			Authors:	***Petr Černohorský (CZ), Mateusz Zgoda (PL)***
Nebojsa		***MUC. RR***	***Rozhodčí:***	***Petr Černohorský, Mateusz Zgoda***
	Den	***RLP***		***Petr Černohorský, Petr Dvořák***
		RZP		***Zuzana Tomašovičová, Lukáš Ludwig***
Brave man	***Day***	***PHYS & PARA***	***Judges:***	***Mateusz Zgoda, Lukáš Konečný***
		PHYS & PARA		***Piotr Kominek, Maciej Szwałko, Sebastian Lewandowski***
Time limit for task:		***max. 10 mins***		

Rallye Rejvíz 2015

Story get to team with instructions.

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Man 25 years old, fall from MTB bike in the forest, massive haemorrhage from the neck and the chest, he is conscious, more informations are unknown.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:

May 29, 2015, 11:00am, clear, no wind, 19°C (66°F). Call to address time is 8 mins.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

Local situation:

A *Nearest hospital: 20 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*

B *Higher level hospital: 42 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept.*
C *Specialized centre: 55 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*
D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

Biker (25 years) bumped into tree branches during downhill through the forest, fall from bike, massive haemorrhage from the right side of the neck and from the front area right side of the chest. He has helmet, he lies on his left side of the body, he is pale, wet skin, and consciuos, he answers with latency, he is oriented, he is dyspnoic. Farmacological anamnesis: negative, allergological anamnesis: NSAID, personal history: negative.

Clinical examination:

GCS 4-5-6,SpO2 88%, glycaemia 20,2 mmol/l = 363,6 mg/dl, BP 90/50 mm Hg, peripheral pulses 120/min, weak radial pulse, capillary refill time 4s, RR 24/min, normal neurological status, breaking contused wound on the right side of the neck with massive bleeding from v. jugularis externa, deviation of trachea to the left,penetrating injury in right front axilar line in the 3th-4th intercostal space, breath sounds are normal on the left, they are absent on the right, begin subcutaneous emfysema and hyper-resonance by percussion, abdomen negative, pelvis fixed,legs without edema, abrasions on the legs and arms.

Goal of task:

Assessment of the situation, safe approach, properly tackling of the patient history/anamnesis, including allergological, detailed clinical examination, AcBCDE approach, stop bleeding from the v.jugularis externa l.dx.,take off of the helmet, setting neck-collar, treatmnet of the pneumothorax l.dx.by semipermeabily dressing or chest drain, treatment of evolving of haemorhagic shock and of pain, direction and transport to the traumacentre optimally by helicopter rescue, recognition of diabetes mellitus.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Obtaining entrance information about incident and primary treatment	Assessment of the situation	Patient´s history	Detection allergy for NSAID	Stop bleeding using tamponade and manual compression to 60s	Removal a helmet + considerate manipulation and stabilization of C-spine 2 x 50	350	Assessment of the situation, safe approach,patient´s clinical history, detection allergy for NSAID, stop bleeding using tamponade and manual copression, removal a helmet, considerate manipulation and stabilization of the C-spine.
		50	50	50	100	100		
2	Primary examination and working diagnosis	A + B + SpO2 3 x 40	Recognition of PNO l. dx.	C: BP,HR, capillary refill time, skin + radial pulse, EKG 5 x 20	D: AVPU minimum	Glycaemia, dg. DM 2 x 25	395	Clinical examination, skin humidity and color, capillary refill time, radial pulse, early monitoring the vital signs, diagnosis of PNO l.dx.,measure the blood glucose, recognition of diabetes mellitus
		120	100	100	25	50		
3	Therapy	Intravenous acces + 500ml intravenous fluid 2 x 50	O2 via mask	PNO treatment: semipermeabily dressing (5) and chest drain (70) or punction (50)	Pain treatment - opiate or ketamin	Practical implementation puncture or drainage	305	Ensure intravenous access, give fluids- **permissive hypotension 10ml/kg max (good radial pulse)**, treatment of PNO by semipermeabily dressing, chest drain or punction, pain treatment taking into **account allergy,** medication before allergologic patient history **0** pointes
		100	50	75	50	30		
4	Direction, transport	Direction C via E	Direction A via F	Call for helicopter rescue within 3 mins	Call for helicopter rescue within 5 mins		150	Pacient transport to the traumacentre via helicopter rescue, early call for helicopter rescue.
		100	50	50	25			
5	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)	50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10		
6	Actors	Man					100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		100						

			Authors:	***Roman Remeš (CZ), Silvia Trnovská (SK)***	
Garden party		***MUC. RR***	***Judges:***	***Silvia Trnovská, Dagmar Majerová, Roman Remeš***	***Rallye Rejvíz 2015***
	Day	***RLP***		***Silvia Trnovská, Dagmar Majerová, Ľubomír Hudák, Danka Lehotská***	
		RZP		***Roman Remeš, Ľudovít Priecel,Martin Šarišský, Kamil Kaššay***	
Garden party	***Day***	***PHYS & PARA***	***Judges:***	***Sara Lary, Ella Cameron, Emel Bozkurt, Tomáš Šavlík***	
		PHYS & PARA		***Denisa Osinová, Marios Sfakianakis , Richard Baťa, Juliana Fučková***	
Time limit for the task:		***max. 12 mins***		*The story gets to the team altogether with the instructions.*	

Story for team:

Emergency Dispatch Center received an emergency call and sends you to:

A call from 112 Dispatch: A tree fell down during the celebration of "The Firemen Day" in the castle park, there are at least three injured people, the place of the accident is accessible, the firefighters on the spot. The next paramedic crew will be in place in about 5 minutes after you.

Your tasks:

- *To assess the scene and correct work management on the site.*
- *To examine and treat the patient(s).*
- *To determine the working diagnosis and differential diagnosis, administer the therapy.*
- *To determine the direction according to the local situation (see bellow).*
- *If hospitalization is needed, to determine the means of transport (see bellow) and prepare for it.*
- *Known to the judge any further steps.*

The conditions on the scene:

May 29, 2015, 11:30am, partly cloudy, sometimes wind gusts, 18°C (64°F). Call to address time is 10 mins.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

Local situation:

A *The nearest hospital: 10 km by ground transport. Depts: surgery, internal medicine, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*
B *The higher level hospital: 22 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept.*
C *The specialized centre: 38 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR, neurosurgery, pediatric ICU, hyperbaroxy.*
D *Leave the patient on the place.*

Means of transport:		***Information***
E	*Helicopter rescue*	*Not available.*
F	*Ground*	*The team's own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival in 5 mins after you.*
H	*Ground - next ambulance with physician crew*	*Arrival 40 mins after request through Emergency Dispatch Center.*
I	*Another*	*To describe and justify to the judge.*

Report to the judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

A rotten tree fell down during the celebration of "Day of Firemen" in the castle park, there are police and firefighters on the spot (demonstrating actions for the villagers and the children's day) fully equipped, suitable for immediate intervention. The place is secured by police and firefighters until the arrival of the crew.
During the crew arrival, the fire chief provides basic information: the fall of a rotten tree, the firefighters secure the fallen tree, there are three affected people: 1 x unconscious child, 1 x adult without injury, just stressed out, 1 x conscious adult, still under the tree, the extrication takes place (completed by the crew arrival).
After the crew arrival takes place: the primary examination of the people, setting the priorities, communication with EMS Dispatch, the arrival of the mentioned paramedic crew of judges (PARA-J, act as "inexperienced" comparing to the competing crew) in the fourth minute after the arrival of the competing crew on the spot, crews cooperation, treatment of patients.
With the proper examination the distribution of patients will be: the competing crew - P2, PARA-J - P1.

