Art Gallery ***Rallye Rejviz 2018***

	Author:	***Zuzana Tomašovičová (SK)***
MUC. RR	***Judges:***	***Zuzana Tomašovičová, Danica Pompošová***
RLP		***Zuzana Tomašovičová***
RZP		***Irena Mikešová***
INT		***Danica Pompošová***

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
  6) pulse oximeter

Task perform:

The task is performed by 3 crews at the same time (NAT PHYS, PARA, INT PHYS, PARA). 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 2 chairs (2 examiners), On the edge of the room another 3 tables and 3x3 chairs for the team.
Examiners sitting at the table, patient lying on the ground, do not communicate between. 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 or English language.
Below 7 patients, always use 3, alternate them. Before the beginning of each cycle, an objectively random selection P1 - P7 is performed by a lot.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							675	
1	P1	Dg.: Hypoglycaemia	Player				225	Lying on the ground, silent, beside her/him backpack with half full beer can, private junk and insulin pen (or prescription for insulin in shirt pocket). Heavy sweaty, without injuries, soporous, sometime spontaneous upper extremities movements, untargeted slow reaction to pain, sometimes open eyes with wandering sights, grunting. Cigarettes in the pocket. Exam: sweaty, without injuries and wounds, neurologic exam: extrermities symmetrical, isocoria with slow reaction to light. BP 120/80 mm Hg, HR 82/reg, RR 12/min, SpO2 95%, CRT up to 2 s, GCS 9 (2/2/5) = accidental eye opening, grunting, untargeted reaction to pain.
		200	25					
2	P2	Dg.: Epidural haematoma or Unspecified traumatic intracranial hemorrhage	Player				225	Teenager, sport suit, lying on the ground, silent, w/o movement. Exam: in the hair temporal region subcutaneous haematoma, anisocoric, R 3,5 mm w/o reaction to light, L 2 mm, 5 mm, correct RL, left hemiparesis - left hand fall suddenly), the rest of neurologic exam normal. BP 150/90, HR 52/min, RR 12/min, sPO2 94%, CRT less than 2 s, GCS 7 - 1/1/5 (no eye opening, no verbal reaction, reaction to pain).
		200	25					
3	P3	Dg.: Brain stroke (200) or Unspecified non-traumatic intracranial hemorrhage (100)	Player				225	Older man lying on the side, silent, wet trousers, stomach content in the mouth, stertorous breathing, after head tilt and chin lift breathing soundless, small bruises on the left cheek and hand fingers, otherwise w/o injuries. Exam: somewhere squeek on the lung by stethoscope, heart sounds w/o murmurs. Neurologic: right upper extremity falls quicker, paretic right leg = right side paresis, mouth corner lower right, flotation eyes, isocoria, present reaction to light. The rest is normal. BP 205/120 mm Hg, HR 65-82/min, RR 10/min, sPO2 89%, CRT 2, GCS 3=1/1/1.
		200	25					
4	P4	Dg.: Alcohol intoxication - Ebrietas simplex	Player				225	Young homelles, dirty, malodorous, stomach content on the clothes, w/o injuries, somewhere small old bruises and haematomas with different colour, sitting on the ground supported by chair, loud snorring. Bottle of cheap wine in hand, nearly empty, no response to voice, open eyes on pain, friendly, offfer rest of wine to paramedics. Celebrate 30th birthday, last 2 years homelles on the street, no friends. Wish to drink with crew. Oriented, dysarthria, incoherent speech. Walk with difficulties, coordination of movement disturbed. PH: no illnesses,no hospitalization, surgery, no allergies, parents w/o serious diseases. No trauma in last weeks. Exam: real findings, BP - 120/80, HR 70/min, regular, CRT up to 2 s, RR - realistic, sPO2 96%, GCS 15. Neurological exam: normal findings except titubation in standing position.
		200	25					
5	P5	Dg.: Dehydratation (200) or Metabolic disorder (100)	Player				225	Older, nice clothes, sitting on the ground, supported by chair, open eyes, breathing, silent but answer questions correctly with short latency, desoriented to time and permanent address. Knows he is in Kouty, knows DOB. Targeted questions what happens he went to pharmacy, felt unwell, faintings, heard roaring, sat down. Now he is better but fear to stand because of collapse. PH: hypertension, BP usually 150/90, no pain, no dyspnea. No dysuric problmes, last urination 10 hrs ago, since yesterday diarrhoe, maybe mayonaisse dressing yesterday. No trauma, no alcohol. Intake: last 24 hours drank 1,5 l of wate and piece of biscuit. No allergies, Exam: neurologic findings normal except fine fingers tremor, just now not in past. Dry mouth, white tongue, slight acetone smell, breathing and cardiac sounds normal, abdomen-slight palpation pain w/o defense and resistance, decfreased skin tension. BP 120/70, HR 96/minregullar, CRT 3 s, RR 14/min, sPO2 95%, GCS 14 - 4/4/6 (eyes open, verbally desoriented, movement without limits). Able stand up with light help, walking with insecurity, try to keep on wall/railing, after few steps wish to sit down, fainting.
		200	25					
6	P6	Dg.: Anaphylactic reaction after bee stick (unknown insect stick)	Player				225	Lying on the ground, silent, answers just to questions, breathing, eyes closed. No injuries. Bunch of flowers in hand. swelling red eye lids, rush on the face, arms and chest. On the thumb swelling, red skin, sting in skin, red lymphatic ways to the wrist. Somnolent, no voice reaction, on pain open eyes, answers silently moaning, immediately fall to sleep again. Breathing is shallow, RR 24/min, wheezing on expirium. Heart sounds w/o murmurs, HR 120/min, abdomen normal, neurological exam: symmetrical, no neck stiffness, isocoria, react to light. BP 70/50, HR 120/min. weak, CRT 4 sec, RR 24/min, sPO2 88%, GCS 9 - 2/2/5 (eyes open to pain, verbal response-moaning, movement on pain).
		200	25					
7	P7	Dg.: Brain concussion - Commotio cerebri	Player				225	Young person sitting on the ground, supported by chair, open eyes, answer to questions, mobile phone in hand. Exam: w/o wounds, injuries, Obj. bez krvácajúcich poranení, small subcutaneous haematoma in frontal region, isocoria, correct light reaction, swelling on left eyes, neurological exam: symmetrical, desoriented by place, time and what happened, why Ambulance come. Other answers correct, with latency, due time become oriented and speaks fluently. Weak pain frontal head, sight normal. Gradually remember he went shopping, while texting felt down. Nausea, vomitus 0. PH: no diseases, drugs, medicaments. BP 120/80, HR 80/min regular, RR 12/min,s PO2 98%, CRT less 2 s, GCS at beginning 14 - 4/4/6 (spontaneous eye opening, desoriented, movement normal), later GCS 15, just amnesia to event.
		200	25					

Doma - At home

Authors:	***Christoph Redelsteiner (A), Florian Zahorka (A)***	***Rallye Rejviz 2018***
RLP Judges:	***Adriana Povinská, Renata Bakošová***	
RZP	***Alena Rechová, Dana Nosovská***	
INT	***Christoph Redelsteiner, Patric Lausch, Erwin Feichtelbauer***	

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

Story get to team with instructions.

Story for team:

Emergency Dispatch Center received call and sends you to:

26A1 Person sick.

No emergency priority symptoms (no specific complaint conditions identified); dispatch states a home nurse or general practitioner are not on duty.

