Time limit for task: ***max. 12 mins*** *Story get to team with instructions.*

Your task is within the time limit:

- *To examine 3 patients*
- *Determine and write a diagnosis of each of the patients examined on the record sheet you received*

Instructions for the task:

- *Each patient is examinated by 2 team members, others are waiting with a record sheet at a designated location and do not interfere with the examination.*
- *Each patient's examination is 2:30 minutes, after you have passed the time limit, you switch to another patient.*
- *After examining all patients, you have 2:30 min. to fill all diagnosis in the record sheet, after filling it forward to the judge.*
- *To accomplish the task, come only with the following equipment:*
  1) diagnostic light
  2) stethoscope
  3) manual tonometer
  4) paper
  5) pencil

Task perform:

The task is performed by 3 crews at the same time (RLP,RZP, INT). Upon arrival, the crew will select 2 examining members, the rest of the crew will be waiting at the team meetings tables.
3 tables, each with 3 chairs (1 patient, 2 examiners), On the edge of the room another 3 tables and 3x3 chairs for the team.
Examiners and patient sitting at the table, do not communicate. After the beep sounds, the examiners begin to exam the patient, the judge observes, interferes only if the figurant does not know the correct answer to the examiner´s question.
Available vital function values (task equipment) show to the examiner after measurement on the sheet.
After 2:30 mins sound beep and examiners will switch to another patient.
After examining all patients, you have 2:30 min. to fill all diagnosis in the record sheet, after filling it forward to the judge. The task ends again with a sound beep.

Players must correctly answer questions in czech and english language.
Below 5 patients, always use 3, alternate them. Before the beginning of each cycle, an objectively random selection P1 - P5 is performed by playing dice.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							675	
1	**P1**	Dg.: Acute myocartial infarction / acute coronary syndrome				Player	225	Sudden severe pain 9/10 behind the sternum, radiating to the jaws and left upper extremity, sudden onset of wood eruption, persisting an hour, feeling no improvement, being swollen, frightened, nauseous, NIBP 180/90, HR 128 irregular, RR 28/min., no cyanosis. Parents have perished by traffic accident, brother AIM (65y), patient smoker 40/day
		200				25		
2	**P2**	Dg.: Pericarditis				Player	225	Man 30 years, pain 6/10 behind the sternum, stepping on movement, exertion, breathing, sitting in lee for comfort, anxious, skin dry, warm, breathing fast, 34/min, shallow, NIBP 90/60, HR 130/min regular,no cyanosis, Heart sounds dampened, raised temperature by palpation,patients history negat. Last 2 weeks weak, lethargic, no fever
		200				25		
3	**P3**	Dg.: Spontaneous pneumothorax				Player	225	Male / female 24 years, right chest pain 8/10, suddenly during run, sharp pain as "knife", after 2-3 minutes retreat. The patient is frightened, drowsy, swollen, breathing shallow, shallow, RR 36/min, Right disappeared breathing traces, nails are slightly bluish, HR 138/min regular NIBP 168/90, patients history negat.
		200				25		
4	**P4**	Dg.: Angina pectoris				Player	225	Man / woman 60 years old, blunt chest pain 4/10, radiating to the left shoulder, feeling nauseous (digestion disorder), sudden onset with walking up the stairs, staying unchanged for 10 minutes even in rest, sitting, Nitrates are used, just 1 dose / week, After nitrates or at rest the pain subsides. Today no nitrates used.Smoker, Alcohol daily. HR 118/min, RR 20 /min, no cyanosis, NIPB160/90.
		200				25		
5	**P5**	Dg.: Ribs fracture /contusion				Player	225	Pain on the right chest 9/10, without radiation, increases in cough, movement, breathing and palpation, began after the impact of the mantinel during hockey. Breathing shallow,RR 20/min, bilaterally clear. HR 108/min, NIBP 140/85. Patient history negative, at home used alcohol as a painkiller.
		200				25		

		Autoři:	***Katarína Veselá (SK), Jan Veselý (CZ)***	
Big Brother	***MUC. RR***	***Rozhodčí:***	***Katarína Veselá***	***Rallye Rejvíz 2017***
	RLP		***Vadim Stolnyi***	
	RZP		***Jarka Janouchová***	
Big Brother	***INT***	***Judges:***	***Jan Veselý, Aneta Bejrová***	

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:
50 years old man is calling, he is dizzy and vomitting.

Your tasks:
- *Assess scene and correct work management on site.*
- ***Examination and treatment of the patient, access the patient like the real one.***
- *Define working (provisional) diagnosis and differential diagnosis, administer the therapy.*
- *If hospitalization is needed, define mean of transport (see below).*
- *Inform the judge of any further steps.*
- *Complete fill prehospital case report.*

Conditions on scene:
May 26, 2017, 11:00am, clear, no wind, 19°C (66°F). Call to address time is 8 mins.
For requests and information towards Emergency Dispatch Center use cordless phone.

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.*

Direction and transport write to prehospital case report.

Situation on scene:

Middle age man with sudden abdominal pain and vomitting. At the morning he had scrambled mushrooms. He feels bad. On the scene is only patient, not judge. Each procedure have to be done by team. The values of HR, RR, BP, SPO2 are real. ECG and glyceamia is on the PC monitor placed in room. They have to provide iv line and inform patient about their medication.

Dg: inferior STEMI

Keywords:
inferior STEMI, mushroom poisoning, acute abdomen

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Anamnesis	S	A	M	P	L	160	S: Cca 60 min ongoing abdominal pain, nausea, vomiting, dyspnea A: PNC, Aspirin M: Prestarium, Tamsulosin P: Hypertension, prostate hypertrophy L: 60 min before - scrambled mushrooms
		20	50	20	20	50		
2	Primary survey	B	C	D	E		100	B: normal breathing, tachypnea (20/min) C: normal BP, normal HR, ECG: inferior STEMI D: normal neurology state, conciouss, oriented, pupils, iso, foto +, restless E: pale, without cyanosis, without icterus, without any injuries, abdomen soft, peristalsis +, extermities without edema
		25	25	25	25			
3	Next survey, monitoring	BP	HR	SPO2 + RR 2 x 20	Glycaemia	ECG (12 leads) to 10 min. - 60 later 30	220	HR, SPO2, BP - real values of patient, RR 20/min, Glycaemia 9 mmol/l, ECG: SR, reg., inferior STEMI
		40	40	40	40	60		
4	Therapy	1) Heparin/ Enoxaparin 2) Correct dosage 60 + 10	Opiates/Tramadol	Tikagrelol/Prasugrel/Clopidogrel/ Cangrelol	i.v. line	Administration of ASA 0 points for whole therapy (col. 1, 2, 3)	240	1. Heparin 5-10 000 UI i.v., Enoxaparin 1 mg/kg s.c. or 0,5 mg/kg i.v. 2. Morphin 2-10 mg, Fentanyl 50-100 mcg, Sufentanil 5-10 mcg, Tramal 50-100 mg i.v. 3. Tikagrelol 180 mg p.o., Prasugrel 60 mg p.o., Clopidogrel 300 mg p.o., Cangrelol 30 mcg/kg i.v. 5. ASA administration (allergy) - 0 points for whole therapy (0 in column 1, 2, 3)
		70	70	70	30	0		
5	Case report, Dispatch call	I	S	B	A	R	200	I: Identify S: Situation B: Backround A: Assessment R: Recomandation
		40	40	40	40	40		
6	Direction, transport, dif. dg.	Direction C Transport E 60 + 20	Call for HEMS within 8 mins at the latest	STEMI	Mushroom poisoning	Acute abdomen	230	Transport by HEMS, Catlab
		80	70	50	15	15		
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	100	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.
		20	20	20	20	20		
8	Actors	Patient					100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		100						

