

1994 Brigade Patient Care Competition  
Scenario 2

**Team Scenario**

Your patient care team has been invited to attend a retreat held at a hunting lodge, 90 minutes north of your home town. This lodge is known for its warm family atmosphere and its ability to offer excellent fishing and gaming opportunities.

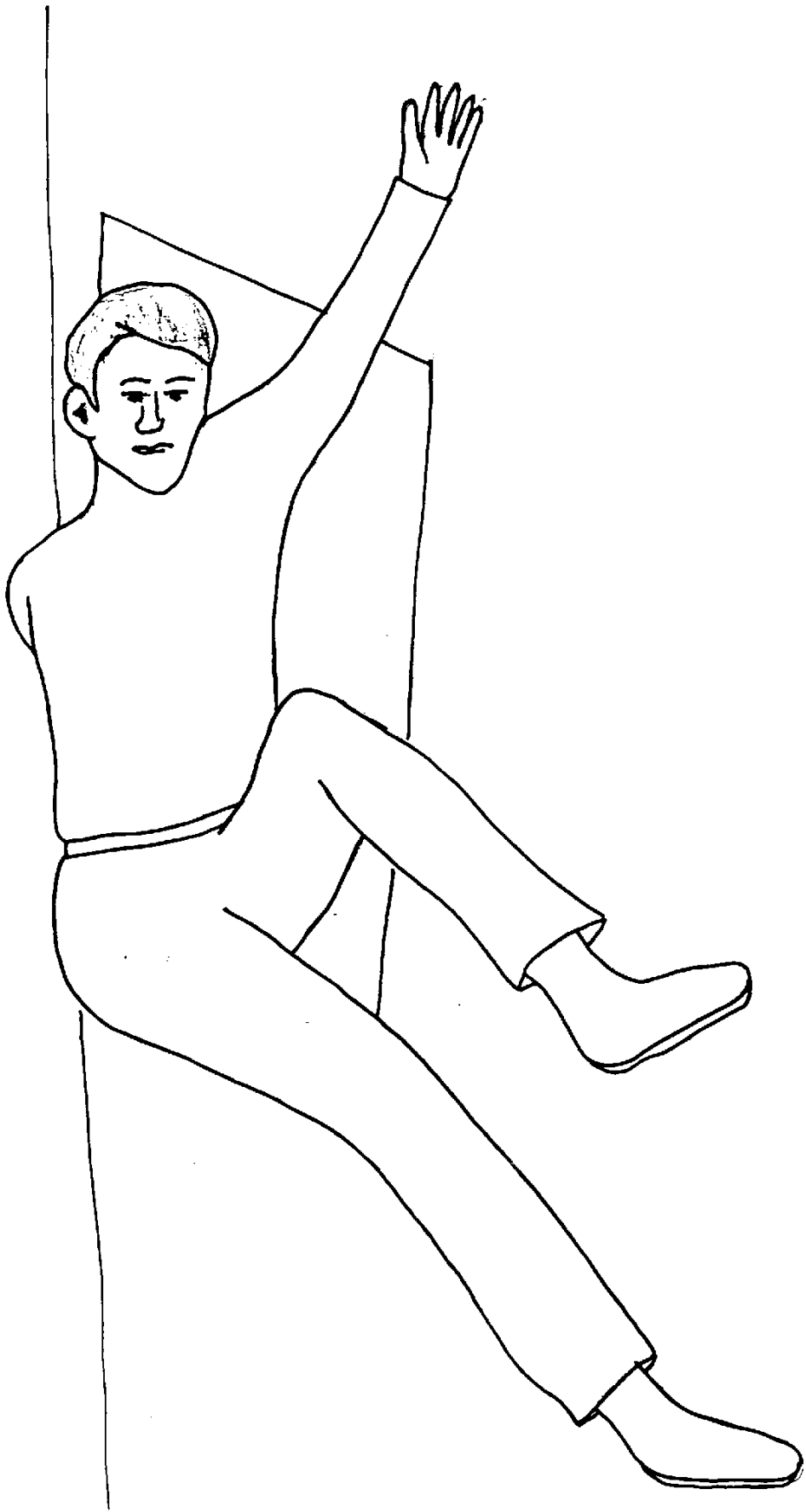
Your team warms themselves in the lodge's main assembly room by the fire place. You arrived before most of the other guests and are enjoying the company of the lodge's cook.

