Author: ***Petr Černohorský (CZ)***
MUC. RR, RLP, RZP, INT ***Judges:*** ***Petr Černohorský, Lukáš Ludwig, Zdeněk Chovanec***

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

EMS Dispatch centre received an emergency call and send you to:

Impact of a zorbing ball into a cable car pole, patient unconscious, bruised, bleeding heavily, hysterical partner with him, unable to cooperate with Emergency Dispatch Center.

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 routing according to local situation (see below).*
- *If transport is needed, define mean of transport (see below).*
- *Inform the judge of any further steps.*

Conditions on the scene:

October 01, 2021, 09:00am, clear, no wind, 20°C. Call-to-site time is 8 minutes after summoning.
All requests and information towards Emergency Dispatch Center tend to judge marked as DISPATCH.
If you are paramedic staffed ambulance, physician is available within 15 minutes after your request.

Local situation

A *Nearest hospital 20 km by ground transport. Depts: General surgery, Internal medicine with ICU, Resuscitation unit, Neurology, Gynaecology and Obstetrics, CT, labs.*
B *Higher Level Hospital:42 km gy ground. Depts: as A and Emergency dpt., ENT,Oncology, Psychioatry, Pediatrics and Infektion Unit.*
C *Specialised 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:

Zorbing ball crashes into cable car pole, ruptures , patient inside, bruised, unconscious, twitching HKK, massive bleeding from thigh PDK, incident about 200 m up slope, his partner on scene, upset, uncooperative.

Physical examination:

P1: Addult man lying on back, inside deflated zorbing ball, cyanotic, RR 6/min, mouth covered by plastic ball material, inspiration obstructed, seizures of upper extremities, no verbal response, pain stimulus with mimic muscles response, involuntary movements, GCS 2-2-4, open fract. right femur w severe external bleeding, no brain trauma, pupils iso, RL +/+ symetrické, ears, mouth, nose w/o secretion, back bone w/o pain by palpation, painfull at C-Th region, neurological exam symmetric, chest w/o crepitus, HR 130/min reg, breathing w/o patological sounds, BP 90/50, CRT 5s, a. radialis bilat. weak pulse, abdomen diffuse pain, peristalsis +, pain at womb, crackles at pelvic bones, left lower extrem. normal, right lower extremity open fract. w arterial bleeding, w/o pulse on periphery, movements intact. After jaw thrust and removing obstructive plastic slow unconsciousness improvement, RR 12/min

Goal of the task:

Provide PNP for this case. Assessment of the situation, safe approach,history taking including allergy, detailed physical examination, AcBCDE approach.
Recognition of DC obstruction, release by advancing the mandible and removing the obstruction, diagnosis of life-threatening bleeding, stopping by manual compression followed by tourniquet placement in the shortest possible time, ensuring vital signs, stabilization of pelvis, C-spine, immobilization and treatment of open fracture, thermal comfort, analgesia, infusion therapy, transport to trauma center, optimally LZS. 1 crew member after hill run- set up IO set, dilution and administration of Adrenaline for CPR of child e.g. 6.5 kg intraosseous on model.

	Team Scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Obtaining of available informations about scene and incident	Evaluation on scene, safety measures 20+10	Information and cooperation of friend	airway opening	Recognition od severe arter. Bleeding	Call for police	290	Safe access - shoes, gloves, helmet not evaluated, risk stratification, immediate call for Police through Emergency Line. Obstruction airway and severe bleeding recognition, calming friend
		30	40	100	100	20		
2	Patient	Patient history, primary exam 2 x 25	Working dg: haemorhagic shock with open femur fract, pelvic fract., hypoxia by suffocation	SpO2 + ECG + BP + CRT 4 x 25	Pelvic sling	MILS + C collar 2 x 25	350	PH, examination AcBCDE incl. Temperature, working dg, monitoring VF, inline stabil neck and head, C collar, pelvic sling
		50	100	100	50	50		
3	Patient therapy	1 x IV line, crystaloid 500 ml 2 x 30	whole body immobilisation	Sterile dressing+ hypotermia prevention 2 x 20	O2 by mask	Immediate analgesia (i.o.,i.m., nasal, rectal)	230	IV line, warm balanced crystaloid, permissive hypotension, stwerile bandage of open fract., immobilisation, heat loss prevention, thermofolie, oxygen
		60	60	40	20	50		
4	Stop bleeding	Compression+ tourniquet up to 1 minute	Compression + tourniquet up to 2 min	over 2 min		Compression + pressure bandage up to 1 min	200	Stop bleeding by manual compression and tourniquet, exact up to 1 min, alternative pressure bandage (even it is not ideal in this situation)
		200	100	0		50		
5	Dilution and IO administration	to 1 min	to 2 min				80	epinephrine dilution to 10ug/kg and IO administration
		80	40					
6	Routing and means of transport	P1 C via E		HEMS activation within 3 minutes	HEMS activation within 5 minutes		100	Optimálně transport pacienta do traumacentra za využití LZS, včasná aktivace LZS.
		60		40	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 frem the crew	Well managed and controlled patient handling	Team communication with patients and other actors	50	Crew cooperation as a team, obvious and visible teamleader. 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					50	Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc).
		50						

Violets (Fialky)

	Author:	**Všetečková**
NAT	**Rozhodčí:**	**Povinská, Všetečková**
INT	**Judges:**	**Matušková, Ilavská**
	Garant:	**Povinská A.**

Rallye Rejvíz 2021

Time limit for task: ***max. 10 min***

The tem will get the story with instructions.

Emergency Dispatch Center received emergency call and send you to:
Unconsciousness, man middle age, St.Miroslava restaurant

Your tasks:

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

Actual conditions on the scene:
1.10. 2021, 5 pm, clear sky, no wind, 22°C. Call to address time is 6 min.
Veškeré požadavky a informace směrem ke KZOS vznášíte k rozhodčímu úkolu, který je označen KZOS.

Local situation:

A *Nearest hospital is 20 km by ground transport with surgery, internal medicine (including ICU), anestesiological dep., neurology, gynecology and obstetric, CT and biochemistry.*
B *Higher level hospital 42 km by ground transport, dept. as A + ED, ENT, oncology, psychiatry, infectious diseases and pediatric dept.*
C *Specialized centre 55 km by ground. Depts. as B + traumacentre, burn unit, cardiocentre, stroke unit, NMR, ECMO.*
D *Leave the patient on the scene (if you are competent to do so).*

	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 paramedics*	*Arrival 15 mins after request through Emergency Dispatch Center.*
H	*Ground - next ambulance with physician crew*	*Arrival 15 mins after request through Emergency Dispatch Center.*
I	*Another*	*Describe and justify to judge.*

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

Situation on the scene:
Restaurant about 10 guests, 1 man unconscious, any other informations are not known.

Police is send on scene byl dispatch centre on call by unknown man.
SH-PČR na místě jako druhá (cca 2 min po SH-ZZS)

Local restaurant, about 10 guests inside, football fans FC Rejvízovice, local regular guests, all of them influened by alcohol, they're chating and cheering, loudly singing, tremendous argue between local rowdies.

Correct decisions:
Work organisation on the scene, priority assessement, health care management of all patients. Cooperation with police.