Priorities:

1) The primary examination: 1 x red (P2 - a child with TBI) 1 x yellow-red (P1 - the injury of the abdomen with incipient haemorrhagic shock), 1 x green (P3 - no injury, acute stress reaction). 2) **P1:** An adult (40 years of age, 80 kg), abdomen trauma with a suspicion of internal bleeding, the priority of examination and transport (load and go), the primary examination and treatment by the competing crew, handing over the patient to the ambulance (ambulance). Oxygen, i.v. analgesia, the position, restrictive fluid strategy,max. 500 ml of crystaloid solution, preventon of heat loss, quick transport (load and go) to the traumacentre or the nearest hospital according national authority.
3) **P2:** A child (12 years of age, 40 kg) with isolated craniotrauma unconscious after being hit by the falling branch, hypoventilation. The question: he will not keep the airways, the reflexes of airways sustained. Circulatorily stable, the priority is the examination and treatment (stay and play) - the competing crew is treating, the neck collar, anaesthesia, OTI, mechanical ventilation, capnometry, restrictive fluid strategy, subsequent analgosedation, positioning, warm comfort, transport to the General Intensive Care Dept - anesthesia dept. or traumacentre. For the paramedic ambulance, the procedure according to the competences: consulting the doctor from the MCO, O2 mask, airway (tolerated) , other dtto.
4) **P3:** An adult without injury, a witness of the accident, acute stress reaction - stiffness, no agression, the priority - the primary examination, no need of the examination.

Physical examination:

P1: AVPU - A, GCS 15, RR 30/min, surface breathing due to the pains and bigger abdomen, HR 135/min, BP 90/45 mmHg, SpO2 91 %, capilary return > 2 s, iso pupils, photoreaction norm., clear breathing, baze slightly weakened, surface breathing due to the pains and bigger abdoment, the abdomen over niveau of the chest, diffusionally sensitive, strong pains, VAS 8 pp., external finding - haematoms, excoriation, no foetor ethylicus.
P2: AVPU - U, GCS 5, RR 8/min, HR 55/min, BP 150/90, peripheral pulse present, SpO2 89 %, capilary return in norm, temperature 36,1C = 97 F, blood sugar 5,2 mmol = 93,6 mg/dl, pale, surface breathe, attempts to breathe, unable to keep free airways, reflexes of airways sustained. The laceration on the head in the area of P-O, slight bleeding, no effusion from the ears and nose, anizocoria 4/5, no photoreaction, no other injuries.
P3: GCS 15, RR 20/min, BP155/90, **HR** 100/min, normal capilary return, no injuries. It is not the injured, but only the stressed witness of the accident who does not need neither medication nor transport.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 950	
1	Orientation on the spot of the accident, work organisation	Communication with the chief of firefighters	Communication with the EMS Dispatch	Determining the priorities and sorting the patients among the VS. Max 5 mins: 2x50, Later: 2x25	The active participation of the ambulance crew in cooperation	Handing over of P1 to the coming ambulance crew + emphasising the priority of transport. Max 6 mins: 2x50 Later: 2x25	350	1) Getting information from the chief of the firefighters: the accident, possible danger, the number of present policemen and firefighters, the number of injured/sorted people. 2) MOC (at least): notice, place, accident, the number of injured, policemen and firefighters on the spot. 3) P1 - the priority of transport, P2 - the priority of treatment, the competing crew – P2, coming ambulance – P1. 4) Appointing the task and managing the activities of the ambulance crew. 5) Handing over the P1 with at least basic information and with emphasising the priority of transport.
		25	75	100	50	100		
2	P1 Primary examination	A (15) + C neck collar (15)	B: SpO2 (10) + RR (10) + examination of the breath (10) + chest palpation (10)	C: Bloodpressure (20) + HR (20) + capilary return (10)	D: (AVPU minimum) (15) + abdomen (35)		170	Examination according to the ATLS - see above.
		30	40	50	50			
3	P1 Therapy + direction	I.v. line (30) + crystaloids 500 ml (30) + O2 via facemask (30)	**PHYS:** Analgesia i.v.	**PARA:** Consulting the MOC on analgesia - anamnesis (40) + alergy (40) + clinical condition (40) // dtto Physician	C or A (90) via G (30) accord national authority		330	I.v. line, crystaloid in the recommended dose up to 500 ml (the principle of permissive hypotensis), O2 via facemask, sufficient analgesia (the ambulance crew will be provided by the MOC after the regular phone consultation) or exact medication dose ("as a physician").
		90	120	120	120	120		
4	P2 Primary examination	A (15) + C neck collar (15)	B: SpO2 (10)+ breath frequency (10) + examination of the breath (10) + chest palpation (10)	C: blood pressure (15) P (15) capilary return (10), Glykemy (10)	D: (AVPU + pupil, palpation on the skull, effucion from the ears, nose, mouth - the minimum) (35) + abdomen (15)		170	Examination according to the principles of ATLS - see above.
		30	40	50	50			
5	P2 Therapy + direction	I.v. line (30) + crystaloids up to20 ml/kg (30)	**PHYS:** Adequate anaesthesia (80) + OTI (80)/LMA (40) + artiff. ventil. on normocapny (40) + draining position (40)	**PARA:** Airway (80) + O2 via facemask (40) + draining position (40) + consultation ofMOC(80) // dtto PHYS	C (90) or A (40) via F (20) accord national authority		410	Securing i.v. line, the infusion by restrictive strategy (blood pressure sufficient). PHYS: adequate anaesthesia for craniotrauma in the correct dosage, securing the airways and OTI, mechanical ventilation and other alternatives preferred (LM/LT), setting the ventilator according to the capnometer, the right position during transport. PARAMED: securing AW via airway tube (nasal, oral) are tolerated, O2 via facemask, no further medication, the correct position during transport and direction. Consulting the MOC about the condition of the patient (the clinical finding, alergy, weight, suggestion of medication, its securing and transport). O2 treatment leads to the improvement of SpO2 over 94 %. This procedure of PHYS = half the points. Using the LM/LT without analgosedation leads to vomitting and complications of aspiration. In the case of no consultation: paramedics have knowledges about exact dosage of medication, size OT-Tube, Ventilation-Parameters. ...
		60	240	240	110			
6	P3	GCS+breath+HR+BP+SpO2+EtCO2+no injury 5x10	Education	**PHYS:** Leaving on the spot	**PARA:** Leaving on the spot after consulting the MOC		120	Examination according to the principles of ATLS - see above. Education - to recommend seeing the doctor when having problems (bad sleep, wild dreams, ...). It is not the injured, but only the stressed witness of the accident who does not need neither medication nor transport.
		50	20	50	50			
7	Diagnosis summary	P1 intra-abdominal bleeding (75) + haemorrhagic shock (25)	P2 Craniotrauma and/or other rational diagnosis	P3 Reaction to stress, no injury			220	P2: Surface head injury, craniotrauma, susp. brain contusion, susp. intracranial bleeding or other rational.
		100	100	20				
8	Team cooperation and communication	Clear and obvious leader of the crew control also PARA-J crew 10+10	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew and also from PARA-J crew 10+10	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information) and with PARA-J crew 10+10	80	Cooperation of the crew as a team, clearly acting as a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		20	10	20	10	20		

9	Actors	P1	P2	P3			100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		40	40	20				

			Authors:	***Radka Fousková (CZ), Renáta Všetečková (CZ)***
				Kateřina Zvonařová (CZ)
Hygienická stanice		***MUC. RR***	***Rozhodčí:***	***Štefan Liptay, Radka Fousková, Renáta Všetečková***
				Kateřina Zvonařová
	Den	***RLP***		***Štefan Liptay, Renáta Všetečková***
		RZP		***Radka Fousková, Kateřina Zvonařová***
OHS	***Day***	***PHYS & PARA***	***Judges:***	***Patric Lausch, Radek Janoch***
		PHYS & PARA		***Marek Przybylak, Ewa Wojciechowska***
Time limit for task:		***max. 12 mins***		

Rallye Rejvíz 2015

Story get to team with instructions.