		Authors:	***Jan Tamele (CZ), Radka Fousková (CZ), Renata Všetečková (CZ)***	
Grill	***MUC. RR***	***Rozhodčí:***	***Radka Fousková, Renata Všetečková, Veronika Matušková***	***Rallye Rejvíz 2017***
	RLP		***Radka Fousková, Eva Litvíková, Martina Perná***	
	RZP		***Renata Všetečková, Pavlina Kazdová, Petr Slabý***	
Grill	***INT***	***Judges:***	***Veronika Matušková, Sebastijan Piberl, Kateřina Zvonařová, Lukáš Skřejpek***	

Time limit for task: ***max. 10 mins*** ***Team will receive story on task site.***

Story for the team:

Emergency Dispatch Center received emergency call and send you to:

A hardly cooperating man called from a restaurant party, saying his friend is terribly sick, lying in the restaurant and throwing up, but he doesn't move and reacts only to shake.

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 26, 2017, 15:15pm, Rejviz-like weather. 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:

EMS crew enters the restaurant area, the place is relatively calm, guests are only afraid for their friends.
P1: A person lying on the floor, according to the witnesses collapsed from a chair, foetor alcholicus ex ore, AS regular 80´, sat 91%, BP 135/85, 12B/min, no sign of injury, glycemia 5,3, BT 36,7, defensive reflexes preserved, GCS 2-3-5, no sign of aspiration on listening.
P2: A person sitting/partly lying on the table, apparently drunk, wetted himself, responds to questions quite adequately, but with latency, alcohol. foetus, norm. VF.
In four minutes a competing police patrol enters the area.
Guests (crowd) negatively react to the arrival of police (with words and gestures, not agression). Two step out of the crowd, arguing, insulting each other (asshole, why did you call the cops etc.), guest P4 (paranoid, but feeling alright and healthy) fishes out a knife and threatens the calling P3 with it. In sudden chaos someone from the crowd pushes P4 who accidentally stabs P3 into his groin.
They called Emergency themselves and don't attact them.
P3: male 40 years, OA: 0, AA: 0, right groin stab wound, development of mass arterial bleeding, with fast progression of hypovolemic shock and in case of insufficiently quick treatment ends with patient's death.

Development of P3's state:
20 sec: blood loss 800-900 ml, BP 105/65, P 105, BF 20, cap. refill 2 sec, sat 95%
40 sec: blood loss 1 400 ml, BP 85/55, P 130, BF 27, sat 90%, cap. refill 3-4s, pallor
60 sec: blood loss 1 850 ml, BP 70/40, BF 32, P 150, sat 80% (or immeasureable), cap. refill 5s, confusion, anxiety
80 sec: blood loss 2 200 ml, BP 50/30 (or immeasureable), BF 37, oxymetr not possible, cap. refill after centralization not possible, unconsciousness, ECG SR tachycardia 160

Keywords:

Arterial bleeding, police intervention, consciousness disorder.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	P1 (drunk) Survey, monitoring	Consciousness, circulation, glycemia 3 x 10	Sat, BF, listening 3 x 10	Injury exclusion	Positioning (back or side)	Repeated state control or permanent supervision 3 x 10	170	Orientation in place, measuring VF, examination to exclude injury and aspiration, correct position, following the state of consciousness control (min. 1 x) and VF (consciousness, breathing, circulation).
		30	30	50	30	30		
4	P2 (drunk)	Attempt for an anamnesis	Primary survey	SpO2, Tk, P, glycemia 4 x 5			50	Male/female, AA negat., not treated internally, drank about 5 beers a 6 shots, responds adequately but with latency, BP 130/90, P 105, mydriasis 4/4, partly lying on the table, nausea, wetted.
		10	20	20				
2	P3 (victim) Time to effective stop of bleeding. Call for next crew	Done within 20 seconds at the latest	Done within 40 seconds at the latest	Done within 60 seconds at the latest	Done within 80 seconds at the latest	Call for next crew	550	Effective stop of bleeding: Continuous manual compression or Celox + pressure bandage or QuikClot + pressure bandage. Over 80 sec: exitus. Call for next crew after stabbing of P3.
		450	250	100	50	100		
3	P3 (victim) Anamnesis, therapy, monitoring	BP, P, SpO2, BF, capillary refill 5 x 10	Adequate volume therapy, permissive hypotensis	Appropriate support therapy	BP, P, SpO2, BF, capillary refill (repeatedly) 5 x 10	AA, OA, FA 3 x 10	430	3/2: Cannula min. 18G, for 40 sec puncture of periph. vein impossible, necessity of i. o. insertion. Volume therapy: up to 40 sec 500 - 1 000 ml, later 1 500 ml crystaloid/crystaloid+coloid according to guidelines of permissive hypotensis 3/3: for 20 sec use of pressure infusor, O2 mask at least 2 l/min.
		50	200	100	50	30		
4	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		
5	Actors	Patient 1	Patient 2	Patient 3			100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor's rules.
		25	25	50				

		Autoři:	***Daniel Csomor (SK), Branislav Podhoranský (SK)***	
Hádzaná	***MUC. RR***	***Rozhodčí:***	***Daniel Csomor, Zuzana Tomašovičová***	***Rallye Rejvíz 2017***
	RLP		***Branislav Podhoranský, Danica Pompošová***	
	RZP		***Zuzana Tomašovičová, Andrea Schullerová***	
Handball	***INT***	***Judges:***	***Daniel Csomor, Viera Štieberová***	

Time limit for task: ***max. 12 mins*** *Each team gets the story with instructions.*

Story for team:

Emergency Dispatch Center received an emergency call and is sending you to:

At 18:35, a worried mother calls that she has not been able to get her daughter/son out of the bed for about half an hour. The patient vomited once and then fell asleep. Now he/she is lying in bed and refuses to cooperate. He/she is breathing normally. The dispatcher is sending you upon insistence of the mother, because she has no means of transport to get to the hospital.

Your tasks:

- *Scene assessment 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 the local situation (see below).*
- *If hospitalization is needed, define means of transport (see below).*
- *Inform the judge of any further steps.*

Conditions on scene:

May 26th 2017, 6:45pm, clear, no wind, 19°C (66°F). Time of arrival after recieving the call is 8 minutes.
Please, address any of the requirements for the Dispatch Center to the judge marked as ´DISPATCH´.