	Team scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 450	
1	Orientation and work organisation on scene site	Orientation on the scene site	Information gaining from guests - clear questioning	Allocating of work in the team	Comunication with dispatch centre	Clear and obvious communication and cooperation with police	250	Gain informations from guests : what happened, number of casualties Character/severity of injuries, priority assessment 1. patient A 2. patient B 3. patient C 1) Communication with dispatch centre: asking for another crew, number of casualties (3), type of injury 2) Clear communication and cooperation with police
		50	50	25	25	100		
2	Number of guests/number of casualties, intel gain	effort to calm down relative of patient A	aggressor - just questioning police if there is an intervention needed	crew identifies right number of injured patients A-B-C			150	contact with all guests, getting summary of all injured guests, question about arrgessor is sufficient, taking care of him in not evaluated
		50	25	3x25				
3	Patient A (unconscious)	medical history taken from his relative	i.v. line	c-A-B-C-D-E (or MARCH)	susp. Craniotrauma + ebrietas ethyl.	Direction and mean of transport C via E	300	Unconscious, A) spontaneous breathing B) breathing clear and sufficient C) BP 110/70, HR 120/min., RR 16/min., SpO2 98, ECG: normal D) pupils bilat. 3mm, GCS 2-3-5, gly 6 mmol/l E) no other injuries, BT 36,2 Celsia
		100	25	5X10	50 + 25	25 + 25		
4	Patient B (hand injury)	PA+AA+FA	stopping the bleading, sensitivity and movement control, elevation of the hand	BP,HR, calm communication with the patient	Dg. Deep cut wound with possible injury of nerves and tendons	Direction and mean of transport A + F nebo G	300	Deep cut wound of right palm, venous bleeding, sensitivity impairment, aggitated, is worried about his friends stopping the bleed, fixation, verbal calming down BP 140/80, HR 90/min., RR 16/min., SpO2 98% assessment of sensitivity and movement of injured hand, elevation of injured extremity
		20+20+20	4x25	10+10+20	50	25+25		
5	Patient C (back injury)	identification of injury, basic examination including lumbal area (look and palpation)	PA+AA+FA 3x25	Question about hematuria + enamination of lublal area, whole body fixation	Dg: blunt wound of lumbal area	Direction and mean of transport A + F nebo G	300	VF normal, ebriety, lubal pain (he was hit with a chair) He reacts inadequatelly, communicates just on direct command, he refuse to stand up, he doesn´t know about hematuria, he wasn´t urinating AA: Negative FA: antihypertensives
		25+25+25	25+25+25	25+25+25	25	25+25		
6	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	Communicates with the patient and informs him about what is happening around him	50	Cooperating as a team, obvious teamleader, clear communication with patients, other persons on the scene and police. Introduce themselves after arrival and informing the patient about every examination and intervention.
		10	10	10	10	10		
8	Actors	Patient A	Patient B	Patient C	relative of patient A		100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.)
		25	25	25	25			

Birdie ***Autors:*** ***Krupa(SK), Renata Všetečková (CZ)*** ***Rallye Rejvíz 2021***
Arbiters: ***Krupa(SK&CZ), Tomašovičova(SK), Bakošová(SK), Tlusta(CZ)***

Time to finish the request : ***max. 10 min*** ***The legend will crew receive on the start***

Legend for the crew :
The dispatcher have received a call on 155 line and is sending you to the request:
Request for co-operation, police patrol of ČR in the household: assault of a woman by a man, one person injured, the police requests the sending of and emergency medical service to the place of the event.

Your request is:
- *Evaluate the situation at the scene and choose the right workflow.*
- *Examine and treat the injured.*
- *Establish an occupational and differential diagnosis, administer treatment.*
- *Specify routing (see below).*
- *Prepare the patient for transport.*
- *Share with the arbitrator any further steps.*

Actual situation on the place of event:
1.10.2021, 15:15, rejvízno. The arrival time of the crew on place of event is 8 minutes after request.
All requests and information to Dispatch centre tell to the arbitrator, which is marked as Dispatcher.
If you are the crew of RZP, arrival of car RV with a doctor on a place of event is 15 minutes from request of Dispatch centre.

Local situation:

A	*The nearest hospital: 20km by road trasnsport. Equipment: chirurgy,internal with JIP, ARO, neurology, gynaecology and birth center, CT, biochemical laboratory.*
B	*Hospital of higher quality: : 42km by road transport. Equipment: the same as A + emergency, ORL, oncology, psychiatry, infectology, child department.*
C	*Specialized center: 55km by road transport. Equipment: the same as B + traumacenter, burns department, cardiocenter, Ikt department, MRI.*
D	*Leaving the patient in the place of event (if it allows the competence of ZZS crew)*

	Type of transport:	***Information***
E	*Flying*	*Time of arrival of LZS is 5 min from request of KZOS. Departure near place of event is possible.*
F	*by road*	*By ambulance car*
G	*by road – with called another RZP*	*Time of arrival of next RZP is 15min from request of KZOS.*
H	*by road – with called another RLP*	*Time of arrival of next RLP is 15 min from request of KZOS.*
I	*Other*	*Describe and tell to the arbitor.*

To arbitor you tell (Example) : Going A, transport E", any other information by your own decision.

Situation on the place of event RLP:

Competing crew of ZZS (SP-ZZS) is entering the building, in room is a mess, but relatively peace. The crew of Police RR-PČR (figuranti), informs, the place is safe. RR-PČR is taking care of a men, alleged agressor (P3).
Men is not aggressive, he was just trying to calm down both females, which were arguing in between each other. PČR - RR let them to enter the flat, by asking what the police is doing here PČR reacts, neighbours gave us a call, that it is noisy in here. Men is calm and saying that nothing happened, only females were arguing, he had to calm them down. And that he was verbally attacked by one of those females. RR-PČR doesn´t have any reason to handcuff him they are just watching him and the checked the place.
SP-ZZS called due to injury on head on one of those females 1.(P1, girlfiend).
P1 light somnolent, bradypsychiatric, not replying PČR - RR, that is why they call ZZS. Visible injury on the head, older bruise on the eye, older scar PHK
P2 is denying and doubting that something has happened, which would request the coming of ZZS or PČR, behaviour of P3 aggressor considers as normal, that when she gets him angry he is more aggressive, this time they have only argued in between each other of the females. Conjecture about boyfriend. He lives with both of them.
During examining P1 (P2) trivializes the whole situation.
In the third minute the competing crew of Policie (SP-PČR) enters and P3 actively reacts, yells on Police officer neer him and stab him. Then runs to the other room, where is verbally agressive, angry, and is holding the knife in the hand.

P1: female is crying, bradypsychic, lightly somnolent, AS regular 110´, TK 135/85, 18D/min, GCS 15, lightly confused, older haematoma of l orbity, now after hit on the head
P2 : without injury, only histeric, from long term medication only Neurol, contraceptives, any pain at all.
P3: men 40 years old, agressor
RR-PČR: men, smiddle age, GCS 15b. White colorit of the skin, scared face, cooperates, AS regular 100/min., TK 85/50 -> 90/60, 20D/min., VAS <4/10 pain increaes with moving, SpO2 94<->99%, Gly 6,8mmol/l, TT 36,9 Celsia, 1x stabbing 2cm long, oblique wound 2cm left and 2 cm over belly button, actively non bleeding.