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 patient pathway according to local situation (see below).*
- *If hospitalization is needed, define mean of transport (see below) and prepare for transport.*
- *Inform the judge of any further steps.*

Conditions on the scene:

Saturday 16.00 hour on May 26, light winds, current temperature,10 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, Gerontology, 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 10 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:

On scene a juvenile opens the door: "My parents are on short vacation since yesterday. I promised to take care of grandma/grandpa. She is old and confused. Since this morning she hasn't eaten. I think she is more confused as before and says "Mummy" to me. Last night she got up 4 times and walked confused through the house. I can't reach my parents and the home nurse.

Patient: 86 years old, dementia, weak due to high age; fraility; lying flat on a bad, but mobile if motivated.
Relative: See Situation. The juvenile is a minor (<14 years) and will state that if asked.

Key words:

Dementia, juvenile, home care takers, sick patient, decision management in dilemma using common sense and community resources.

Special notes for research - these fields will be filled in by the Judge:

TOTAL SCENARIO TIME (min/sec):

TEAMLEADER (mark selected choice):

PARAMEDIC	NURSE	DOCTOR

Name of Judge:

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Patient approach ABCDE	Airway	Breathing	Circulation	Disability	Exposure	100	
		20	20	20	20	20		
2	History taking and physical assessment medications & allergies	1) Allergies 2) Medications 3) Medications used 4) Pat. History 4 x 20	5) Last Meal 6) Last Toilet 7) Event 8) Riscfactors (obesity, smoking, travel,...) 4 x 20	1) SpO^2 2) Puls 3) BP 4) HGT (Bloodsugar) 4 x 20	5) Temp. 6) EKG 7) GCS 3 x 20		300	
		80	80	80	60			
3	Treatment plan & medications	1) Talking WITH the patient 2) Asking the patient what she needs/wants 2 x 85	Realising the patient is lying but in fact stands up and is mobile when motivated	Realising the patient using toilet on its own	Realising the patient can eat/drink when motivated	On scene after full assessment and coaching of the juvenile what is important to check with grandma/grandpa	370	Diagnosis: weak elderly, ? Dementia, mobile; it is an eldery person with no vital threat. There is no indication for a transport to a hospital, patient can be relased on scene.
		170	50	50	50	50		
4	Relative	Visual diagnosis = OK Airway Breathing Circulation Disability Exposure 5 x 10	Reassurement, calming building trust	Positive reinforcement eg great that you care about grandma	Asking for: 1) parents, trying to contact them via phone 2) neighbours, trying to contact them via phone 2 x 50	Realising the youngster is legally a juvenile	350	Diagnosis: juvenile caretaker, overburdend as caretaker; but intelligent and motivated for a good solution; positive handling of juvenile.
		50	50	50	100	100		
5	Patient and relative Care plan	1) General Practitoner 2) GP out of hours 3) Home nursing	4) Primary Care Center 5) Hotline for caretakers 6) Nurse triage hotline	7) Juvenile protection services 8) (mobile) community social work	Any other appropriate alternative care path	Use neigbours	110	1), 2), 3), 4): Which institutions for such problems come into your mind? Rating: at least 3 options (max 3 x 20 pts.) According to national conditions. Any reasonable solution accepted instead of transport the elderly to hospital or social home. 5) Neighbours can be reached and state: We can come over and help if he needs us. His parents will be back tomorrow afternoon.
		20	20	20	20	50		
6	Team Communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader				20	Clear team leader that receives information and shares findings with the police, notify's hospital and manages patient handling and transport.
		10	10					
7	Actors	Patient	Relative				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					

Octavka - Garden party | ***Author:*** ***Michal Pačiska (CZ), Andrea Letanovská (SK)*** | ***Rallye Rejviz 2018***

MUC. RR ***Judges:*** ***Michal Pačiska, Sebastijan Piberl, Marek Przybylak***
RLP
RZP
INT ***Michal Pačiska, Sebastijan Piberl, Marek Przybylak, Carsten Harz***

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

Story for team:
Emergency Dispatch Center received a request for cooperation from line 158 (Police) ad send you to the incident:
Fighting in the garden restaurant, maybe with a stabbing, police patrol on site.

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 25, 2018, 09:45am, 22°C, clear, no wind, moderate temperature, 8 mins 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, Metabolic Unit, Cardiocentre & Stroke.*
C *Specialized Centre: 45 km by ground transport. Depts: as B + Trauma Centre, Burn Unit NMR, Hyperbaric Chamber and Opthamology.*
D *Leave the patient at home/on site.*

	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 paramedic crew*	*Arrival in 15 mins.*
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.

Task is included in the competition of the Police of the Czech Republic (SH-PČR): ***YES***

Situation on the scene:
SH-PČR was sent to the incident site by the operation officer of the line 158 based upon the call od neighbour who saw the situation across the fence.
SH-PČR is the first on the site, on the site a few drunk / intoxicated people and one stabbed person. EMS arrives as second crew, about 2-3 minutes after SH-PČR.

A group of 6 people had a working meeting and then a party in a rented restaurant. After a quarrel between two participants, exacerbated by alcohol and drugs, there was a fight and one of the participants was stabbed.

P1 (stabbed): Stabbed, excited, verbally aggressive towards another party participant (P6).
P2 (junkie): Susp. intoxication by an unknown substance (ingestion of the drug). Half-sitting, excited, shivering, accelerated speech, babbling.
P3 (offender): The one who stabbed, walks around, scolds, there is a bottle of alcohol in his hand, he can not be calmed down at that moment. P3 is solved by SH-PČR, it is not part of EMS evaluation. EMS activity: only the question about SH-PČR if he needs treatment.
P4, P5, P6: They are running around, scared, they do not understand what happened, cooperating, they did not notice the puncture wound, they deny the ingestion of the drug, only drink alcohol, and have one cigarette of marijuana.

Key words:
Orientation and organization of activities at the site, prioritization, treatment, management. Communication with potentially intoxicating people.

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							2 050	
1	On-site orientation	Getting information from SH-PČR	Team management by triage	Correct treatment according to treatment priorities 5 x 20			300	1) Getting informatio from SH-PČR: incident, risks, number of emergency sevices (PD, FD) on site, number of affected/sorted persons. To find the number of injured, character/severity of injury Priority procedure: 1. P1, 2. P2, 3.-5. P4, P5, P6 P3 not evaluate. Correct procedure by priority is evaluated by the actual crew progress.
		100	100	100				
2	On-site organization	Communication with Emergency Dispatch Center 4 x 25	Request for additional EMS up to 5 min. / later 50/25	Using SH-PČR for cooperation			175	1) Communication with Emergency Dispatch Center (minimal): 1. On-site reporting 2. Event 3. Number of affected 4. Emergency services on site 2) Using SH-PČR to calm P1 (at least by asking).
		100	50	25				
3	P1 (stabbed)	BP+P+SpO2+ CRT+GCS 5 x 25	Localization of puncture wound	Sedation, i.v. line, wound covering 3 x 25	Dg .: Intoxication with Amphetamine or unknown substance & stab wound 90/45 + 50	Direction, transport: A by F, G (G for RLP) 2 x 25	490	Consciousness, P100, BP 180/110, Sat 92, spontaneous ventilation, ECG deep ST depression, excited, BT 38°C/100,4 F. Stabbed in the arm, does not feel the arm, chest pain, confusion, disorientation, agitation, after sedation is calmed and wound treatment is possible. 4) Dg. Intoxication with amphetamine or with other excitative drug = 90 b. 5) Routing A, for INT transportation according to national customs.
		125	100	75	140	50		
4	P2 (junkle)	BP+P+SPO2+ Body temperature 4 x 25	ECG 12, 2 x i.v. line, 1 000 ml of fluid 50 + 25 + 25	Recognising of cardiac arrest, correct CPR, Post-resuscitation care (for transport) 3 x 90	Dg.: Intoxication with Amphetamine or unknown substance 90/45	Direction, transport: A by F (H/E for NAT PARA) 2 x 25	610	Consciousness, P160 ', TK 180/110, sat 92, spontaneous ventilation, ECG deep ST depression, excited, BT 38°C/100,4 F, dg. amphetamine intoxication. Quick recognition of cardiac arrest, CPR initiation, detection of defibrillation rhythm, 2xShock, ROSC recognition, transport under physician control (artificial ventilation, sedation, analgesia, myorelaxation). 4) Dg. Intoxication with amphetamine or with other excitative drug = 90 b. 5) Routing A, for INT transportation according to national customs.
		100	100	270	90	50		
5	P3 (offender)	Question					25	P3 is not part of the EMS rating. We only evaluate the request to SH-PČR if they need help.
		25	0	0	0	0		
6	P4, P5, P6 (party participants)	BP+P+SPO2 3 x 25	Targeted question to taking drugs 3 x 25	Verbal calming (minimal is attempt) 3 x 25		Direction, transport: D 3 x 25	300	Everyone without injuries, they just make noise, drinking and disturbing.
		75	75	75		75		
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	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 themselfs after arrival.
		10	10	10	10	10		
8	Actors	P1	P2	P4	P5	P6	100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.)
		20	20	20	20	20		