Local situation:

A *The nearest hospital is 20 km away by ground transport. Departments: surgery, internal medicine (neurologists nonstop on duty),gynecology and obstetrics, biochemistry lab.*

B *Higher level hospital is 42 km away by ground transport. Departments: the same as A + Emergency Dept, Anaesthesia and General Intensive Care, ENT, CT, Neurology Dept with ICU, Psychiatry, Dept for infectious diseases and Pediatrics*

C *Specialized centre is 55 km away by ground. Departments: the same as B + Traumacentre, Burn Unit, 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 scene is possible.*
F	*Ground*	*Team´s own ambulance*
G	*Ground - another ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - another ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Other*	*Describe and justify to judge.*

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

Situation on site:

A 11-year-old daugther/son is lying covered in bed. He/she does not response verbally; after a painfull stimuli he/she opens the eyes just for a second, then closes them again (photophobia). The child mumbles something unclear. Motor response is localising (GCS 10-11). Then the child falls asleep again. Body temperature 37,2°C (99F), extremeties are cold. Blood pressure 90/50, SpO2 92%. Pupils isocoric, the neck slightly rigid, petechiae are present on the belly and lower extremities. There is a pack of Paracetamol on the night table and 6 tablets are missing. There is also a bottle of mineral water on the table. After the 4th minute, the patient starts having Grand mal convulsions for 30seconds and then falls into unconsciousness with GCS of 6-7 points (In case of a crew without physician, the GCS will be 3 points with no reflexes).
The mother says that her child had a headache after coming from school. In spite of that, the child went for the regular training of handball. He/she plays in the regional handball league and they had a tournament in Greece last weekend. He/she came back from the training feeling very tired and vomited once.The mother thought that her kid might have a higher temperature but did not messure it. After a direct question from the crew she says that she has given him/her 1 tablet of Paracetamol. After a double check question she ensures the crew that there are definitely not any other tablets missing from the package. She gave the Paracetamol 2 hours ago. The kid drank a bit of water and then fell asleep. The patient does not take any other chronic medication. After a direct question, the mother says he/she had had febrile cunvulsions when he/she was smaller. She tries to keep the crew from any intervention during the cunvultions (in a non-violent way), claiming that she is familiar with this condition and it will spontaneously go away like it always did. After a kind approach from the crew, she cooperates.

Correct treatment:

Patient examination including detailed primary and secondary examination, finding the symptoms of Meningitis (alterated consciousness level, convultions, fever, petechiae) and defining the correct diagnosis plus differential diagnosis (head trauma during training and the consequent possible bleeding, spontaneous subarachnoidal hemorrhage, etc.). Stabilizing the patient (airway after premedication, fluid therapy, circulation support). Preparing the patient for transport under monitoring. Psychological support for the mother. Choosing the correct hospital and means of transport.

Team scoring		1	2	3	4	5	Max. points	Correct treatment
							1 350	
1	Primary examination	Consciousness (exact GCS), breathing, puls, kapillary refill	Body temperature, SpO2, BP 3 x 10	Neck stiffness, event. other meningeal symptoms, pupils	Petechiae + ´glass test´	Glycemia	160	Primary examination of the patient of na unconcsious patient, looking for potential causes (diff. dg.) Defining the level of consciousness (GCS), assessment of the vital functions including glycemia. Specific examination looking for meningeal symptoms.
		40	30	30	40	20		
2	History of the child from the mother	Personal history (febrile convultions)	Medication history (amount of taken Paracetamol)	Vaccination and epidemiological history	Allergy history	Current illness plus trauma history	190	Specific and sufficient history about the patient recieved from the mother. Finding out about the febrile seizures in the past. Detailed information about the current state (time of symptoms onset, vomitting, headache,consciousness alteration, body temperature). Ruling out the intoxication with Paracetamol. Time period from the last vaccination and epidemiological history (staying abroad). Allergy history (before administering antibiotics)
		30	30	40	30	60		
3	Diagnosis+ Differential Diagnosis	Meningitis	Head trauma (commotion, intracranial hemorrhage)	Non-traumatic intracranial hemorrhage	Exanthem		120	Defining the working diagnosis as Meningitis based on the examination, clinical state of the patient and history taken from the mother. Difining all other possible diagnosis (Diff. Dg.)
		50	30	30	10			
4	Therapie	I.v. access (event. i.o.), crystalloids (20ml/kg), 02 as preoxygenation 3 x 30	Physicians Seizure therapy Paramedics Teleconsultation (dosis and the way of administering) 2 x 30	Physicians intubation with premedication Paramedics Indication of LT/LMA (telekonsultation)	Realization of intubation/LMA	Teleconsultation with a specialized physician OR scecific adequate therapy on site	350	Standard therapeutical treatment in case of an unconscious patient. Administering O2 with a mask. I/v access will not be possible, therefore an alternative i/o access will be indicated. The correct threatment of seizures is Midazolam i/n or i/o (second option i/m or per rectum only for 1/2 the points). After the seizures, the patient becomes unconscious, thus airway management is necessary (intubation or supraglottic airway devices). The correct process of intubation needs to be performed with preoxygenation, crush intubation (fast effective hypnotics, opiates, Succinylcholin, cuffed intubation tube).
		90	60	100	70	30		
S	Other procedures	EtCO2, auscultation and visual verification after performing OTI	Physicians: Analgosedation Paramedics: Immobilisation + other fluids	Direction B Transport F or H (Paramedics) 2 x 20	Elevated position of the head, thermal comfort 2 x 30	Informing Dispatch Center about the infectious patient, Prophylaxis for the crew 2 x 30	290	After performing intubation, control of the correct position of the tube visually, by auskultating and with EtCO2. Continual analgosedation (opiate+ hypnotics). Fluid therapy- crystalloids or colloids 20ml/kg. Patient under constant monitoring already before transport (ECG, SpO2, NIBP every 5min, thermal blanket). Concerning the age and critical state, the patient should be transported directly into the Pediatric Center and the Dispatch should be informed. Do not forget about reporting of the infectious disease and necessary means of prevention for the crew- gloves, mouth protection on site and antibiotic prophylaxis after.
		40	90	40	60	60		
6	Team cooperation and communication	Obvious and explicit team leader	The crew communicates as a team and passes the information onto the leader	The leader recieves and reacts to the information given from the crew	Directed and controlled manipulation with the patient	Communication of the crew with the patient and the parent, taking the parent with	140	Crew cooperation as a team, an obvious team leader, informing the patient at every move.Be sure patient is informed on each lift to a 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.
		20	20	20	20	60		
7	Players	Adult	Child				100	Emphasis on communication with the patient, informing about any further steps of examination (e.g. i/v access), introducing to the mother. Apporpriate communication and constant psychological support.
		50	50					

			Authors:	***Andrea Smolková, Martin Trhlík***
LUBO		***MUC. RR***	***Judges:***	***Martin Trhlík, Patrícia Barillová***
	Den	***RLP***		***Andrea Smolková, Rudolf Jansa***
		RZP		***Tomáš Hanuš***
LUBO	***Day***	***INT***		***Martin Trhlík***

Rallye Rejviz 2017

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:

Car crash, collision of 2 vehicles. On the accident site probably 3 injured. Further informations unavalaible. Next EMS unit on the way. Police and fire brigade are informed, they´re on the way.

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 26, 2017, 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, Oncology, Psychiatry, Infectious, Pediatric with 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 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 you, theay are already on the way.*
H	*Ground - next ambulance paramedics 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:

Two cars collided on road.
Car 1 – modern car with high degree of passive safety, in front airbags. Driver didn't wear seat belt, airbag activated, sitting inside, moans – GCS 12, head, chest, abdomen, lower extremities injuries. Co-driver is sitting inside, used a seat belt, confused, amnesia, pain in back neck.
Car 2 – older car, driver inside, no seat belt used, moans – GCS 10, head, chest, abdomen, lower extremities injuries.

