

1992 BRIGADE PATIENT CARE COMPETITION

Competition Problem #2

CONFIDENTIAL

TEAM SCENARIO:

The Prime Minister has scheduled a rally at the local High School in a n effort to improve his gagging political image. Angry students have been organized to protest the Government's policies. A large turnout is expected.

Your team has been assigned to set up a first aid post in one of the hallways adjacent to the auditorium, washrooms, and public phones.

You have twenty minutes to complete the problem.....GOOD LUCK!

JUDGE'S/SIMULATOR'S SCENARIO:

THE PRIME MINISTER HAS SCHEDULED A RALLY AT THE LOCAL HIGH SCHOOL IN AN EFFORT TO IMPROVE HIS SAGGING POLITICAL IMAGE. ANGRY STUDENTS HAVE BEEN ORGANIZED TO PROTEST THE GOVERNMENT'S POLICIES. A LARGE TURNOUT IS EXPECTED.

2 MEMBERS OF THE LOCAL DIVISION HAVE BEEN ASSIGNED TO SET UP A FIRST AID POST IN ONE OF THE HALLWAYS ADJACENT TO THE AUDITORIUM, WASHROOMS, AND PUBLIC PHONES.

START AN AGGITATED MEMBER OF THE PUBLIC DROPS BY AND ASKS TO HAVE A 2 DAY OLD LACERATION ON THE LEFT FOREARM REDRESSED. HE/SHE ALSO WANTS ASSISTANCE IN TAKING SOME MEDICATION (AMOXICILLIN) PRESCRIBED TO REDUCE INFECTION.

6 MINUTES INTO PROBLEM OR AFTER DRESSING CHANGE AND MED. ADMINISTRATION THE PATIENT JUMPS UP TO GO SEE THE PRIME MINISTER SPEAK. THEY FEEL FAINT AND COLLAPSE TO THE FLOOR HITTING THEIR RIGHT SHOULDER AND RIGHT SIDE OF HEAD ON HARD FLOOR.

INJURIES:

2 DAY OLD LACERATION ON RIGHT FOREARM

CLOSED FRACTURE RIGHT COLLARBONE (SUSTAINED DURING COLLAPSE TO FLOOR)

CONTUSION ON RIGHT SIDE OF HEAD UNDER HAIR (IE/ABOVE HAIRLINE)
(SUSTAINED DURING COLLAPSE TO FLOOR)

SIMULATION: (MALE OR FEMALE - OLDER TEENAGER PREFERRED)

CASUALTY, IF POSSIBLE, SHOULD BE WEARING CLOTHING THAT CAN BE CUT IF NECESSARY. IT SHOULD CONSIST OF A SHIRT, TROUSERS, SHOES, AND SOCKS. IF CLOTHING CANNOT BE CUT ... MAKE SURE TEAMS ARE AWARE PRIOR TO STARTING PROBLEM.

2 DAY OLD LACERATION 6 CM (2.5") ON INNER ASPECT OF LEFT FOREARM. (SLIGHT INFLAMMATION (REDNESS) AROUND WOUND...NO BLEEDING. THE INJURY SHOULD BE DRESSED WITH A 4 x 4 SECURED WITH KLING (ROLLER GAUZE). THE OUTSIDE OF THE BANDAGE SHOULD BE DIRT SOILED.

CLOSED FRACTURED MID-RIGHT COLLARBONE. DISCOLOURATION ONLY. 5 CM (2") OVAL. THE INJURY IS CONCEALED BY CLOTHING.

CONTUSION ON RT. SIDE OF HEAD UNDER HAIR (ABOVE HAIRLINE). THERE IS NO SIMULATION.

CASUALTY IS CONSCIOUS AND COOPERATIVE PRIOR TO FALL. CASUALTY REMAINS CONSCIOUS AND COOPERATIVE AFTER FALL.

CASUALTY POSITION AFTER FALL (SEE DIAGRAM)

CASUALTY PROMPTING:

HE/SHE IS A STUDENT PROTESTING THE STATE OF THE COUNTRY. HE/SHE HAS COME IN TO HAVE A DRESSING TO A 2 DAY OLD WOUND CHANGED, AND TO GET ASSISTANCE WITH TAKING MEDICATION TO PREVENT INFECTION (IN CASUALTY'S POCKET). THE CASUALTY IS FULLY MOBILE, CONSCIOUS AND COOPERATIVE.