Krev - Blood		***Author:***	***Silvia Trnovská (SK)***	***Rallye Rejvíz 2018***
	MUC.RR	***Judges:***	***Silvia Trnovská, Dagmar Majerová, Denisa Osinová, Roman Remeš***	
	RLP		***Silvia Trnovská, Dagmar Majerová, Roman Remeš***	
	RZP		***Ludovít Priecel, Peter Kyseľ, Petra Adamusová, Martin Deržák***	
Blood	***INT***		***Sara Lary, Denisa Osinova, Marios Sfakinakis, Emel Bozkurt***	

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:

Call from the ambulance of general practicioner: "Everywhere there is a lot of blood and everyone is dead." The police will be there before your arrival.

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 25, 2018, 05:30pm, partly cloudy, no wind, 17°C. Call to address time is 8 mins.

For all requests and information towards Emergency Dispatch Center use two-way radio.

Local situation:

A *Nearest hospital: 10 km by ground transport. Depts: General Surgery, Internal Medicine, Neurology, Anesthesia and General Intensive Care, Gynecology and Obstetrics, CT, Biochemistry.*

B *Higher level hospital: 22 km by ground transport. Depts: as A + ED, otorhinolaryngology, oncology, psychiatry, infectious diseases, Pediatric with ICU.*

C *Specialized center: 38 km by ground transport. Depts: as B + Trauma Centre, Burn Unit, replantation center, Cardiocentre, stroke unit, magnetic resonance, hyperbaric chamber.*

D *Leave the patient on scene.*

	Means of transport	***Information***
E	*Helicopter rescue*	*Arrival 10 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:

For the treatment at the ambulance of general practicioner comes man from a nearby slum. He has injured arm covered with bloody towel and he insist on immediate treatment. Looking at the blood, the pregnant nurse collapses and then also physician collapses (fall from chair leads to head injury). Patient then opens door and screams for help to waiting room, then he collapses also. The call to the dispatch center is from patient in waiting room, who saw what happened and he is very anxious.
1) When the crew arrives, the police is already on the scene - the room is safe, policeman is leaving scene for questioning witness who called to dispatch centre
2) Primary triage – 3 people, ABCDE examination and priority treatment
3) Call for air ambulance
4) Comunication with dispatch centre
Priorities of the task: primary examination of patients, priority treatment, cooperation with other rescuers
Before the entrance to the scene, crew will recieve radiostation, for comunication with dispatch centre. 1 judge is out of the scene as a dispatcher.

P1: Unconscious, pale, male from nearby slum, 80kg weight**,** collabsed over the sink, GCS 6 (1-1-4), spontaneous ventilation with RR 34/min, saturation O2 unmeasurable, BP unmeasurable, pulse rate 143/min, weak pulse palpable only in central arteries, capillary refill (CR) >2s
amputated one upper extremity, amputate is in sink, blood loss is hardly to estimate, other injuries are not present.
Priority procedures: horizontal position, stop bleeding - pressure bandage, tourniquet, O2, 2x i.v. line, fluids. Treatment of severe bleeding - crystalloid solution 20ml/kg, colloids, catecholamines, tranexamic acid 1g i.v. , blood units - 0 Rh negat. if it´s avaliable, analgetics, handling with amputate, patient is waking up after correct treatment, GCS 11 (3-3-5), saturation O2 94%, BP treat to sBP 90 mm Hg, HR 120/min. Call air ambulance and transport patient to specialised centre for replantation.

Treatment of life threatening bleeding:
1) sBP 80-90 Torr (if the patient does not have intracranial bleeding, then MAP ≥80 Torr).
2) Fluid restriction until bleeding is stopped, then balanced crystaloids 20 ml/kg.
3) In second treatment line coloids at the dose to hold BP
4) Body temperature >34° C.
5) Inotropics - Norepinephrine, if fluid treatment was not sufficient
6) Tranexamic acid - first dose to 3 hours.- 1 g i.v. bolus in 10 min, then 1g infusion to 8 hours i.v.
7) Blood products - max 2 x 0 Rh negat if it is avaliable.

P2: nurse, 75kg weight, lies on the floor on the right side, without visible injuries, pregnant in 7th month, GCS 9 (2-2-5), spontaneous ventilation, saturation O2 94%, RR 16/min, BP 70/40, pulse rate 110/min, capillary refill (CR) normal.
Priorities: position change (right side upper or manual push of uterus to the left side). After changed position: GCS 15, BP 110/70, HR 98/min, sat O2 96%, capillary refill normal, no injuries. Transport to the closest hospital to gynecology.

P3: physician (general practicioner), weight approx. 100 kg, colapse with fall from the chair in backwards movement, lies on the floor, head injury: bleeding wound and hematoma in occipital part, GCS 11 (3-3-5), isocoria, spontaneous ventilation, RR 18/min, sat O2 96%, BP 125/70, HR 101/min, capillary refill normal, no other injuries, amnesia, nausea.
Priorities: neck fixation, i.v. line, wound treatment, semi Fowlers position, antiemetics + analgetics (can be given but not rated), transportation to the closest hospital to surgery or traumacentre.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Scene survey & primary examination	Scene safety, cooperation with police	P1: CABCD	P2: ABCD	P3: ABCD		280	**1)** scene safe **2)** C (BP, HR, CR) + stop bleeding A (no patology) + c (c - neck fixation not necessary) B (SpO2, RR, auscultation, chest palpation) C (BP, Pulse, CR) D (GCS 6 p, 1-1-4) **3)** A (no patology) + c (c - neck fixation not necessary) B (SpO2, RR, auscultation, chest palpation) C (BP, Pulse, CR) D (GCS 9 p, 2-2-5) **4)** A (no patology) + c (c - neck fixation) B (SpO2, RR, auscultation, chest palpation) C (BP, Pulse, CR) D (GCS 11p, 3-3-5)
		40	80	80	80			
2	Management on the scene	Continual monitoring of P1 patient - highest priority	Communication with dispatch centre	Call for air ambulance			120	**1)** Continual monitoring of BP, HR, RR, SpO2 **2)** Clarify situation to dispatch centre: Number of patients, priorities, type of injuries **3)** Activation of air ambulance (to 5.min - 50 p, afther 5.min - 25 p.)
		20	50	50				
3	Priority treatment	P1: 1) position 2) pressure bandage to extremity 3) O2 (20+50+10)	P1: 1) 2 x i.v. line 2) fluids (20+70)	P1: 1) analgesia 2) thermo management 3) handling with amputate 4) ice (20+20+50+20)	P2: positioning	P3: 1) positioning 2) i.v. line 3) wound treatment (20+20+50)	420	**1)** horizontal position, pressure bandage, tourniquet, O2 **2)** 2 x i.v. line, fluids crystaloids 20ml/kg, coloids, blood, tranexam.acid, catecholamines (sBP to 90 Torr, norepinephrine) **3)** analgetics, thermomanagement, handling with amputate, ask for ice in ambulance of GP **4)** change position to right side upper or manual push of uterus to the left side **5)** i.v. line, wound treatment, semi Fowlers position
		80	90	110	50	90		
4	Diagnosis	P1: Haemorhagic shock + amputation of upper extremity	P2: Condition after collapse + Aortocaval compression syndrome	P3: Brain concussion + head wound in occipital region + condition after fall to the ground			330	Other diagnosis which relevance will be evaluated by the judge
		190	50	90				
5	Direction & transportation	P1: C via E	P2: A via F(G)	P3: A (C) via F(G)			60	Relevance will be evaluated by the judge after explanation from the crew
		20	20	20				
6	Team cooperation and communication	Clear team leader	Team communication	Roles in team	Correct priorities, set by the leader		50	non-technical skills. P1 priority -bleeding,and treatment of severe bleeding, then other treatment (for example intubation has no first priority)
		10	10	10	20			
7	Actors	Patient	Nurse	Physician			90	Subjective evaluation of crew performace by actors.
		30	30	30				