Story for team:
Emergency Dispatch Center received emergency call and send you to:

A man calls emergency services and states that his wife has been vomiting all night, and she also has stomach pains and diarrhea. She has collapsed in the living room.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:
May 29, 2015, 7:30am, clear, no wind, 10°C (50°F). Call to address time is 8 mins.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

Local situation:

A	*Nearest hospital: 20 km by ground transport. Depts: ambulant surgery and gynecology, internal medicine, anesthetist on duty nonstop, RTG, biochemistry, hematology laboratory.*
B	*Higher level hospital: 36 km by ground transport. Depts: as A + ED, anaesthesia and general intensive care, surgery, gynecology and obstetric, pediatric dept., CT.*
C	*Specialized centre: 85 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*
D	*Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 20 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

A young woman (32 years old) is laying on the living room floor, her feet are on the couch. She is pale and disheveled. She had vertigo and felt faint. She describes having heart palpitations and pain under her ribcage during inspiration. Tachycardia, tachypnea, hypertension. Lungs - bilateral vesicular breathing sounds in the perifery, basally soft, dull percussion symmetrical bilaterally. Shortness of breath during non-strenuous physical activity (walking). Abdomen distended, soft, diffusely tender, dull percussion, peristaltic sounds present.
The patient complains of pain in the lower abdomen and feels bloated. No problems with urination. Yesterday, she had a bowl of soup and a yoghurt. She felt nauseous. Overnight, she vomitted 6 times and had diarrhea 2 times. No blood was present in either the stool or vomitus. No discharge or blood noted during vaginal examination. She claims to have a headache, her pupils are isochoric, no neck stiffness, able to walk unsupported. Limbs normal findings. Normal blood sugar. Skin pale and clammy, normal turgor, dry lips and dryness in the mouth. She lives with her husband, a paraplegic, who uses a wheelchair.

Vital signs (woman):

	Upon arrival	**During task**
RR	24/min SpO2 96%	24/min SpO2 97%
HR	138 min	135 min
BP (mm Hg)	165/105	160/100
EKG	Sinus rhythym, tachycardia	
T (°C)	36,9 (98,4°F)	
Blood Sugar level (mmol/l)	4,6 (83 mg/dl)	

Key words:
Vomitting, diarrhea, abdominal pain, shortness of breath, hormonal stimulation, IVF.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Patient history	Past medical history (PMH)	Medications	Allergies	History of Present Illness (HPI)	Patient file from IVF centre	335	PMH: healthy, ovum collection two days earlier, visits an IVF treatment facility. Medications: uses hormonal stimulation Allergies: none HPI: From the previous night, vomitting and diarrhea, abdominal pain, mainly in the lower abdomen, feels bloated. Headache and vertigo, pain under the ribcage during inspiration and feels short of breath. Gynecological patient file obtained.
		60	25	25	75	150		
2	Physical examination	BP+HR+RR+SpO2 4 x 25	Thorax (lungs) - ausculation	Head + pupils + abdomen 25+ 25+50	EKG + jugular vein distension + upper limbs + lower limbs 25+50+25+25		425	Thorax- lung auscultation with soft breathing sounds basally, abdomen soft and distended, diffusely tender, peristaltic sounds auscultated. Deeper palpation of abdomen not possible due to patient's painful response. Percussion of the abdomen is dull. Diffuse headache, pupils equal and round, neck supple. EKG: sinus rhythm, tachycardia, no jugular vein distension, limbs without pathological changes, no swelling of lower limbs.
		100	100	100	125			
3	Therapy	I.V. cannulation	Repeated examination of vital functions (BP, pulse, RR, SpO2) 4 x 25				150	Intravenous cannulation. Repeated examination of vital functions. Possible treatment with antiemetics, but no points awarded.
		50	100					
4	Working diagnosis	OHSS	Suspicion of connection of symptoms with hormonal stimulation	Abdominal pain of unknown origin			150	Determine the correct dg. OHSS or team discussion about connection with hormonal stimulation. OHSS = ovarial hyperstimulation syndrome
		150	150	75				
5	Direction, transport	Direction B	Transport F	Transport patient with raised head			140	Direction B. Careful transportation in prone postion with head raised to 30 degrees.
		100	25	15				
6	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)	50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10		
7	Actors	Woman	Man				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		70	30					

			Autoři:	***Helena Kocumová (CZ)***	
Kámen		***MUC. RR***	***Rozhodčí:***	***Helena Kocumová, Eva Litvíková***	***Rallye Rejvíz 2015***
	Den	***RLP***		***Helena Kocumová, Eva Litvíková***	
		RZP		***Pavla Kazdová, Klára Střelečková***	
Stone	***Day***	***PHYS & PARA***	***Judges:***	***Veronika Matušková, Katarína Kačmárová***	
		PHYS & PARA		***Hana Maříková, Erika Jamrichová***	
Time limit for task:		***max. 12 mins***			*Story get to team with instructions.*

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Man, about 35 years old, sudden back pain, nausea, called his wife.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:

May 29, 2015, 10:30am, clear, no wind, 22°C (72°F). Call to address time is 5 mins.

All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

Local situation:

A *Nearest hospital: 20 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*

B *Higher level hospital: 42 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept with ICU.*

C *Specialized centre: 55 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*

D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

Man, about 35 years old, healthy, with nothing so far treated, drugs 0, allergy to pollens, no drugs allergy. Sudden severe colic pain in the left lumbar area, with lancing into the groin and scrotum, nausea and vomiting, dark urine.
Obj: On physical examination, everything else in the standard, belly freely palpable palpation, painless, left tapottement positive. The patient will actively lead the crew to the application of any spasmoanalgesic injection, a gradual relief after application.
Phase I: Up to 2 min after application of the drug the patient begins to be restless, a slight cough, spastic breathe indicate wheezing, tightness in the throat, nausea again. After a while still itching all over the body.
Phase II: After another 2 minutes feeling faint, tachypnea, failure of communication - first restlessness, then sleepiness.
Phase III After another 2 min unconsciousness, shock symptoms developed.
Phase IV: After another 2 min cardiac arrest.

Measured constant: parameters TT 36.5 C = 97,7 F, glucose 5.6 mmol/l = 100,8 mg/dl
Measured dynamic parameters:
Before administering analgesics: BP 140/85, HR 90 / min, 98% SpO2, RR 16 / min sinus. rhythm.
Phase I (first 2 min) BP 140/70, HR 110 / min, 93% SpO2, RR 20 / min sinus. rhythm, capillary return 2s.
Phase II (third and fourth min): BP 80/50, HR 120 / min, 88% SpO2, RR 45 / min, ECG: supraventricular tachycardia (SVT), capillary return over 2s.
Phase III (fifth and sixth min): BP 60/30, HR 140 / min, RR 45 / min, SpO2 immeasurable, ECG: SVT., Capillary return over 4s.
Phase IV (seventh and eighth min): BP indeterminate ECG: fast PEA, clinical cardiac arrest.

Procedure:
a) Identification of the situation on the site, basic examination, treatment of detected renal colic with spasmoanalgesic i.v or i.m.
b) Recognition of incipient severe systemic anaphylaxis, progressive without treatment into anaphylactic shock.
c) Stopping the progression of the appropriately selected treatment relating to the phase of development of allergy.
Treatment:
Accepted will be **at least**: **Phase I**: Ensuring 1x iv lines, min. G20 + oxygen min. 2 l / min, bringing Dithiaden 1 mg IV + Corticosteroid at least HCT 100 mg / MP 40 mg / DX 8 mg iv
Phase II: Treatment Phase I + oxygen half mask, at least about 6 l / min, crystalloids min. 500 ml + quick adrenaline 0.5 mg IM or iv titration min. 0.1 mg.
Phase III: Treatment Phase I + II + second i.v. Line min. G20, other crystalloid 500 ml oxygen min. 12 l / min.
Phase IV: Identification NZO, indication CPR role in this phase ends - will not be done.
Adequate treatment phase I - III, stop the progression of the state and the next 2 min interval will improve the state of the one level.