Vital signs:

Car 1 driver:	*GCS 4-4-4, BP- 120/70, HR: 125´, SpO2: 92%, RR: 25, pupils izo, react to light, capillary backflow is regular,tachypnea, shouts for help, chest pain, right lower extremity fracture (closed).*
Car 1 co-driver:	*GCS 4-4-6, BP- 170/90, HR- 105´, SpO2: 99%, RR: 16, co-operates, bruises, pain in back part of neck.*
Car 2 driver:	*Trapped, GCS: 2-3-5, BP: 90/50, HR: 135', SpO2: 85%, RR: 35, pupils izo, react o light, capillary backflow is slow,tachypnea, hypoventilation, chest bone crepitus, both lower extremities fracture (closed). At attempt of manipulation screaming from pain.*

Key Words:

Organization of care, priorities, basic examination, therapy, preparation for transport.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							2 050	
1	Information about accident, orientation on accident site	Security on the place		Gloves	Firm shoes		65	After arrival on accident site aquiring basic informations about accident from injured, number and character of injuries.Crew safety on the road and over exam procedures
		25		20	20			
2	Communication with dispatch center, organisation on the place of accident	Communication with dispatch center	Call for HEMS	Call for ground rescue	Without communication with dispatch center		150	Communication with dispatch center, requesting ground rescue. According to character of injury air transport / HEMS / to trauma center is optimal.
		50	75	25	0			
3	Basic diagnostic approach Car 1 driver	Working diagnose, declaration to transport to traumacenter by ground transport 50 + 75	Steps: 1.cervical collar (special device) 2.i.v. line, 3.analgesia, 4.oxygenation 1 x 50 3 x 25	Stabilisation and waiting for the Ground - next ambulance crew			300	Working dg - polytrauma. Cooperation with all members of crew is necessary. CC fixation, iv. line, oxygenation and analgesia are needed.
		125	125	50				
4	Care and treatment Car 1 driver	Second i.v. line	1.ECG monitor, 2.BP, HR 3.SaO2 4. Alu -foil 4 x 25	Splint on fractured legs	Transportation C by the Ground - next ambulance 2x50		300	
		50	100	50	100			
5	Base diagnostic-therapeutic approach Car 1 co-driver	Working diagnose	Steps: 1.cervical collar (special device) 2.i.v. line, 3. monitoring 1 x 50 2 x 25	Transportation B or C by the next Ground ambulance			225	Patient with commotio cerebri, think of neck injury and internal injury according to heavy deceleration. Priorities: Cervical collar, IV line, controled volum therapy, analgesia, monitoring of consciousness. Stabilisation and waiting for the next ambulance paramedics crew.
		75	100	50				
6	Basic diagnostic approach Car 2 driver	Working diagnose, declaration to transport to traumacenter by HEMS 50 + 50	Steps: 1.cervical collar (special device) 2.i.v. line, 3.analgesia, 4.oxygenation 1 x 50 3 x 25	Defending with aids /KED waist, scoop stretcher/	Thoracic drain	Splint on fractured legs 2 x 25	375	Working dg - polytrauma, tension PNO on the right side. Cooperation with all members of crew is necessary. CC fixation, iv. line and analgesia are priority before defending. Oxygenotherapy. Thoracic drain in situ for overpressure drainnage. Functional and safe punction in space between 2. and 3. rib on the right side.
		100	125	50	50	50		
7	Care and treatment Car 2 driver	Second i.v. line	1.ETI + art. ventilation, 2. CC in situ or bi-manual cervical fixation during ETI, 2 x 50	1.ECG monitor, 2.BP, HR 3.SaO2 4. Alu -foil 4 x 25	Vacuum mattress	Transportation C by HEMS 2x50	475	Step by step to follow the treatment procedure, but when ETI without Cervical spine protection, gain only 50 from 100 points. Thoracic drainage at least after ETI and start srt. ventil. Without thoracic drainnage cardiac arrest and death follows. No points in columns E, F, G (minus 300).
		75	100	100	100	100		
8	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	60	Crew cooperation as a team, an obvious team leader, informing the patient at every move.Be sure patient is informed on each lift to a 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.
		20	10	10	10	10		
9	Actors	Car 1 driver	Car 2 driver	Car 1 co-driver			100	Subjective evaluation by actors (simulated patients, witnesses).
		30	40	30				

			Authors:	***Clarke McGuire***	
Magické oko		***MUC. RR***	***Rozhodčí:***	***Kateřina Nováková, Lenka Kohlová, Renata Bakošová***	***Rallye Rejviz 2017***
	Den	***RLP***		***Adriana Povinská, Lenka Kohlová***	
		RZP		***Lýdia Fehér, Renata Bakošová***	
Magic Eye	***Day***	***INT***	***Judges:***	***Clarke McGuire, Noriyoshi Ohashi, 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:

Magic Eye pension for an unconscious 20 foot fall down stairs with obvious leg fracture.

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 26, light winds, moderate temperature, 5 minute drive to scene.

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 paramedic crew*	*Arrival 10 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 10 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:

After arrival met outside by a neighbor that claims this is not a B&B it is a brothel.

Patient # 1: On arrival the neighbour say's "I saw a man leaving and he had blood all over his shirt" so I came over to investigate. There was a big pool of blood at the bottom of the stairs so I went up and found a girl with a fractured leg on the floor and called for an ambulance. I covered the blood with a blanket so you don't slip in it. Honestly, I don't think this is a pension I think it is a brothel with men coming and going at all hours. If asked, the man drove away in a car 15 minutes ago. Patient # 1 is laying on the floor with her head at an odd angle and a mid-shaft compund femur fracture is evident. Patient # 2 is in another room sitting at a table found face down covered in white powder. Two large piles of powder are on the table (one is flour and one is confectioners sugar or icing sugar) representing unkown narcotics. A card and straw are on the table for snorting with needles and a spoon indicting other IV users may have been there.

Vital signs: Patient # 1

Temperature 37.0 C (98.6 F), Glucose 5.6 mmol/l (100.8 mg/dl), B/P 78/50 respirations 6-8 shallow, SpO2 76%, pulse130 sinus matches monitor, GCS 1-2-3= 6, pupils pinpoint
Patient # 2 temp. 37.0 (98.6) Glucose 4.0 mmol B/P 160/90 respirations 6-8 shallow SPO2 78% pulse 140 sinus tachycardia GCS 1-2-3= 6, pupils pinpoint with administration of naloxone patients will respond and vital signs will improve. Patient # 1 will not have detectable pulses distal to femur # regardless of positioning and pain will be extreme.

