		Authors:	***Martin Trhlík (CZ)***	
Barber	***MUC. RR***	***Judges:***	***Martin Trhlík, Martin Vavroš, Tomáš Hanuš, Zuzana Holečková***	***Rallye Rejvíz 2016***
	RLP		***Rudolf Jansa, Jan Voříšek, Barbora Suchoňová, Kateřina Truchlá***	
	RZP		***Rudolf Jansa, Jan Voříšek, Barbora Suchoňová***	
Barber	***PHYS***	***Judges:***	***Martin Trhlík, Martin Vavroš, Zuzana Holečková***	
	PARA		***Martin Trhlík, Martin Vavroš, Zuzana Holečková***	
Time limit to complete the task:	***max. 10 min***		*The task will be given to the crew along with the instructions.*	

Task for the crew:

Operation Centre of Medical Rescue Service received a call on the emergency line 155 and sends you to the event:

A man,about 55 years old, after a colapse, emergency was called by his partner.

Your task is to:

- *Evaluate the situation at the site of the event and choose the correct procedure.*
- *Examine the patient.*
- *Inform the referee about the result of examination at the handover of the patient at the central reception.*

Situation at the site of the event:

On the site, there are two old ambulances Skoda 1203 (NAT A INT), which were taken to the destination by the crew. There, the crew leaves the vehicle and they go to the patient. Only the driver remains in the vehicle where he will perform his own task. (The patient started to feel sick while walking, he felt dizzy, he fell down and hit his head. He wasn´t unconscious, he remembers everything. For a moment, he had chest pains and then it became difficult for him to breathe, now he is already feeling much better. At the beginning of the examination, he has difficulties in talking, he breathes faster, gradually both speech and breathing improve to normal. The patient is a real person who will talk about his real illnesses and medications he takes.)

At the beginning of the task, the crew will be deprived ("trimmed") of all the equipment with the exception of a stethoscope and a tonometer. They will examine the patient without modern technology. There will be only the tonometer and the stethoscope. The examination rests on their ability to make the most of the patient´s case history, to communicate with the patient and to examine the patient from head to toe only with the help of senses, without modern technologies. It is essential to carry out the most thorough examination from head to toe and to summarize it into a coherent conclusion in mock patient handover, which will follow after the completion of the task at the site, or after the time limit of 10 minutes. Points are not awarded for the final diagnosis.

Driver: The task of the driver is to drive through the slalom, to park correctly in the garage and then to back the same route back to the start. For each not-knocked (standing) cone, he gets extra points.

Key words:

Clinical Propaedeutics, examination from head to toe.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							970	
1	Driver	Not-knocked (standing) cone 2 pts (20 cones x 2 ways)	Right in garage 2 x 10	10 mins 1 s = -0,5 pt			420	Driving through fixed route within a time limit of 10 minutes, collide as little cones as possible.Important is proper and speedy implementation, for each second before the timeout earn points.
		80	40	300				
2	Attitude to the patient, anamnesis	Addressing the patient, introducing themselves	Asking about patient´s name	Allergy history	Personal anamnesis	Pharmacological history	50	The examination is performed on a real patient, values are real at the moment.
		10	10	10	10	10		
3	Anamnesis, first examination	Description of the event	Amnesia on the incident	Abusus	Blood pressure	Pulse	50	The examination is performed on a real patient, values are real at the moment.
		10	10	10	10	10		
4	Anamnesis, first examination	Injuries in the recent past	Surgeries	Visual inspection of the place	GCS	nausea, vomiting, vertigo	55	The examination is performed on a real patient, values are real at the moment.
		10	10	10	10	15		
5	Head and neck I	Examination of the hair part	Eyes (light, ISO, subicterus, conjuctiva)	Eye movements	Nasal and ears discharge	sweating, skincolor	60	The examination is performed on a real patient, values are real at the moment.
		10	20	10	10	10		
6	Head and neck II	Showing teeth and tongue	Halitosis	Middle position of the trachea	Palpation of both carotid arteries	Oposition of neck	50	The examination is performed on a real patient, values are real at the moment.
		10	10	10	10	10		
7	Chest	Visitation (palpation, visual)	chest percussion	Lungs (listening, number of breaths)	Listening to the heart, pain, palpitations	Listening from the back	55	Proper and speedy action is important, you earn points for each second before the timeout.
		10	10	10	15	10		
8	Belly	Examination of segments, pain	urine, defecation	Listening to peristalsis	Per rectum	tapot	50	Proper and speedy action is important, you earn points for each second before the timeout.
		10	10	10	10	10		
9	Upper limbs	Examination + palpation	Skin turgor - dehydration	Neurological examination (Push, hold, touch your nose ...)	Capillary refill	rash and bites	50	Proper and speedy action is important, you earn points for each second before the timeout.
		10	10	10	10	10		
10	Lower limbs	Examination + palpation	Check of the swellings	Checking temperature of both legs	Pulsation of both legs	Neurological examination - mobility of both legs	50	The examination is performed on a real patient, values are real at the moment.
		10	10	10	10	10		
11	Handing over the patient to a medical facility	Anamnesis	Head and neck	Chest	Belly	Upper and lower limbs	50	Summary of established facts and their interpretation upon delivery in a health facility.
		10	10	10	10	10		
12	Actors	Patient					30	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		30						

		Authors:	**Silvia Trnovská (SK), Dagmar Majerová (CZ)**	
Velký šéf	**NAT-RLP**	**Judges:**	**Silvia Trnovská, Dagmar Majerová, Danka Lehotská**	**Rallye Rejvíz 2016**
	NAT-RZP		**Roman Remeš, Ľudovít Priecel, Kamil Kaššay**	
Big boss	**INT-PHYS**	**Judges:**	**Denisa Osinová, Marios Sfakinakis, Emel Bozkurt**	
	INT-PARA		**Sara Lary, Carsten Harz, Richard Bať a**	

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:

There happened a so far unspecified situation at a local school during the crafts club. There are four firefighters at the location and report a higher number of affected people. The location is accessible, Dispatch Center sends there more crews on the basis of the report by the firefighters. You are the first crew at the location of the accident.