IF ASKED ABOUT THEIR PAST MEDICAL HISTORY, THE CASUALTY IS A REFORMED DRUG ABUSER.

IF ASKED ABOUT MEDICATION, THE PATIENT TAKES AN ANTIBIOTIC TO PREVENT WOUND INFECTION AND LAST TOOK IT YESTERDAY.

IF ASKED ABOUT ALLERGIES THE CASUALTY IS ALLERGIC TO ADHESIVE TAPE.

JUDGE WILL PROMPT THE CASUALTY TO EXPRESS A DESIRE TO RETURN TO THE AUDITORIUM TO SEE THE PRIME MINISTER. THE CASUALTY WILL QUICKLY STAND, FEEL FAINT, SLUMP TO FLOOR. JUDGES WILL ASSIST THE CASUALTY INTO THE PROPER POSITION. (SEE DIAGRAM)

THE CASUALTY IS STILL CONSCIOUS, AND COOPERATIVE. HE/SHE COMPLAINS OF PAIN ON THE RIGHT SIDE OF THE HEAD AND ACCROSS RIGHT SHOULDER/COLLARBONE. HE/SHE HAS DIFFICULTY MOVING RIGHT ARM.

NOTES TO JUDGES:

MAKE SURE THAT THE COMPETITION AREA IS SET UP PROPERLY WITH 2 CHAIRS SIDE BY SIDE. A GLASS OF WATER, AND PAPER BAG ON ONE OF THE CHAIRS. THE MEDICATION IN THE CASUALTY'S POCKET. PLEASE ENSURE THAT ALL SIMULATION IS INTACT AND CORRECT AND THAT THE CASUALTY KNOW'S HIS/HER PROMPTS. ASSIST AS NECESSARY THROUGHOUT THE PROBLEM WITH PROMPTS.

EACH TEAM WILL BE GIVEN A COPY OF THE TEAM SCENARIO AND PATIENT CARE RECORD 1 MINUTE PRIOR TO THE START OF THE PROBLEM.

AFTER 1 MINUTE THEY WILL BE INSTRUCTED TO BEGIN, AND FROM THAT POINT ON WILL HAVE 20 MINUTES TO COMPLETE THE PROBLEM.

EQUIPMENT LIST (TO BE SUPPLIED BY ORGANIZERS FOR EACH TEAM IN PROBLEM 2):

- * 2 chairs
- * 1 garbage bag
- * 1 paper cup with water
- * 1 medicine bottle
- * supply of capsule like candy for medicine bottle
- * 1 label for medicine bottle (see below)

cut out label
and tape to ----->
medicine bottle

NAME: _____ 2 Apr 92 Take 1 capsule every 6 hours until finished. 25 AMOXICILLIN 500mg CAP Dr. A.M. Daniel
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1992 PROVINCIAL/AREA BRIGADE PATIENT CARE COMPETITIONS
PROBLEM 2

BEGINNING OF SCENARIO:

JUDGES: PLEASE ASSIST THE TEAM WHEN NECESSARY WITH PROMPTING. PLEASE CHECK THE CASUALTY'S SIMULATION. THESE INITIAL ACTIONS DO NOT HAVE TO BE IN SEQUENCE.