Key words:
Stabbing, bleeding, police intervention, disorder of consciousness

Evaluated crew steps:		1	2	3	4	5	Max of points (without time)	The correct approach
							1 350	
1	P1 (Female 1 – injured)	OA, AA 2 x 20	NO - hit in the sleeping area	Pupil, Laterization, question at the beginning of consciousness	Identification of visible injuries, haematoma orbit, brusing hand	Suspiction of physical assault in the past	200	Examination with emphasis on older orbital hematoma – basal neurology, bruising on PHK of older data, VF not evaluated, will do everyone.
		40	20	60	40	40		
2	P2 (Female 2)	Question on injury	Verbally calming down	FA			50	Making sure by question that there was not injured another person in the room
		20	20	10				
3	ABCDE RR PČR	A O2 inhal. thrue the Mask with rezervoir >5l/min.	B Auskultation 4xPQ + Abdomen 5 x 20	C Permissive hypotension	D GCS, pupils, laterization, undressing the body (verbal) 4x10	E head to toe: front, back, axils, inguins, hairs , 5x20	360	The examination of the patient goes ith system ABCDE according to ATLS. With an emphasis on minimalization in the place, keeping permissive hypotension, to keep palpable systole in range of 60-90 Torr (TK of patient 80/40 – so without intervention). Patient will be calm, anxious, cooperating, GCS15b., pain VAS <4, so without need of using analgetics. Neurologically absolutely normal. Great emphasis is placed on exposing the body and examining it, mostly in the hairy part of head, axillas and inguins, and after coordinated turning also on the back.
		20	100	100	40	100		
4	Anamnesis, measuring, information and transport RR PČR	AA, OA, FA 3 x 20	TK, P, SpO2, DF, Gly, TT 6 x 10	Targeted query: 1.Time of attack, 2.Amount of the blood on place, 3.Number of shots, 4.Shape of knife, 5.Technique of stabbing 5x50	VZZS ad Trauma centrum 2 x 10	"Ready To Fly" do 5 minut	590	Complete examination, collecting of data, and fixation of the patient must be as fast as possible. Thats why we are going to measure the time of the crew from the first touch of the patient, until fixation to transport. When asking about helicopter, they will be told that it is 5min away (so the won´t need to stay on the place). For doctors in TC are in stabbing wounds important informations, which they have to know, so the can orientate better on the treatment.
		60	60	250	20	200		
5	The team work, communication	Clear and obvious crew leader	The crew communicates as team and gives information to the leader	The leader accepts and reacts to the information of the crew	Controlled manipulation with the patient	Communication of the crew with patient and figurants	50	Cooperation of the crew as a team, team leader clearly acting and performing. Unambiguous and clear communication with the judge /not repeating questions about the same data/ typical vital functions/, the patient and other extras. Introduce yourself upon arrival, inform the patient about what we do, why we do it (undressing, examination, transport…)
		10	10	10	10	10		
6	Figurants	Female 1	Female 2	Injured police officer			100	Subjective evaluation of the figurants (simulated patients, relative of patients, victims, uninvolved spectators etc..)
		25	25	50				

Čekárna **Autor:** **Silvia Trnovská (SK), Denisa Osinová (SK)** ***Rallye Rejvíz 2021***

MUC. RR **Rozhodčí:** **Silvia Trnovská, Denisa Osinová, Dagmar Majerová**

NAT **Silvia Trnovská, Ľudovít Priecel, Dagmar Majerová**

Waiting Room **INT** **Judges:** **Sara Lary, Denisa Osinová, Roman Remeš**

Time limit for task comletion ***max. 12 min*** *Legendu posádka obdrží s instrukcemi.*

The dispatch center recieved Emergency call and is sending you to the situation:
Nurse working for dental centre states, that there is a patient in waiting room with dizzines, dyspnea, anxiety and restlessness

Your task is to:

- *Assess the scene situation and choose the right approach*
- *Examine the patient(s)*
- *Determine diagnosis and differential diagnosis, set treatment and treat patient(s)*
- *Specify routing (see below).*
- *If transport is necessary, determine the type of transport (see below) and prepare the patient(s) for transportation.*
- *Tell the judge any further steps.*

Current situation at the scene:
1. october 2021 time: 8:30, Partly cloudy, 15°C The arrival time of the crew to the scene is 10 min.
The arrival of the physician in rendes vous is 15 min after call to dispatch center.

	Routing	Distance by ground	Avaliable departments and equipment
A	Hospital A	5 km	Surgery, internal medicine, anesthesiology and intesive care, neurology, gynaecology and obstertrics, CT scan, biochemistry.
B	Hopspital B	20 km	Facilities as hospital A + emergency department, otorhinolaryngology, oncology, psychiatry, infectious diseases, pediatry with intensive care unit
C	Hospital C	30 km	Facilities as hospital B + traumacentre, burn injuries unit, cardiocentre, stroke unit, magnetic resonance
D	On the scene	0 km	Leaving patient on the scene

	Route of transport	Informations
E	Helicopter emergency medical service	Time to arrival of HEMS is 15 minutes, landing possible on the scene.
F	By ground	Teams own ambulance.
G	By ground - another ambulance with paramedic crew	Arrival time of nex tambulance with paramedic crew is 10 minutes after request to dispatch centre.
H	By ground - another ambulance with physician crew	Arrival time of next ambulance with physician crew is 15 minutes after request to dispatch centre
I	*Other*	Describe and justify to judge.

Report to judge (example): "Direction A, transport E" and any additional information you consider as important

Situation at the scene:

After arrival:

In the waiting room of the dental clinic there is a patient, sitting on a chair, restless, hyperventilating, complaining of dizziness, tinnitus, double vision, tingling of his mouth and feeling tingling in his upper limbs. The present doctor and nurse claim that they had not done anything with him yet. Patient came to the dental clinic because of a broken tooth. He was very afraid that it would be very painful and he did not cooperate. So for now, they let him suck numbing candy and put him in the waiting room. When he began to breathe poorly, they called the emergency services.

Correct procedure (see chart for details):
1) Primary ABCDE examination and priority treatment.
2) Obtaining a history - information is obtained from the dentist (from the e-card), or in first 2 minutes from the patient
3) Achieving cooperation with the patient and ambulance staff
4) Primary treatment in emergency medical services - O2, i.v. line, continuous monitoring, symptomatic treatment - bicarbonate, sedatives, in case of grand mal convulsions deep sedation and mechanical ventilation, fluid treatment, inotropics according to the current development of the condition, in case of incorrect treatment: generalized convulsions, impaired consciousness, respiratory arrest and asystole.
5) detect possible intoxication with a local anesthetic. 6) consultation with toxicological center
7) Transport to hospital

Anamnesis	**P1**
Personal data	Jane Smith (John Smith), 30 years, weight: 80 kg
History	negative
Medication	negative
Allergies	negative
Documentation	During the meal the patient broke his tooth. The patient came for treatment at the dental clinic, he had no other injury (finds out from the doctor), he was without serious problems when he arrived at the clinic.
Family history	none

Vital functions	**After arrival**		**During the task** (8th min. After the start of monitoring - without treatment)	After intubation and mechanical ventilation	After inotropic treatment	without treatment in 10th. min	After proper treatment
Patient	**2. min.**	**5. min.**					
Pulse (/min)	52	38	25	40	40		90
RR (/min)	35	35	6/min.	12 (on ventilator)	12 (on ventilator)		16
Capillary refill (s)	normal	prolongued	prolongued	prolongued	slightly prolongued		normal
BP(mm Hg)	100/55	88/50	immeasurable	immeasurable	110/65		110/70
SpO2 (%)	90	80	immeasurable	65%	91%		95%
Glycaemia (mmol/l)	6,8						
Body temperature(°C)	normal		normal	normal	normal		normal
GCS	15 bb	11 bb	3 bb	anesthesia	anesthesia		15 bb (anesthesia)
EKG	SR, AVB II. Extrasystolies	SR, AVB II. Extrasystolies+ VT	junctional rhythm	junctional rhythm	SR+extrasystoly+VT	asystole	SR, extrasystoles