Your tasks:

- *Assess scene and correct work management on site.*
- *Use the appropriate equipment.*
- *Known to the judge any further steps.*

Conditions on the scene:

May 27, 2016, 02:30pm, cloudy, strong gustry wind, 12°C (66°F). Call to address time is 10 mins.
For all requests and information towards Emergency Dispatch Center use two-way radio.
If you are PARA crew, arrival time of next ambulance with physician is till five minutes after your arrival time.

Local situation:

A *Nearest hospital: 10 km by ground transport. Depts: surgery, internal medicine, 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: 38 km by ground transport. Depts: as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR, pediatric anaesthesia and intensive care, hyperbaric chamber.*
D *Leave the patient on the place.*

	Mean of transport:	***Information***
E	*Helicopter rescue*	*HEMS out of service.*
F	*Ground*	*Team own ambulance.*
G	*Ground - next ambulance with paramedic crew*	*Arrival time of next two ambulances with paramedic crew is till second and thrid minutes after your arrival time.*
H	*Ground - next ambulance with physician crew*	*Arrival time of ambulance with physician crew is till fifth minute after your arrival time.*
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:

1) The release of gas chlorine in a chemical lab of a local school.
2) Firefighters at the location (one crew) – the location is safe.
3) Affected: 16 people (15 children + 1 teacher), walking patients (5) took away byfirefightersin front of the lab.
4) The competing crew is the first at the location of the accident - MCI (Mass Casualty Incident) commander.
5) A call to the dispatch centre – METHANE I (before triage).
6) Gradual arrival of three other crews (role players) – 2 x PARA, 1 x PHYS.
7) Division of the tasks for individual crews according to the recommended procedure (the correct version: PARA + PARA – triage, PHYS – treatment area, own crew: paramedic - documentation, driver - the car park, marking the treatment area for injured, taking material to the point).
8) Operative transfer of the crews based on the necessary changes.
9) Communication with dispatch centre - METHANE II (after triage).
The priorities of the task: strategy, management from the MCI commander - evaluation of the given orders in the sense of done/not done), documentation.

START: 15 (children) + 1 (adult): 5 green, 3 yellow, 8 red
Green (5): only caugh and eyes irritation.
Yellow (3): strong irritation caugh, bronchospasm, wheezy breathing, chest pain, vomiting, irritation of eyes and nose - lacrimation, red skin colour, rhinitis.
Red (8): 3 patients unconsciousness with hypoventilation, but the pulse is present, after airways opening normalization of breathing, 5 patients dyspnea + lungs oedema + signs same as yellow group.

Before going to scene, each crew will get a two-way radio which will be used for communication with dispatch centre. One from judges out of the situation acting as the dispatch centre.
To carry out the correct action at the place of the accident, including using the evidence list of the MCI (Mass Casualty Incident) commander.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 950	
1	Evaluated activities of the MCI commander	Communication with FD commander: 1) Accident 2) Question about safety 3) Number of present crews of firefighters 4) Number of injured people 4 x 40	The division of the tasks within the own crew	Cooperation with FD commander of accident in building up the command post	1) Unique nomination of Triage Area Officer 2) A definite instruction to triage to PARA crew (actors) 2 x 50	1) Unique nomination of Treatment Area Officer 2) Determining place for Treatment Area 2 x 50	530	1/1: 1) the release of gas chlorine 2) the safe area 3) 1 x firefighter crew 4) approximately 16 people, 5 out 16 is outside 1/2 Division of the tasks: MCI commander gives to ohters members of the crew an instruction to perform other activities (yes/no) 1/2 - 1/5: Evaluated: performed/not performed.
		160	120	50	100	100		
2	Reporting the results to EMS Dispatch centre + documentation + equipment	Call no.1 to EMS Dispatch centre (METHANE I) 7 x 40	Call no. 1 to EMS Dispatch centre performed before triage	Call no. 2 to EMS Dispatch centre 16 x 40	Documentation: Evidence list from the MCI commander (evaluated - they have/dont' have)	Equipment: Basic equipment (ambulance in view) - the principle of full pockets, no mobile fixation aids (not evaluated)	1 170	1/1 METHANE I: 1) my call sign 2) exact location (school) 3) type of accident (the release of gas chlorine) 4) hazards imminent and present (safe area) 5) acces routes 6) approximate number of victims (16) 7) present crews (one crew of firefighters). 1/3 METHANE II (after triage): The number of affected people 16, triage: START: RED: 8, YEL: 3, GRE: 5
		280	50	640	150	50		
3	Team cooperation and communication	Clear and obvious leader of the crew (MCI Commander)	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Involving the firefighters for cooperation 2 x 25		100	Cooperating as a team. 3/4:Firefighters on request, provide two firefighters. Use, eg. for transports to rally wounded, care for the walking person etc.
		20	20	10	50			
4	Actors	1. PARA crew	2. PARA crew	PHYS crew			150	The points for cooperation from actor´s crews.
		50	50	50				

			Authors:	Clarke McGuire (CDN), Kateřina Ningerová (CZ)	
Světlo		MUC. RR	Rozhodčí:	Kateřina Ningerová, Igor Krupa	Rallye Rejviz 2016
	Den	RLP		Kateřina Ningerová, Petr Slabý	
		RZP		Barbora Minaříková, Hana Vacková, Ladislava Budíková	
All the light I cannot see	Day	PHYS	Judges:	Christoph Redelsteiner, Igor Krupa	
		PARA		Clarke McGuire, Kateřina Nováková	
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 calls and says he has fallen and has dislocated his shoulder and can't get up. He is blind and his door is open (unlocked).