I = INFORMATION REQUESTED A = ACTION PERFORMED S = STATEMENT MADE
 () = JUDGE'S PROMPT

1. WAS THE CASUALTY ASKED HIS/HER NAME? (CASUALTY'S OWN NAME)	I	5	0
2. WAS THE CASUALTY ASKED HIS/HER ADDRESS? (CASUALTY'S OWN ADDRESS)	I	5	0
3. WAS CASUALTY ASKED WHAT HAPPENED? (INJURED ARM 2 DAYS AGO & NEED DRESSING CHANGED. ALSO COULD USE SOME HELP TAKING MEDICATION)	I	5	0
4. WAS CASUALTY ASKED IF THERE WERE ANY OTHER INJURIES? (NONE)	I	5	0
5. WAS CASUALTY ASKED ABOUT THEIR MEDICAL HISTORY? (PREVIOUS HISTORY OF DRUG ABUSE...NOW RECOVERED)	I	5	0
6. WAS CASUALTY ASKED ABOUT ALLERGIES? (ALLERGIC TO ADHESIVE TAPE)	I	5	0
7. WAS CASUALTY ASKED IF THEY ARE ON ANY MEDICATIONS? (ANTIBIOTICS TO PREVENT WOUND INFECTION)	I	5	0
8. WAS CASUALTY REASSURED? (AT LEAST ONCE)	A	5	0
9. WAS MENTION MADE OF WASHING HANDS BEFORE TREATMENT?	S	10	0
10. WAS THE OLD BANDAGE/DRESSING REMOVED IN A SANITARY MANNER AND DISPOSED OF IN WASTE? (GARBAGE BAG SUPPLIED OR PROVIDED BY TEAM)	A	10	0
11. WAS THE WOUND CLEANED, WIPING AWAY FROM THE CENTER OF THE WOUND?	A	10	0
12. WAS MENTION MADE OF WASHING HANDS PRIOR TO PUTTING ON NEW DRESSING?	S	10	0
13. WAS A STERILE DRESSING USED TO DRESS THE WOUND?	A	10	0
14. WAS THE DRESSING EFFECTIVELY SECURED IN PLACE? (USING BANDAGE OR HYPO-ALLERGENIC TAPE)	A	10	0
15. WAS MENTION MADE OF WASHING HANDS AFTER TREATMENT?	S	10	0
16. WAS THE PATIENT ASKED WHEN HE LAST TOOK HIS MEDICATION? (YESTERDAY)	I	10	0
17. WAS THE CONTAINER CHECKED TO SEE IF IT WAS FOR HIM/HER?	A	10	0
18. DID THE TEAM PROPERLY ASSIST IN ADMINISTERING THE MEDICATION? (USING CAP OF BOTTLE, OFFERING WATER)	A	10	0
19. WAS THE RIGHT AMOUNT OF MEDICATION GIVEN? (1 CAPSULE)	A	10	0

(AT 6 MIN. OR AFTER DRESSING CHANGE AND MED. ADMINISTRATION THE CASUALTY EXPRESSES A DESIRE TO GET UP TO GO SEE THE PRIME MINISTER. HE/SHE STANDS, FEELS FAINT AND COLLAPSES TO THE FLOOR. JUDGES PLEASE POSITION AS PER DIAGRAM. NOTE: THE CASUALTY IS CONSCIOUS AND COOPERATIVE.

PLEASE ASSIST THE TEAM WHEN NECESSARY WITH PROMPTING. IMMEDIATE ACTION MUST BE COMPLETED, IN PART, BEFORE SECONDARY ACTION, TO RECEIVE MARKS FOR IMMEDIATE ACTION. IMMEDIATE AND SECONDARY ACTIONS DO NOT HAVE TO BE IN SEQUENCE.)

IMMEDIATE ACTION:

20. WAS CASUALTY WARNED NOT TO MOVE?	A	20	0
21. DID FIRST AIDERS ENSURE ADEQUATE AIRWAY AND RESPIRATIONS? (AIRWAY AND BREATHING ARE ADEQUATE)	A	15	0
22. DID THEY ASSESS FOR SEVERE EXTERNAL BLEEDING? (NO SEVERE EXTERNAL BLEEDING)	A	15	0
23. WAS CASUALTY MAINTAINED IN POSITION FOUND DURING EXAMINATION?	A	20	0

SECONDARY ACTIONS:

24. WAS CASUALTY ASKED WHERE HE/SHE HURT? (PAIN ACROSS RIGHT SHOULDER AND COLLARBONE, PAIN ON RIGHT SIDE OF HEAD, UNABLE TO MOVE RIGHT ARM WITHOUT PAIN)	I	10	0
25. WAS SKULL EXAMINED FOR INJURIES/BLEEDING? (PAIN ON RIGHT SIDE OF HEAD BENEATH HAIR, NO SWELLING, BLEEDING, OR DISCOLOURATION)	A	5	0
26. WERE BOTH EARS EXAMINED? (NO BLOOD OR FLUID)	A	5	0
27. WERE BOTH EYES EXAMINED? (PUPILS EQUAL AND REACTIVE TO LIGHT, NO EYEBALL CONTUSIONS)	A	5	0
28. WAS NOSE EXAMINED? (NO BLOOD, FLUID, INJURY)	A	5	0
29. WAS MOUTH EXAMINED? (NO DENTURES, FOREIGN OBJECTS, BLEEDING, ODOUR)	A	5	0
30. WAS JAW EXAMINED? (NO DIFFICULTY MOVING, NO INJURIES)	A	5	0
31. WAS NECK EXAMINED? (NO NECK INJURY)	A	5	0
32. WAS RIGHT SHOULDER, CLAVICLE AND SCAPULA EXAMINED? (FRACTURED MID RIGHT COLLARBONE)	A	10	0
33. WAS CASUALTY ASKED IF THEY HURT ANYWHERE ELSE? (THEY DO NOT)	I	10	0
34. WAS HEAD INJURY RECOGNIZED?	A/S	10	0
35. WAS HEAD INJURY TREATED WITH COLD COMPRESS?	A	10	0
36. WAS INJURED/FRACTURED COLLARBONE IDENTIFIED?	A/S	10	0
37. WAS RIGHT ARM SUPPORTED WHILE BEING TREATED?	A	10	0
38. WAS RIGHT ARM/SHOULDER EFFECTIVELY IMMOBILIZED?	A	10	0