Key words:

Renal colic, anaphylactic shock, team leader, the immediate response of the crew on the patient´s state development.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Anamnesis/patient history	Personal	Allergic	Pharmacological	Abuses		80	Basic pateint history taking.
		20	20	20	20			
2	Primary + secondary examination	BP + HR + SpO2 3 x 30	TT + glycemia 2 x 30	EKG	Abdomen + back (tapottement) 2 x 30	Urination	270	Primary and secondary screening tests evaluated with a focus on the abdomen, kidneys and urination (color, frequency, blood).
		90	60	30	60	30		
3	Working diagnosis, therapy	Renal colic	Krystaloidy min. 500 ml	Spasmo-analgesic i.v. or i.m.	Spasmo-analgesic p.o.		250	Proper diagnosis and treatment of renal colic.
		100	50	100	25			
4	Anaphylaxis (identification = readiness of crew)	In phase I	In phase II	In phase III	In phase IV - initiated CPR (end task)	In phase IV - CPR NOT initiated (end task)	200	Recognizing unexpected allergic reactions - the sooner the better.KPR is not performed, the ECG identified fast pulseless activity character tachycardia - a moment of saying dg. anaphylaxis (or suspected).
		200	100	50	25	0		
5	Anaphylaxis (= adequate treatment capacity for action of the crew)	Complete at that phase	Not complete at that phase	Inadequate treatment, unidentified anaphylaxis	Factual information about possible new allergy		300	Treatment of anaphylaxis adequate clinical condition of the patient. Full = corresponding minimum, incomplete = below the stipulated minimum, but related to the diagnosis. anaphylaxis. To inform patient or his wife about a possible new allergy the latest in phase III.
		200	100	0	100			
6	Direction, transport	Direction A	Transport F				100	Proper evaluation of options: A + F
		75	25					
7	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)	50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10		
8	Actors	Patient	Wife				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		70	30					

			Authors:	***Miloslava Havlíková (CZ), Helena Palasová (CZ)***	
				Tomáš Vaňatka (CZ)	
Miláček		***MUC. RR***	***Rozhodčí:***	***Miloslava Havlíková, Helena Palasová***	***Rallye Rejvíz 2015***
	Den	***RLP***		***Lýdia Fehérová, Helena Palasová***	
		RZP		***Miloslava Havlíková, Luděk Šacher***	
Honey	***Day***	***PHYS & PARA***	***Judges:***	***Tomáš Vaňatka, Eliška Tonhauserová***	
		PHYS & PARA		***Radka Hotovcová, Adéla Matoušová***	
Time limit for task:		***max. 11 mins***			*Story get to team with instructions.*

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Woman, 35 years old, abdominal pain, vomiting, pregnancy, calling waitress from pension Honey.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:

May 29, 2015, 1:30pm, clear, no wind, 22°C (72°F). Call to address time is 5 mins.

All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

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Local situation:

A *Nearest hospital: 20 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*

B *Higher level hospital: 42 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept.*

C *Specialized centre: 55 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*

D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

Woman 35 years old, she is expecting her third baby, date of birth in a week (June 5th). Negative history, previous births without complications. She is at the celebration, starts to have stomachache, vomited. She goes into the room "to have a rest", she meets a waitress. The woman is pale and and her clothes are dirty becouse of vomiting. The waitress wants to call an ambulance, the woman refuses. After a while the waitress calls 155.
The crew should contact the waitress after the arrival to the pension. The waitress does not know the room number, but the husband of a pregnant woman knows the number (he is at the celebration) and he leads the crew into the room. About a minute before the arrival of the crew in room the woman gives birth, cut off and tied the umbilical cord , she wrapped the baby in a wet towel. Woman isn´t bleeding, vital signs are normal. Mother is holding the baby in her arms, the child does not cry, it is pale and its legs are without movement.
Examination and treatment of the child: Gentle take away the child from mother´s arms, put on a dry mat, time measuring. The child is pale, blue acre, considerably lower tonus, wiping the child, legs or chest stimulation (color and tonus), protect the child from hypothermia, A - mouth with amniotic fluid, B - apnea, C - cardiac arrest, KPR. With adequate process the child is live again, crying. The baby is after KPR - hypoxia after birth (umbilical cord strangulation), cardiac arrest, mild hypothermia. During the baby treatment, it is necessary to check the mother - bleeding and uterine tonus (normal), and to communicate with parents. Mother after spontaneous childbirth at term, KP comp., placenta in utero. Preparation for transport - to inform parents, child thermostability . APGAR approx. 10 min - 10 (the childbirth time is not sure).

.**History:** OA: negat., FA 0, GA: 3. birth, previous births without complications in term. NO: pregnancy without complications, term of birth in a week, she drank about three dcl of wine, had lunch (meat, potatoes, salad), nausea after eating, she went to the toilet, where she vomited, abdominal and lower abdomen pain. On the way to the room she met a waitress who wanted to call an ambulance, but the woman refused. She walked in the room,¨washed herself, put a wet towel on her forehead and went to bed. Abdominal pain was stronger pressure on the rectum and amniotic, fluid drained out. She wanted to call for help, but could not get up, she had to push.
Childbirth: She gave birth in two pushing, the baby had the umbilical cord around his neck, but when she turned it, the umbilical cord was loosened and she tie off the umbilical cord with ribbons from gifts that were in bed (she saw it in the previous birth), and cut the umbilical cord with scissors (scissors were next to the gifts). She wrapped the baby in a towel, the baby was not crying only frowning slightly, but fell asleep.
VF: BP 120/80, P 90, Sat 99% DF 14, chap. Return 2 sec.

C Child - KPR (line 5):
Ventilation during KPR: Ambuing checking lifting chest pulse oximetry (below 50%), FiO max 30% O2, is not needed OTI or supraglot. tool.
cardiac massage: the ratio of 3: 1, right place, right frequency and depth of massage.
KPR Monitoring: Monitoring of cardiac action per 30 seconds - after the first cycle 45 / min, after the second cycle 60 / min, after the third cycle 80 / min.
A, B, C KPR: Termination of KPR after the third cycle (AS 80 / min).
control A - without the need to extract, to a neutral position, B - gasping - immediately required ventilation ambuing 20-30 breaths / min.
After 30 sec ventilation: A - no change, B - 10 breaths / min (SpO2 55%), C - AS 90 / min, the necessary support ventilation - ambuing and during the second cycle ventilation - cough.
Examination: A - no change, B - 30 breaths / min spont. ventilation POX 90% C - pulse both periphery and centrally 130 min, 130 min AS.
D, E after KPR: Reactions during spont. ventilation, movement of legs, crying, pink color, temperature 35 degree C.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Situation on the spot	Contacting of waitress	Contacting of husband	Conflict free bahaviour of the crew			120	Orientation on the spot, search waitresses who contacted the EMS, information about the patient, information about her husband and the room where the woman is, peaceful and conflict-free behaviour of the crew with people at the party (some are drank).
		40	40	40				
2	Mother	Anamnesis	Childbirth	Vital functions	Communication during KPR of the baby	Checking of the mother	250	**History**: At least to find out 3. pregnancy, childbirths without complications, pregnancy without complications, giving birth at term. **Childbirth:** At least to find out the umbilical cord around its neck and the child did not cry. **VF**: At least 3 values. **Communication**: During KPR it is necessary to communicate with the mother her questions must be answered. **Checking of mother:** One member of the crew must check the mother (she is not bleeding), placenta is not given birth (it is not necessary), uterus toned - at least check the bleeding and toned uterus. **Detailed description** - see above - the situation on the spot.
		50	50	50	50	50		
3	A Child - basic measures	Timing	Wiping	Stimulation	Thermostability		200	Taking away the child from the mother (required examinations, because it does not cry), put on a dry mat, measuring time (after laying on the mat the judge measures time as well), wiping a child, stimulating its legs and chest (possible simultaneously with wiping), wrapping the legs and chestimmediately and head..
		50	50	50	50			
4	B Child - examination	Tonus, color 2x20	A	B	C	Initiation of KPR within 1 minute from taking the child.	240	Tonus - no tonus, no move the legs, color white, acral cyanosis. A - neutral head position, wipe the mouth or noninvasive suction. B - within 10 sec control ventilation - see, hear, feel - apnea, 5 x breath in. C - heart rate 35 / min, CPR 3: 1st tonus
		40	50	50	50	50		
5	C Child - KPR	Ventilation	cardiac massage	Monitoring KPR	A, B, C after the successful KPR	D, E after the successful KPR	250	Detailed description - see above - C Baby - KPR.
		50	50	50	50	50		
6	Medication preparation for transport, direction	Child dg., monitoring 2x20	Mother dg., therapy 2x20	Husband	Direction: B	Transport: F	140	Child Acute hypoxia after childbirth, cardiac arrest, state after successful KPR, hypothermia (min.3), heating - packaging and monitoring - SpO2 (everything). Mother: Spont. childbirth in term, placenta not birth, therapy - ensuring iv lines, FR 100-500 ml. Father: Information about the condition of the child and the mother, and where they will be transported.
		40	40	20	20	20		
7	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)	50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10		
8	Actors	Woman	Man				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		50	50					