The lodge has three levels. The top level for bedrooms, the main floor containing the assembly room, kitchen, and a mud room where people are suppose to store their equipment. This mud room contains a short set of stairs which lead to a partial basement which is used for storage.

Suddenly, a very loud noise from the mud room makes you move quickly to investigate.

Good luck with the problem. You have fifteen (15) minutes.

SCENARIO 2



### **Judging/Simulating Scenario**

The patient care team has been invited to attend a retreat held at a hunting lodge, 90 minutes north of your home town. This lodge is known for its warm family atmosphere and its ability to offer excellent fishing and gaming opportunities.

The team warms themselves in the lodge's main assembly room by the fire place. They arrived before most of the other people attending and are enjoying the company of the lodge's Cook.

The lodge has three levels. The top level for bedrooms, the main floor for the assembly room, kitchen, and a mud room where people are suppose to store their equipment. This mud room also leads to the basement which is used for storage.

Suddenly, a very loud noise from the mud room makes the team move quickly to investigate.

If a Starter's Pistol is available, use this device to signal the beginning of the problem - thus providing an audible clue as to the cause of the injuries. Hide the use of the pistol until the last moment or use an alternate noise maker eg. cap gun, etc.

As they enter the mud room, they find an individual who has been cleaning a rifle.

The rifle was not secured properly and discharged while the casualty was examining it.

Attempting to stagger to the main assembly room for assistance, the individual lost their balance and fell down 3 steps onto a cardboard box, collapsing the box with their weight.

### **Props and Equipment for Problem**

One cardboard box (ie. orange or apple carton used in Problem One) which can be crushed and placed under casualty to provide the illusion of the person having fallen.

One imitation rifle (ie. cardboard rolls from Christmas wrapping paper etc..) which can be placed beside the casualty to provide a physical hazard to the scene.

One Starter's Pistol or alternate noise maker which can be used once to start all teams at that location.

Gelatin blood capsule (supplied to you by Provincial Training Officer in advance) which will be placed in the casualties mouth immediately prior to beginning the problem.

## **Injuries**

- 1.. Conscious casualty, difficulty breathing, obvious signs of shock, obvious signs of cyanosis
  - 2.. Point blank gun shot entry wound to the front left chest wall (no exit wound), between the 9th and 10th rib. Full sucking chest wound simulation requested - otherwise a blackened gun shot entry wound with frothy red blood. Shirt has a small entry wound with blackened gun powder burns.
  - 3.. Minor swelling and discolouration of the left clavicle, indicating a closed fracture of the clavicle caused by indirect force during the fall.
  - 4a. 2cm to 3cm ( 1 to 2 inch) laceration to the mid-right lower leg (tibia side), caused by the impact of the leg on the edge of one of the stairs.
  - 4b. Discolouration to the mid-left lower leg (tibia side), caused by the impact of the leg on the edge of one of the stairs. No bleeding, minor contusion only.
  - 5.. Gelatin blood capsules will be placed in each casualties mouth immediately prior to the beginning of the problem. The capsules have been tested and found to be virtually tasteless (a hint of sweetness) and effective only if mixed with the casualties saliva. This effect will take place one minute after anything is placed over the casualties chest injury. If wound not covered within 5 minutes, casualty should place right hand over chest wound to simulate a dressing over wound. The casualty must bite down on the capsule and mix contents with his/her saliva and allow the mixture to flow out of the mouth. (tension pneumothorax)
- [Sugar's Costume Rentals - 511 Mt. Pleasant Avenue, Toronto 5 for \$3.00]
- 6.. Allergies to ASA and Milk products (only if prompted, no medic bracket to be worn)

### **Casualty Prompting**

You are one of the guests at the lodge who was attempting to clean your hunting rifle. You were sure that the barrel was empty when you started to clean it. You tried to get attention by walking to the main meeting room, but you slipped and fell down the stairs in the process. Your breathing is really becoming difficult and you are getting very anxious. No health problems known; only if asked, do you reveal your allergies to ASA and Milk products; no medications.

Gelatin blood capsule in mouth to be bitten and its contents mixed with your saliva and allowed to exit mouth 1 minute after bandage applied to chest wound; you are in respiratory difficulty and very anxious. If no pressure or dressing applied to chest wound after five minutes, casualty should apply pressure with right hand to simulate tension pneumothorax and then bite capsule and let contents to exit mouth. When team releases pressure of bandage on chest wall, you breath easier and blood stops. Capsules are virtually tasteless (mildly sweet).

