	Author:	***Petr Černohorský (CZ)***
MUC. RR	***Judges:***	***Petr Černohorský, Lukáš Ludwig, Zdeněk Chovanec***
NAT-ST		
NAT-FS, INT	***Judges:***	***Lukáš Konečný, Petr Theuer***

Time limit for task: ***max. 20 mins*** *Story get to team with instructions.*

Story for team:

Emergency Dispatch Center received emergency call and send you to:

Child, 8 years old, insect bite, collapsing, short of breath. Mother on scene, telephone-assisted first aid provided, call disconnected.

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:

27.05.2022, 09:00am, clear sky, 22°C.

Call to address time: 8 mins

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

If you are paramedic staffed ambulance, physician is available within 20 mins 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 by 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, Pediatric ARD, 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 20 mins after request via EMS Dispatch centre.*
H	*Ground- next physician ambulance*	*Arrival 20 mins 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:

Boy, 8 years old, 25 kg, gasping, crying mother attempting NMS. She states her son stopped responding and breathing 2 min ago.

The competing crew starts from the reception desk of the upper building on time to the task site (323 H, 324 H). The task time is measured by the crew entering the room.

Physical examination:

Gasping, cyanosis, swelling of the lips and eyelids, GCS 1-1-1,/AVPU-U/, pupil medium, no reaction, no pulse, sting on the left part of the neck, urtica on the body, abdomen soft without resistance, H+L 0, legs without swelling. 1. rhythm PEA, after correct CPR 2x VF, after securing airway symetrical sounds, wheezing, no symptoms of PNO. After second defibrilation attempt rice ETCO2 to 45, after 4th analysis ROSC, some breaths, GCS stay 3, no interfence with artificial ventilation, SPO2 96%, improvement of auskultation findings, BP 100/60, HR 120/min regular, CRT 3s, pupils with fotoreaction, symetrical, glycaemia 6,2 mmol/l - 112 mg/dl US, temperatue 36,3°C / 97.3 F, ECG: sinus rythm 120/min, no STT elevation

Goal of the task:

Escape to the 4th floor, recognition and diagnosis of sudden circulatory arrest, knowledge and adherence to the algorithm for extended resuscitation of children under 18 years. Correct discharge energy values, assessment of the quality of chest compressions and ventilation, use of O2, diagnosis of anaphylactic reaction, post-resuscitation care and referral to paediatric ICU/ARD with full pulmonary ventilation.

	Team Scoring	1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Obtaining input information about the event, initial treatment	situation assessment, safe approach 10 + 10	Recognition and confirmation of cardiac arrest to 10 s	Recognition and confirmation of cardiac arrest to 15 s	Recognition and confirmation of cardiac arrest over 15 s	AMPLE, sting removal 50 + 50	220	Safety, situation assessment, recognition of cardiac arrest / BBB,SSS, open the airway,head tilt,chin lift, look-listen-feel, check the pulse/ , AMPLE, sting removal
		20	100	50	0	100		
2	Sudden circulatory arrest I.	5 initial breaths + using of O2 FiO2 1,0 50 + 50	Start CPR 15:2	1st analysis – recognition of PEA	IV/IO line	Adrenalin 0,25mg IV/IO	300	Start CPR, 5 ininitial breaths, use O2 FiO2 1,0, BMV with reservoir, ratio 15:2, asses rythm, recognition of PEA, obtain IV/IO line, Adrenalin 10ug/kg IV/IO, continue CPR 2 min to next analysis
		100	50	50	50	50		
3	Sudden circulatory arrest II.	2nd analysis – recognition VF + shock delivery 100J 50 + 50	4H + 4T 2 x 20	3rd analysis-VF + shock 100J + after shock 2nd Adrenalin 0,25mg IV/IO 20 + 20 + 20	Secure airway OTI/LMA + ETCO2 + ventilation without interrupting chest compressions 20 + 20 + 20	4th analysis – ROSC	310	2nd analysis – VF, shock delivery 4J/kg , compressions interuption max. 5s, consider 4H+4T, secure airway LMA/OTI, ETCO2, BR 20/min, continuous chest compressions 100-120/min, 3rd analysis- VF, 2nd shock 100J, give 2nd Adrenalin , recognition of ROSC .
		100	40	60	60	50		
4	Postresuscitation care	ABCDE	EKG + ETCO2 + SPO2 + BP 15 + 15 15 + 15	Balanced salt solution 10ml/kg	Antihistamines + steroids 25 + 25	Controlled ventilation + titrate O2 25 + 25	235	Post-resuscitation care, ABCDE including glycaemia, TTM, maintain BP, normocapnia, SPO2, treatment of hypovolemia, 12-lead ECG, protective lung ventilation 6-8ml/kg, ETCO2, titrate FiO2 to keep SPO2 94-98%
		50	60	25	50	50		
5	Chest compressions	Frequency 100-120/min, depth 5-6 cm	Another	Interruptions during defibrillation and other operations within 5 s	Interruptions during defibrillation and other operations within 10 s	Interruptions during defibrillation and other operations over 10 s	200	Frequency of compressions 100-120/min, depth 5-6 cm, chest release, minimal interruption even during defibrillation and other operations, optimally within 5 s.
		100	0	100	50	0		
6	Routing, transport	Routing: C	Transport: E/F				50	Pediatric ICU/ARD with the possibility of providing post-resuscitation care.
		25	25					
7	Team Cooperation and Communication	Clear and obvious teamleader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information frem the crew	Well managed and controlled patient handling	Team communication with patients and other actors	35	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	5	5	5	10		