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.*
- *Inform the judge of any further steps.*

Conditions on the scene:

May 27, 2016, 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 DISPATCH.

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: 32 km by ground transport. Depts: as A + ED, ENT, Oncology, Psychiatry, Infectious, Pediatric, ICU, Cardiocentre & Stroke.*

C *Specialized Centre: 45 km by ground transport. Depts: as B + Trauma Centre, Burn Unit NMR and Opthamology.*

D *Leave the patient at home.*

	Means of transport	***Information***
E	*Helicopter rescue*	*Arrival 35 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Teams own ambulance*
G	*Ground - next ambulance with physician 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:

Entering the door you see ropes leading in every direction (to the kitchen, to a bathroom and bedroom) designed for a blind person to find their way around the home. There is a dog harness or leash tied to the rope by the front door. You hear a man call out "help" please, I'm in my bathroom. No lights work and all rooms are dark. You find your patient sitting on the floor supporting his arm with his oposite hand, he appears to be blind. He reports that he is in terrible pain, when he got up he stepped on his dogs toy and tripped with his arm outstretched and dislocated his shoulder. After direct question of the team about dog he declare dog is outside on the walk with neighbour.
He has a history of frequent shoulder dislocations but this is the worst he has ever experienced. Eight weeks ago he became totally blind from macular degeneration. Currently he is on no medications but he is very sensitive to asa (aspirin) it gives him severe stomach cramps and makes the back of his arms and hands very itchy. Today he woke up with substernal chest pain VAS 6/10 it radiates into his jaw, he feels nauseated and short of breath and his skin is clammy/moist to touch. This complain/pain is new and never occurred before. He was adopted at birth so he doesn't know anything about his natural family history.

Vital signs:
Temperature 37.0 C (98.6 F), Glucose 5.6 mmol/l (100.8 mg/dl), B/P 107/80, respirations 28 shallow, SpO2 96%, pulse matches monitor.
If nitrates administered B/P will drop to 70/50 will respond to fluid challenge and horizontal position with feet up. At least one large bore IV access ready before.

12 lead EKG shows STEM (Inferior, right ventricle involvement) have team choose from choices (provided) to determine proper diagnosis.

Key words:
STEMI inferior MI right side involvement, asa sensitive/allergic, no nitrates, immediate transport, notify Cardiac (PCI) Centre eta.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Patient approach	Introduction of crew to blind pat	Inform pat of all people in house	Inform pat before you touch him	Inform pat before each movement	Asked "where's the dog?"	300	Patient is blind so you must become their eyes via their ears tell them on every touch/moving/exam, including how many people (w/o judges). The dog is to walk with a neighbor.
		50	50	50	100	50		
2	History taking and physical assessment medications & allergies	Determine c/p woke patient	Assess c/p radiates into jaw VAS 6/10 new 2 x 25	Ask sight hx and shoulder dislocations hx 2 x 20	Confirm dislocation and pulses distal are present 2 x 25	Confirm no medications and sensitive to ASA 20 + 40	250	Patient awoke with c/p 6/10 feeling sick and mildly sob and sweating. Pain woke patient as he got up he stepped on dog toy falling with outstretched arm dislocating shoulder,confirm pulses distal. Pat needs an xray before reduction, secure and provide pain relief.
		50	50	40	50	60		
3	Examination and EKG	ECG 12	Choose correct interpretation (confirm STEMI)	Temp, glycemia, B/P, SpO2 4 x 10			190	Diagnose STEMI with right side involvement.
		50	100	40				
4	Treatment plan & medications	Sling arm/secure to body	Establish i.v. access	Analgesic administration Opiates (fentanyl, sufenta, morphine) or opioids (tramadol) in effective and safe dose.	Adm. clot inhibitor (heparine, plavix, clopidorel or ticegrelor) according to national conventions	Notify Cardiac Centre PCI of ETA	380	Secure arm to body and sling x-ray is required. Est one or two large bore I.V's. 4/3: Non-opioid analgesia is insufficient. PARA: at least tramadol analgesia, NO NSAIDS- contraindication! 4/4: Adm. a clot inhibitor according to national conventions. Avoid the lodging of nitrates (pressure drop) and ASA (sensitivity/allergy). If adm. ASA or nitrates 0 pts for this step. Notify Cardiac Centre of ETA.
		40	20	80	200	40		
5	Unrated, but monitored operations	ASA administraton	Nitrates administraton	Localization STEMI: a lower IM	Localization STEMI: right ventricle	Use reverse L-4 to confirm rt infarct show ecg lead 4	0	Only for statistical tracking! ASA: Nitrates: no nitrates, BP 107/80. Conventional leads suppose right ventricle AMI: ST elevation II., III., V1, depression ST V2. We evaluate yes/no.
6	Direction & transport	Direction B	Transport F				80	The hospital choice is a Cardiology or centre with PCI. Closest hospital has no cardiology and opthamology isn't required going further. Helicpoter response is 35 mins away and driving time to a PCI hopsital is less so crews ambulance is best.
		40	40					
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	Communicates with the patient and informs him about what is happening around him	50	Cooperating as a team and informing the patient at every move, including calling someone about the dog in the back yard. Call a friend to lock up or take dog and inform patient of findings. Be sure patient is informed on each lift to bed or stretcher and all touching.
		10	10	10	10	10		
8	Actors	Patient					100	Player should keep eyes closed at all times! Did you feel cared for, informed, told before touched, or when lifted up or moved and kept warm and reassured.
		100						

		Autoři:	***Daniel Csomor (SK), Branisalv Podhoranský (SK)***	
Pinocchio	***MUC. RR***	***Rozhodčí:***	***Branislav Podhoranský, Zuzana Tomašovičová***	***Rallye Rejvíz 2016***
	RLP		***Branislav Podhoranský, Renata Bakošová***	
	RZP		***Zuzana Tomašovičová, Andrea Schullerová***	
Pinocchio	***PHYS***	***Judges:***	***Daniel Csomor, Adriana Povinská***	
	PARA		***Veronika Matušková, Viera Štieberová***	
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:

Emergency call is received by the dispatcher at 12:35pm. The grandmather was calling that his 7-year old grandson suddenly lost consciousness, he is breathing but is not talking to his grandmother.