			Authors:	***Kateřina Ningerová (CZ)***	
Prut		***MUC. RR***	***Rozhodčí:***	***Kateřina Ningerová, Vlasta Vařeková, Barbora Minaříková***	***Rallye Rejvíz 2015***
	Den	***NAT-RLP***		***Kateřina Ningerová, Hana Vacková***	
		NAT-RZP		***Barbora Minaříková, Ladislava Budíková***	
Wand	***Day***	***PHYS***	***Judges:***	***René Mezuljaník, Barbora Malovaná***	
		PARA		***Miroslava Marková, Vlasta Vařeková***	
Time limit for task:		***max. 12 mins***			*Story get to team with instructions.*

Story for team:
EMS Dispatch Center received an emergency call and sent you to
GP (family physician) asked for transport patient with headache and newly found high blood pressure to the nearest General Hospital A - Outpatient Dpt. of Internal Medicine Ward.

Yout tasks:
- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:
May 29, 2015, 11:30am, sunny day, no wind, no rain, 20°C (72°F). Call-to-address reach time is 10 mins.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

	Direction	Ground distance	Departments and Wards
A	Hospital A	8 km	Biochemistry and Haematology, General Surgical Ward, Internal Medicine Ward and Neurology Ward.
B	Hospital B	20 km	Emergency and Resuscitation Unit, CT Scanner, Biochemistry and Haematology, General Surgical Ward, Internal Medicine Ward, Neurology Ward with ICU, Pediatric ward with ICU, Stroke Treatment Center ICU, Infectious Diseases Ward with ICU, ENT Ward, Psychiatry.
C	Hospital C	30 km	Emergency and Resuscitation Unit, CT Scanner, NMR Scanner, Cathlab, Biochemistry and Haematology, General Surgical Ward, Internal Medicine Ward, Neurology Ward with ICU, Pediatric ward with ICU, Stroke Treatment ICU, Infectious Diseases Ward with ICU, ENT Ward, Psychiatry, Cerebrovascular Diseases Treatment Center (Higher level than Stroke Treatment Center), Neurosurgery, Burn Treatment Unit, Trauma Center Level I.
D	Home D	0 km	Leave the patient on scene - needs no transport to the hospital.

	Means of Transport	Information
E	HEMS - Rescue Helicopter	Arrival time 15 mins after request via EMS Dispatcher, landing site on car park close to the house with GP Surgery.
F	Ground	Your own ambulance on scene.
G	Ground - another ambulance with paramedic crew	Arrival time 15 mins after request via EMS Dispatcher.
H	Ground - another ambulance with physician	Arrival time 15 mins after request via EMS Dispatcher.
I	Other	Describe and justify to judge

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

On Scene situation
After arrival:

Patient is sitting in waiting room and holds an envelope with GP Referral Letter. GP Office is closed because doctor has had to go to write a death certificate and nurse has gone for some medicines to near Pharmacy. Patient is fully conscious and cooperative and talking, breathing normally with no behavioral, sensory, mental or speech disorder, he follows all orders fully and quickly. There are two little pills nearly dissolved in his mouth - given by GP " to do something with high blood pressure" - in Referral letter is written:" 2 tablets of Tensiomin -eg. captopril- 25 mg to dissolve in mouth".

Correct procedure (for details see the table):

GP Referral Letter: Nothing important in past medical history, just appendectomy in childhood. Thomas takes no regural medication, suffers from pollen allergy, smokes 10 cigaretes daily and usually drinks 2-3 beers daily. A week ago elevated blood pressure 165/90 mm Hg was found and today high blood pressure (repeated measure) 180/100-110 was confirmed. Heart rate is about 75/min, circulation is stable. He complains about a weak headache since this morning, but he is overworked, sleepless and sometimes with cervical spine pain. Diagnosis ICD: I10 Essential (primary) hypertension Treatment. Tensiomin (captopril) 25 mg - two tablets chew up Plan: I kindly ask to run detailed assessment, blood tests and set up treatment. Yours sincerely Myslik Ferdinand, M.D., PhD., MBA
Judged: focused questions about pain, palpitations/arrhytmias, shortness of breath, nausea/sickness/vomiting, fever.
If asked patient confirmed just headache - not severe but unpleasant, located to forehead, temple and scruff.

Clinical status upon arrival:
Normal perfusion, wrist pulse palpable, regular. Heart auscultation: normal heart sounds,regular, no murmur. Lungs: symetrical air entry, alveolar clear breathing sounds. Abdomen: soft, no pain response to palpation, no palpable mass, bowels sounds normal. Lower extremities with no oedemas and no signs of DVT. Neurological examination: FAST with no pathology, no signs of side weakness (performance judged)
4 minutes later:
Patient is not as talkative as before, if asked he tells " I am sick, weak", his responses are generally slow with difficult understanding and designating, if neuroexamination was repeated then new peripheral weakness of right upper extremity would be found - so called "de novo" origin (reassessing is absolutely necessary, revise GP recommendation of Hospital A and inform EMS Dispatch Center about pt worsening, talk to neurologist from Stroke treatment Center or Cerebrovascular Diseases Treatment Center (both correct) via recorded call and prepare the patient for transport).
Neurological examination (FAST): moderate aphasia (perception partially preserved - for understanding repeated and easy questions or orders needed, expression just yes-no response), isomiotic pupils 2/2, photoreaction normal, normal eye movements, right teeth show fails, tongue in middle line, no cervical pain, no cervical movements restriction.
Upper extremities: Mingazzini test with right acral slow fall, positive right arm Retardation Phenomenon, he can´t write due to fine fingers movements disorder, weaker right grip strenght, no ataxia
Lower extremities:Mingazzini test with no fall. Wide stance, needs a help to walk but no significant signs of paresis.
Sensitivity: no sensory loss. No signs of meningeal syndrome. Others: blood pressure falls to 125/80 , other vital signs had not changed.
Resume: Acute Stroke - triage positive patient. Assessment: moderate aphasia, new faciobrachial right hemiparesis (incomplete hemiparesis capsular type) developed during EMS assessment. Recent hypertension, decapitated due to ACEI treatment prior EMS arrival. No circulatory failure. GCS 15.