SODOMA | ***Author:*** ***Tomáš Vaňatka (CZ)*** | ***Rallye Rejvíz 2022***

MUC. RR ***Judges:*** ***Tomáš Vaňatka***
NAT-ST ***Jakub Ďurďa, Karel Špendlíček***
NAT-FS, INT ***Tomáš Vaňatka, Sebastijan Piberl***

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:

Police are called to reports that a pregnant woman has been attacked with a knife in the family home and is bleeding profusely. Police are securing the attacker and trying to stop the woman's bleeding.

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

Conditions on the scene:
27.05.2022, 04:30pm, sunny, gentle breeze, 25°C.
Call to address time: 5 mins
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCH.
If you are paramedic staffed ambulance, physician is available within 15 mins after your request.

Local situation

A *Nearest hospital: 8 km by ground transport. Depts: surgery, internal medicine including ICU, ARD, neurology, gynaecology and obstetrics with neonatology, CT, biochemical laboratory.*

B *Higher Level Hospital: 20 km by ground. Depts: as A and emergency, ENT, oncology, psychiatry, infectious, pediatric department with ICU, neurology with ICU.*
C *Specialised Centre: 90 km by ground. Depts as B and trauma centre, burns, cardiac centre, pediatric ARD, stroke unit, MRI, ECMO.*
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 mins after request via EMS Dispatch centre.*
H	*Ground- next physician ambulance*	*Arrival 15 mins 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:

There is a neighbour outside the house/apartment who called the police and is actively giving information about the family: divorced mother with a child (10 years old) from her first marriage. She was abused in her previous marriage and the court sentenced the ex-husband to probation - he is not interested in the child. She has not seen the child for 3 days.
The mother has been with a new boyfriend for several years with whom she is expecting a second child, but it is the same with him as with the ex. The neighbour heard screaming and cries for help so he called the police.
There is noise coming from the house/apartment. Police patrol, mother (assaulted woman), child and boyfriend (abuser) are in the house/apartment.
Upon arrival, the paramedics are to make contact with the police, police report that the rapist is secured and the location is safe.

Correct procedure (see table for details):

Mother in 37th week of pregnancy, bleeding from the upper limb, multiple old and new hematomas (her partner repeatedly beat her, today she wanted to go to the hospital with the boy, he strangled her, kicked her in the stomach and attacked her with a knife). She started mild bleeding from the vagina, abdominal pain and persistent uterine pain.
Therapy: Stop bleeding, administer oxygen, calm the patient, administer crystalloid and urgent transport to hospital A with diagnosis of suspected placental abruption (suspected uterine injury), limb cut and assault.
Before transport, inform the mother of the baby's condition.
Child (10 years, 35 kg) somnolent, thread-like pulse, cold skin, normal temperature and peritoneal abdominal irritation.
Mother's explanation: Abdominal pain for 3 days, vomiting on the first day, diarrhea, fever 39°C on the second day, Paracetamol 2 x 500 mg, felt better, slept, did not eat or drink today, did not go to the toilet and only slept. She wanted to take him to the hospital, but her partner beat her and then attacked her.
Necessary therapy: Oxygen therapy, pressurized infusion of balanced crystalloid, hemoculture is necessary when giving ATB, catecholamines are not necessary with proper volumotherapy.
Oxygen therapy by mask is sufficient, DC patency normal. If the administered medication does not affect DC patency, DC collateralization is not necessary.
Calling the HEMS (within 10 min of arrival on scene) for transport to a specialist unit with a diagnosis of developing sepsis in a 10-year-old child.

