

2009 VAVRS EMT CONTEST

Convention - Virginia Beach, Virginia

Squad: _____

Team Captain: _____ Phone # _____

Hotel: _____ Room # _____

Captain's Signature: _____

Judge #1: _____ Judge #2: _____

Time Total: _____/15:00

Time Called by Teams: Yes OR No (Circle One)

Score sheet total: _____ (300)

First Tie Breaker – Time: _____

Second Tie Breaker – Questions: _____ (16)

Third Tie Breaker – Bonus Points: _____ (120)

Page 2 _____ (46)

Page 3 _____ (31)

Page 4 _____ (110)

Page 5 _____ (30)

Page 6 _____ (46)

Total Possible Points: _____/263

Contest Chair Review: _____

Dispatch Information

Respond to 199 Mt. Pony Farm Road for female patient fallen off a horse. After turning onto Mt Pony road you will find patient in field on left hand side prior to arriving at the house.

PPCR will be given out upon entering scene.

Return this sheet to the judges

Questions

1. An isolated fracture of the shaft of the ulna occurs as a result of a direct blow. What is the name of this type of fracture? (pg 666)
2. Name the most common categories of instances that cause severe allergic reactions? (pg 552)
3. Name the most common allergens that can cause allergic reactions? (pg417)
4. Name the circulatory system signs of anaphylactic shock in regard to the circulatory system? (pg 552)

Total points earned _____ / Total 16

Questions

1. An isolated fracture of the shaft of the ulna occurs as a result of a direct blow. What is the name of this type of fracture? (pg666) nightstick

2. Name the most common categories of instances that cause severe allergic reactions? (pg 552)
 - a. Injections
 - b. Stings
 - c. Ingestions
 - d. Inhalations

3. Name the most common allergens that can cause allergic reactions? (pg417)
 - a. Insect bites/stings
 - b. Medications
 - c. Plants
 - d. Food
 - e. Chemicals

4. Name the circulatory system signs of anaphylactic shock in regard to the circulatory system? (pg 552)
 - a. Dilation of peripheral blood vessels
 - b. A drop in blood pressure
 - c. A weak, barely palpable pulse
 - d. Pallor
 - e. Dizziness
 - f. Fainting and coma

Total points earned _____ / 16

Scene safety/size-up:

- _____ Scene safety – Verified with all team members by reviewing info
- _____ All team members utilize appropriate universal precautions
- _____ Request for bystanders to identify history of present illness
- _____ Verbalize MOI or NOI

Initial Patient Assessment (pg 236)

- _____ Level of responsiveness checked (AVPU) (Alert and answering questions)
- _____ Airway assessed (open – patient talking)
- _____ Breathing assessed (present)
- _____ Circulation assessed (pulse present at all sites but weak)
- _____ Skin color and temperature checked – pale/warm (hives all over)
- _____ Major bleeding checked (none)
- _____ Patient exposed appropriately (Be discreet with patient)
- _____ C-Spine evaluated and determined not needed
- _____ Oxygen applied via nasal/NRB attached to O2 tank
- _____ Request for 1st Epi- pen
- _____ **Bonus 25 points** requesting Epi-pen in initial assessment

Focused Assessment

- _____ Inspection of head (normal)
- _____ Palpation of head (normal)
- _____ Inspection of neck (hives)
- _____ Palpate the neck (normal)
- _____ Palpation of C-Spine (Normal)
- _____ Identify Chief Complaint (allergic reaction)
- _____ Inspection of chest (hives)