Anamnesis

Personal data	Thomas Wand, born on 17. 9. 1967, address: Jílkova 219, Brno,Health Insurance Card VZP (111)
Past medical history	No illness, smoker 10 cigs daily, 4-5 cups of coffee daily, 2-3 beers daily, no ilicit drugs abuse, he denies hypertension, heart problems, myocardial infarction, stroke, diabetes. He had an appendectomy when 5 years old
Medication	Nno regular medication
Allergy	Hay, pollen
Recent health problem	A week ago he had a regular preventive examination and higher BP was found (165/90), he was advised to visit his GP to reassess. He managed free work day today because of tiredness, some shopping, household reconstruction and remembered aboud GP visit so he went here. He is surprised that high blood pressure was found, he thinks it can´t be so serious and GP does not want to waste time with him and for that sends him to Internal Medicine Hospital Outpatient Dpt. He is sure that those 2 pills were enough for treatment, but he promised GP to go to the hospital and did not want to cause any problem. When directly asked he confirms headache - not severe but unpleasant, located to forehead, temple and scruff, it has started this morningn and is quite unpleasant.
Family medical history	Unknown

Vital signs	**Upon arrival**		**During task (4 min after arrival)**
Pacient	**P**		**P**
Pulse rate (/min)	75 regular		75 regular
Respiratory rate (/min)	14		14
Capillary Refill Time (s)	1 (as seen)		1 (as seen)
NIBP (mm Hg)	160/90		125/60
SpO2 (%)	96		96
Blood Sugar level (mmol/l)	5,1 (90mg/dl)		5,1
Temperature (°C)	36,8 C = 98,2 F		36,8
GCS		15	
ECG	Sinus rhytm		Sinus rhytm

Key words:

Clinical development depended on treatment - recent hypertension was decreased (decapitated) by captopril 50 mg (given by GP prior EMS arrival) and acute stroke developed whilst EMS examination was performed (triage positive patient). Reassessment was necessary- vital signs, neurological examination, hospital A was unsuitable for pt with acute stroke and destination change to hospital B or C was necessary (both B and C were correct - both hospital able to deal with acute stroke by CT angiography and thrombolysis). Pt had to be prepared for safe transport - iv line, SpO2 and ECG. EMS Dispatch Center should be informed about pt worsening and Neurologist on call should be informed via recorded call..

Team Scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct performance and decisions
								1 350	
1	Anamnesis/Pt History	On scene situation: 1) GP Referral Letter 2) Pt interview about recent symptoms 3) captopril p.o. 3x30	Symptoms: 1) Headache 2) Vertigo 3) Nausea 3x30	1) Head trauma 2) Temperature 2x30	Given informed consent (procedures, hospital transport)	Phone number contact to relatives - wife	Exact time of symptoms beginning - team noticed change within 2 minutes (100) Later (25)	380	Medical history at least as written, permanent awareness and observation to notice pt worsening.
		90	90	60	20	20	100		
2	Examination and treatment	First contact Neurological examination (at least upper extremities	First contact vital signs: BP, HR, SpO2, glycaemia, temperature 5x10	Neurological Examination - 7th. minute: 1) N. facialis (teeth show) 2) Upper extr. Mingazzini 3) Understanding 3x20	IV access	Vital signs when pt worsened 1) BP 2) ECG 2x40	Repeated questions about 1) Nauzea 2) Headache 3) Any other new symptoms? 3x40	370	When pt condition worsened EMS team should respond - scenario changed, pt is at risk!! Repeated vital signs - BP due to prior captopril taking, detailed neurological examination (FAST), ECG and iv access. Repeated focused questions about symptoms.
		30	50	60	30	80	120		
3	Direction, diagnosis	Crew inform EMS Dispatch Center about worsening and justify further management.	Crew change direction to B or C	1) Aphasia 2) Right (faciobrachial) weakness, hemiparesis 2x40				230	Correct symptoms description of triage positive stroke (sudden aphasia, right faciobrachial weakness or hemiparesis during assessment, time within 5 mins). EMS Dispatch Center must be informed about pt worsening and management change. Teamleader should ask by phone EMS Dispatch for recorded call to the Stroke TC or Cerebrovascular diseases TC neurologist to confirm triage positivity.
		50	100	80					
4	Preparation for transport, transport	ECG monitoring, iv line 2x40	Transport F					100	ECG monitoring during ambulance transport to catch possible AF paroxysm or other arrhytmias, as AF is one of risk factors for ischaemic stroke (important for acute treatment and prevention as well). Iv line for patient at risk of deterioration.
		80	20						
5	Diagnostic and terapeutic reasoning	Acute stroke triage positive	Hypertension, (recent and decapitated)					120	Diagnostic and therapeutic reasoning.
		80	40						
6	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)		50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10			
7	Actors	Patient						100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		100							

		Authors:	***Adriana Povinská (SK), Christoph Redelsteiner (A)***	
Školní brašna		***MUC. RR***	***Rozhodčí:***	***Adriana Povinská, Juraj Povinský***	***Rallye Rejvíz 2015***
	Den	***RLP***		***Adriana Povinská, Andrea Schullerová***	
		RZP		***Juraj Povinský, Ilona Vintrová, Renata Bakošová***	
Schoolbag	***Day***	***PHYS & PARA***	***Judges:***	***Jiří Mašek, Noriyoshi Ohashi, Yasuyuki Hayashi, Kateřina Nováková***	
		PHYS & PARA		***Clarke McGuire, John Richmond***	
Time limit for task:		***max. 12 mins***		*Story get to team with instructions.*	

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Elementary School Velké Losiny (one class), teacher tripped over a school bag and he lying on the floor, not moving, unconscious but breathing.
The EMS was called by one of the schoolchildren, they are in school alone, only with the teacher.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow) and prepare for transport.*
- *Known to the judge any further steps.*

Conditions on the scene:

May 29, 2015, 10:00am, clear, no wind, 22°C (72°F). Call to address time is 5 mins.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCHER.

Local situation:

A *Nearest hospital: 10 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*

B *Higher level hospital: 22 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept with ICU.*
C *Specialized centre: 35 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*
D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 20 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

Primary School (one class), 10-15 children in the class, first to eighth grade (6 to 14 yrs age). The principal is usually at school too but not today (he is having a meeting), and the janitor is out too (children sought him, but his at the door he has a sign "I will be back in a while" and he is not answering the phone. The teacher tripped over a school bag on the floor in the class, fell on the floor and lies, he seems to be sleepy , slurred speech, little laceration on his forehead.

After arrival:

Teacher lying on the floor, head supported with teacher´s jacket (after searching the crew can find in the pocket antidepressants and insulin), two of the children look after him, others are very nervous, restless and noisy. On the teacher´s table there is a bottle of water, after opening it is possible to smell the plum brandy or vodka. No adult on the spot.

The correct procedure:

1) By the Dispatch Centre to call an adult, who can take care of children (police, mayor, principal...).
2) Express thanks to the children who took care of the teacher.
3) Do not leave the children unattended untill the arrival of an adult (the crew is divided and one watches the children, others treat the teacher), the children calm down and cooperate in giving the medical history: "The teacher sometimes swallow pills when he opens the bottle, the water stinks, the teacher is drunk sometimes, he behaves strangely...".
4) Treatment and communication crews out of sight and earshot of children (take the children out of the classroom, they don´t speak about possible diagnoses or alcohol and drugs /if they found it/ in front of children, they do not undress the teacher in front of the children).
5) To emphatically explain the children that the teacher had an accident (he got sick, maybe he ate something bad), we treated him and we need to take him to the hospital for control exam. No promisses, nothing specific.
6) If they proceed properly (give glucose, find drugs and alcohol) and create an environment for communication with the patient, so the teacher regains full consciousness and when the crew ask, the teacher admits that he got the drugs from a friend (he has not been at psychiatrist/psychologist) and he possibly took too many of them. He denies suicidal thoughts only "he has been fed up with those bastards for a long time." He visited his GP 14 days ago with sinusitis, still taking antibiotics and he suffers from diabetes.
7) Within diagnose (medical report) indicate a suspicion of possible chronic problem of alcohol and drugs - problematic working with children.