2nd min: Hyperventilation, sitting position, restlessness, anxiety, the patient is still able to communicate, describes - diplopia, tinnitus, vertigo, tingling of the lips, paresthesia in upper extremities, without nystagmus, breathing auscult. sharpened, pulse rate irregular - numerous extrasystolies. No trauma. Skin sweaty, cold, without swelling, legs: without patological findings. Abdomen: without patological findings. Neurological findings: normal. If crew finds out about the intoxication in 2 min, patient will tell them that he has eaten more candyes.
5th min .: speech impairment - unable to communicate, increasing anxiety, tachypnoea, muscle twitching, deterioration of consciousness 10th min .: onset of generalized convulsions, impaired consciousness, ECG: asystole

		A	B	C	D	E	F	Max. score	correct approach
								1 350	
1	Anamnesis	History	Medication	Allergies	documentation (TO)	Information about local anesthetics	Subjective symptoms (5x10 points)	130	1A, 1B, 1C: none 1D: we evaluate data: no injury, no problems before arrival at the dental clinic 1E: ingestion of Cinchocain (Dibucaine) in candy 1F: we evaluate: diplopia, vertigo, lip tingling, paresthesia in upper extremities, tinnitus
		10	10	10	20	30	50		
2	P1	Ac+B 5x10	C 3x10	D + skin + glycaemia 3x10	12 lead ECG			130	2A: A (opened) + c (C spine imobilistaion not necessary) + B (sat O2, RR, auscultation) 2B: C (BP, PR, CR) 2C: D (GCS) + skin (cyanosis) + glycaemia
		50	30	30	20				
3	Basic procedure	Oxygen + i.v. line 2x10	Continuous monitoring	Consultation of toxicological centre	Removal of candy for toxicological analysis			220	3C: consultation of the Toxicological Center - treatment for Cinchocain (Dibucaine) poisoning, NTC will recommend to use Lipid rescue avaliable in dental clinic. 1,5ml/kg i.v. In 1 min (80kg - 150ml/min max dose 10ml/kg)
		20	50	100	50				
4	Treatment	Administration of bicarbonate	Administration of benzodiazepines	Crystalloids	Lipid rescue therapy			370	4A: Sodium bicarbonate 1-2 mmol / kg 4B: Diazepam ev. Midazolam, in an adequate dose note: if crew can determine treatment without consultation - full number of points, after consultation - half number 4C: Crystalloids 20 ml / kg i.v. 4D: Lipid rescue therapy - the administration of a fat emulsion - is part of the rescue equipment of a dental clinic (if the crew administers this treatment without assistance - full points, if on the recommendation of the NTC- half points).
		100	100	20	150				
5	Diagnosis, routing, transport	Intoxication with a local anesthetic	Impaired consciousness	Cardiac arrhythmia	P1 transport A via F, C via E	Diff.dg.		350	5E: panic attack, neurosis, other according to the judge adequate dg..., (Anaphylaxis, CMP, epilepsy, grand mal.)
		150	50	50	50	50			
6	Team cooperation and communication	Clear team leader	Team communication	Team leader is recieving informations	Organised and controlled manipulation with patient	Communication of crew with patient		50	Non technical skills (NTS) assessment
		10	10	10	10	10			
7	Actors	Patient	Doctor					100	Subjective evaluation of actors
		60	40						

Him again

Author: **Redelsteiner, Adamek, Zahorka**
Judges: **Christoph Redelsteiner, Florian Zahorka, Katka Novakova**
Reviewer **Martina Jansová, Lenka Kohlová**

Rallye Rejvíz 2021

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

Story get to team with instructions.

Emergency Dispatch Center received call and sends you to:
RD-13C1 Diabetic Problem Not alert

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:

October 1, 2021, 02:30pm, clear, no wind, 17°C. 8 minutes drive to scene.
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCH.
If the paramedic crew, the physician's arrival to the event location is 15 minutes from the request via DISPATCH.

	Direction	Ground distance	Departments available
A	Nearest hospital	22 km	Biochemistry, Surgery, Internal medicine, Neurology
B	Higher level hospital	39 km	as A + ED, Anaesthesia and general intensive care, CT, Pediatric with ICU, Neurology with ICU, Stroke unit, Infectious, ENT, psychiatry
C	Specialized center	43 km	as B + Cardiocentre, Trauma centre, Burn unit, Neonatology, Cerebrovascular Center, NMR, Neurosurgery
D	Leave the patient on scene	0 km	If possible due to local EMS competence.

	Means of transport / release on scene	Information
E	Rescue Helicopter- HEMS	Arrival 12 mins after request through Emergency Dispatch Center. Landing on the scene is possible.
F	Ground	Teams own ambulance.
G	Ground - next ambulance with (nurse-)paramedic crew	Arrival 5 mins after request through Emergency Dispatch Center
H	Ground - next ambulance with physician crew	Arrival 23 mins after request through Emergency Dispatch Center
I	Release on scene or 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:

Neighbour calls "911" since Pt called him "funny feeling in the head". Pt is a well known "Heavy utilizer" of EMS. General Impression: Pt is nude on top, dirty and partially open trouser; wearing heavy and thick woolen socks. He lies down on his bed, which is not covered with a linen.

After arrival:

Neigbour leads crew to pt, stating he feels dizzy; no other patients, relatives or animals on scene

The correct procedure (see table for details):

Patient 1 (Joseph) - alert, A:OK, B:OK, C:OK. D: Pupils PERL, GCS 15, Good sensor/motor function on all extermities; FAST: no symptoms; Dizzy; HGT 339 mg/dl = 18,81 mmol; Puls 108, SpO2 94, BP 110/60 Temp 38,0 Celsius (100 Fahrenheit) ECG Sinus Tachycardia
SAMPLER: S:Weakness, Dizzy, A:-M:See unorganized medication but: Insulin, Agierst Solostar Fertigpen 7-6-6 **(Insulin)**, Toujeo 300IE Fertigpen 32-0-0-0 *(long term Insulin)* , Mometason (corticosteroid), Pantoloc (Pantoprazol-Protonpumpinhibitor), Pramipexo (Dopaminagonist), Pregabalin KRka (Antikonvoluscant), Spirobene (Furosemid, Spironolacton) , Atorvastatin 80mg (Statin, AntiHypercholesterol), Ezetimib (Azetidone, Lipidreducer), Glyxambi (Empagliflozin und Linagliptin, oral Antidiabeticum f Typ2), Magnosolv (Magnesium), Metagelan (Metamizol-Novaminsulfon); P: Diabetic E: Pt is unclear about how to use his Insulin PEN; If he has no appetite he thinks he doesn't need to use it. In the refridgerator and on scene the crew can see many sweets such as Cookies, Bananas, Chocloate R: smoker; he needs EMS 1 - 2 time a month due to diabetic problems; Other: reduced thirst; Social anamnesis: Pt lives alone, dirty flat, low connection to neighbours; old dishes in the kitchen with fungi; no connection to a mobile nurse, no connection to a social worker; has one daughter who could be called (simulated by judges)