Authors: ***Katarína Veselá (SK), Jan Veselý (CZ), Jitka Gurňáková (SK)***
MUC. RR ***Judges:*** ***Jitka Gurňáková***
NAT ***Vadim Stolnyi, Gabriela Holubová, Jitka Gurňáková***
INT ***Katarína Veselá, Jan Veselý, Justyna Plachetka, Branislav Uhrecký***

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

Story get to team with instructions.

Story for team:

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

You are called to home birth, newborn is already born, dispatcher-assisted CPR in progress.

Your tasks:

- *Assess scene and correct work management on site.*
- *Examination and treatment of the patient(s) -* ***access the patient like the real one.***
- *Define working (provisional) diagnosis and differential diagnosis, administer the therapy.*
- *Define direction (see below).*
- *If hospitalization is needed, define mean of transport (see below).*

Conditions on scene:

May 25, 2018, 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, Anesthesia 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 site.*

	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.*

Situation on scene:

The rescue team comes to the planned home birth. The family, after a more detailed interview, tells the doctor that the child should be born dead (Edwards syndrome), so they wanted to give birth at home (father had a special course). However, after the action of giving birth to a child, the newborn baby breathes and tries to make sounds. The family thought that a miracle happened and the child revives. However, the rescue group sees a dead newborn, apnea, asystole, desaturation, no tonus. The woman giving birth is okay, without blood, the whole placenta. The aim of the task is to make a newborn's CPR (GL 2015) for at least 10 minutes, at least to essentially examine the woman and carry out crisis intervention on the spot in a very delicate situation.

Key words:

Home birth, newborn resuscitation, crisis intervention.

	Team scoring	1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 350	
1	Newborn First assessment	Respiration	Color	Tone	Heart rate	Tactile stimulation		100	Early assessment of the newborn's condition, apnea detection, asystole, tone loss, cyanosis, does not respond to tactile stimulation.
		20	20	20	20	20			
2	Newborn CPR - BLS	Adequate Chest Compression (Depth + Frequency)	CPR in proportion 3:1	Vital function control in 30 sec.	Air ventilation			200	Launch of newborn CPR according to GL 2015 (ratio 3: 1, adequate chest compression to depth 1/3 of the pre-rear ratio at the rate of 120 / min). Ventilation from the beginning by air.
		50	50	50	50				
3	Newborn CPR - additional interventions	PVK	Adrenalin 0,1 mg/kg (dilution 1:10 000)	Liquids 10 ml/kg	O2 100% after compression starts			200	Performing cannulation (periphery or umbilical cord), administering Adrenaline in an adequate dose (estimated weight by exit group), administering fluids in an adequate dose according to the weight estimate. Once the compression of ventilation 100% O2 starts.
		50	50	50	50				
4	Management	Prevention of hypothermia	Quit CPR after 10 minutes	Examination of the integrity of the placenta	Getting information from parents of the child (VVV diagnosis)	Obtaining medical documentation and verifying the child's diagnosis from hospital documentation	Presence of parents during CPR, child after CPR at mother's request	220	The child shows no signs of life after the arrival of EMT, and VVV is difficult to determine in the documentation, the CPR ends after 10 minutes. Management includes preventing hypothermia during CPR and testing placental integrity. Parents are asked to be present during all interventions, the starting group should follow a sensitive situation - allow parents to be present in CPR studies, and after CPR the child should be given back to the mother.
		30	40	30	40	40	40		
5	Mother survey	B (RR, SPO2) 2 x 10	C (CRT, EKG, BP) 3 x 10	D (indicatively neurologically, gly) 2 x 10	E (to see if bled)	Anamnesis (SAMPLE) 6 x 5		120	Everything, as the intervention group really does, looks at the liner, whether the patient really does not bleed, anamnestically healthy, she last ate 6 hours ago.
		20	30	20	20	30			
6	Direction, transport, dif. dg.	D	Death of the newborn after delivery due to VVV	Dg: Parents after childbirth	Coroner/ funeral service / examining physician	SPIS / Blue Angel / Psychologist / Priest		140	Keeping the patient and the dead newborn in place. Calling the coroner or the funeral services or the doctor conducting the inspect. Offer SPIS / psychologist / priest of other interventions.
		20	20	20	40	40			
7	Communication with parents	Continuous information on the child's assistance and the development of the situation for parents	Concluding explanation of the child's condition to the parents (cause of death)	Explanation of the next necessary procedure after leaving the CPA to parents (police, coroner, funeral service).	Offer other options (SPIS / Blue Angel / Psychologist / Priest), info about the possibility of further manipulation with the child.	Non-conflictual, respectful and empathetic approach to mother (supporting form of communication, information on need and mother's examination procedure)	A nonconflicted, respectful, and empathetic approach to the father (the crew can guide him properly, accept his need to be in, or help, engage him actively)	240	Respect for the parent-child relationship. Instant information about children (what to do, why it is done and what will be done during the trip). Explaining the child's condition, why he lived for some time and why he died. Explanation of the next procedure after the departure of ARM (SPIS, CPR, coroner). Information and ideas about what you can and can not do with the child (keep in arms, prepare clothes, but do not dress the body, do not talk to him, do not touch him). Non-conflict, respectful and empathic approach to the mother (including her inspection) and the father (including the ability to direct him, or engage him in cooperation).
		40	40	40	40	40	40		
8	Team Cooperation and Communication	Clear and obvious team leader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information from the crew				30	There is one team leader who communicates with other team members, closes the communication loop, communicates with the patient (sufficient information about the treatment), the team acts as a whole, individual steps logically follow each other.
		10	10	10					
9	Actors	Mother	Dad					100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according to actor´s rules.
		50	50						

		Authors:	***Igor Krupa (SK), Jiří Konopčík (CZ)***
Most	***RLP***	***Rozhodčí:***	***Lýdia Fehér (SK)***
	RZP		***Marija Vizi (SK)***
Bridge	***INT***	***Judges:***	***Igor Krupa (SK), Konstantinos Stokkos (GR)***

Rallye Rejvíz 2018

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, in the forest, bleeding accident.
We know its location by mobile phone. More information from the fire brigade commander at the event site.