Teacher: sleepy GCS 3-3-5, pupil isocoric, slowed reaction to light, breathing freely, clean, 96% SpO2, pulse at the periphery palpable well, BP 140/90, HR 110, pale skin, sweating, small abrasions on his forehead, there are not other injuries. Glycaemia 1.9 mmol/l = 34 mg/dl. Administer 40% Glc into a vein,of 60 ml the teacher regains full consciousness.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Orientation at the site, organization of activities	Requirement to call police, mayor, etc by dispatch centre: Within 1 minute - 50 Later - 25	Collecting information from children (min. about injury and janitor)	Compliment the children that they took care of the teacher	Children under constant surveillance	Equipment	200	1) If they call within 1 minute, in the fourth minute the janitor appears and takes care of the children. If they call later he appears in 8 minutes, if they dont call the janitor appears two minutes before the end of the task. 4) It means untill the arrival of an adult. 5) Minimum: defibrillator, O2, glucometer, drug suitcase, ventilator - the call is unconsciousness.
		50	40	40	40	30		
2	Organization of activities	Divide crew (1 takes care of children, others treat the teacher)	Calming the children, explaining the situation 2 x 40	Treatment out of sight and earshot of children (see point 4) Process - the correct procedure above)	History from children (drugs, alcohol)	Finding antidepressants, insulin and alcohol 3 x 50	360	2) If the crew don´t calm down the children actively they are more and more noisy. 3) Move the kids out of class or creating a separate space in the corner of the class, etc. 4) Children will answer only on targeted questiont and only if they were calmed down actively.
		40	80	40	50	150		
3	Primary examination	Level of consciousness, breathing, BP, HR, SpO2, 4 x 20	Glycemia	Examination of the head (sight, palpation)	Palpation chest, abdomen, pelvis, limbs	GCS + pupil 2 x 10	190	Complete examination includes: consciousness, breathing auscultation, BP, pulse, SpO2, glycemia, physical examination of the head, chest, abdomen, pelvis, extremities, GCS and pupils.
		80	50	20	20	20		
4	Therapy	Glc 40 % i.v.	Glucagon 1 dose i.m.	Laceration injury on forehead			75	Glucose 40% i.v. 60-120 ml, eventually Glucagon one dose, treating a wound on his forehead.
		50	25	25				
5	Patient history + secondary examination (when fully consciouss)	Personal, Drug, Allergies and Abuses History 5 x 10	Antidepressant in pocket - explanation	LOC - site, time, personality 3 x 10	Neurological exam - FAST		210	Medical history including permanent treatment, allergic history, ingestion of alcohol, drugs, detect diabetes treated with insulin. 2) Antidepressants in pocket - ask explanation Final examination, check of full consciousness.
		50	100	30	30			
6	Working diagnosis, direction, transport	Hypoglycaemia within DM	Antidepressant and alcohol addiction. Inappropriate to work with children	Laceration wound on forehead	Direction A via F		165	Routing to the nearest facilities with internal and surgery, serious brain injury is unlikely due to mechanism of injury.
		75	40	20	30			
7	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)	50	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 pts) - no (0 pts).
		10	10	10	10	10		
8	Actors	Teacher	Children				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		50	50					

			Authors:	***Martin Trhlík (CZ)***	
Stážisti		***MUC. RR***	***Rozhodčí:***	***Martin Trhlík, Martin Vavroš***	***Rallye Rejvíz 2015***
	Den	***RLP***			
		RZP			
Internship	***Day***	***PHYS & PARA***	***Judges:***	***Martin Trhlík, Martin Vavroš, Nikola Vargová***	
		PHYS & PARA			
Time limit for task:		***max. 10 mins***			*Story get to team with instructions.*

Story for team:

Dear colleagues, welcome to our modern clinic Postmortem. We invite you to a small teaching internship at our newly opened operating room. Leave all devices in the car, no equipment is needed. We are happy to guide you through our latest halls equipped with the latest technology and demonstrate our leading teams in action.
We hope you will enjoy the stay.

Your task:

- *Arrive at the place of assignment without a gear. You will not need any tools.*

Situation on the scene:

Operating theater with ongoing operations gallbladder, performed by a doctor and scrub nurse on the spot. The operation is projected on the screen, placed in the way that the crew can see the progress of the operation. But they can not seetraining boxes in fron tof surgeons, because they are hiding them with their bodies.

The crew is guided to improvised operating room. Surgical team is back turned to the crew, so they can see only their backs and computer display, which processes transactions not operating training box in front of surgeons.
After a few introductory words about the latest equipment and high demands of this work (for proof of the truth of these words) sister collapses. Doctor watching her collapses is also collapsing.
Guide declares that situation is usual and that is only neede to put their a legs up, but it is really necessary to complete the operation. **Emphasizes that the operational team and its status is not part of the task!**

The crew chooses two of its members as surgeons (a doctor and a nurse), who will continue with the operation and they have 1 minute to get familiar with the devices.
After learning the time is measured: the entire team must wear preparatory clothing, the introduction of devices into the "body" of a patient operated on for gallbladder.
The time is measured from the first contact with the clothes, they can get dressed themselves (to accelerate the task).
The doctor controls the laparoscopic instruments. Its motion is possible to see on the connected computer.
Sister can move the camera and light in the simulator or dry the doctor's forehead.
The task ends with cutting off the gallbladder in the shaded area and the successful pulling gallbladder from the cavity or passage of time. For cutting out of the designated place, or rupture during surgery or pick out, the score is reduced.

Key words:

Internship, the intern, operation, operating team, laparoscopy, the gallbladder.

Team scoring		**1**	**2**	**3**	**4**	**5**	**Max. points (w/o time)**	**Correct decisions and performance**
							240	
1	Gallbladder	Cutting off the right place	Untouched	Successfully removed			240	Important is proper and speedy implementation, every second before the timeout earn points
		80	80	80				

			Authors:	***Andrea Smolková (SK), Katarína Veselá (CZ)***	
Mimoň		***MUC. RR***	***Rozhodčí:***	***Andrea Smolková, Katarína Veselá***	***Rallye Rejvíz 2015***
	Noc	***NAT 1***		***Katarína Veselá, Miroslav Ptáček***	
		NAT 2		***Alena Rechová, Dana Nosovská***	
		NAT 3		***Karel Žatecký, Monika Středová***	
Minion	***Night***	***INT 1***	***Judges:***	***Andrea Smolková, Renáta Trajtelová***	
		INT 2		***Jan Veselý, Zdena Vaculíková***	
Time limit for task:		***max. 13 min***			*Story get to team with instructions.*

Story for team:
You are the crew off duty, after finishing medical assistance at the "Day of firefighters" are returning to base and then home.

Your tasks:
- *Arrive after the designated route to the base, return the vehicle and material and come back to home.*

Conditions on the scene:
May 29, 2015, 10:30pm, clear, no wind, 17°C (63°F).

Situation on the scene:

Itinerary leads the crew from the hotel to the base. The base = filter is informing the crew immediately before the task, that they are at the base, they have returned car and materials, got in his private car and go home (all together) = to hotel. The way a woman runs up, waving and calling for help. Continued below.

The crew waving woman and call for help, because her partner collapsed, is not moving and she does not know what to do. Patient is laying on the chair, is not moving, not breathing, cyanosis. Crew has to do diagnosis cardiac arrest, put the patient on a flat surface a performe BLS for 10 minutes without any equipment and aids. The crew will choose 2 members, who will performe CPR simultaneously.

Key words:
Cardiac arrest, BLS, ERC 2010.