Anamnesis:	**Anna (mother)**
Personal info	
Previous history	She wasn't sick, one normal childbirth.
FA (LA)	0
Allergies	0
Events	Her partner had repeatedly beaten her, but he only wanted to kill her today because she wanted to go to the hospital with the baby and he didn't want to lend her his car. He started to beat her, she screamed for help, ran away, he locked the door, she fell, he kicked her in the stomach, then he took a knife and wanted to kill her, she fought back and he cut her when the police entered the house. Her stomach hurts a lot and she is mild bleeding from her vagina.

Vital signs:	**Mother**	**Child**
Puls (/min)	120	150
RR (/min)	15	30
CRT (s)	3	4
BP (mm Hg)	85/60	60/30
SpO2 (%)	91	85
Glycemia (mmol/l)	5,3 / 95,4 mg/dl	4,5 / 81 mg/dl
Body temp. (°C)	36,5 / 97,7 F	36,9 / 98,4 F
GCS	15	12
ECG	sinus tachycardia	sinus tachycardia

Keywords:
Incisional wound, placental abruption, septic shock (cold), peritonitis acuta, appendicitis purulenta susp.

	Team Scoring	1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 350	
1	On-site response	Information from a neighbour	Contact with police	Entry to the building after police instruction	Treatment of bleeding within 1 min of entering the scene			100	The neighbour is able to give information about the situation in the family, the mother's pregnancy, repeated violence in the family, she has not seen the child for 3 days (see above for details). The police arrived a short while ago. Make contact with the police, do not enter, wait for instructions from the police. Upon entry, stop the bleeding immediately (pressure over the cut, tourniquet).
		30	20	20	30				
2	Mother Examination	Anam. 5 + 5 5 + 5	A	B Auscultation (15) Sat (15) RR (15)	C CR (15) BP (15) P (15)	D Glycemia	E Cervical spine (20) Hematoma of thorax(20) Uterine pain (50) upper limbs (neurolog.) (20)	250	Anamnesis: 2. pregnancy, 37th week of physiological pregnancy, strangulation, attack with a knife, kicking in the stomach **A** -airways open (strangulation) **B** - auscultation alveolar, without pathology, SpO2 91%, RR 15 **C** - CR 3sec,BP 85/60, P 120 min, (ECG S.R.) **D** - GCS 15, glycemia 5,3 **E** - head - small abrasions , pupils 3/3.,foto++, cervical spine and neck small pain (without any neurogical symtoms), Thorax : hematoma in the back (you can see at the auscultation) Stomach:isolated painful and toning uterus, mild vaginal bleeding, painless spine, lower limbs with abrasions,upper limb (forearm) cut - bleeding and without any neurogical symptoms
		20	15	45	45	15	110		
3	Mother Therapy	Prophylaxis - cervical collar	Oxygenotherap y	i.v. line, crystalloid 500 ml	Tranexamic acid1000 mg	treatment of upper limb	prevention of supine syndrome	150	Possible cervical spine contusion - prophylaxis cervical collar Sat 91 % - oxygenotherapy (at least 5l per min - to prophylaxis fetal hypoxia) Hypotension - max. 500 ml balanced crystalloid, BP and pulse monitoring Tranexamic acid 1000 mg - prophylaxis traum.induced coagulopathy in placental abruption (uterina injury) Definitive treatment of the forearm cut, pressure bandage (Celox), tlakový obvaz(Celox) - realese tourniquet.Laying on the left side - prophylaxis of inferior vena cava syndrome.
		25	25	25	25	25	25		
4	Child Examination	Anam. 5 + 5 + 5 5 + 5	A change the position of the head	B auscultation (15) Sat (15) RR (15)	C CR (15) BP (15) P (15) ECG (5) Temperature (15)	D GCS (15) Glyc (15)	E Tongue (10) Lips (10) Acres (10) Abdomen (20) Rush (10) Diuresis (20)	265	Anam.: First day vomiting, diarrhea and abdominal pain for 3 days, second day fever 39°C (Paracetamol) and abdominal pain, third day apathy, just slept, he didn´t drink or eat,weight 35 kg. A - free airway - necessary change the position of the head. B - auscultation alveolar, without pathology, SpO2 89%, RR 30 per min - the auscultation must take time at least 30 sec. C - CR 4 s, BP 60/30, P 150 min, (ECG S.R.), TB 36,9 C, weak pulse. D - Somnolence, apathy, GCS 12, glyc 4,5. E -Cold skin, lip cyanosis, acres cyanosis, dry tongue, body without injury,only during examination peritoneal abdominal pain (no analgesia is required), diuresis - he probably didn´t urinated, there is no rush.
		25	20	45	65	30	80		
5	Child Therapy	Oxygenotherap y	i.v. line (at least 20G)	Crystaloid 700 ml with pressure (75) Crystaloid < 700 ml (10)	re - measurement BP > 5 min from start volumotherapy	hemoculture is necessary when giving ATB	Informing the mother	225	Oxygenotherapy (at least 5 l per min. O2). i.v. line is possible G 20 and more, pressurized infusion of balanced crystalloid and control (check) BP over 5 min (BP 90/50) - catecholamines are not nessary with correctly volumotherapy. Hemoculture is necessary when giving ATB. The crew gives the information to the mother.
		25	25	75	25	50	25		
6	Diagnosis, routing, transport	Mother Placenta/uterus (20) Injury of upper limb (10 Contusion cerv.spine (10) Multiple hematoma (10 Attack, abuse (10)	Mother Routing A (25) Transport F (25)	Child Septic shock (cold) (25) Peritonitis ac - appendicitis (25)	Child Routing C (25) Transport E (25)			210	**Mother**: Main Dg. susp. placental abruption (uterina injury), upper limb injury - forearm cut, possible cervical spine contusion, multiple hematoma (evaluted back), assault (attact,abuse) Routing A, to the nearest hospital an urgent laparotomy to safe the fetus (baby). Transport F - ground Child : Dg. Septic shock (cold), peritonitis ac. (appendicitis purulenta) Routing C - specialist unit to pediatric intensive care (PICU) Transport F - HEMS (within **10 min** of arrival on scene)
		60	50	50	50				
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	Mother - calm the patient	Mother	Police patrol	Child			100	Subjective evaluation by actors (simulated patients, relatives, bystanders, witnesses, etc).
		40	20	20	20				