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Judging Notes:

Assist the team when necessary with prompting if casualty does not respond properly.

Please check the casualty's position and all simulation. Casualty should have chest wound down on top of the crushed cardboard box.

If a Starter's Pistol is available, use this device to signal the beginning of the problem - thus providing an audible clue as to the cause of the injuries. Hide the use of the pistol until the last moment.

One Minute after bandage applied to chest wound - ensure that casualty bites blood capsule and begins to bleed from the mouth. If no pressure applied, remind casualty to apply pressure with right hand and continue with the blood capsule as above.

I	Information Requested	A	Actions Taken	S	Statements		
<u>IMMEDIATE ACTION: (within first two minutes of problem)</u>							
1.	Did a team member take charge . . . . .	A				10	0
2.	Did team shout for help . . . . .	A				05	0
3.	Did team member warn others about hazards? (rifle, staircase, staples or nails in box or on floor)	S				10	0
4.	Did team secure the scene from hazards? . . . . .	A/S				05	0
5.	Did team secure the rifle as a hazard? . . . . .	A				10	0
6.	Did team protect themselves by using gloves? . . . . .	A				15	0
7.	Was effort made to determine level of consciousness . . . . .	A/S				10	0
8.	Was effort made to assess quality of airway? . . . . .	A/S				10	0
9.	Was effort made to assess quality of pulse? . . . . .	A/S				10	0
10.	Was effort made to establish a gross bleed check? (in the process, finding sucking chest wound and wound to the right lower leg)	A/S				10	0
11.	Was exit wound from gun shot ruled out promptly? (assessment to determine whether one or more chest wounds exist; only one)	A/S				10	0
12.	Did team dispatch Cook for an ambulance or to investigate transportation possibilities? . . . . .	S				10	0

13.	Attempt made to get Cook to contact Manager of lodge and/or police . . . . .	S	05	0
14.	Consider about potential head/neck/back injuries due to fall (no symptoms to support head/neck or back injury)	S	10	0

**SECONDARY ACTION:**

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15.	Did team ask casualty questions to determine the History of the situation . . . . .	A	10	0
16.	Did team interact with casualty during Primary Secondary assessment . . . . . (explaining what they were doing and questioning him/her for pain etc..)	A	10	0
17.	<b>Secondary Assessment:</b> Did team perform suitable assessment of the following areas:			
	skull (no bumps, indentations, 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, while history may suggest concern, no signs or symptoms exist)	A/S	05	0
	back/spine (as found) . . . . .	A/S	05	0
	chest (left frontal lower chest wound, no exit wound) . . . . .	A/S	05	0
	abdomen (as found, no discolouration or tenderness) . . . . .	A/S	05	0
	pelvic area (as found) . . . . .	A/S	05	0
	right leg (mid-lower leg 1"-2" wound, no embedded object seen) . . . . .	A/S	05	0
	right foot (as found) . . . . .	A/S	05	0
	left leg (mid-tibia contusion, minor injury) . . . . .	A/S	10	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 (blood covered from chest wound, no injury to hand itself) . . . . .	A/S	10	0
	left clavicle (discolouration, swelling) . . . . .	A/S	10	0
	left arm (as found) . . . . .	A/S	05	0
	left hand (as found) . . . . .	A/S	05	0
18.	Was casualty kept in position found during examination . . . . .	A	10	0
19.	Was constant monitoring of pulse and respirations maintained (no rates required, but at least three times). . . . .	A/S	10	0