Your tasks:

- *Assess situation and choose 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).*
- *Inform the judge of any further steps.*

Conditions on the scene:

May 27, 2016, 12:45pm, 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 DISPATCH.

Local situation:

A *Nearest hospital is 20 km by ground transport with surgery, internal medicine (neurologists on duty nonstop),gynecology and obstetric and biochemistry.*

B *Higher level hospital 42 km by ground transport, dept. as A + ED, anaesthesia and General Intensive Care, ENT, CT, neurologic dept. with ICU, psychiatry, infectious diseases and pediatric dept.*

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

D *Leave the patient at home.*

	Means of transport	***Information***
E	*Helicopter rescue*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Teams own ambulance*
G	*Ground - next ambulance with physician 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:

Little Angelika (7years old child) fellt sick. Her mother had to go to work so she left he child in a day-care of his grandmother. The child had subfebrilia 37,9°C, so the mom informed grandmother about the medication which should be administered and how. On the table are prepared paracetamol, azitronycin and antitussives. There was no problem during the day, granmother was reading newspapers and watching TV, the little one was running around the table holding a small plane in her hand. In the moment when she was out of the field of sight of the grandmother (behind her back) she collapsed, grandmother heard just the bump (she didn´t see the mechanism of injury), when she turned round she saw Angelika laying with her face down on the floor close to the wardrobe. The grandmother immediately jumped out of the chair and tried to communicate with the granddaughter, but she didn´t answer. Before she get under panic she managed to call EMS dispach center.The child is pale, acral parts of body are cold, periferal pulsation is hardly palpaple. PB: 70/40 torr, P: 50/min., glycaemia 5.1mol/l, SpO2: 92%, GCS 13-14.

Correct decisions:

Examination of the patient - consistent primary and secondary examination, finding of "pill organizer" and right differential diagnosis.(dull head injury and due to that bleeding, spontanous subarachnoideal bleeding, intoxication etc.). Management of the patient (fluid therapy, catecholamines - Dopamine, Noradrenaline, Atropin as a treatement of bradycardia, Glucagone). Preparation to transport - monitoring, stabilized position. Psychological help for the grandfather. Contact of the mother to verify the anamnesis of the child and to inform her what happened and about the transport of the child to the hospital.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Primary survey	Level of consciousness (GCS 14), breathing 2 x 15	Circulation, capillary refill 2 x 15	Actual illness (anamnesis from grandmother)	Looking for "something suspectious"	Finding of betablockers	150	Consistent primary survey, careful anamnesis from grandmother including alergological and epidemiological anamnesis and weight of the child. For determination of right diagnoses is crucial finding of the beta blockers. The child is opening eyes on verbal stimulus, answers adequately but with latency, has spontaneous motorical activity.
		30	30	30	30	30		
2	Secondary survey	Body temperature, SpO2, blood pressure, pulse, glycaemia 5 x 20	ECG (4 or 12 leads)	Breathing - auscultation (sharpen)	Neurological examination (opposition of the neck, pupils, asymetry in motorical answer) 2 x 20	General examination from, head to toes + finding hematoma on the shoulder 2 x 20	220	Consistent secondary survey - real performance including basic neurological examination with emphasis on finding local trauma (mechanism of injury). ECG record.
		100	20	20	40	40		
3	Diagnosis + differential diagnosis	Beta blockres intoxication	ECG bradyarythmia + AV block II 40+60	Head trauma (commotion, intracranial haemorrhage)	Other intoxicaton (paracetamol, azitromycine)		260	Determination of working diagnosis acording to examination of the patient, his actual clinical status, anamnesis from the grandmother and finding of Beta blockers. (Beta blockers intoxication, AV Block II. or other relevant conditions in differential diagnosis).
		120	100	30	10			
4	Therapy	i.v. line (or i.o.), crystaloides (20ml/kg), oxygen 3 x 40	Atrophine i.v (0,01-0,02mg/kg)	Glucagon (bolus 0,05mg/kg)	Inotropics (dobutamine, isoprenaline, aminophylline) or pacing	Activated charcoal	270	Intravenous line (for crystaloid fluids and catecholamines administration), oxygenotherapy. Application of Glucagon because of his independent inotropical effect on betareceptors. Administration of Atropin is suitable in case of bradycardia. Possible combinations: 1+2+3+5 = 270 pts 1+2+4+5 = 270 pts
		120	50	90	90	10		
5	Other procedure	Control examination (BP 90/60, P:70/min, SpO2 96%) 3 x 20	Direction B	Transport F with continuous monitoring 2 x 20	Examination of grandfather + contact of the mother 40+30	Consultation with Toxicology Center	300	Control examination - measured values are improving after right therapy. Preparation to transport with continual monitoring. Short examination of grandmother. Contact of the mother (is not possible to contact her right on the site). Attempt for consultation with toxicology centre.
		60	80	40	70	50		
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	Communicates with the patient and informs him about what is happening around him	50	Cooperating as a team, obvious teamleader, clear communication with the judge. Introduce themselves after arrival and informing the patient about every examination and intervention.
		10	10	10	10	10		
7	Actors	Grandmother	Child				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		50	50					

Postroj ***RALLYE REJVÍZ 2016***

	Den	***NAT-RLP*** ***NAT-RZP***	***Rozhodčí:***
Harness	***Day***	***INT-PHYS*** ***INT-PARA***	***Judges:***
Time limit for task:		***max. 10 mins***	

Story get to team with instructions.