Clarke "Sticky Fingers"

	Author:	***Clarke McGuire***
MUC. RR	***Rozhodčí:***	***Veronika Mohylová, Lenka Kohlová***
NAT-ST		***Veronika Mohylová, Lenka Kohlová***
NAT-FS, INT	***Judges:***	***Christoph Redelsteiner, Kateřina Nováková, Noriyoshi Ohashi***

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

Emergency Dispatch Center received emergency call and sends you to:
Allergic reaction sees men by vehicle on side of road.

Your tasks:

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

Conditions on the scene:

27.5.2022, 10:30am, clear sky, no wind, 21°C = 70°F.
Arrival on the scene 10 mins after request
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCH.
For paramedic crew - arrival of RV car with physician on site in 15 mins after request through Dispatch centre.

Local situation:

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

B *Higher Level Hospital: 32 km by ground transport. Depts: as A + Emergency Dep., ENT, Oncology, Psychiatry, Infectious, Paediatric, Cardiocentre & Stroke unit.*
C *Specialized Centre: 45 km by ground transport. Depts: as B + Trauma Centre, Burn Unit, Paediatric ICU, NMR, ECMO and Opthamology and Hyperbaric Chamber.*
D *Leave the patient at home. (if it´s in competency of the crew)*

	Means of transport	***Information***
E	*Helicopter rescue*	*not available*
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:

The arrival crew sees two people, P1 laying on the ground outside of drivers door, and the P2 sitting on the ground near the back (not near exhaust) holding an epi pen in one hand and his other hand on his chest. There is extremely loud music playing in the car, doors of the car are closed. **Patient # 1**
Driver of the vehicle is laying supine beside drivers door, he is unconscious, his face is flushed red and swollen with obvious rash. There are some bees attached to his face and arms. Patient's breathing is severly laboured and his tongue is protruding, RR 10´, SpO2 78 %, GCS 2-3-3. Pulse sinus bradycardia with rare PVC'S 42 bpm, B/P 74/44. While examining patient stops breathing. IV is not possible due to severe oedema, intubation is not possible due to oedema of tongue (only a surgical airway management possible). While airways are secured and adrenaline is given, patient's vitals starts to improve.