The task Bridge is a mission-specific task, so follow the instructions of the Firefighters on the scene.

Your tasks:

- *Overcome rope obstacles under the strict instructions of firefighters on the ground.*
- *Evaluate the situation on the scene and select the right workflow.*
- *Examine and treat the patient(s).*
- *Define working diagnosis and differential diagnosis, administer the therapy.*
- *Define direction according to local situation (see below).*
- *If transport is necessary, determine the mode of transport (see below) and prepare for transport.*

Conditions on scene:

May 25 (May), 2018 10:30 am., Clear, no wind, 22 ° C. The crew's driving time to the event location is 15 minutes from the call.

If you are a paramedic crew, the Rendez Vous vehicle with a doctor will be at the event site not less than 15 minutes from the dispatching request.

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 example: "Direction A, transport F" and any additional information at their discretion. If the Judge is not visible, just tell it clearly to your colleague.

Situation on scene:

P1 (offender): A psychologically disturbed man (schizophrenia, personality disorder with delusions) seeks a revenge on paramedics who did not "save" his wife in the past which made him go crazy.
Few years later he invented a plan how to drag them into the woods and fake a rescue. He chooses a place in hard-to-reach terrain, unfolds a goodbye letter and a candle by the tree. He then calls for help using an Emergency app. During this distress call he states he got lost in the woods and suffered an injury, he doesn't know his location and is bleeding heavily.
The Emergency Dispatch Center sends out EMS and Fire brigade to his last known location. The accident site is in a difficult terrain. The firefighters must make a descent for the gradual transport of the EMS crews to the patient. When the first crew member reaches the offender, he is suddenly physically attacked, stunned by a blunt object and stabbed with a knife.
P2 (patient, EMS crew member): Comatose, unconscious, breathing spontaneously, located a few meters from the site (place where he previously set up the candle and the letter to make it look like the EMS crew member was caught by surprise when attacked while reading the letter) where the offender is waiting for the rest of the team.
The rest of the team arrives in about 5-6 minutes, responding to P1, who is acting cold, will mislead, fabulate and dissimulate, and claim that someone else has come and attacked their colleague (if found). He will not be aggressive, but stays around, close to them.
There is no signal in the area to call for help, so when P1 tried to call, he had to go about half a mile to do so and come back.
The task of the crew is:
1) Take care of P2: Unconsciousness, GCS 8, borderline for intubation, blunt head injury, stabbing injury to chest on the right with open Pneumothorax .
2) To manage the presence of P1, to orientate yourself in a stressful situation, to determine the priorities as well as the right approach to a mentally ill patient and to decide if he is potentially dangerous.
If the competitor does not engage with P1, he will shoot him self, under the conditions below.

P2 - First measurements :
GCS 8 (1-2-5), BP 90/50, Puls frequency 105/min., Breathing frequency 25/min., Saturation 93%, Body temperature 36,5C, Glycemia 5,0 mmol/l

P2 - Repeated measurements after securing the Airway:
GCS 3 after sedation, relaxation and intubation + vasopresor (ev. Ketamín), BP 110/70, Puls frequency 89/min., Breathing frequency 14/min., Saturation 98%, Body temperature 36,5C, Glycemia 5,2 mmol/l., Capnometry 4,8 kPa.

Keywords:

Mission-specific task, EMS crew member's unconsciousness, rope obstacle, mentally ill patient

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	The arrival of the rest of the Team	Greetings of the Team	Team Identification	Clear teamleader		Disposable gloves	40	The Rallye Rejvíz is a competition where, in addition to expertise, emphasis is placed on empathetic behavior and dignified communication with the patient. In the first place, however, it always has its own safety, especially when it is in the forest and height.
		10	10	10		10		
2	Anamnesis	What happened?	Whom did it happend to?	When did it happen?	Where did it happen?	How did it happen?	150	Finding the right medical history is one of the most important tasks. Who asks correctly will learn much.
		30	30	30	30	30		
3	P2 Direction & Transport	A	B	C	D & E 2 x 100	Direction, Transport: C via F 2 x 30	560	**A** - head position, sound phenomena, foreign bodies, fluids, secretions, swelling. **B** - sight, listening, touch, tap, breathing frequency and effort, chest symmetry, subcutaneous emphysema, tracheal position, cervical vein filling, cyanosis, SpO2. **C** - Pf, BP, capillary refill, bleeding, skin color, ECG. **D** - AVPU / GCS, CR, FR, basic neurological examination, glycemia, intoxication. **E** - HeadToToe, BT, injuries, swelling, scars, skin changes, infections, anamnesis.
		100	100	100	200	60		
4	P1 Direction & Transport	Indicative examination (unharmed)			Keeping on place under firefighters' supervision until the police arrive	B via I (Police) 30 + 40	230	Indicative examination of unharmed and no-complainant P1.Transport: police on psychiatry.
		60			100	70		
5	Comunication with P1	Do not interrupt the eye contact for more than a minute	Do not interrupt verbal communication for more than a minute	Do not turn to the P1 back in his reach		Suicide P1 by shooting (0 points for the whole line)	270	Continuous maintenance of eye and verbal contact and observance of the non-rotation principle is necessary to the P1 backs in its reach. Avoid negative words like "no, can not, we do not, we can not ". If the crew violates any condition of eye or verbal contact more than 2 times in a row, P1 will be instructed to "shot him self" (0 points per full step). If this occurs, the crew must continue in work (treat P2) and later inform the police about the events and the place where the body stayed, eg in the presence of firefighters.
		90	90	90		0		
6	Actors	P1	Chief of the Firefighters				100	Subjective assessment of figurant (simulated patients, patient relatives, witnesses, non-attendees, etc.).
		70	30					

Hodnotící tabulka úkolu- RR 2018

„RYCHLE A ZBĚSILE ???“

Číslo týmu			
Název týmu			
Čas odjezdu		*Vozidlo*	
Čas jízdy		*Známka za styl jízdy*	

Hodnocení za co	*Max. body*	*Získané body*
Seřízení sedadla řidiče	**20**	
Nastavení volantu	**20**	
Nastavení hlav. opěrky	**20**	
Seřízení zpět. zrcátek	**20**	
BP řidiče	**40**	
Body za efektivnost jízdy	**300**	
Použití přístroje NSM	**150**	
Správné nasazení NSM	**25**	
BP u pacienta	**40**	
BP u členů posádky	**40**	
Body získané celkem	**675**	
Pořadí na úkole		

Rozhodčí		*Podpis*	

	Author:	***Martin Trhlík (CZ)***
MUC. RR	***Judges:***	***Martin Trhlík, Martin Vavroš, Tomáš Hanuš***
RLP		***Tomáš Hanuš, Rudolf Jansa***
RZP		***Martin Vavroš***
INT		***Martin Trhlík, Simona Konečná***

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:
Nausea, women 45 years old.

Your tasks:
Examination of the patient in situ, determination of 5 differencial diagnosis - medical equipment at your discretion.

Situation on the scene:

On the spot, the crew will first load a 70 kg manikin with transport chair from their car and walk through the "classic route" with the patient - stairs, pots, barking little dogs, a couple of classic obstacles that can be found every time you leave. The crew uses their own equipment - they have the ability to be familiar with it, the belts are an essential part of every seat according to the decree. After migrating with the patient, they immediately move to the patient, where they examine a 45 years old women, who causes nausea for about two hours, vertigo and mild abdominal pain, which he can not locate exactly (rather left, hurt above the ribs and middle left). Difficulties present for 2 hours, nausea - 1 x vomiting, vertigo, amnesia not, slightly moody, feverish. It is a real person who will tell everything by truth - AA, OA, FA, RA, etc.