Keywords:
Hyperglycemic Patient, lonely, information/education defecit about his disease

	Team Scoring	1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 050	
1	Patient	ABCE completely	D Sugar measured at D	SAMPLER complete	Social anamnesis	calling daughter for info	**medical Therapy** IV line 500 ml of crystalloid	300	**Therapy:** iv 500 ml RL
		40	50	70	40	30	70		
2	Diagnosis and Treatment	Hyperglycemia Vital Functions	Loneliness detected	No understanding of disease detected	check of nutrition 50 and refridgerator 10	Education/information of patient about relationship of insulin and nutrition	covid check: caughing, shortness of breath, Fever, sore troat, etc	330	Answers to questions 1 and 2 from below - no scoring
		100	40	30	60	70	30		
3	Direction Transport (incl. preparation for transport)	Treat and Release	refering pt to a education resource about Diabetes (other then GP or Acute Community Nurse)	transport to hospital (10) informing hospital abou loneliness and nutrition problem (40)	EKG, Spo2, BP, HF, Temp measured (10 per)	refering to a GP Family Doctor or Acute Community Nurse for home visit	Refering to a community social worker (Loneliness) or giving an idea how to reduce loneliness	270	At end of scenario: crews will be asked. 1)What are the major needs of this patients? List all that apply. 2) Judge will note the needs and ask: What resource or profession can be organized in your area to adress this need? (this questions will not be counted and only asked for reseach purpose and listed in this sheet in the box above)
		40	50	50	50	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	Well managed and controlled patient handling	Team communication with patients and other actors		50	Crew cooperation as a team, obvious and visible teamleader. 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			
5	Actor	P1 Joseph						100	Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc).
		100							

GAMBLING - PHYS Authors: Kateřina Zvonařová (CZE), Jan Tamele (CZE) ***Rallye Rejvíz 2021***
Radka Fousková (CZE), Petr Svoboda (CZE)

Time limit: ***max. 25 min*** *The legend will be recieved with the instructions*

The EMS dispatching has accepted the emergency call and has sent you to the scene:

The explosion and subsequent fire of the Gabro restaurant, posibble MCI. HEMS-, PARA- and PHYS-crews deployed, Fire brigade at the scene, Police units on their way.

Your task:

- *Evaluate the situation at the scene ov MCI and determine the correct workflow and organization of activities in the role of the EMS head-doctor at the scene until and after the arrival of other EMS units.*

Actual conditions:

1st October, 2021,5.00 a.m. EMS unit arrival time is 15 min after the emergency call
You can only communicate with EMS dispatching via the radio.
Other EMS units arrive gradually, according by EMS dispatching report.

	Hospital	Distance (by road)	Wards
A	City hospital	15 km	Anesthesiology & Resuscitation Dept., Radiology, Labs, Surgery,Department of internal medicine, Internal ICU, Neurology
B	District hospital	30 km	Anesthesiology & Resuscitation Dept., Radiology, Labs, Paediatric High Care Unit, Surgery, Department of infectious disease, Internal Dept., Internal ICU, Neurology, Neurogical ICU, ENT, Psychiatry, Emergency, Orthopaedics, Trauma-surgery
C	Regional hospital	60 km	Anesthesiology & Resuscitation Dept., Radiology (CT, MRI), Labs, Paediatric High Care Unit, Surgery, Stroke emergency, Department of infectious disease, Internal Dept., Internal ICU, Cardiology, Neurology, Neurogical ICU, Neurosurgery, ENT, Psychiatry, Emergency, Trauma-surgery, Burn-care center

	Type of transport	Information
E	HEMS unit (W 3A Sokol - 2 patients)	1 HEMS unit deployed, the place of landing nearby the scene
F	PHYS crew	patient transport via the ambulance of the participants
G	PARA - another EMS unit	1 PARA unit deployed, arrival in 10-15 min
H	PHYS - another EMS unit	1 PHYS unit deployed, arrival in 10 min
I	other	describe and warrant to the arbiter

Situation report

Participants crews (PARA + PHYS) arrive to the scene all together – the explosion and subsequent fire of the restaurant. The participants will recieve the intructions at the start of the stage. The EMS commander and the Transport commander are appointed from the PARA crew, the Head-doctor is appointed from the PHYS crew. Fire brigade units are already at the scene, patients are situated in cold-zone and triaged by START method, terrain reconnaissance isi ongoing. It is prohibited to enter into the building for EMS units, the statics of the building is disturbed after the explosion. The EMS dispatching sends other units.
There are 11 injured persons situated in cold-zone, 3 deaths in the building and in the surroundings. The perpetrator of the explosion and fire was not injured and he's moving to the back of the building. There is the offender apprehended by the police units. The wounds are interpreted by masking, health condition of patiens is necessary to examine.
The correct procedure at the MCI scene:
1.usage of distinctive vest of the head-doctor
2.the correct activities of the head-doctor – triage, diagnostics, setting priorities of therapy and transport, communication skills & documentation management
3.the co-operation with the EMS commander, the Transport commander, other EMS units and with emergency service units
The task will be stopped after the timeout or after the report to the EMS dispatching following the transport of all patiens according their priorities.

	STEPS	A	B	C	D	E	F	Total	Recommended procedure
								2 700	
1	THE HEAD-DOCTOR + CO-OP	the infirmary management		the cassualties review	co-op with fire brigade, police and EMS units (3x10 pts)	co-op with the EMS commander	co-op with the Transport commander	220	The physician arrives together with the PARA crew and he becomes the head-doctor. He cooperates with the EMS commander, provides the infirmary management and perform a patient triage. He also cooperates with the Transport commander, Fire brigade and Police units. The head-doctor continuously checks the patients to see if there has been any change in their health. He prepares an overview of patients and reports the results to the EMS commander. The head doctor participates in the handover of the patiens to the EMS units, which perform their transport to hospitals.
		60		50	30	40	40		
2	RETRIAGE	Anna, triage: I/IIa; burns of lower limbs, stomach (IIb-III dg., 35 % TBSA), internal stomach injury 3x50	Bohouš, triage: I/IIa; inhalation trauma, burns of head, face, neck and chest (IIb-III dg., 25 %¨TBSA) 3x50	Cyril, triage: III; burns of buttocks and lower limbs (I-II dg., 15 % TBSA) 2x50	Dana, triage: III; burns of lower limbs (I-IIa dg. 10 % TBSA), fracture of ankle 2x50	Evžen, triage: IIb; burns of back, and trunk (I- IIa dg., 20 % TBSA) 1x50	Filip, triage: III; burns of hands (IIb-III dg., 10 % TBSA) 1x50	600	The head-doctor has to examine state of consciousness, respiration and blood circulation, assess the injuries, determine the diagnosis a set the priorities of therapy and transport for all patients. He will suggest and record the treatment and confirm its implementation. The records have to be complete and legible, including the time of triage and name of the doctor. We do not evaluate persons without thermal injury and with minimal injury.
		150	150	100	100	50	50		
3	LÉČBA + TRANSPORT	IV / IO, oxygenotherapy, anagetics, hemostatics 4 x 40	IV / IO, oxygenotherapy, volume-controlled mechanical ventilation anagetics 4 x 40	IV / IO, oxygenotherapy, anagetics 3 x 40	IV / IO, oxygenotherapy, anagetics 3 x 40	IV / IO, oxygenotherapy, anagetics 3 x 40	IV / IO, oxygenotherapy, anagetics 3 x 40	800	Routing patients according to the type of injury to the Trauma-surgery or the Burn-care center. All cassualties are trauma triage positive due to possible blast-syndrom.
		160	160	120	120	120	120		
4	LÉČBA + SMĚŘOVÁNÍ	VT, TC, T, C 4 x 20	VT, TC, T, C 4 x 20	VT, TC, T, C 4 x 20	VT, TC, T, C ankle immobilization 4 x 20	VT, TC, T, C 4 x 20	VT, TC, T, C 4 x 20	480	VT: volume therapy – crystalloids 5 ml/kg (% TBSA x 10 ml/hod) TC: thermal comfort T: therapy - sterile wound dressings, cooling the face, neck and hands (WaterJel etc.) C: transport to the hospital (type C – regional hospital)
		80	80	80	80	80	80		
5	TRIAGE CARDS	Filling the triage card complete: 100 pts not complete: 50 pts	Filling the triage card complete: 100 pts not complete: 50 pts	Filling the triage card complete: 100 pts not complete: 50 pts	Filling the triage card complete: 100 pts not complete: 50 pts	Filling the triage card complete: 100 pts not complete: 50 pts	Filling the triage card complete: 100 pts not complete: 50 pts	600	
		100	100	100	100	100	100		