Team scoring		**1**	**2**	**3**	**4**	**5**	**6**	**Max. points (w/o time)**	**Correct decisions and performance**
								1 350	
1	Orientation at the scene	Stop at the challenge (waving)	Finding a basic description of the situation	Call for help: In 2 min. - 50 Later - 25				80	1) Stop at the scene (situation) 2) Find out what happened (from the woman) 3) Calling fot help (emergency call number 155, 112), at least mention during the task solution.
		15	15	50					
2	Primary examination, cardiac arrest diagnosis	Cardiac arrest diagnosis + primary examination according ABC 2 x 50	Start CPR: In 2 min. - 150 Later - 50	Correct patient position (on a flat solid surface)				330	1) Cardiac arrest diagnosis, primary examination , according to the ABC. 2) After the cardiac arrest recognition, immediately start CPR without equipment. 3) During CPR the correct position of patient is needed.
		100	150	80					
3	Quality of CPR performance 1. crew member	Adequate volume 10%=7,5 pts	Correct flow rate 10%=7,5 pts	Adequate depth 10%=7,5 pts	Adequate rate 10%=7,5 pts	Correct hand position 10%=7,5 pts	Correctly released 10%=7,5 pts	450	1) CPR according the BLS ERC 2010, head tilt, ventilation, correct rate and depth of compressions, correct hand position. 2) Optimal performance during 10 minutes, ratio B:C is 30:2.
		75	75	75	75	75	75		
4	Quality of CPR performance 2. crew member	Adequate volume 10%=7,5 pts	Correct flow rate 10%=7,5 pts	Adequate depth 10%=7,5 pts	Adequate rate 10%=7,5 pts	Correct hand position 10%=7,5 pts	Correctly released 10%=7,5 pts	450	1) CPR according the BLS ERC 2010, head tilt, ventilation, correct rate and depth of compressions, correct hand position. 2) Optimal performance during 10 minutes, ratio B:C is 30:2.
		75	75	75	75	75	75		
5	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communication with the patient and actors (master's reactions, appropriate form of patient information)		40	Cooperation crew as a team, clearly acting in a prominent leader of the crew. Unambiguous and clear communication with the judge (not repeated queries on the same data /typical VS/), patients and other actors. Imagine after the arrival, inform the patient what we do, why we do it (taking off, testing, transport ...). Scoring: yes (10 or 5 pts) - no (0 pts).
		10	10	10	5	5			

			Authors:	***Ilja Chocholouš (CZ)***	
Narozeniny		***MUC. RR***	***Rozhodčí:***	***Ilja Chocholouš, Danica Pompošová, Petr Slabý, Marcin Soboň***	***Rallye Rejvíz 2015***
	Noc	***NAT 1***		***Jiří Klimeš, Danica Pompošová***	
		NAT 2		***Jan Klimeš, Petr Slabý***	
		NAT 3		***Tomáš Ninger, Jan Jasenský***	
Birthday	***Night***	***INT 1***	***Judges:***	***Ilja Chocholouš, Erwin Feichtelbauer***	
		INT 2		***Berndt Schreiner, Marcin Soboň***	
Time limit for task:		***max. 10 mins***			*Story get to team with instructions.*

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Shooting at birthday party, number of disabled unknown, the police on the spot.

Your tasks:

- *Assess scene and correct work management on site.*
- *Make an initial triage, use START or TIK MK method (according to your own choice).*
- *Perform life-saving operations.*
- *Define direction according to local situation (see bellow).*
- *If hospitalization is needed, define mean of transport (see bellow).*
- *Known to the judge any further steps.*

Conditions on the scene:

May 29, 2015, 11:30pm, clear, no wind, 16°C (61°F). Call to address time is 10 mins.

All requirements and information towards EMS Dispatch Centre via radio.

Local situation:

A *Nearest hospital: 17 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*

B *Higher level hospital: 36 km by ground transport. Depts: as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept with ICU.*

C *Specialized centre: 55 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR.*

D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

Report to judge (example): "Direction A, transport F" and any additional information at their discretion.

Situation on the scene:

Before entering the scene gets Crew hand held radio, which will communicate with EMS-dispatch control. 1 judge outside the scene plays as EMS Dispatch.
Shooting at birthday party. Upon arrival on site, the crew must find Police patrol commander, identify security risc at event site. Asking about event site safety-declared as safe by police. For further information and communication is available the on-site police patrol commander . Police patrol crew member/s can be used to collaborate.
There are 12 injured victims on the scene.
Perform proper operations leading to the effort, including use of triage cards.

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 950	
1	Situation Assesment using METHANE	Safe on-scene location quiry	**M** On-scene arrival report to dispatch control **E** Determining the location of the event 2 x 25	**T** Accident type report	**A** Arrival and departure routes, transport options	**N** Estimating the number of casualties reported and executed	**E** The requirement for additional response units and estimate their number (min. 3 addit.units 3 x 25	250	After reaching the scene, it is necessary to report the arrival, the range which from the first point of view is evident larger number of people affected. Due to number of casualites request for additional EMS units through dispact control.
		50	50	25	25	25	75		
2	Survey and results reporting to dispatch control	Report to the dispatch control, request for a given number of units	**H** Reporting potential risks	Query of police patrol in the number of of on-site members and their equipment (medical/first aid)				100	EMS crew is in place first medical one and alone. The survey must answer the question, if there is any further danger, to what extent, how is the estimate of the loss of health and the associated requirement for further concretization of response units.
		50	25	25					
3	On scene management	Clear and obvious leader of the EMS team (medical incident commander)	The crew communicates as a team and transmits information to the teamleader (IC)	Teamleader (IC) receives and responds to the information from the crew	Provison of crew member/s to carry out triage	Guidance for further action	Police officers use/reguest to collaborate in BLS	180	To verify the situation it is necessary to conduct a survey with the assessment of potential risks and hazards and estimated health loss. This is effective to divide and define specific crew members, determine their directions of exploration, issue instructions on further action, such as: "After surveying immediately return to my point, based on judgment we determine next steps."
		10	10	10	25	25	100		
4	Triage	Correct classification 12x100	Determining absolute priority evacuation	Triage general overview sheet				1 420	Correct triage classification, using of triage tags + use of triage overview sheet. The players have a description of injuries and selected clinical parameters needed for triage.
		1200	110	110					

START

T1 :B,O,CH,G Pat:
T2 :A,C,I,L,N
T3: E,D
T4: M

I:**G,O,B**
TIK MK II a:**G,CH**
Alternatives possible II b:**A,C,I,L,N**
Alternatives possible III:A,C,**D,E**,I,L
IV:**M**

Pexeso		***MUC. RR***	***Autoři:***	***Viliam Dobiáš (SK), Zdeněk Tlustý (CZ)***	
			Rozhodčí:	***Monika Středová***	***Rallye Rejvíz 2015***
	Noc	***NAT & INT***	***Judges:***	***Lenka Čechurová***	

Pexeso ***Night***

Time limit for task: ***max. 5 min*** *Story get to team with instructions.*

Story for team:
Jak znáte diagnózy a správné léky ukáže krátké pexeso - má jen 20 párů.

Vaším úkolem je:

- *Arrive at the place of assignment without a gear. You will not need any tools.*

1.Essential (primary) hypertension Hypertenze: Lorista (losartan), Prenessa (perindopril), Agen (amlodipin), Betaloc (metoprolol), Moduretic (amilorid)

2. Schizophrenia Schizofrenie: Tisercin (levomepromazin), Haloperidol (haloperidol), Zyprexa (olanzapin), Risperdal (risperidon), Zoleptil (zotepin)

3. Arterial and/or venous thrombosis Tromboza: Plavix (clopidogrel), Godasal (acetylsalicilum acid), Fraxiparin (nadroparin), Pradaxa (dabigatran etexilat), Heparin (heparin)

4. Allergic/anaphylactic reaction Alergie: Nasonex (mometason), Aerius (desloratadin), Zyrtec (cetirizin), Solu-Medrol (methylprednisolon), Adrenalin (epinefrin)

Team scoring		**1**	**2**	**3**	**4**	**5**	**Max. points (w/o time)**	**Correct decisions and performance**
							240	
1	Right pair	Right pair 20 x 12					240	Important is proper and speedy implementation, every second before the timeout earn points.
		240						