Story for team:
Dispatch centre received emergency call:
It is possible to deal with seemingly impossible, too. Rallye Rejviz is game and fun after all!

Your task:
- *abseil down - rewarded by points profit*
- *go down by stairs - not rewarded by points*
- *jump down from balcony - disqualification (heirs may continue in competition with half of the points earned)*

Situation:
Everything happen for the first time sometimes. We could be proud to what we have achieved. Overrun own dread is great success!

Instruction for task:
Paramedics crew compete together with dispatcher.

Team scoring		***1***	***2***	***3***	***4***	***5***	***Max. points*** ***240***	***Correct decisions and performance***
1	Abseil	1st member of crew	2nd member of crew	3rd member of crew	4th member of crew		240	Abseil down by firefighters assistance
		120/80/60	120/80/60	80/60	60			
2	By stairs	1st member of crew	2nd member of crew	3rd member of crew	4th member of crew		0	walk down by stairs with prior announcement to firefighters assistant
		0	0	0	0			
3	Jump from balcony	1st member of crew	2nd member of crew	3rd member of crew	4th member of crew		Disqualification - exclusion from competition	By his / her own, without help of other person jump down from balcony to the ground
		disqualification	disqualification	disqualification	disqualification			

Crew with 3 members - 80 points per person. Crew with 4 members - 60 points per person…
Time of performance is not included to final evaluation but task should be finished by each team in 15 min.

Ralye Rejvíz 2016
Golden Headset

Task: ***RADIO***
Judge:

Crew number:

Time limit: ***7 minutes***

Task:
To provide first aid via the radio

Kaywords *Out-of-hospital cardiac arrest, Layperson CPR, Dispatcher assisted CPR (D-CPR), gasping*

Účel cvičení *To simulate dispatecher-assisted CPR - cardiac arrest recognition, instructions to the caller*

Score		***0***	***100***	***200***	***300***	***400***	***max. 1 000***	***Notice***
1.	Time to first D-CPR instruction *)	> 04:00 OR NO D-CPR	03:01 - 04:00	02:01 - 03:00	<02:00	xxx		Shorter time to recognize CA is better
2.	Asked for AED	NO	xxx	YES	xxx	xxx		It is good idea to ask for AED
3.	Quality of CPR instructions	POOR	MEDIUM	GOOD	xxx	xxx		Frequency, ratios (if mouth-to-mouth), description...
4.	Reaction to gasping during D-CPR	Any interruption of CPR	xxx	Continue without interruption	xxx	xxx		No interruption if no signs of life are present
5.	Actor's choice	max. + 100 points						
6.	Starting of D-CPR without seaking for signs of cardiac carrest	- 400 poinst						It is not acceptable to start D-CPR without verification of vital functions/signs of life
	TOGETHER							**Instructions to mouth-to-mouth YES NO **)**

*) Any instruction regarding CPR
**) Not used for scoring. For data evaluatuion purpose only.

		Autoři:	***Andrea Smolková (SK)***	
	MUC. RR	***Rozhodčí:***	***Alena Rechová, Monika Mihalovič Středová, Miroslav Ptáček***	***Rallye Rejvíz 2016***
Úřad	***RLP***		***Lýdia Fehérová, Miroslav Ptáček, Danica Pompošová***	
	RZP		***Alena Rechová, Monika Mihalovič Středová, Kateřina Kosinová***	
Relative	***PHYS***	***Judges:***	***Erika Jamrichová, Markéta Jarušková, Zora Kurajská***	
	PARA		***Andrea Smolková, Lenka Kohlová, Radka Hotovcová***	
Time limit for task:	***max. 13 mins***			*Story get to team with instructions.*

Story for team:
You are the crew off duty going to visit relative in the house for seniors.

Your tasks:
- *Go without equipment to the house and follow the legend.*

The current situation.
May 27, 2016 05:00pm, clear, no wind, 19°C (66°F).

Situation on the scene:
The house entrance, sticker with AED mark situated at the door.
After coming crew can see person lying on the floor. Another person (judge) is trying to waken him.
Judge responds to the arrival of the crew by calling for help. The patient lies on its side on the floor, not breathing, unresponsive.
The task is to identify cardiac arrest, put the patient on the flat surface and perform the 10 minutes lasting CPR - BLS wthout equipment. The face-mask and self protection are allowed. Breathing bag (Ambu) is not allowed.
The crew could use the AED if requests, judge serve with it. If they use AED, will give 1 shock and then 10 minutes BLS untill EMS with physician come.
When they don't use AED, BLS performing untill time is over.

Key words:
Cardiac arrest, BLS, ERC 2015.