GAMBLING Authors: Kateřina Zvonařová (CZE), Jan Tamele (CZE), Radka Fousková (CZE), Petr Svoboda (CZE) ***Rallye Rejvíz 2021***
Arbiters:

Time limit: ***max. 25 min*** *The legend will be recieved with the instructions*

The EMS dispatching has accepted the emergency call and has sent you to the scene:

The explosion and subsequent fire of the Gabro restaurant, posibble MCI. HEMS-, PARA- and PHYS-crews deployed, Fire brigade at the scene, Police units on their way.

Your task:

- *Evaluate the situation at the scene ov MCI and determine the correct workflow and organization of activities in the role of the EMS commander and the Transport commander at the scene. The Head-doctor is already at the scene.*

Actual conditions:
1st October, 2021,5.00 a.m. EMS unit arrival time is 15 min after the emergency call
You can only communicate with EMS dispatching via the radio.
Other EMS units arrive gradually, according by EMS dispatching report.

	Hospital	Distance (by road)	Wards
A	City hospital	15 km	Anesthesiology & Resuscitation Dept., Radiology, Labs, Surgery,Department of internal medicine, Internal ICU, Neurology
B	District hospital	30 km	Anesthesiology & Resuscitation Dept., Radiology, Labs, Paediatric High Care Unit, Surgery, Department of infectious disease, Internal Dept., Internal ICU, Neurology, Neurogical ICU, ENT, Psychiatry, Emergency, Orthopaedics, Trauma-surgery
C	Regional hospital	60 km	Anesthesiology & Resuscitation Dept., Radiology (CT, MRI), Labs, Paediatric High Care Unit, Surgery, Stroke emergency, Department of infectious disease, Internal Dept., Internal ICU, Cardiology, Neurology, Neurogical ICU, Neurosurgery, ENT, Psychiatry, Emergency, Trauma-surgery, Burn-care center

	Type of transport	Informace
E	HEMS unit (W 3A Sokol - 2 patients)	1 HEMS unit deployed, landing nearby the scene is not possible
F	PARA crew	patient transport via the ambulance of the participants
G	PARA - another EMS unit	1 PARA unit deployed, arrival in 10-15 min
H	PHYS - another EMS unit	1 PHYS unit deployed, arrival in 10 min
I	other	describe and warrant to the arbiter

Situace na místě události:

Participants crews (PARA + PHYS) arrive to the scene all together – the explosion and subsequent fire of the restaurant. The participants will recieve the intructions at the start of the stage. The EMS commander and the Transport commander are appointed from the PARA crew, the Head-doctor is appointed from the PHYS crew. Fire brigade units are already at the scene, patients are situated in cold-zone and triaged by START method, terrain reconnaissance isi ongoing. It is prohibited to enter into the building for EMS units, the statics of the building is disturbed after the explosion. The EMS dispatching sends other units.

There are 11 injured persons situated in cold-zone, 3 deaths in the building and in the surroundings.

The correct procedure at the MCI scene:
1.usage of distinctive vest of the EMS commander and the Transport commander
2.the correct activities of the EMS commander – units management, communicaton, document management
3.the correct activities of the Transport commander – management of patient transport, communicaton, document management
4.the co-operation with emergency service units

The task will be stopped after the timeout or after the report to the EMS dispatching following the transport of all patiens according their priorities. The EMS commander fill the MCI report form.

	STEPS	A	B	C	D	E	F	G	Total	Recommended procedure
									2 700	
1	The EMS commander	CO-OP with the Response commander	CO-OP with the EMS dispatching, METHANE report	CO-OP with the Transport commander, the Head-doctor and Police units 4x50 pts	EMS response management, triage, therapy, transport 3x150 pts	Document management using the form: 100 pts offhand: 50 pts	termination of EMS response	MCI report form complete: 100 pts not complete: 50 pts	1900	The Transport commander is wearing the reflective vest and he's managing the EMS response. He gives an information to the EMS dispatching, 2x METHANE at least (after the arrival, after the reconnaissance the scene and after the triage). He CO-OP with the Response commander, the Transport commander and the Head-doctor. He sets the triage location, the place of treatment and the departure location. He continuously fills in the documentation and checklist, reports the end of the EMS response after the transport of the last patient from the MCI site and after agreement with the Response commander. At the end he fills in the MCI report.
		200	750	200	450	100	100	100		
3	The Transport commander	CO-OP with Police units	Setting tha arrivals and departure routes	CO-OP with the EMS commander, the Head-doctor and the EMS dispatching 4x50 pts	List of cassualties complete: 200 pts not complete: 100 pts	Filling a triage cards (parts "EMS" and "Transport unit")			650	The Transport commander is wearing the reflective vest. He manages the patients transport to hospitals. He provides arrival and departure routes for EMS units and an area for HEMS landing. He cooperates with the Police units, the EMS commander, the Head-doctor and the EMS dispatching. Next, he fills the List of cassualties, fills and collects the „EMS parts" of the triage cards. „EMS part" contains the information of a crew performing a transport and time of departure. The second part („Transport unit part") contains the information of hospital and ward where is patient transport to.
		150	100	150	200	150				
4	CO-OP	Co-OP with EMS units (PHYS, PARA, HEMS) 3x50							150	Subjective evaluation of cooperative crews and arbiters during the handover of the cassualties for transport to hospitals.
		150								

Pepa

Joe

Autor: **Tomáš Vaňatka (CZ)**

Rozhodčí:

Tomáš Vaňatka (CZ)
Jakub Ďurďa
Michal Pačiska

Rallye Rejvíz 2021

Time limit for task: ***max. 10 mins***

Story get to team with instructions.

Story for team:
Emergency Dispatch Center received call and sends you to:
Call from a woman: There is a man lying in front of the pub, he is probably breathing, she doesn't know exactly.

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:
Thursday, 16:30 hour on September 30, cloudy, light rain, calm wind 13 kph, 13°C. 8 minutes drive to the scene.

All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCH.
If the paramedic crew, the physician's arrival to the event location is 15 minutes from the request via DISPATCH.