Key words:

C- spine fracture, compound fracture with circulation impairment "surgical emergency" pons bleed or O.D.efast, Police incident safety hazard "Mask & Glove" secure scene rapid transport.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Patient approach, protect c-spine roll patient and ventilate within 2 minutes reallign leg	D-A,B,C, roll pt. with c-spine control allign leg 4 x 10 + 60	Pt. supine ventilate pt. within 2 mins	Ventilate pt. within 4 mins or less	Obtain neighbours name and ask to stay on scene	C- Collar application	240	Differential Dx. Pinpoint pupils is it a pons bleed or rx. OD a fall that can cause a femur # may fracture the neck so c-spine controll is essential and ventilation is urgent.
		100	100	20	10	30		
2	History taking and physical assessment medications & allergies	Vital signs-resp,pulse,b/p,bg,gcs,temp, spo2 7 x 10	IV and second line 2 x 20	Determine no pulses distal to fracture site decare surgical emergency 2 x 40	Call for helicopter within 3 minutes	Call police	240	Determining a pulseless limb with reallignement is a surgical emergency that requires rapid transport and pain control to keep patient from moving is crucial to minimize further damage. Efast if available however lack of pulse is validation.
		70	40	80	30	20		
3	Treatment plan & medications	Fluid to increase b/p to 100, naloxone IV 2 x 40	On awakinging ask what she took,med history any other pt.s	Last meal any allergies 2 x 15	Pain control ketamine or non opiod (e.g. methoxyfluran inhaler) 50 or 2nd choice N2O2 25		180	Declare OD maybe others involved call police. Pain control may be an issue with narcan adm. Use ketamine/methoxyfluran inhaler or non-narcotic failing this nitrous oxide for pain control.
		80	20	30	50			
4	Patient # 2 locate assess & treat	Large quantities of narcotics can become airborne safety is an issue mask and glove 2 x 25	Remove patient from drug table and ventilate 2 x 25	Vital signs, resp.pulse, bg, spo2, temp, b/p, gcs 7 x 10	Est.IV administer naloxone	Call second car and secure the scene/room for police 20 + 10	230	Large quantities of narcotics such as fentanyl, carfentanyl or heroine can become airborne and inhaled or absorbed by skin. Safety precautions are mandatory and police involvement is required.
		50	50	70	30	30		
5	Patient # 2	Patient responds to narcan and refuses service, do not allow signing release	Enquire about other potential victims, ensure windows are closed 2 x 15				50	Depending on a situtation a patient may refuse service and sign a release form. However, when it is an unlawful event and others may be involved as victims or in criminal roles it is a police event and the police must be involved. Insist on taking all patients to hospital for further evaluation and monitoring. Police make final determination.
		20	30					
6	Diagnosis, direction transport	Patient # 1 Direction C via E 30 + 30	Patient # 2 Direction A via G 30 + 30	Patient # 1 Dg., dif. Dg. Patient # 2 Dg. 3 x 20	You stay on scene for police report	Remind police to use gloves masks	260	In this incident the closest hopsital has urgent surgical capabilities and ICU. However a fall with this trauma internal injuries cannot be ruled out so a trauma hospital is best choice by air ambulance. For the second patient monitoring and local police access it is easy for all proceedings. Pt.# 1 dg multiple trauma secondary to a fall with a narcotic OD, df dg multi trauma/drug OD secondary to an act of violence/crime Pt. # 2 dg narcotic OD
		60	60	60	20	60		
7	Team 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 police and informs them of all findings and actions	50	Clear team leader that receives information and shares findings with the police, notify's hospital and manages patient handling and transport.
		10	10	10	10	10		
8	Player	Patient # 1	Patient # 2				100	Players will judge team on their care and attention and calm demeanor, were you kept warm and reassured, informed of what was taking place?
		50	50					

Modelka		***MUC. RR***	***Rozhodčí:***	***Silvia Trnovská, Denisa Osinová, Roman Remeš***	***Rallye Rejvíz 2017***
	Den	***RLP***		***Silvia Trnovská, Dagmar Majerová***	
		RZP		***Ľudovít Priecel, Michaela Tomaščíková***	
Model	***Day***	***INT***	***Judges:***	***Sara Lary, Denisa Osinová, Roman Remeš***	

Time limit for task ***12 mins*** *Crew will recieve legend with instructions*

Legend for crew:

You are the Emergency department staff at the Higher Type Hospital and you have a case .... the patient is weird and has difficulties with breathing

Your task is:

- *Examine and treat the patient according to the principles of work in Emergency department (in-hospital)*
- *Provide necessary treatment at the Emergency department*
- *Stabilize and secure the patient before submission to the relevant department*
- *Refer the patient in the appropriate department*
- *Tell the judge any further steps*

Current Situation at Event Location:

You are a higher-class hospital: emergency department, surgery, internal medicine, anesthesiology and intensive care, neurology, gynecology and maternity hospital, CT, biochemical laboratory, blood bank, otorhinolaryngology, oncology, psychiatry, infectious desease department, children department and intensive care unit

Consultants of the relevant departments are available upon request from the referee.

For PARA crews: you have the doctor avaliable at emergency department. Equipment: without transport equipment

Local situation:

In the case of transport to another hospital:

Equipment: like your hospital + traumacentrum, burn injuries department, diagnostic complement, cardiac center, stroke unit, magnetic resonance, neurosurgery, anesthesiology and intensive care unit for children, hyperbaric chamber

Airambulance available within 10 min. For the dispatch center request

Situation on the scene and priorities:

The competition crew is placed in the Emergency department crash room upon arrival. A man who carries a woman with a disorder of consciousness run inside the crash room and puts her on the bed. Crew has to follow the principles of work at the emergency depratment:
Physician crews:
1 / ABCDE + triage (priority resuscitation) + anamnesis from husband
2 / UPV and realization (proper equipment for intubation, artifitial ventilation, iv access and medication for sedation)
3 / Indications of laboratory examinations on laboratory requisitions, proper use of sampling tubes
4 / Imaging methods (angio CT of lungs, brain CT)
5 / Secure patient (central venous catheter, arterial catheter, urine catheter, nasogastric tube)
6 / Patient transfer and reference to physician on choosen department
Paramedic crews:
1 / ABCDE + triage (priority resuscitation) + anamnesis from husband
2 / Complete examination of the patient in the absence of a doctor (after a direct telephone call) + monitoring + transfer of informations to the physician after return
3 / Assistance fin intubation
4 / Laboratory examinations (evaluation of correct use of sampling tubes)
5 / Transport to CT (preparation patient to transport with proper equipment)
6 / Basic patient care (preparation of equipment for urine cathetrisation, nasogastric tube)
7 / Transfer of patient to Intensive care (protocol - subscriptions, invasive inputs, examinations, infusions etc.)

Clinical examination:

Patient - female, 35 years, weight 60 kg, sopor, GCS 10 (3-2-5), passive position, dyspnoea, tachypnoea, RR 35 / min, auscultation: cracles on the right side, without chest pain, chest wall without crepitations, BP 100/45 mmHg , PR 143 / min, saturation 80%, capillary refill slightly elongated, heart: auscultation without patological finding, left upper limb palsy, anisocoria left 3/6, photoreaction present, petechiae on the skin and axillas bilaterally, body temperature 38.8 C, Large hematomas present on the abdomen and thighs. Laboratory assessment: blood count, coagulation, biochemistry and hemocultures. Physician crews: correct indication for lab. tests + correct sampling tubes, Non physician crews: correct sampling tubes. Imaging methods: brain CT, Angio CT of lungs, other facultative (ECHO cardiography, chest x-ray)

Objectives:

Working according to principles of emergency department.
Physician crews - diagnosis and priority treatment in emergency department, patient securing
Paramedic crews - ability to respond to physician's instructions, cooperation with physician, preparation of eqipment for procedures at emergency department, transfer of patient to intensive care