	Team scoring	**1**	**2**	**3**	**4**	**5**	**6**	**Max. points (w/o time)**	**Proper procedure**
								1 350	
1	Orientation at the scene	Description and idenification of the situation.	Call for help: In 2 min. - 50 Later - 25	Detection of AED and request for use	Proper use of AED			340	1) To find out what happened, ask witnesses. 2) Call for help (155, 112, EMS dispatch centre…)
		30	50	160	100				
2	Primary examination, cardiac arrest diagnosis	Identification of cardiac arrest: 1) reach out and shake 2) head tilt with two hands 3) listening, feeling and watching of breathing, 3 x 30	Start CPR: In 2 min. - 150 Later - 50					240	2/1: To idetify cardiac arrest by ABC system. Reach out and shake 30 p, If only verbal attempt - then only 15 p. Head tilt with one hand, by pressure to forehead - 15 p. Check breathing less than 5 seconds - 0 p, 10 s lasting attempt = 30 p. 2/2: After cardiac arrest detection, immediately start CPR without equipment.
		90	150						
3	Quality of CPR performance (crew)	Adequate volume 10%=12 bodů	Adequate depth 10%=18 bodů	Adequate rate 10%=18 bodů	Correct hand position 10%=12 bodů	Correctly released 10%=12 bodů		720	1) CPR according the BLS ERC 2015, head tilt, ventilation, correct rate and depth of compressions, correct hand position. 2) Optimal performance during 10 minutes, ratio B:C is 30:2.
		120	180	180	120	120			
4	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 or 5 pts) - no (0 pts).
		10	10	10	10	10			

		Autoři:	***Aleš Pauly (CZ), Vít Jedlička (CZ)***	
Safety	***RLP***	***Rozhodčí:***	***Aleš Pauly, Vít Jedlička***	***Rallye Rejvíz 2016***
	RZP		***Jana Pauly, Radek Drbohlav***	
Safety	***PHYS***	***Judges:***	***Šárka Halamoévá***	
	PARA			
Time limit for task:	***max. 10 mins***			*Story get to team with instructions.*

Legend crew:

Emergency Dispatch Center received emergency call and send you to:

Burned child and parent, transport in hospital. Patients are secured, ready for transport. EMS crew with physician on site.

Your tasks:

- *Assess scene and choose correct work management on site.*
- *Take over secured / treated victims.*
- *Prepare secured victims for transport and transport them to hospital according to Randez-vous physician´s order.*
- *For performance of task come without equipment.*
- *Report to the judge any further steps.*

Conditions on the scene:

May 27, 2016, 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 DISPATCH.

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 35 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.*

Referee you report (example): "Routing A transport E" and any additional information at its own discretion.

Situation on the scene:

After arrival of crew scalded child and parents are on site. One parent is scalded, too. Burns of child and parent happenned during coffee cooking, when kettle toppled over. On place is equiped Ambulance, which the competitive crew use. Child: First-degree and second-degree burns on right upper limb and on both lower limbs, covered by water jel and sterile bandaged, IV access placed. Parent 1: Second-degree and third-degree burns on both upper limbs and on both lower limbs, IO entry, burns covered by water jel and sterile bandage. Parent 2: Hysterical, confusedly organize and inappropriately comments everything what is happening. Task of crew is to take over patients from Randez-vous crew, which are treated completely and arrange their transport to hospital. Ready for transport: child, parent 1, parent 2 (accompaniment).

After arrive on place the crew takes over treated and secured child and parent 1 from Randez-vous crew. Try to calm down parent 2. Put child on prepared stretcher (child put on stretcher, for his safety must use integrated children´s restraint system in mattress of stretcher. It has has shoulder slings, two flaps over child´s chest and belly, chest belt) and parent 1 (strapped by leg, belly and shoulder belts). Crew move the child to prepared vehicle, here the child´s transport ends before loading into vehicle. Parent 1 and parent 2 are loaded into prepared vehicle together with competing crew (driver, rescuer, doctor - rescuer. In case that crew has four members, the second crew driver stays on place of intervention). Crew starts the transport of patient. After moving off (the first move of the vehicle) the task is finished. Crew is pressed to fast performance of the task. The quickest possible preparation of transport both patients to hospital is supported by holding stopwatch in judge´s hands.

Keywords:

The safety of patients and crew during transport by ambulance car, right using of restraint systems.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							400	
1	The safety of patients & accompaniment in vehicle	Child	Parent 1 (burns)	Parent 2 (acompaniment)			190	Child: Proper use of child restraint safety system (part of the mattress stretcher). Parent 1: Use of safety belts for secure attachment to an adult stretcher (foot belt, waistband, shoulder straps). Parent 2: Safety belt and the correct position of the seat (in the driving or the counter driving direction, not lateral seating position).
		90	50	50				
2	Crew safety in the vehicle	Physician - paramedic	Paramedic				60	Physician - paramedic: Safety belt Paramedic:: Safety belt.
		30	30					
3	Driver	Safety belt	Correct driver's seat position before setting off	Proper adjustment of the headrest before start	Setting the outside rear mirrors before move		110	We evaluate done / not done. According real performance we teach the crew how to implement correct settings.
		30	30	30	20			
4	Actors	Parent 1	Parent 2				40	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		20	20					

		Authors:	***Táňa Bulíková (SK), Renata Všetečková (CZ)***	
Spasitel	***MUC. RR***	***Rozhodčí:***	***Kateřina Zvonařová, Renata Všetečková***	***Rallye Rejvíz 2016***
	RLP		***Radka Fousková, Štefan Liptay, Eva Litvíková***	
	RZP		***Renata Všetečková, Kateřina Zvonařová, Anna Černíková***	
Savior	***PHYS***	***Judges:***	***Pavla Kazdová, Patric Lausch, Erika Jamrichová***	
	PARA		***Ewa Wojciechowska, Katarína Veselá, Radek Przybylak, Francis Mencl***	
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:

The forced transport of psychiatric patient is needed. Further circumstances unknown, the calling person is very restless, the connection was broken.

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).*
- *Known to the judge any further steps.*

Conditions on the scene:

May 27, 2016, 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 DISPATCH.