TECHNICAL PART (whole team): The task is to ride a patient on the seat of the route and collect as many points as possible for undamaged obstacles (dogs, flower pots, flowerpots, stairs, slippers, etc.) on a different surface - available at the fire department asphalt, concrete, lawn, tile). The whole will be used. The crew goes all the time with all the equipment they will take! 5 minutes on the entire route.

EXAMINATION (whole team): Immediately after the end of the first part, they are taken to one of the rooms where the woman is about 45 years old, who called for sudden nausea and abdominal pain. He can not accurately specify where the pain is - it indicates the left side of the stomach next to the stomach, "a little" up below the left ribs and "a little" down like the stomach. For the examination, the crew can use all the standard equipment available on the wagon to carry. Emphasis will be placed on the integrity of the examination. Not only the use of technical aids but also the ability to extract as much as possible from the patient's history, communication with the patient, the ability to examine the patient from head to toe with the help of their senses. It is essential to carry out the most thorough examination from head to toe and its summary into a concise conclusion, which will be followed by the crew on site. Examination time of 7 minutes, minute transfer - will be strictly observed. The final diagnosis as such is not important for point assessment - because it is a woman, the scale of the disease can be wide. Dg. is here in terms of the "diversity" of crew views and its comparison.

PATIENT: Woman, about 45 years, 2 hours nausea - once vomited, mild vertigo, abdominal pain in the stomach area and left side of the abdomen. AA, OA, FA, RA see real patient, fully cooperating, no amnesia, TT 36.8, gly in standard, menopausal, last menses 3 weeks back - intercourse regularly and 2 days, contraception not using but using condom. The last meal yesterday evening - grilled meat, she had three beers for the evening and two spirits of hard alcohol. Stool once twenty minutes ago - thinner, without blood, urinating without difficulty.

Key words:
Clinic propedeutics, examination from head to toe.

	Team scoring	1	2	3	4	5	Max. points (incl. time)	Correct decisions and performance
							1 925	
1	Technical part	Missing kone 10 kones x 10 pts	Missing dog + 4 x flowers 5 x 20	Patient all the time on the wheelchair	Safety for patient (belts)	5 mins (300 sec) -1 sec = +1 pt	680	It is important done part correctly and quickly, crew receives 1 point for every second before time expiration.
		100	100	90	90	300		
2	Patient General 1	Adressing the patient, itroduction	Finding the name of the patient	AA	OA + FA 2 x 15	RA	90	The examination is performed on a real patient, the values are current at the moment after the measurement.
		15	15	15	30	15		
3	Patient General 2	Describing of history	Abusus	BP + PP + BT 3 x 15	OXY + GLYC 2 x 15		105	The examination is performed on a real patient, the values are current at the moment after the measurement.
		15	15	45	30			
4	Patient Head & neck 1	Visitation of head	ISO	Bulbes moving	Nose outflow	Ears outflow	50	The examination is performed on a real patient, the values are current at the moment after the measurement.
		10	10	10	10	10		
5	Patient Head & neck 2	Tooth decay and tongue	Halitosis	Trachea middleposition	Visit of booth carotides		40	The examination is performed on a real patient, the values are current at the moment after the measurement.
		10	10	10	10			
6	Patient Chest	To swallow the integrity, wounds…	Listening to the lungs	Listening to the heart	Listening from behind	ECG 12 leads (4leads 0 points)	80	It is important done exam correctly and quickly, crew receives 1 point for every second before time expiration.
		15	15	15	15	20		
7	Patient Abdomen 1	Examination painless=> painful	Peristaltic listening	Last menses, pain, bleeding, pregnancy 4 x 15	Stool, gases, urine 3 x 15	Diet - dietary error, alcohol 2 x 15	165	It is important done exam correctly and quickly, crew receives 1 point for every second before time expiration.
		15	15	60	45	30		
8	Patient Abdomen 2	Blumberg sympt.	Tapottement	Murphys sympt.	Skin color, scars, stry 2 x 15	Attack	120	It is important done exam correctly and quickly, crew receives 1 point for every second before time expiration.
		30	15	15	30	30		
9	Patient Upper and lower extremities	Visitation	Skin turgor, swelling lower extr. 2 x 15	Neurological visitation (grip, holding, touching the nose…)	Capilary ref.	7 mins (420 sec) -1 sec = +1 pt	495	It is important done exam correctly and quickly, crew receives 1 point for every second before time expiration.
		15	30	15	15	420		
10	Actors	Patient					100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.) according actor´s rules.
		100						

Spící kráska - Sleeping Beauty | ***Author:*** ***Clarke McGuire (CDN)*** | ***Rallye Rejviz 2018***

MUC. RR	***Judges:***	***Clarke McGuire, Kateřina Ningerová, Kateřina Nováková***
RLP		***Kateřina Ningerová, Ladislava Budíková***
RZP		***René Mezulianik, Lenka Kohlová***
INT		***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:
Unconscious male irregular breathing, unknown cause.

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 25, 2018, 03:45pm, light wind, moderate temperature. 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: 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, Hyperbaric Chamber and Opthamology.*
D *Leave the patient at home.*

	Means of transport	***Information***
E	*Helicopter rescue*	*Arrival 10 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:

On arrival a pregnant girl meets you to say she can't arouse a family member. She takes you up to the apartment and shows you the scene. There are pills beside the bed calcium channel blockers, nitro glycerin, asa, ventolin inhaler and a spanner wrench. Source of CO is from a furnace he (P1) has been attempting to repair.

Patient # 1: Male (figurine), skin cherry red complexion, no pulse no respirations, soot on hands, dead, rigor mortis. Girl say's: I thought he was breathing a minute ago!

Patient # 2: Lady, conscious severly confused cannot answer questions, mumbling incoherently, skin flushed, pulse 128 irregular with frequent pvc's, respirations 30 per min, B/P 89/56, BG 4mmol, spo2 100%, COhb 28%, mild cough with expiratory wheeze. History of asthma, uses a ventolin (salbutamol) inhaler.

Patient # 3/4: Young pregnant girl/, no complaints, first pregnancy, 34 weeks gestation uneventful to date, spo2 100%, COhb 14%, pulse 88, respirations 24 per min, BG 5mmol, no medical history.

Key words:

CO poisoning, hyperbaric chamber, fetus in vitro priority rapid transport via helicopter, high flow o2 via rebreather mask, notify hospital, call fire department vent building search for victims