	Rating	1	2	3	4	5	Max. Points	Correct procedure
							1 350	
1	Orientation on the scene + organization of work	history from husband	ABCD	triage	Anamnestic information about previous surgery		150	1/ Avaliable informations only from husband 2/ A (free) + C (C - spine fixation is not needed) B (sat O2, RR, palpation + auscultation) C (BP, HR, CR) D (GCS 10 p, 3-2-5) 3/ triage: highest: resuscitation priority 4/ surgery: liposuction 2 days before incident
		20	80	30	20			
2	Secondary survey	neurological examination	Body temperature + glycemia	skin + abdomen (20+10)	12-lead ECG		90	1/ paresis at left upper limb, ameningeal anizocoria 3/6, FR +/+ 2/ T 38,8 st.C, glycemia 5,6 mmol/l 3/ skin: petechae in axillas bilateraly, skin hematomas on abdominal part and thights abdomen: without patological finding in palpation 4/ ECG: signs of pulmonary embolia
		20	20	30	20			
3	Priority procedures	i.v line	continuous monitoring	PARA- presentation of informations to physician	Orotracheal intubation	PHYS - medication before intubation+ protective ventilation (40+20)	180	1/ crystaloids 10 ml/kg 2/ ECG, BP, HR, sat O2, RR 3/ PARA: presentation of informations to physician 4/ Equipment: OT cannula size 6 - 7,5; syringe, laryngoscope size of blade 3, ambubag with facemask, stetoscope, cannula fixation. 5/ PHYS: medication and ventilator settings
		20	40	60	60	60		
4	Diagnostics	Lab tests (3x40)	Hemocultivation	PHYS - Imagining methods (2x75)	PARA- transportation to diagnostics (5x30)		300	1/ PHYS: Correct indication of lab tests + correct sampling tubes PARA: correct sampling tubes (Blood count, biochemistry, coagulation) 2/ PHYS:– Indication + correct sampling tubes PARA – correct sampling tubes 3/ angioCT lungs, brain CT 4/ equipment for transportation: ventilator + 02 bottle monitor perfusors CPR case
		120	30	150	150			
5	Securing patient + reference patient in ICU	Urine catheter	Nasogastric tube	Norepinefrine in perfusor	PHYS: reference patient to physyician in ICU	PARA: reference patient to ICU nurse	500	1/ - 2/ full equipment for procedure 3/ correct setting of Norepinefrine perfusor acording to ordered dose 4/ PHYS: Inserted inputs performed diagnostics setting of mechanical ventilation work diagnosis (fat embolism), Differential diagnosis: pulmonary embolism, bronchopneumonia, sepsis, stroke, menigitis 5/ PARA: Inserted inputs performed diagnostics laboratory testing- sampling tubes drug treatment (perfusors)
		100	100	100	200	200		
6	Team rating	PHYS communication in team	PHYS communication with ICU physician	PARA communication with ED physician	PARA communication with ICU nurse		80	Non-technical skills evaluation
		40	40	40	40			
7	Figurants	woman	husband				50	
		20	30					

Postroj ***RALLYE REJVÍZ 2017***

Den ***RLP*** ***Rozhodčí:*** ***Jiří Smetánka***
RZP

Harness ***Day*** ***INT*** ***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.

		Authors:	**Kateřina Ningerová (CZ), Igor Krupa (SK), Jiří Konopčík (CZ)**	
Nožička	**RLP**	**Rozhodčí:**	**Igor Krupa**	**Rallye Rejvíz 2017**
	RZP		**Monika Středová**	
Tootsie	**INT**	**Judges:**	**Marios Sfakinakis**	

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:

In the rowing recreation center, a child was injured.

The task Tootsie is a sports-professional task, so follow the instructions of the rope center organizers and instructors.

Your tasks:

- *Overcome the rope obstacle as instructed by the rope center organizers and instructors.*
- *Access 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 below).*
- *If hospitalization is needed, define mean of transport (see below).*
- *Known to the judge any further steps.*

Conditions on scene:

May 26, 2017, 10:30am, clear, no wind, 22°C (72°F). Call to address time is 5 mins

Communication with Emergency Dispatch Center will not be possible, as there is no signal from mobile phones or radio networks.

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: 32 km by ground transport. Depts: as A + ED, ENT, Oncology, Psychiatry, Infectious, Pediatric, ICU, Cardiocentre & Stroke Unit.*
C	*Specialized Centre: 45 km by ground transport. Depts: as B + Trauma Centre, Burn Unit NMR and Opthamology.*
D	*Leave the patient on scene.*

	Means of transport	***Information***
E	*Rescue Helicopter- HEMS*	*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 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:

The crew is summoned to a sport center in the woods where a child was injured during sports activities. After the arrival, the crew is told that it's a sport activity and the task time is started when the first member enters the scenario through the bridge. At the task there are two rope-center instructors, they are supporting the climbing attraction through an abbyss. The approach is possible only by the rope and the harness. At the other side of the abbyss there is a 8 year old child with a parent, the child's foot is injured and he has to be examined and treated. Only one member of the team can use the rope. At the middle of the rope the instructor collapses, lets the rope go. The rope is blocked, the instructor loses consciousness and collapses, he is not responding to voice or pain. He is breathing fast and clearly. Collapsed instructor is an ex-paramedic, he was excercising yesterday and drinking alcohol, he didn't sleep the whole night. Today he didn't eat or drink because of nausea, he vomitted 2 times and he had a diarrhea at the morning. The point of the task is to handle the situation, examinate the patient and to communicate with the other member of the rope-center. The other member of the rope-center is newbie, he is panicking, the crew has to calm him, during the task time they have to manage the child at the other side. The child has an distorted ankle. A the task there are only two players and behind the rope there is a child with his parent. In the case the crew wants to contact the dispatch they will be told that there is no network available and that they have to carry on. Among the observers, VIPs and photographers there will be a hidden judge without judging chart and he will be observing the task. He will add his points to the table with the players and the other judges to the chart at the end of the task. Each of the players has his own part of the evaluation chart to be filled. When the time is up, hidden judge asks the crew to transport the patient to the hospital according the legend(place and means of transportation). He writes down the answer, after that the crew has 2 minutes to pack its equipment without discussing the decision and fulfillment of the task.

Sport - professional task, organizer's unconsciousness, rope obstacle, spurred ankle of the child

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Arrival	Greeting of the crew	Crew identification	Clear teamleader	Helmet	Using of the Gloves	70	All crews should do greeting and do the identification of themself. There mustr be clear teamleader. Own safety id in the first place, team member who will go to ropes, must ask for helmet, if he dont hallready have it. Helmet will be present near instuctor and all member can see it. The examinations of patient body can be done only with gloves.
		10	10	30	10	10		
2	"The Collapse Guy" anamnesis	S	A	M	P	L & E	200	**S** – Signs/Symptoms **(I don't know what happen)** **A** – Allergies **(Penicillin when was young)** **M** – Medications **(only vitamins)** **P** – Past Illnesses **(no past illnesses)** **L** – Last Oral Intake **(Yesterday evening at 02 am)** **E –** Events Leading Up To Present Illness / Injury **(party all night with lot of alcohol, nothing to eat, vomitus in the morning, no food and liquids from early morning)**
		40	40	40	40	10 + 30		
3	"The Collapse Guy" survey, therapy	Indicative neurological examination & GCS 1x (3-4-6) 2x (4-4-6)	Blood pressure & Heart Rate	Respiratory rate & SpO2		Sugestion of p.o. Rehydration Treatment	225	**Vital Signs of the instructor, who will collapse:** **After collapse:** GCS 14 (4-4-6), BP, HR, RR, SpO2, real values of the man on scene (they must be measured real). **Repeated measurement after some time or "per os" rehydration treatment (i.v. or i.o. access refused):** GCS 15 (4-5-6), BP, HR, RR, SpO2 - real values of the "collapse guy" (must actually measure).
		50 + 25 + 25	25 + 25	25 + 25		25		
4	Child	Past Illnesses	Allergies	Indicative ABCD examination	Indicative neurological examination	Immobilisation of the Ankle	350	**Past Illnesses of the child:** normal childhood illnesses, healthy, vaccinated without dispensarisation by a pediatric specialist, **Allergies** - negative., **Indicative ABCD examination** - normal, Indicative neurological examination - without patology, **Ankle fixation & immobilisation**, elevated positionof the leg (possible from a distance after the instructions from crew)
		50	50	50	100	100		
5	Technical skills	Without direct manipulation of the crew with secured rope	Direct manipulation of the crew with secured rope		Communication with a child's parent	Verbal calmin down the second Instructor	385	After the instructor collapses, the security system is locked and the rope stays safely in the position. The crew may not manipulate with the rope, it is possible to calming down the second instructor - the rookie and he can then manipulate with the rope and the put hanging colleague, down to the crew. It would be nice, do not forget to provide comunication and possible examination with instructed parent on the child.
		200	0		135	50		
6	Actors, direction, transport	Rope Centre Instructor "The Collapse guy"	Rope Centre Instuctor "The Rookie"	& Child Parent	Direction of "The Collapse Guy". **D**	Direction & Transportation of The Child **AF**	120	Figurants subjective evaluation of the Crews, Direction of "The Collapse Guy" - He Stays on the Scene, and Child will be transferred with Competing Crew
		25	25	25 + 25	10	10		