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:

There is a deterioration of psychosis at a young schizophrenic due to missed treatment. The condition is serious, patient is aggressive and has hallucinations and suicidal intentions. His mother called dispatch for the forced transport, she is holding a 3 weeks old psychiatric findings with recommendations of the treatment in special department. The mother is very restless, afraid for her son, he is locked in a room on the first floor, hears voices, talking to, "Savior", fulfill his orders, wants to die. If someone approaches the door of the room he screams, threatens with jumping out of windows.There are heard noises like breaking things from the room. The crew does NOT enter the house without police assistance, call firefighters to secure the window with the tarp.

The crew which takes place with no police assistance and approach the door - 0 points (one crew member dies). If the crew does not call the fire department, the patient jumps out of the window - max. 435 (row 1 + steps 4/1 + 4/3) points (instant death as a result of a fatal cranial trauma). Correct procedure: to call and wait for the police and firefighters for collaboration, to pacify the patient physically first, then pharmacologically suppression, briefly assess and transport to the psychiatric department with secured vascular access, escorted by police. It is necessary to convince his mother (legal representative) who disagrees with the hospitalization of her son at the last moment.

Key words:

The crew's safety is the most important, the cooperation with the police and firefighters is necessary. To minimize destructive behavior of the schizophrenic (to prevent destructive conclusion).

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Anamnesis	Medical and Personal History	Medication History	Allergy	Present Complaint	Medical reports and diagnosis 2 x 35	260	Medical history: paranoid schyzofrenia, THC abuse. Medication history: Cisordinal Depot 1amp every third weekend, Zeldox tbl 160 mg daily. Without allergies. Status present: decomp schizophrenia, discontinuation of treatment, hallucinations, aggressive behavior, suicidal intention. Patient is locked in a first floor. Obtaining medical reports.
		65	15	10	100	70		
2	Safety	Police presence	Firefighters presence	Clear instructions for police	Clear instructions for firefighters	Request and controll for weapons and other dangerous objects	450	Crews are not allowed to enter the house without police assistance, entry without police - 0 points (patiente has an ax). Police securing the patient and safe entrance for crews. Call Fire Department, Firefighters must ensure that window and the space underneath them, safety nets, without the presence of the Fire dept - max 435 points (patient jumped out of the window, fatal brain injury).
		100	100	75	75	100		
3	Examination	Physically pacification in collaboration with the police	Stamps of external injuries	Punctures	Glycemia		140	Police instructing the EMS crew enters to the room - scene is safe. FD securing the window with the safety net. Physically pacification in collaboration with the police. Brief primary and secondary survey with the police assistance, detect surface injuries - brruise - on the hands, the forearm punctures, determine the level of glucose.
		50	20	20	50			
4	Therapy	Suitable pharmacological sedation (benzodiazepins or hypnotics) iv or intranasall	Inadequate sedation (only intramuscular) or inappropriate (neuroleptics)		i.v. line	Without sedation	120	Securing iv access, intranasall, administered short-therm benzodiazepines, hypnotics (Diazepam, Midazolam). Do not administer neuroleptics.
		90	50		30	0		
5	Interwiew with mother	Explanation of the inevitability of the legal procedure on the scene	Explaining the need for transport				100	Clearly and understandable communications with mother, explanation of violent procedure when treating PT, safety for all who is present. Explaining the need for inpatient treatment, mother is not allowed to accompanied her son, total calm the situation.
		75	25					
6	Direction, transport	Transport	B via F	Police assistance - transport			130	Transport on a stretcher, pt's need to be COMPLETELY restraint - arms and legs, handcuffs, police asistance. Ground transportation to the psychiatric department B. Leaving PT on the scene is not acceptable.
		30	50	50				
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	Mother				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		50	50					

			Authors:	***Michal Havíček (CZ), Petr Černohorský (CZ)***	
Výlet		***MUC. RR***	***Rozhodčí:***	***Petr Černohorský, René Mezulianik***	***Rallye Rejvíz 2016***
	Den	***RLP***		***Petr Černohorský, Zdeněk Chovanec, Veronika Čechová***	
		RZP		***Lukáš Ludwig, Katarína Kačmárová, Vladimír Jarušek***	
Trip	***Day***	***PHYS***	***Judges:***	***René Mezulianik, Maciej Szwałko, , Erwin Feichtelbauer***	
		PARA		***Lukáš Konečný, Mateusz Zgoda, Berndt Schreiner***	
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:

A fall from the edge of high quarry wall, allegedly conscious patient. Called by random witness standing on the top of opposite quarry edge, more details unavailable.

Your tasks:

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

Conditions on scene:

May 27, 2016, 11:00am, clear, no wind, 19°C (66°F). Call to address time is 8 mins.

All requests and information towards Emergency Dispatch Center tend to judge marked as DISPATCH.

Local situation:

A	*Nearest hospital: 20 km by ground transport. Depts: General 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, Pediatric.*
C	*Specialized Centre: 55 km by ground transport. Depts: as B + Trauma Centre, Burn Unit, , ICU, Cardiocentre & Stroke Unit, NMR.*
D	*Leave the patient on scene.*

	Means of transport	***Information***
E	*Rescue Helicopter- HEMS*	*Arrival 15 mins after request through Emergency Dispatch Center. Landing on the scene is possible.*
F	*Ground*	*Teams 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 scene:

A family went for a walk in open stone quarry, in mining area an unsecured stone wall suddenly collapsed and 4 persons fell down from the edge to the quarry. Patient 1: adult woman - unstable pelvic fracture, leg open fracture.
Patient 2: adult - severe head trauma.
Patient 3: child 12 years, severe fatal injury, no signs of life. Died prior to EMS arrival, not visible from the ambulance park place.
Patient 4: child 13 years, severe fatal injury, no signs of life. Died prior to EMS arrival.
Witnesses are disturbing EMS work and they express signs of Acute Stress Reaction.