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Scene assessment 1	Recognize a CO event within 4 mins or less	Removing living (P2, P3) outside within 4 mins 2 x 65	Only opening windows within 4 mins (w/o steps 1), 2))	Recognize a confined space event in 5 minutes		260	Recognise confined space event within 4 mins for maximum points (if the crew has not CO detector, also mentioning of CO measurement give points). At 5 mins the most active team member will be given a card to say "sit down, no talking, you are unconscious". Call for resources to vent building and search for victims. If CPR started (P1) give card.
		130	130	65	0			
2	Scene assessment 2	Call fire department to vent building and search for victims 2 x 40	Call for HEMS within 4 mins or less	Call dispatch for police and rescources 2 x 15	Leave sudden death (P1) on scene.		190	
		80	50	30	30			
3	Patient assessments	P2 vital signs: B/P, EKG respirations GCS, BG, spo2, Cobg 7 x 10	P3 vital signs 7 x 10	P2: Obtain a history of asthmatic lady	P3: History of pregnant girl, recognize fetus in vitro. Needs hyberbaric treatment.		330	Obtain a full set of vital signs and a patient history on both patients. No audible wheeze but a persistnet cough present with older lady.
		70	70	40	150			
4	Patient treatments	P2, P3: High flow oxygen via rebreather masks for all pt.'s o2=20 mask=20 4 x 20	EKG and IV for all 4 x 20	Notify hospital hyberbaric chamber.	Keep at rest and warm with blankets.	Co poisoning causes cardiac disturbances and hypotension - limit movements/rest.	320	Oxygen treatment via a rebreather mask for the maximum concentration. Regular face mask with bag + reservoir, flow of 15 l O2 - maximum - also full points. Start iv's while waiting for resources in the event of cardiac disturbances. Keep patients at rest and warm. Using nasal cannuals or a regular o2 mask less pt.'s (give 20 for oxygen, 20 for correct masks).
		80	80	80	40	40		
5	Direction, transport	P3: to C via E	P2: to C via E/F	Request police/dispatch to arrange coroner for DOA transport	Police and fire department to confirm CO leak repair and building is vented with no other victims.	P2: Do not allow older lady with tachycardia and hypotension to walk	150	Check with helicopter for taking two seated patients on high flow oxygen asap to hyperbaric chamber. Crew to confirm with police and fire departments all clear before departing scene. 2) E - if helicopter can carry 2 patients together or second helicopter available (according to national conditions).
		35	35	20	20	40		
6	Actors	P2	P3				100	Players subjective rating of team treatment and approach 0 - 50 pt's each for up to 100 pt.s'.
		50	50					

Biker | | | ***Author:*** | ***Francis Mencl (USA)*** | ***Rallye Rejvíz 2018***

	MUC.RR	***Judges:***	***Francis Mencl, Eva Litvíková, Marcin Soboň***
Night	***RLP***		***Štefan Liptay, Eva Litvíková***
	RZP		***Markéta Jarušková, Vladimír Jarušek***
	PHYS		***Francis Mencl, Eliška Tonhauserová***
	PARA		***Marcin Soboň, Ján Dobiáš***

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:

Call from cell phone: Unresponsive male. Is breathing. Possibly drunk. No visible injuries.

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 25, 2018, 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, Anesthesia 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:

Biker laying on the ground unresponsive, near him is a screaming person who is grabbing his arms, both of which are bleeding heavily. When he sees the rescuers he runs to them yelling “it won’t stop, it won’t stop” and “help me” No dangers in the area, other then some broken glass in the bag the screaming person (the drunk) was carrying.

Vital signs:

P1: Intoxicated, but alert. After resting he tries to get a ride home from the cyclist. In the process he crashes into him. He has a 6-8 cm, proximal to distal, laceration in both forearms involving the radial arteries from the bottles he was carrying. The remainder of his exam is normal. Initial vital signs 95, 90/65, 22, sats = 98%. [failure to rapidly apply a tourniquet results in a further drop in blood pressure to 80/55 within 1 minute and 75/55 within 2 when he also begins complaining of being thirsty & dizzy]. At 3 + minutes SBP < 70. Once bleeding is stopped he begins to demand something for pain and wants to leave. Does not require oxygen or any IV bolus.
P2: Laying on ground next to his bike, appears unresponsive, eyes closed, is breathing. Responds to pain by opening eyes (2 pts), moaning & uttering incoherent & inappropriate words (3 pts). Withdraws to painful stimulus (4 pts). Initial GCS = 9. Head & Neck: Helmet intact. Scalp is normal. Face is stable and uninjured. No blood from nose or ears. Pupils are equal and react to light. Chest: no crepitus, step off, and lungs are clear and equal. Abdomen: soft, no bruising or guarding. Pelvis: stable. Skin: Pale (but it is nighttime), he is sweaty (diaphoretic). His wrist is badly deformed and will require splinting (Sam splint). 95, 100/65, 22, sats = 98%. His level of alertness will not improve until his blood sugar is checked & corrected. Does not require oxygen or any IV bolus.

Goal of task:

Prioritize actions. Provide appropriate and time-critical prehospital care. Avoid ineffective and dangerous actions.
P1: This patient is the priority. Key action is to control the hemorrhage with a properly applied tourniquet and to reassess for any loosening or shifting. Identify any of the secondary injuries (none). Do not raise the arm etc. to stop the bleeding. Also avoid excessive IVF, allow permissive hypotension. Finally recognize that he is intoxicated and not capable of making good decisions.
P2: This patient is not the priority. Key action is to recognize altered LOC and identify and fix correctable cause (low blood sugar). A good history from the witness will suggest a problem before the crash. A good physical will show no signs of head injury and relatively stable vital signs narrowing the differential.

	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	Bystander leads/directs them to incident	Get information about drunk who collided with cyclist	Information about weaving & unsteady cyclist	Recognizes that P1 (drunk) is priority		100	The scene is safe. Scene safety is a given and no points are scored. Likewise for PPE. They should be doing this! Key is getting more information especially about P2 (the unresponsive cyclist). recognize that the bleeding is the # 1 problem.
		10	15	25	50			
2	Patient 1 (drunk) Primary survey	Primary survey (omitted/partial/ complete) 0/25/50	Recognition that bleeding is primary concern & address before moving on	Bandages **(what is used?)**	Tourniquet in (<1/<2/>2min) (75/50/10	Vital signs & secondary survey 25/25	275	A quick primary survey is essential but so is recognition of the immediate life threat - **hemorrhage**. Not ABC, but BAC! Tourniquet is key. An artery lacerated lengthwise is dificult to control! 4) Tourniquet or other, equally functional, solutions. Not rated - for information only: **4) Carry tourniquet on own ambulance (Yes/No)**
		50	75	25	75	50		
3	Patient 1 (drunk) Therapy	Start IV	Reassess tourniquet	Give <500 cc IVF	Give <2l/min O2	Pain meds - **(type & dose?)**	225	Tourniquets need to be rechecked! This patient does not need IV fluids - permissive hypotension is OK. Likewise he does not need oxygen! Not rated - for information only: **1. Carry TXA on ambulance? (Yes/No)** **2. Used TXA in the field? (Yes/No)** **3. Carry blood products/plasma? (Yes/No)** **4. Is permissive hypotension allowed? (Yes/No)** **5. Do all injured patient get oxygen? (Yes/No)**
		25	100	50	25	25		
4	Patient 2 (cyclist) Primary survey	Primary survey (omitted/partial/ complete) 0/25/50	Cervical spine protection	Vital signs & secondary survey	IV access	Glasgow Coma Scale = 9 **score reported by EMS =____**	175	An unresponsive person needs initial cervical spine control and a careful examination. There is no sign of trauma, and witness tells you that cyclist was unsteady and weaving before the crash. Hint!
		50	25	50	25	25		
5	Patient 2 Therapy	Check blood sugar (early <6 min/late > 6 min) 100/75	Correct blood sugar (early <6 min/late > 6 min) 100/75	Correctly splint extremity	Neurovascular checks pre and post splinting (10/15)	Pain meds - **(type & dose?)**	375	The rescuers should recognize the possibility of hypoglycemia an easily detectable and correctable problem. Having fixed that they should attend to the broken wrist with proper splinting including a neurovascular assessement pre and post. 2) Blood sugar: Before = 35mg/dl or 1.94 mmol After = 160 mg/dl or 8.88 mmol
		100	100	125	25	25		
6	Direction & Transport	P1 A via F	P2 A via F				50	P1 (drunk) can be transported to any ED with good surgery. May need subsequent referral to vascular service. P2 (cyclist) transport to any ED with access to surgery/orthopedics and internal medicine. Does not need trauma service.
		25	25					
7	Team Cooperation and Communication	Clear and obvious team leader	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	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.)
		50	50					

Vločka - Flake			***Author:***	***Petr Černohorský (CZ)***
		MUC. RR	***Judges:***	***Petr Černohorský, Lukáš Ludwig, Zdeněk Chovanec***
	Night	***RLP***		***Petr Černohorský, Lukáš Ludwig***
		RZP		***Lukáš Konečný, Zdeněk Chovanec***
		PHYS		***Veronika Matušková, Chris Kirwan***
		PARA		***Mateusz Zgoda, Kateřina Zvonařová***

Rallye Rejvíz 2018

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:

Local mountains, where there has been a rock slide, causing the destruction of the via ferrata (designated rock climbing route). Some tourists fell down - reported by Mountain Rescue Service, no more information available.

