shoes.

INJURIES:

None

SIMULATION:

Mild reddening of face

POSITIONING:

Participant is seated with both legs outstretched against a wall if possible (pretend wall)

PATIENT BRIEFING

He/she is very lethargic and confused. Can answer some questions

ie. If asked if you took your insulin today – Answer NO

When you last ate – Answer LUNCH I THINK

Answer no other questions!

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April 7, 2002 - Scenario # 2

Judges: Please check the patient simulation and positioning for accuracy

A = Action Required S = Statement Required A/S = Action or Statement Required
 () = Further Information

E.S.M

(IMMEDIATE ACTION)

To be completed in five (5) minutes, no further marks are to be awarded in this section after 5 minutes

			Y	N
001	Did the team take charge of the scene	A/S	10	0
002	Did the team call out for help	A/S	10	0
003	Did the team identify both of themselves	A/S	15	0
004	Did team wear protective gloves	A	10	0
*Judges note: Team must wear gloves to obtain points!				
005	Did team warn patient not to move	S	10	0
006	Did team ask permission to help (garbled response)	S	10	0
007	Did team assess responsiveness (conscious, but lethargic)	A/S	10	0
008	Did team direct a bystander to call 911	A/S	10	0
009	Did team check airway in position found (clear, notice musty/nailpolish smell)	A/S	10	0
010	Did team check breathing (deep and sighing)	A/S	20	0
011	Did team check circulation (weak and rapid)	A/S	20	0
012	Did team assess skin condition (flushed, hot, dry)	A/S	20	0
013	Did team perform Rapid Body Survey	A	20	0

Secondary Survey

History and Medical Condition

014	Did team try to find out if anyone knew the patient (no one in the area knows the Pt.)	A/S	20	0
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Vital Signs Assessment- #1

015	Level of Consciousness (lethargic, barely conscious)	A/S	10	0
016	Pulse-radial or carotid (120 weak and regular)	A/S	10	0
017	Respirations (26, deep and sighing)	A/S	10	0
018	Skin condition and temperature (flushed, dry, hot)	A/S	15	0

Head To Toe Assessment

019	Skull (nothing remarkable)	A/S	5	0
020	Face (flushed, no evidence of injury)	A/S	5	0
021	Eyes/Pupils (equal and reactive)	A/S	5	0
022	Ears (no sign of injury or fluid)	A/S	5	0
023	Nose (no sign of injury or fluid)	A/S	5	0
024	Mouth (musty/nailpolish smell, no injury)	A/S	10	0

Head To Toe Continued

025	Neck (no injury)	A/S	5	0
026	Shoulder blades (no injury)	A/S	5	0
027	Collarbones (no injury)	A/S	5	0
028	Both shoulders, elbows, arms and hands (no injury)	A/S	10	0
029	Check for Medic Alert Bracelet (Insulin Dependent Diabetic)	A/S	20	0
030	Chest (no injury)	A/S	5	0
031	Abdomen (no injury)	A/S	5	0
032	Pelvis (no injury)	A/S	5	0
033	Both legs and feet (no injury)	A/S	10	0
034	Back	A/S	10	0

Vital Signs Assessment #2

035	Level of consciousness (unchanged)	A/S	10	0
036	Pulse- radial or carotid (140 weak and regular)	A/S	10	0
037	Respirations (28, deep and sighing)	A/S	10	0
038	Skin Condition (flushed, dry, and warm)	A/S	10	0

Treatment

039	Was patient reassured	S	5	0
040	Was attempt made to cool patient (move to shade, cool compress, etc)	A/S	10	0
041	Was clothing loosened	A/S	5	0
042	Was sugar or glucose given	A/S	5	0

Documentation

043	Date and time of incident	A	5	0
044	Patient's name shown as unknown	A	5	0
045	Team member names and signatures	A	5	0
046	Level of consciousness	A	5	0
047	Were vital signs time and results recorded accurately –1st set	A	10	0
048	Were vital signs time and results recorded accurately –2nd set	A	20	0
049	Was breath odour noted (musty apple or nailpolish)	A	20	0
050	Was suspected Heat Stroke Noted	A	25	0
051	Was suspected Diabetic Coma Noted (hyperglycemia)	A	25	0
052	Was treatment noted	A	10	0

Miscellaneous

053	Was an accurate report given to ambulance crew(Judges to ask for report at end)	A	10	0
054	Did team work well together	A	5	0
055	Did team members remove gloves properly	A	5	0