Patient # 2 - Passenger from the vehicle provides all information, when the crews ask specifically for it. Only provide this information if asked. They stole bees from a farmer's field to sell, the bee-hive turned over and the bees flew into the vehicle. His friend (pt.1/driver) is allergic and it is his epi pen. Driver/pt.1 administered adrenalin IM - into friends/pt.2 thigh, when his symptoms started, but then he/pt.1 went unconscious. Patient#2 complains of a sudden onset of Chest Pain 6/10 radiates up to jaw. Feels shortness of breath and nauseated. His lower lip is swollen with a bee attached to it. He has a bee on his forehead with a little bit of reddening. He is not wheezing his O2 SAT is 93% he is in a sinus rhythm of 110´ with ST Elevation depicting an Inferior MI. B/P is 114/88 he has no medical history or allergies. If nitrates are given his pain becomes 9/10 B/P decreases to 90/60 and rate increases to 130´. If andrenaline is given to this patient his c/p will increase to 10/10 and his rate to 130´ with a slight increase in B/P to 128/84 due to increase demand on the heart. Note: his bee stings are local reactions only not anaphylaxis with minor symptoms, red at site but no swelling other than one lip at site.

Key words:

Acute MI, Inferior infarct with right side involvement - Anaphylaxis, Surgical Airway management - emergency cricothyrotomy

Team scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Scene assessment	Getting informations from P2 even about P1	Do not open doors of the car	Call for other crew (physician)	Call for fire dep. to secure the bees	Call for police to organize control of the vehicle and a stolen property	165	Scene assessment is time critical so no waiting for a bee keeper, priority is keeping vehicle secure so responders are not at risk. At least one physician on site. Calling fire dept., police and other crews to have at least one doctor on the spot
		50	50	25	20	20		
2	Patient # 1	Surgical airway perform up to 3 mins - 200 4 mins - 100 5 mins - 50	GCS, RR, BP, pulse, BG, SpO2 10 + 10 + 10 10 + 10 + 10	Determine if Epipen was used on pt., give adrenalin ECG 25 +25 + 25	Administer fluid i.o., adrealin i.m., .i.o., inh, O2 40 + 10	Reassess of vitals, Antihistamines Sedatives - Ketamine or other suitable (Mo, Suf, Tram) 10 + 20 + 30	445	Anaphylactic shock, priority is to provide airway management immediately and adrenaline administration i.m. The next step is to provide i.o., O2 and provide sedation (1/2 dose and 15min) Ketamine or other…
		200	60	75	50	60		
3	Patient # 2	BP, pulse, SpO2, RR, CGS, blood glucose 10 + 10 + 10 10 + 10 + 10	1) ECG 12 lead and determine inferior MI: 180 2) ECG 12 lead, determine inf. IM, given adrenalin: 130 3) ECG 4 lead: 80	Start IV, Allergic history ASA, O2, medication 10 + 20 + 20 + 50 + 50	Patients history, drugs history, current diseases, pain keep warm blank 10 +10 + 10 10 + 10	Re-evaluate vitals, continual or repeated ECG, call to the cardiocentre - info. about acute MI 10 + 30 + 20	500	pt.#2 can tell you driver has severe allergies and he used drivers epi pen on him. His C/P started as they jumped out of vehicle. If epi is given he will suffer V-Tach with C/P 9/10. After administration of Adrenaline, IM develops and pain increases 9/10.If the nitrates given, the pain increases, hypotension and impaired consciousness, a prelapse state. Analg. the choice is Ketamine or other - Morpfin, Sufenta 3/3 medication: Prasugrel/Tikagrelol/Ketamine/Morphine other suitable
		60	180	150	50	60		
4	Transport	Patient 1 direction "B"	Patient 2 direction "B"	Patient 1 transportation F or H	Patient 2 transportation F or G or H		90	HELICOPTERS are not available so two ambulances are required as both patients are serious and may suddenly deteriorate enroute so both need a high level of care with cardio centre and ICU and ICU with ENT.
		25	20	25	20			
5	Team cooperation and communication	Clear and obvious leader of the crew	The crew communicates as a team and passes the information to the leader	The leader receives and responds to information from the crew	Managed and controlled patient handling	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		
6	Players	Patient 1	Patient 2				100	Players subjective rating of team treatment and approach 0 - 50 pt's each for up to 100 pt.s'
		50	50					

OLYMPIC GAMES ***Author:*** ***Martin Trhlík (CZ)*** ***Rallye Rejvíz 2022***

NAT-ST ***Rozhodčí:***
NAT-FS, INT ***Judges:*** ***Martin Mathys Trhlík, Tomáš Sam Sam Hanuš, Lučina Dušková, Martin Míval Vavroš, Ruda Jansa, Kačenka***

Time limit for task: ***max. 10 mins*** *Story get to team with instructions.*

EMS Dispatch centre received an emergency call and send you to:
Olympic village - unspecific problems with the olympic team from your country.