			Autoři:	***Peter Kyseľ (SK), Martin Žiak (SK)***
Traktor	***Noc***	***RLP***	***Rozhodčí:***	***Rallye Rejvíz 2017***
		RZP		
Tractor	***Night***	***INT***	***Judges:***	

Time limit for task: ***max. 20 mins*** *Legendu posádka obdrží s instrukcemi.*

Story for team:

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

Traffic accident of a truck carrying a larger number of people on the skeleton. Several EMS units, fire brigades, and police were sent to the scene.

Your tasks:

- *Scene assessment and correct work management on site.*
- *Perform correct activities on site of MCI*
- *Use right equipment*
- *Co-operate with all rescue services on site of accident*
- *Inform the judge of any further steps.*

Conditions on scene:

May 26, 2017, 11:10pm, clear, no wind, 12°C. Call to address time is 10 mins.

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

Local situation:

A *Nearest hospital: 5 km by ground transport. Depts: ED, General Surgery, Internal Medicine with ICU, Neurology, Anaesthesia and General Intensive Care, Gynecology and Obstetric, CT, Biochemistry.*

B *Higher Level Hospital: 20 km by ground transport. Depts: as A + ENT, Oncology, Psychiatry, Infectious, Pediatric.*

C *Specialized Centre: 65 km by ground transport. Depts: as B + Trauma Centre, Burn Unit, , ICU, Cardiocentre & Stroke Unit, NMR.*

D *Leave the patient on scene.*

Situation on the scene:

At the beginning team come to site of heavy truck accident on unpaved road. Around 30 victims on body and beside the lorry.kolí. Some Ambulances, firefighters and police present. Crew will be directed by Transport Officer to parking slot and by Head Medical Officer to the Triage Area.

Triage:

Patient 1 (P1): airway closed, Red, after head tilt. If crew do not open airway - Black., RR 8/min, peripheral pulse present, 50/min, CRT over 2 s, without evident serious injuries.

Patient 2 (P2): Red / Red Orange, severe bleeding wound on the head, pale, desoriented, react to command, sitting, RR 20/min, peripheral pulse present 120/min, Large suffusion on abdominal wall, abdomen stiff, painfull.

Patient 3 (P3): Black, devastation injuries of the abdomen and thorax, apnoeic even opening the airways, pulse on carotid artery only, 20/min, CRT over 2 s.

Treatment Area:

Pacient 4 (P4): Podozrenie na krvácanie do dutiny brušnej, ruptúra pečene, rozvíjajúci sa hemoragický šok, zranený bol pritlačený korbou auta, hematóm po kontúzii brušnej steny, na ruke červená triediaca páska, vyplnená triediaca karta pri vstupe do hniezda - priorita červená, indikovaná a zaznačená odporúčaná terapia, kontrola VF a ich vypísanie do vnútra karty, terapia však pre nedostatok personálu a materiálu nerealizovaná, pre zhoršenie VF VHZ indikovaná priorita transportu - označenie v triedacej karte ako žltočervená, preto posádka odvolaná z triedenia a určený prioritný odsun do ZZ VZZ a VHZ, smerovanie už dohodol VO s KZOS do najbližšieho ZZ. Triediaca karta adekvátne vypísaná. Pacient by sa mal počas transportu adekvátne zhoršovať, alebo zlepšovať podľa terapie a dĺžky transportu.

Předání P4 na CPM:

Spolupráca na CP, odovzdanie podľa MIST a odovzdanie informácií od VHZ o počte zranených a potrebe ďalšieho chirurgického tímu, vedenie dokumentácie - karty, vrátane odtrhnutia ústrižku o transporte.

Provedení úkolu: Posádka po príchode na miesto nehody a usmernení ohľadom parkovania veliteľom odsunu sa hlási u VZZ, kde dostane potrebné informácie o nehode a následne sa bude hlásiť u veliteľa triedenia, kde na čas (max. 5 min.) vytriedia 3 zranených s použitím triediacich pások a zrealizujú život zachraňujúce úkony.
Veliteľom triedenia im bude pridelený vymedzený sektor, v ktorom vykonajú triedenie systémom START, označia zranených a zrealizujú život zachraňujúce úkony. Vybavenie dostanú od veliteľa triedenia. Ostatní zranení mimo vymedzený sektor kričia o pomoc, môžu sa dožadovať. Po 5 min. budú veliteľom triedenia odvolaní a odoslaní do hniezda zranených, kde sa majú hlásiť u VHZ.
Od VHZ preberú zraneného s prioritou transportu (žltočervený). Následne sa hlásia u VO a dohodnú smerovanie zraneného do najbližšieho zdravotníckeho zariadenia s chirurgickým oddelením.
Pre nedostatok času a materiálu v hniezde zranených musia pred transportom realizovať adekvátnu terapiu, prípadne rýchle zhodnotenie zdravotného stavu a následne šetrne a bezpečne transportovať zranenáho do zdravotníckeho zariadenia.
V zdravotníckom zariadení zraneného správne odovzdajú. Do zdravotníckeho zariadenia musia predať od VHZ i informácie o potrebe ďalšieho chirurgického tímu a o počte smerovaných zranených do ich zariadenia, pre nie celkom dobrú komunikáciu z miesta nešťastia z dôvodu nedostatočného signálu mobilného operátora.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							2 050	
1	MCI (Mass Cassualty Incident) Commander	Cooperation	OOP	Medical equipment	Čelovky, baterky		70	Spolupráca s VZS (VZZ), použitie OOPP, zdravotnícky materiál, čelovky, baterky.
		20	10	20	20			
2	Triage	Cooperation with Triage Area Officer	P1 Triage, ŽZÚ 50 + 60	P2 Triage, ŽZÚ 50 + 60	P3 Triage, ŽZÚ 50 + 60	Triage equipment: Tags, evidence list 2 x 25	400	Cooperation with trage area officer, right START triage, správne vykonanie život zachraňujúcich úkonov (ŽZÚ).
		20	110	110	110	50		
3	Treatment Area P4	Cooperation withTreatment Area Officer	P4 Převzetí				40	Spolupráca a uposlúchnutie príkazov VHZ, prevzatie zraneného s prioritou transportu.
		20	20					
4	Transport P4	Cooperation with Transport Officer	Poloha během transportu	Vedenie ZD - triediaca karta	Vypísanie ZZOOP/TIK/ parere		220	Spolupráca s VT, uposlúchnutie príkazov o smerovaní zraneného. Správny postup počas transportu a vedenie ZD počas transportu.
		20	50	100	50			
5	Therapy P4	1) 2 x i.v. 2) krištaloidy/koloidy 3) permisívna hypotenzia 3 x 100	Exacyl 1g i.v. (RZP po konzultaci s VHZ)	Vhodná analgezie (RZP po konzultaci s VHZ)	Tepelný komfort	Kompletní zajištění a Th do 5 min (priorita odsunu)	700	Správna terapia s riadenou permisívnou hypotenziou, analgézia, tepelný komfort.Podpůrná léčba, s důrazem na časový faktor-priorita odsunu
		300	100	100	100	100		
6	Předání na CPM P4	Cooperation	Dokumentace	MIST	Správa o potrebe ďalšieho chir. tímu	Správa o počte smerovaných zranených	570	Spolupráca s personálom CPM, odovzdanie zraneného, MIST. Odovzdanie správ z miesta nešťastia do zdravotníckeho zariadenia.
		20	50	250	125	125		
7	Actors	P1	P2	P3	P4		50	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		10	10	10	20			