Vital signs:

P1: fully conscious, pale, GCS 4-5-6, groaning, complaining of abdominal, pelvic and right thigh pain. RR 18/min, SpO2 undetectable - centralised circulation, BP 80/60,HR 130 reg. Capillary Refill Time 5s, Blood Sugar 6,8 mmol/l (120 mg/dl), isocoric pupils with reactions, C spine is not painful. Stable chest wall, symetrical air entry, alveolar ventilation, abdominal wall with tightness, painful, percussion tenderness, Hepar+Lien 0, unstable pelvis with crepitus, hypogastric haematoma. Right thigh with deformity, open wound with massive bleeding and visible bone fragments, no sign of impaired circulation peripherally. Agitated, asking about husband and children.
P2: lying prone, unconscious, GCS 1-1-3, wound reg. parietalis l.dx., anisocoric right pupil, right ear and nose bleeding, oral cavity with no obstruction, extremities with no defiguration, stable chest wall, RR 6/min, SpO2 80%, BP 140/100, HR 50/min, Blood Sugar 5,6 mmol/l (100 mg/dl), CRT 2s, symetrical air entry, ventilation alveolar with rattling rhonchi bilat., abdomen soft, H+L 0, stable pelvis, lower extremities with excoriations.
P3: open head wound with cerebral prolapse, neck defiguration, no pulse, apnoic, multiple rib fractures, unstable pelvis, lower extr. shank defiguration.
P4: skull crush with cerebral prolapse, no pulse, apnoic, cyanotic, multiple rib fractures, masseter rigor starts.

Goal of task:

Provide a proper prehospital medical care: situation awareness, safety, find all victims, proper medical history incl. allergies, detailed physical examination - AcBCDE approach.
P1: Secure vital functions, stop bleedind, immobilisation - pelvic bind, femoral immobilization, pain relief. Diagnosis of pelvic and femoral fracture, abdominal bleeding, adequate direction.
P2: Secure vital functions, proper airways management - MILS, imobilisation. Traumatic Brain Injury diagnosis, adequate direction.
P3 + P4: Recognition of fatal injury, death pronouncement (paramedics - DNR decision).

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 950	
1	Obtaining available information about incident and primary treatment	Assessment of the situation	Safe access	Finding of all victims 4 x 25	Summon for EMS help and Police 2 x 25	P3, P4: PHYS: Death Pronouncement PARA: DNR decision 2 x 25	245	Safe access - Personal protective equipment (boots, gloves, helmet), risk assesment of unknown terrain, witness interview, find all victims, early ask for EMS help (PHYS at least 1 PARA, PARA at least 1 PHYS) and Police via EMS Dispatch Centre. Death Pronouncement / DNR decision for P3, P4.
		20	25	100	50	50		
2	Patient 1	Medical history, primary survey 2 x 50	Provisional diagnosis: pelvic fracture, haemoperitoneum, femoral frct. 3 x 30	SpO2 + ECG + BP + CRT 4 x 25	Bleeding Control	C Spine Stabilisation	390	Medical History - AMPLE, primary survey AcBCDE, provisional diagnosis, bleeding control - pressure dressing, C spine immobilisation with cervical collar and headblocks, vital signs monitoring.
		100	90	100	50	50		
3	Patient 1 Therapy	2 x iv. line, 2 x crystalloid 500 ml 3 x 25	Pain Relief: PHYS: adequate PARA: phone consultation	Reposition and immobilization of right thigh	Pelvic bind, whole body fixation 2 x 50	Oxygen administration	325	Iv access (2 x) Painkillers: PHYS - opioids or ketamine, inadequate: NSAIDs, tramadol, paracetamol, low dose of adequate. PARA - painkillers ordered by phone consultation- inform about situation, diagnosis, medical history, allergies, vital signs. Pelvic bind, traction of right leg and imobilisation by traction splint or vacusplint, whole body immobilisation by vacuum matrace or spineboard. Oxygen administration.
		75	50	50	100	50		
4	Patient 2 Therapy	Medical history, primary survey 2 x 50	Diagnosis of Traumatic Brain Injury	Open Airways Management+ MILS	C spine stabilisation	Oxygen via non rebreathable face mask	300	Log-roll, primary survey, TBI diagnosis, open airways with C spine stabilisation, high-flow oxygen via face mask with reservoir 12-15 lpm.
		100	50	50	50	50		
5	Patient 2 Therapy	1 x iv line, crystalloid 500 ml 2 x 25	RSI - analgesia, sedation, relaxation	PHYS: intubation with MILS PARA: supraglotic airway with MILS	SpO2 + ECG + BP + etCO2 20+20+20+40	"Drainage" position - 30dgr elevation	300	Iv line, PHYS: RSI, crush intubation with MILS, tracheal tube position check by capnography. Supraglotic airway placement (well tolerated) with MILS. Controlled ventilation, vital signs monitoring, head and torso elevation.
		50	50	50	100	50		
6	Direction & Transport	P1 C via E	P2 C via F	Early call for rescue helicopter within first 3 mins	Call for rescue helicopter within 5 mins		250	Pacient transport to the traumacentre via rescue helicopter, early call for helicopter.
		100	100	50	25			
7	Team Cooperation and Communication	Clear and obvious teamleader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communicates with the patient and informs about what is happening around him	50	Crew cooperation as a team, obvious team leader, informing the patient at every move.Be sure patient is informed on each lift to bed or stretcher and all touch. Unambiguous and clear communication with judges(not repeated queries on the same data- VS), patient and other actors. Introduce after arrival.
		10	10	10	10	10		
8	Actors	Patient 1	Patient 2				90	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		45	45					