	Direction	Ground distance	Departments available
A	Nearest hospital	8 km	Biochemistry, Surgery, Internal medicine, Neurology
B	Higher level hospital	20 km	as A + ED, Anaesthesia and general intensive care, CT, Pediatric with ICU, Neurology with ICU, Stroke unit, Infectious, ENT, psychiatry
C	Specialized center	30 km	as B + Cardiocentre, Trauma centre, Burn unit, Neonatology, Cerebrovascular Center, NMR, Neurosurgery
D	Leave the patient on scene		(if possible due to competencies)

	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 the scene:
A 30-year-old man is lying in front of a pub, reacting to pain, opening his eyes, breathing and saying something incomprehensibly.
After arrival:

After arriving at the place, the crew can obtain information from the caller. She has not seen the man fall, nor does she know how long he has been lying there. He was vulgar when she woke him, then he didn't speak. She doesn't know him and has never seen him in the town. She doesn't know if there is any danger.

The correct procedure (see table for details):

Complete examination of the patient. **Calm approach** to the patient, he is trying to cooperate, tolerates examination. If the patient is frightened or insensitively examined, he may be aggressive, vulgar, or obstructed. **The patient must feel safe!** The examination must be sensitive otherwise there is a risk of aggression; **A** – free; **B** – slight whistling bilat., Sat 96%; **C** – P 120 per min., weak or barely palpable pulse wave, CRT 4 s, BP 80/50; **D** – AVPU – P/V, confused, GCS 3 - 4 (3) -5 (4); motor skills are limited by the patient's understanding; **E** – **head** with older abrasion on the forehead, dry cracked lips, pale oral mucosa, isocoric pupils 2/2, photo +, nystagmus 0, anicteric sclera, covered tongue, crawls in the middle if he understands; **neck** free, painless; **ches**t without injury, painless; **abdomen** soft, painless, no peritoneal irritation; **pelvis and spine** without injury; **extremities** – small abrasions of hands; otherwise without trauma.
During the examination, it is evident that the patient is wearing the institutional pajamas of the Psychiatric Hospital and has an identification card in his pocket with a telephone number to the hospital. Immediately upon arrival, the crew can call the Police and then find out that the psychiatric patient Joe is missing for 5 days, is being searched nationwide, and has a severe form of schizophrenia. The second possibility is that the crew will find an identification card with a telephone number and will inform the Psychiatric Hospital via dispatch.

Anamnesis:	***Patient***	
Personal info	Josef Zeman, man, aged 30	
Previous history	schizophrenia, hospitalization at psychiatry in Kroměříž	
Medication	Zyprexa *(olanzapinum)*	Tisercin *(levomepromazini)*
Allergies	0	
Events	he wanders for a few days, food and fluid probably had none, he probably fell	
Family history		

Vital signs

Puls (/min)	120
RR (/min)	10
CRT (s)	4
BP (mm Hg)	80/50
SpO2 (%)	96
Blood glucose (mmol/l)	4,3
Body temp. (°C)	34,5
GCS	12
ECG	sinus tachycardia

Keywords:
Dehydration, schizophrenia, mild hypothermia

	Team scoring	1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 170	
1	**Scene assessment**	Obtain information from the caller	Identification of the psychiatric patient	Communication with the psychiatric department	Primary assessment (A,B,C)			200	Obtain information from the caller (she doesn't know who he is, how he got here, how long he's been here). **CALM APPROACH TO THE PATIENT!** Calling the Police to **identify** or establish an identity via an identification card or pajamas with the identification of a psychiatric hospital. At any time during the examination of the patient, communication with a psychiatrist, who will provide a history, will help with psychiatric therapy, informs about the examination of the head after the injury (head abrasion), including CT with no pathology and will also recommend the correct placement of the patient (direction A). **A** – free; **B** – slight whistling bilat., Sat 96%; **C** – P 120 per min., weak or barely palpable pulse wave, CRT 4 s, BP 80/50
		50	50	50	50				
2	**Examination**	**Head&Neck** forehead abrasion, lips, sclera, pale mucosa, neck, carotid palpation (6x10)	**Chest** trauma, breathing, pulse, ECG, CRT, Body temp. 34,5°C (6x20)	**Abdomen** (30) **Pelvis** (20) **Spine** (10)	**Extremities** hands abrasions **Skin** icterus, exanthema, turgor (4x10)	**Neurology** pupils, nystagmus, tongue, meningism, motor and sensory exam, lateralization (7x10)	Blood glucose	370	**CALM APPROACH!** **Head** with older abrasion on the forehead, dry cracked lips, pale oral mucosa, isocoric pupils 2/2, photo +, nystagmus 0, anicteric sclera, covered tongue, crawls in the middle if he understands; **neck** free, painless (be careful), symmetric carotid palpation (tachy); **chest** without injury, painless; **abdomen** soft, painless, no peritoneal irritation; **pelvis and spine** without injury; **extremities** – small abrasions of hands; otherwise without trauma. **Neurology** - AVPU – P/V, confused, GCS 3-4(3)-5(4); motor skills are limited by the patient's understanding; **Blood glucose** 4,3 mmol/l
		60	120	60	40	70	20		
3	**Treatment**	Thermal management	Calm approach without aggressivity (100) Aggresivity + psychotropics (Tisercin) (50)	Crystalloid 500 ml				250	**CALM APPROACH** without aggressivity of the patient, place the patient on a pad, cover; if the patient becomes aggressive, apply psychotropics (e.g. Tisercin (levomepromazini) 25mg i.m.), can be obtained from a psychiatrist; assess thermal management (hypothermia); i.v. access, apply Crystalloid 500ml i.v. (dehydration)
		50	100	100					
4	**Diagnosis** **Direction** **Transport**	Schizophrenia Dehydration Mild hypothermia Older head injury (4x30)	Direction A	Transport F	Providing patient information to psychiatry			200	Diagnosis of schizophrenia, dehydration, mild hypothermia Direction A (Internal medicine) via F (own ambulance) due to rehydration, realimentation, thermal management Providing patient information to the Psychiatry hospital. Obtaining information about examination of the head injury from a psychiatrist.
		120	20	20	40				
5	**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, comprehensible and clear communication with the judge (no repeating questions for the same data - typically VF), clear communication with the patient and other actors. Introducing yourself on arrival, informing the patient what will happen, why it happens (undressing, examination, transport ...), etc.
		10	10	10	10	10			
6	**Actors**	Patient	Caller					100	Subjective evaluation by actors (simulated patients, patient relatives, witnesses, bystanders etc.)
		50	50						

Francis **Autor:** **Všetečková** ***Rallye Rejvíz 2021***
Arbiter: **Povinská A.**
Referees: **Sebastijan Piberl, Marek Przybylak**

Time to finish the request : ***max. 10 min*** *The legend will crew receive on the start*

The dispatcher have received a call on 155 line and is sending you to the request:

Request for co-operation: **Police patrol of *ČR requests the sending of and emergency medical service to the place of the event. At this point, police officers are resuscitating.***

Your request is:

- *Examine and treat the injured.*
- *Specify routing (see below).*
- *If transport is necessary, determine the way of transport (see below).*
- *Tell the referee the next steps, if any.*

Actual situation on the place of event:
1.10.2021, 5:00 p.m., clear, no wind, 12°C. The crew's arrival time on place of event is 3 minutes after reques.
All requests and information to Dispatch centre tell to the arbitrator, which is marked as Dispatcher.