			Autoři:	***Petr Černohorský (CZ)***
Čarodějnice		***MUC. RR***	***Rozhodčí:***	***Petr Černohorský, Zdeněk Chovanec, Andrea Nosková***
	Noc	***RLP***		***Petr Černohorský, Zdeněk Chovanec, Andrea Nosková***
		RZP		***Erika Jamrichová, Lukáš Ludwig, Lukáš Konečný***
Witch	***Night***	***INT***	***Judges:***	***René Mezulianik, Mateusz Zgoda, Martin Kubeček***

Rallye Rejvíz 2017

Time limit for task: ***max. 12 mins***

Story get to team with instructions.

Story for team:

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

Local Beltane Fire Festival in forest glade where 2 people were burnt, location was roughly founded on the map, an eyewitness will wait for you on the forest access path.

Your tasks:

- *Scene assessment 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 the local situation (see below).*
- *If hospitalization is needed, define means of transport (see below).*
- *Inform the judge of any further steps.*

Conditions on scene:

April 30, 2017, 10:15pm, 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 scene is possible.*
F	*Ground*	*Team´s own ambulance*
G	*Ground - another ambulance with paramedic crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - another ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Other*	*Describe and justify to judge.*

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

Situation on scene:

A big petrol can exploded whilst trying to light the bonfire and 2 persons were burnt - 1 adult, 1 child. Firemen from local Fire Service are on scene.

Vital signs:

P1: adut, fully conscious, oriented, screaming with pain, GCS 4-5-6, burns II-III. deg. on anterior chest, abdomen, upper extremities and thighs- approx. 40%,metal shard stabbed below right nipple, RR 26/min, cyanotic lips, CRT 6s, external jugular veins distended, asymmetric thorax with subcut emphysema on right, HR 140 reg, auscultation on left alveolar and clear, rigt side weakened and quiet, percussion hypersonoric, NIBP 80/40,SpO2 76%, abdomen with no signs of peritoneal irritation, H+L 0, stable pelvis, no leg swelling, Homans negative, vertebral column is not tender.

P2: 6 years old child, fully conscious, oriented, screaming with pain, GCS 4-5-6, burns II-III. deg of upper extremities, thorax, face- 20%, black soot in mouth, saliva and sputum, severe inspiratory stridor, mucous swelling and redness,HR 120 reg, lung auscultation alveolar with rhonchi, inspiratory stridor, RR 26/min,NIBP 120/70, SpO2 92%, abdomen with no signs of peritoneal irritation, H+L 0, stable pelvis, no leg swelling, Homans negative, vertebral column is not tender.

Goal of task:

Provide an adequate prehospital care: safety, scene assessment, obtain medical history incl. allergies and sensitivity, proper physical examination, AcBCDE approach. Fire Service and police cooperation. Correct performance of needle chest decompression and io. access on manikin.

P1: maintain vital functions, tension pneumothorax recognition and early chest decompression,proper analgesia, sterile dressing, iv fluids therapy, oxygen, transport to the hospital with Burn Center

P2: maintain vital functions, oxygen therapy, IO access, analgesia and sedation, early intubation and controlled ventilation, sterile dressing, iv fluids therapy, transport to the hospital with Burn Center

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Obtaining available information about incident and primary treatment	Assessment of the situation	Safe access	Finding of all victims 2 x 20	Summon for EMS help	Summon for Police	110	Safe access - Personal protective equipment (boots, gloves, helmet), risk assesment of unknown terrain, witness interview, find all victims, early ask for EMS help and Police via EMS Dispatch Centre.
		20	10	40	20	20		
2	Patient 1	Medical history, primary survey 2 x 25	Provisional Dg:Severe Burn Trauma, Tension Pneumothorax 2 x 25	SpO2 + ECG + BP + CRT 4 x 25	Chest decompression		250	Medical History - AMPLE, primary survey AcBCDE, provisional diagnosis. Chest decompression: needle (cannula,COOK), finger thoracostomy, chest tube, vital signs monitoring.
		50	50	100	50			
3	Patient 1 Therapy	2 x iv. line, 2 x crystalloid 500 ml 4 x 20	Pain Relief: PHYS: adequate PARA: phone consultation	Sterile burn dressing, temperature management 25+25	Thorax wound care	Oxygen administration	255	Iv access (2 x or large calliber 18G iv line) 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.
		80	50	50	50	25		
4	Patient 2 Therapy	Medical history, primary survey 2 x 25	Provisional Dg:Severe Burn Trauma, Burn Inhalation Injury 2 x 25	Sterile burn dressing, temperature management 2 x 25	Oxygen administration	Early analgesia (i.o.,i.m., nasal, rectal)	225	Medical history, primary survey AcBCDE, early recognition of inhalation injury, oxygen, sterile dressing, analgesia prior burn dressing and io bolus (ketamine, opioids, im, nasal, rectal, LA io).
		50	50	50	25	50		
5	Patient 2 Therapy	1 x iv line, crystalloid 500 ml 2 x 20	PHYS: RSI - analgesia, sedation, relaxation 2 x 25 PARA: phone consultation 50	PHYS: intubation with MILS PARA: supraglotic airway with MILS	SpO2 + ECG + BP + etCO2 4 x 25		240	Prefer IO access - iv line impossible to obtain, analgesia, sedation and relaxation for RSI, MILS, tube position check - capnometry/capnography. Balanced crystalloid, fluids amount calculation according to formula. Para: supraglotic airway management /LMA,LT/ Controlled ventilation, vital signs monitoring.
		40	50	50	100			
6	Direction & Transport	P1 C via F	P2 C via E	Early call for rescue helicopter within first 3 mins	Call for rescue helicopter within 5 mins		120	Pacient transport to the Burn Center via rescue helicopter, early call for helicopter.
		40	40	40	20			
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, an obvious team leader, informing the patient at every move.Be sure patient is informed on each lift to a 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				100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		50	50					