39. WAS PULSE PROPERLY CHECKED? (CAROTID OR RADIAL CORRECTED TO 85 & REGULAR, TAKEN FOR A MINIMUM OF 60 SEC.)	A	15	0
40. WAS CASUALTY COVERED OVER?	A	5	0
41. WAS AMBULANCE (EMS) CALLED FOR? (15 MIN. RESPONSE TIME)	S/A	10	0

RECORDING:

42. WERE NAME AND ADDRESS RECORDED?	A	5	0
43. WAS THE CONDITION OF LEFT ARM WOUND RECORDED?	A	5	0
44. WAS THE DRESSING CHANGE RECORDED?	A	5	0
45. WAS MED. ADMINISTRATION (AMOUNT, ROUTE, TIME) RECORDED?	A	5	0
46. WAS INCIDENT (FALL) RECORDED?	A	5	0
47. WAS HEAD INJURY RECORDED?	A	5	0
48. WAS HEAD INJURY TREATMENT RECORDED?	A	5	0
49. WAS RIGHT COLLARBONE INJURY RECORDED?	A	5	0
50. WAS RIGHT COLLARBONE TREATMENT RECORDED?	A	5	0
51. WAS 1ST PULSE CHECK (INCLUDING TIME) RECORDED?	A	5	0
52. WERE ALLERGIES RECORDED?	A	5	0
53. WAS PAST MEDICAL HISTORY (REFORMED DRUG ABUSER) RECORDED?	A	5	0

(TOTAL POSSIBLE MARKS: 425)

ACTUAL TOTAL

TEAM NAME: _____ FLOOR POSITION: _____

TIME START: _____ TIME STOP: _____ ELAPSED: _____

JUDGE'S NAMES: _____

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PROBLEM 2
(AFTER FALL)



St. John Ambulance Saint-Jean

"PATIENT CARE RECORD"

Case Number

Duty

P E R S O N A L	Patient Name Mr/Mrs/Miss/Ms				D.O.B. / /	
	Mailing Address			Postal Code	Telephone Number () -	
	Report Date / /	Report Time hrs	Incident Location	Incident Date / /	Incident Time hrs	
	Brought in by: Friend/Relative <input type="checkbox"/> Self <input type="checkbox"/> Ambulance <input type="checkbox"/> Unit: _____			Police <input type="checkbox"/> Badge: _____	Other (specify)	

H I S T O R Y	History and Description of Injury/Illness (Be Specific)					Medications	
						Allergies	
	Time hrs	Blood Pressure / mmHg	Pulse /min	Respiration /min	Temperature C	Pupils Lt: Rt:	
	hrs	/ mmHg	/min	/min	C	Lt: Rt:	

T R E A T M E N T	Care Rendered (Be Specific)	Advised to see Physician? Yes <input type="checkbox"/> No <input type="checkbox"/>

D I S P	Disposition: Discharge time _____ hrs Hospital _____
	Accompanied by: Friend/Relative <input type="checkbox"/> Self <input type="checkbox"/> Ambulance <input type="checkbox"/> Unit: _____ Police <input type="checkbox"/> Other (Specify) _____

T R A N S P O R T	To Scene: \rightarrow	Time Out hrs	Km Start	Lights Siren P/R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time Arrive hrs	Km Scene
	To Destination: \rightarrow	Time Leaving hrs		Lights Siren P/R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time Arrive hrs	Km Dest'n
	Vehicle No.	Authorization	Driver (PRINT)		Attendant (PRINT)	
	Condition on Arrival: Explain:			Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/>		

Treated by (PRINT Name)	Signature	Brigade Unit	Page No.
M.D./ R.N. (PRINT Name)	Signature	Brigade Unit	of