Your tasks:

- *Scene assessment and correct work management on scene.*
- *Examine and treat the patient(s).*
- *Define working (provisional) diagnosis and differential diagnosis and provide treatment.*
- *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 the scene:

May 25, 2018, 10:00pm, clear, no wind, 0°C. 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 20km by ground transport. Depts: General surgery, Internal medicine with ICU, Resuscitation unit, Neurology, Gynecology and Obstetrics, CT, labs.*

B *Higher Level Hospital:42 km by ground. Depts: as A and Emergency dpt., ENT, Oncology, Psychiatry, Pediatrics and Infection Unit.*

C *Specialized Centre: 55 km by ground. Depts as B and Traumacentre, Burn Unit, Cardiocentre, Stroke Unit, ECMO, MRI.*

D *Leave the patient on scene (if possible due to local EMS competence).*

	Means of transport:	***Information***
E	*Helicopter Rescue*	*Landing 15 minutes after request via EMS Dispatch Centre, landing on scene is possible.*
F	*Ground*	*Team´s own ambulance.*
G	*Ground- next paramedic ambulance*	*Arrival 15 minutes after request via EMS Dispatch Centre.*
H	*Ground- next physician ambulance*	*Arrival 15 minutes after request via EMS Dispatch Centre.*
I	*Another*	*Describe and justify to judge.*

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

Situation on the scene:

During evening climbing on the via ferrata, there is a collapse of rocks, and tourists are pulled down and buried by rocks and soil. Jeseníky Mountain Rescue Service finds the tourists and clears the debris from them 4 hours after incident.

Signs and Symptoms:

P1: Adult with climbing helmet, disoriented, no tremor, GCS 2-4-6, no obvious unilateral deficits on neurological exam, frostbites of face, ears and hands, RR 30/min, cyanotic lips, CRT 6s, neck veins distended, asymmetric thorax with sub cutaneous emphysema on right side, HR 50 reg, breathing sounds clear on left and weakened on right, percussion demonstrates hyperresonances, BP 60/40, SpO2 undetectable, soft painless abdomen with no palpable liver and spleen, pelvis stable, lower extremities edematous, painful with no palpable peripheral pulse, Homan's sign bilat. positive. Spinal column painful from neck to pelvis, tympanic temperature 32°C. Patient remains in seated climbing harness, braking device connected to rope.
P2: Adolescent with climbing helmet, drowsy, whole-body tremor, screaming when moved, oriented, GCS 3-5-6, frostbites of face and hands, HR 130 reg, symmetrical alveolar breathing sounds, RR 26/min, BP 80/40, CRT 7s, SpO2 undetectable, soft painless abdomen with no palpable liver and spleen, pelvis stable, lower extremities with bilateral defiguration of thighs and lower legs, bilateral opened lower leg fractures with obvious bleeding. Tympanic temperature 33°C. Patient remains in seated climbing harness, braking device connected to rope.

Goal of the task:

Provide an adequate prehospital care: safety, scene assessment, obtain medical history incl. allergies and sensitivity, detailed physical examination- AcBCDE approach. cooperation with Mountain Rescue Service and Police. Correct chest decompression- needle event. thoracostomy, intraosseal access on model.
P1: vital functions maintaining, tension PNO recognition and early decompression, pain relief, sterile dressings, fluid therapy, oxygenotherapy, temperature management-warming, immobilization and Harness Hang syndrome (orthostatic syndrome) prevention, Crush syndrome and positional trauma diagnosis, traumacentre care indication P2: vital functions maintaining, IO access- humerus, pain relief and sedation, sterile dressings, fluid therapy, oxygenotherapy, temperature management-warming, immobilization and Harness Hang syndrome (orthostatic syndrome) prevention, traumacentre care indication

	Team Scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Obtaining of available information's about scene and incident	Assessment of the situation	Safe access	Finding of all victims 2 x 15	Call for EMS help	Call for Police	85	Safe access- personal protective equipment(boots, gloves, helmet disregarded), risks assessment, information from Mountain Rescue, find all victims, early call for EMS help and Police
		15	10	30	15	15		
2	Patient 1	Medical history, primary survey 2 x 25	Provisional Dg.: hypothermia, tension PNO, crush sy 3 x 25	SpO2 + ECG + BP + CRT 4 x 25	Chest decompression	MILS + helmet removal + cervical collar 3 x 25	350	Medical history- AMPLE, primary survey AcBCDE incl. Temperature, provisional diagnosis, chest decompression (needle, COOK, thoracostomy), vital signs monitoring, safe helmet removal, MILS, removal of climbing harness and braking device
		50	75	100	50	75		
3	Patient 1 Treatment	2 x iv access, crystalloid 500+500 ml 4 x 20	Whole-body immobilization	Sterile dressing, temperature management 2 x 20	Oxygenotherapy	Early analgesia (i.o.,i.m., nasal, rectal)	220	Secure iv line, warm balanced crystalloid, sterile dressing on frostbites, immobilization, temeperature management and Afterdrop sy prevention, pain relief, isothermal blanket, warming, oxygen.
		80	40	40	20	40		
4	Patient 2	Medical history, primary survey 2 x 25	Provisional Dg.: hypothermia, multiple fractures of lower extr. 2 x 25	SpO2 + ECG + BP + CRT 4 x 25		MILS + helmet removal + cervical collar 3 x 25	275	Medical history- AMPLE, primary survey AcBCDE incl. Temperature, provisional diagnosis of hypothermia and multiple fractures, bleeding control, analgesia sterile dressing of frostbites and wounds, oxygen vital signs monitoring, safe helmet removal- MILS, removal of climbing harness and braking device.
		50	50	100		75		
5	Patient 2 Treatment	I.O. access, crystalloid 500 ml 2 x 20	Whole-body and legs immobilization 2 x 20	Sterile coverage + hypothermia therapy 2 x 20	Oxygenotherapy	Early analgesia (i.o.,i.m., nasal, rectal)	180	Humeral IO access when periphery collapsed, pain relief, safe helmet removal- MILS, removal of climbing harness and braking device, whole-body and legs immobilization, temeperature management and Afterdrop sy prevention, painrelief, isothermal blanket, warming, oxygen, warm balanced crystalloid.
		40	40	40	20	40		
6	Directions and Transport	P1 C via F	P2 C via E	HEMS activation within 3 minutes	HEMS activation within 5 minutes		90	Early HEMS activation for fast and gentle transport to Traumacentre.
		30	30	30	15			
7	Team Cooperation and Communication	Obvious team leader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information from the crew	Well managed and controlled patient handling	Team communication with patients and other actors	50	Crew cooperation as a team, obvious and visible team leader. Unambiguous and clear communication with judges (no repeated questions about the same- usually vitals), patients and others. Introduce after arrival, informing the patient at every move, lift, touch, examination, procedure, transport and explaining why is this done.
		10	10	10	10	10		
8	Actors	Patient 1	Patient 2				100	Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc).
		50	50					