20.	<b>Vitals:</b> Did team perform suitable assessment of the following		
	Pulse Check ( <b>once</b> ) (corrected to be 120, weak and regular) . . . . .	A	10 0
	Pulse Check ( <b>twice</b> ) (corrected to be 110, weak and regular) . . . . .	A	10 0
	Respiration Check ( <b>once</b> ) (corrected to be 25 short difficult and noisy) . . . . .	A	10 0
	Respiration Check ( <b>twice</b> ) (corrected to be 20 short easier and noisy if treatment performed) . .	A	10 0
	Temperature and Skin Condition Checked ( <b>once</b> ) (corrected cold, clammy skin) . . . . .	A	10 0
	[if Auxiliary temperature attempted with thermometer, corrected to 36 degrees]		
	Temperature and Skin Condition Checked ( <b>twice</b> ) (corrected cold, clammy skin) . . . . .	A	10 0
21.	Was casualty appropriately reassured . . . . .	A	10 0
	(at least once)		
22.	Was casualty questioned about relief of pain from injuries after treatments were applied .	A	10 0
23.	Was casualty questioned about relief from difficulty with breathing . . . . .	A	10 0
24.	Was casualty questioned about medical conditions [no medical conditions known] .	A	10 0
25.	Was casualty questioned about allergies [Milk products, ASA] . . . . .	A	10 0
26.	Was casualty questioned about medications [not on any medications] . . . . .	A	10 0
27.	Was casualty questioned about past meal . . . . .	A	05 0

TREATMENTS:

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28. **Laceration of Right Lower Leg**

Was it inspected for foreign objects [none found] . . . . .	A	05	0
Was it protected with sterile dressing . . . . .	A	05	0
Was direct pressure applied to control bleeding . . . . .	A	10	0
Was bandage checked (once) . . . . .	A/S	05	0
Was bandage checked (twice) . . . . .	A/S	05	0
Was leg elevated to control bleeding . . . . .	A	10	0
Was circulation checked in the foot to ensure adequate circulation through bandages . . . . .	A	05	0

29. **Suspected fracture of Left Clavicle**

Was left arm immobilized . . . . .	A	10	0
Was attempt made to control swelling (cold compress ) . . . . .	A	05	0
Was circulation checked in the hand to ensure adequate circulation . . . . .	A	05	0

30. **Gun Shot Wound - Sucking Chest Wound**

Was wound inspected for foreign objects . . . . .	A/S	10	0
Was wound dressed with appropriate dressing (ie. plastic etc) . . . . .	A	10	0
Was dressing secured on three sides [bottom side open] . . . . .	A/S	10	0
Was appropriate sling applied to treat left clavicle injury identified as treating chest injury as well . . . . .	S	10	0
Was casualty inclined to injured side . . . . .	A/S	10	0

31. **Aggravated Respiratory Condition**

Was dressing edge released to allow air to escape . . . . .	A	15	0
Was casualty reassured and coached throughout . . . . .	A	10	0

32. **Suspected contusion to Left Lower Leg**

Was wound located and diagnosed as being a low priority . . . . .	A	05	0
Was any attempt made to control swelling (cold compress) . . . . .	A	05	0

33. **General Condition of Casualty**

Was casualty treated for Shock (blanket under) . .	A	10	0
Was casualty treated for Shock (blanket over) . .	A	10	0

RECORDING:

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34.	Was the time and date of incident recorded . . . .	A	05	0
35.	Was name and address recorded? . . . . .	A	05	0
36.	Was first pulse check (including time) recorded? .	A	05	0
37.	Was first respiration recorded (including time) recorded? . . . . .	A	05	0
38.	Was first temperature and skin condition recorded?	A	05	0
39.	Was second pulse check (including time) recorded?	A	05	0
40.	Was second respiration recorded (including time) recorded? . . . . .	A	05	0
41.	Was second temperature and skin condition recorded?	A	05	0
42.	Was gun shot wound to left chest recorded? . . . .	A	05	0
43.	Was treatment for sucking chest wound recorded? .	A	05	0
44.	Was laceration of the right tibia recorded? . . .	A	05	0
45.	Was treatment of the laceration recorded? . . . .	A	05	0
46.	Was suspected fracture of left clavicle recorded?	A	05	0
47.	Was treatment of the left clavicle recorded? . . .	A	05	0
48.	Was suspected contusion of left lower leg recorded?	A	05	0
49.	Was history recorded? . . . . .	A	05	0
50.	Were allergies recorded? (Milk and ASA) . . . . .	A	05	0
51.	Was the absence of any medications or medical conditions recorded? . . . . .	A	05	0
52.	Was record signed by both first aiders? . . . . .	A	05	0

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Total Possible Marks 680 Total Actual Marks \_\_\_\_\_

Team Name: \_\_\_\_\_ Floor Position \_\_\_\_\_

Time Start: \_\_\_\_\_ Time Stop \_\_\_\_\_

Judge's Names (2) \_\_\_\_\_