_____ Palpation of chest (Normal)

_____ Auscultation of chest (Breath sounds present/wheezing)

_____ Inspection of abdomen (hives)

_____ Palpation of abdomen (normal)

_____ Inspection of pelvis (normal)

_____ Palpation of pelvis (normal)

L / R

_____ / _____ Palpation of lower extremities (normal)

_____ / _____ CNS Check lower extremities (Normal)

_____ / _____ Pulse check lower extremities (Normal)

_____ / _____ Inspection of upper extremities (patient holding left arm/hives)

_____ / _____ Palpation of upper extremities (pain/tenderness left ulna area/forearm)

_____ / _____ CNS Check upper extremities (normal)

_____ / _____ Pulse check upper extremities (normal)

_____ Posterior thorax inspected

_____ Posterior thorax palpated

_____ Lower back and buttocks inspected

_____ Lower back and buttocks palpated

_____ Obtain SAMPLE history

_____ OPQRST questions – Onset began 5 minutes prior to your arrival

_____ PROV questions – Provoke just sitting on horse and got stung

_____ QUALITY questions - Quality of Pain it just hurt

_____ RADIATING questions – Radiating, pain just in arm, tightness just in chest

_____ SEVERITY questions – Severity, never had reaction like this or this fast

_____ TIME questions – Time (got stung 5 minutes prior to your arrival)

- _____ Obtain 1st Epi-Pen from patient
- _____ Obtain Medical Command for medication administration
- _____ Verify correct medication (Epi-Pen)
- _____ Verify dose of medication (0.3mg)
- _____ Check for expiration date (pg420)
- _____ Check condition of medication (clear, not cloudy)
- _____ Vital signs taken before Epi-pen given
- _____ Check that this is patient's medication (Janet Denver)
- _____ Remove safety cap (pg 240)
- _____ Proper placement of Epi-Pen -IM lateral thigh midway (pg 420)
- _____ Epi-Pen held in place for a count of 10 seconds or more (pg 420)
- _____ Dispose of Epi-Pen properly in sharps container (must verbalize) (pg 420)
- _____ Request additional Epi-pen from patient
- _____ Vitals signs taken after given Epi-pen
- _____ Stabilize/support left forearm
- _____ Splint applied to left forearm appropriately
- _____ CNS checked before splinting
- _____ CNS checked after splinting
- _____ Sling applied with knot offset in back (pg 667)
- _____ Swathe applied securely

_____ **BONUS 15 pts if determined backboard not necessary**

_____ **BONUS 30 pts Proper administration of all steps for Epi-Pen**

_____ **DEDUCT 50 pts ONLY IF FAILED to administer the Epi-pen**

_____ **BONUS 25 pts if team requested 2nd Epi-pen**

_____ **Page 4 Total (110)**

Vital Signs

	<u>Blood Pressure</u>	<u>Pulse</u>	<u>Respirations</u>
0-3 min	_____ 92/56	_____ 102R	_____ 22
4-8 min	_____ 106/68	_____ 124R	_____ 18
9+ min	_____ 114/76	_____ 122R	_____ 16

Level of Consciousness Checks

0-3 Min _____ Alert

4-8 Min _____ Alert

9+Min _____ Alert

Papillary Response

_____ Pearrl

_____ Pearrl

_____ Pearrl

Ongoing Assessment

_____ Airway re-evaluated (open)

_____ Breathing re-checked (breathing better after epi)

_____ Pulse re-checked

_____ Re-evaluate NRB/nasal (10-15ltr)

_____ Skin color and temperature (pale/warm)

_____ Re-evaluate LOC (AVPU)

_____ Re-establish patient priority (load n' go)

_____ Re-evaluate splint (it is stable?) (Left forearm)

_____ Re-evaluate sling/swathe (Left forearm)

_____ Appropriate placement knot of sling to side of neck

_____ Reassessment of CNS left forearm

_____ Reassess pulse left arm

_____ Re-Evaluate lung sounds (wheezing)

_____ Re-Evaluate Chief Complaint (better or worse or any changes/ anaphylaxis shock)

_____ Establish need for possible 2nd Epi-Pen

_____ **Page 5 Total (30)**

Treatments:

_____ Epi-Pen administered (by EMT only - except AUX teams)

_____ Prevention of further heat loss (blankets)

_____ Oxygen

_____ Laid patient down supine on ground

_____ Elevate legs for shock positioning

Patient Care Report

_____ Agency name written out and Agency number

_____ Patient's name Janet Denver

_____ Patient's allergies

_____ Patient's medications

_____ Level of consciousness (AVPU)

_____ Baseline Vital Signs noted (BP, pulse and respirations)

_____ Medical Command contacted

_____ Time medical command contacted

_____ Name of Medication given (Epi-Pen)

_____ Dose of medication given (0.3mg)

_____ Route of medication given (IM)

_____ Location of medication given (Right or Left Thigh)

_____ Time Epi-pen given

_____ Vitals signs noted before administration of Epi-pen

_____ Vitals signs noted after administration of Epi-pen

_____ Splinted left forearm

_____ **Bonus 25 points** if noted anaphylaxis shock/allergic reaction & L forearm fx

_____ **Page 6 Total (46)**