Local situation:

A *The nearest hospital: 20km by road trasnsport. Equipment: chirurgy,internal with JIP, ARO, neurology, gynaecology and birth center, CT, biochemical laboratory.*
B *Hospital of higher quality: : 42km by road transport. Equipment: the same as A + emergency, ORL, oncology, psychiatry, infectology, child department.*
C *Specialized center: 55km by road transport. Equipment: the same as B + traumacenter, burns department, cardiocenter, Ikt department, MRI.*
D *Leaving the patient in the place of event (if it allows the competence of ZZS crew)*

	Type of transport:	***Information***
E	*Flying*	*Time of arrival of LZS is 5 min from request of KZOS. Departure near place of event is possible.*
F	*By road*	*with called another RZP*
G	*By road*	*with called another RLP*
H	*Other*	*Describe and tell to the arbitor.*

To arbitor you tell (Example) : Going A, transport E", any other information by your own decision.

Situation on the place of event

Road control detects stolen vehicle, Police patrol of ČR pacifies 1 men in stolen vehicle, evidently under the influence of addictive substance, before the arrival of police the second of them swallows a large quantity of drug - meth, there will be sudden cardiac arrest**,** resuscitation by way of police using **AED**,1x discharge, when surrendering already restored circulation, EMS -Dg, treatment, transport to **hospital.**

Key words:
Orientation and organization of intervention at the scene, management of treatment. **ROSC after KPR.** Communication with the Police patrol of ČR.

Evaluated crew steps:		1	2	3	4	5	Max of points (without time)	The correct approach
							2 000	
1	orientation and organization at the scene	orientation at the scene	Obtaining information from the Police on what happened	Division of roles in the team , prioritization of treatment	communication with dispatching	clear and obvious communication with the police patrol	350	find out what happened, division of roles (driver, passenger), communication with KZOS, communication with the police patrol
		50	100	50	50	100		
2	resuscitated person	airway managament, touch,.puls,cyanoza,mydriaza	OA, info police crew,	BP,P,SPO2,T 4x25	airway managament	EKG - .tachykardie	400	zjistit od hlídky info, že řidič byl pod vlivem návykové látky, ještě jí asi hodně spolykal,nalezen v bezvědomí, poté došlo k NZO, KPR cestou PČR,1x výboj AED, zajistit VF, DC pracovní DG, VF/KT při intoxikaci pervitinem, TK:100/60, P:120, EKG: behy komor.tachykardie,SpO2:78%, mydriáza,fotor.pozit., TT:38 st.C
		25+25+25+25	25+25	25+25+25+25	100	50		
3	second person	OA, FA, NO	basic examination. (BP,P,SPO2,T) 4x25	dif.DG - intoksication of narcotics	After treatment stay with police crew	administration of the benzodiazepine(paramedic after conzulation.	350	základní vyšetření, VF, ve spolupráci s PČR zklidnění, zjistit co požili TK 170/100, P 120, TT 37,5, na EKG sínus.tachykardie,mydriáza-izokorie
		25+25+25	25+25+25+25	50	100	25		
4	routing and transport	resuscitated B+G	second A+F	second patient escort with police- to ask for t			200	resuscitovaný tam, kde je UP, ten druhý další posádkou ZZS s PČR doprovodem
		25+25	25+25	100				
5	Treatment PHYS	RSI bez použití SCCH	benzodiazepiny, fyzik.chlazení,i.v.krystaloidy	amiodaron (300mg v 5%G)	BP,P,SpO2,EKG krivka,diuréza	Dg:intox.pervitin, , cardiac arrest,KPR	500	nepouž.SCCH pro možnou rabdomyolyzu,hyperkalemii!!!Benzodiazepiny (+ ev.chlazení) pro možný rychlý rozvoj těžké hypertermie a křeče. Uznáme i Dg sympatomimetický syndrom!
		25	50+25+25	100	25+25+25+25+25	150		
6	Treatment PARA	i.v.krystaloidy	benzodiazepiny (konz.),chlazení	amiodaron (300mg v 5%G) (konzult.)	TK,P,SpO2,EKG krivka,diuréza	g:intox.pervitin,, cardiac arrest,KPR	500	
		50	50+25	100	25+25+25+25+25	75+75		
7	Teamwork, communication	Clear and obvious crew leader	The crew communicates as team and gives information to the leader	The leader accepts and reacts to the information of the crew	Controlled manipulation with the patient	Communication of the crew with patient and figurants	100	Cooperation of the crew as a team, team leader clearly acting and performing. Unambiguous and clear communication with the judge /not repeating questions about the same data/ typical vital functions/, the patient and other extras. Introduce yourself upon arrival, inform the patient about what we do, why we do it (undressing, examination, transport…)
		20	20	20	20	20		
8	Figurants	driver	passenger				100	Subjective evaluation of the figurants (simulated patients, relative of patients, victims, uninvolved spectators etc..)
		0-50	0-50					

SPRÁVNÉ VÝSLEDKY TESTU

PŘELOŽTE Z ČEŠTINY SPRÁVNĚ LATINSKY			
			BODY
1	do, k (prostorově), 2. k (účelově)	ad	
2	bez	sine	
3	alergie	allergia	
4	svíravá bolest na prsou nebo v krku	angina	
5	získaná porucha nebo ztráta řeči	aphasia	
6	bolest hlavy	cephalaea	
7	žebro	costa	
8	embolie	embolia	
9	dolní čelist	mandibula	
10	horní čelist	maxilla	
11	žaludeční nevolnost, pocit na zvracení	nausea	
12	předstojná žláza	prostata	
13	pochva	vagina	
14	pravé neštovice	variola	
15	dušnost	dyspnoe	
16	normální dech	eupnoe	
17	podbřišek	hypogastrium	
18	vaječník	ovarium	
19	hráz	perineum	
20	šourek	scrotum	
21	sebevražda	suicidium	
22	čípek fakmakologický	suppositorium	
23	hrudní kost	sternum	
24	chrchel, vyplivnutý hlen	sputum	
25	levý	sinister	
26	cukrovka	diabetes mellitus	
27	zápal plic	pneumonia	
28	prvorodička	primapara	
29	léčba	therapia	

PŘELOŽTE SPRÁVNĚ Z LATINY DO ČEŠTINY			
			BODY
1	před (prostorově i časově)	ante	
2	kyčel	coxa	
3	kýla	hernia	
4	nespavost	insomnia	
5	prs	mamma	
6	žena, která již mnohokrát rodila	multipara	
7	lopatka	scapula	
8	zvětšená štítná žláza	struma	
9	mdloba (krátkodobá ztráta vědomí)	syncopa	
10	holenní kost	tibia	
11	plané neštovice	Varicella	
12	zástava dechu	apnoe	
13	volná tekutina v dutině břišní	ascites	
14	chorobné skřípání zuby	bruxismus	
15	zápěstí	carpus	
16	prst	digitus	
17	nemoc, choroba	morbus	
18	samovolné rytmické kmitání očí	nystagmus	
19	křečovité stažení, křeč	spasmus	
20	dutina	cavum	
21	vir	virus	
22	konečník	rectum	
23	vřetenní kost	radius	
24	náměsíčnost	somnambulismus	
25	aorta	aorta	
26	pokožka	epidermis	
27	opilost	ebrietas	
28	kost lýtková	fibula	
29	čéška	patella	