Your tasks:

- *Evaluate the situation on the spot and choose the right procedure.*
- *Complete the assigned tasks.*
- *Inform the judge of any further steps.*

Conditions on the scene:

The situation on the place is exactly the same as it is on the task site today.Very friendly atmosphere, the air is full of excitement and people meet the expectations of what performances will follow.

Call to address time: 10 mins
No items are necessary.

Situation on the scene:

Upon arrival, the crew finds themselves in the Olympic Village, where just before the start their national crew from all the following disciplines failed, thanks to the indisposition of the whole team after consuming more than a small amount of substance called alcohol the night before.
It's up to them how to replace their definitely beloved team.
It's only up to you how you replace your, definitely beloved team …

Correct procedure:

The entire route will be completed by a crew carrying one of their members on a stretcher, performing tasks together, regardless of position. There is a time limit of 10 minutes for the entire route - the remaining seconds are counted in the value of 0,5 point for each second.

1. Doses
Carriers hold their colleague on a stretcher. The task of "carried" is, if possible, to administer the drugs by syringe i.m. remotely to prepared hind patients. Full hit with the insertion of the syringe into the butt 50b., Reflected 20b.- 5 attempts.

2. The sabre throw
Carried will receive an emitting bowl filled with a measured amount of fluid, with which a short but dramatic and tearful slalom race will take place. After reaching the goal, the liquid is re-measured and then the points are awarded.

3. Treatment
The crew competes in its entirety, including carriers. Each of the competitors will receive 10 types of medication, which will be delivered from the door to the prepared mouth of the patients due to the lack of staff on the ward and the need for rapid administration of medication. The average of the points from the sum of all crew members is calculated. 3 x mouths at different distances and sizes for 50, 30 and 15 points - ten attempts each player (three "tablets" are suppositories, but let's say that this time we will all think they will work by serving orally :))

4. Alzheimer's race
Takes place throughout the task. There are 20 items on the sides of the route, which the crew must remember and write in the prepared form within 1 minute after reaching the destination, while they can only use their memory during the trip. 20 courses per 10b. - max. 200 points.

Team Scoring		1. Doses	2. The sabre throw	3. Treatment	4. Alzheimer's race	5. Time	Max. points (w/o time)	Correct decisions and performance
							1 350	
1		Shot - 50 p., Reflected 20 p. max. 250 p.	500 ml - 5 ml = 1p.	max. 500 p.	á 10 pts Max. 200 pts	10 min - 1 second = 0,5 p.	1 350	See above
		250	100	500	200	300		

MUC. RR ***Authors:*** ***Francis Mencl (USA), Monica Corsetti (USA)***
RLP ***Rozhodčí:*** ***Francis Mencl, Monica Corsetti, Petra Ilavská,***
RZP ***Judges:*** ***Barbora Miklošová***
INT

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

EMS Dispatch center received an emergency call and sent you to:
Call from Hotel Dlouhé Stráně, a guest is lying in room 031 H and is not responding.

Your tasks:

- *Scene assessment and correct patient 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 27, 2022, 04:00pm, clear, no wind, 20°C.
Call-to-scene time is 5 minutes.
All requests and information's towards EMS 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: 10 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.*
B	*Higher Level Hospital: 22 km by ground transport. Depts: as A + ED, ENT, Oncology, Psychiatry, Infectious, Pediatric with ICU.*
C	*Specialized Centre: 38 km by ground transport. Depts: as B + Trauma Centre, Burn Unit, Cardio Centre, Stroke center and NMR.*
D	*Leave the patient on scene (if possible due to local EMS competence).*

	Means of transport:	***Information***
E	*Helicopter Rescue*	*Available within 15 minutes of 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 center.*
H	*Ground- next physician ambulance*	*Arrival 13 minutes after request via EMS Dispatch center.*
I	*Another*	*Describe and justify to judge.*

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

Situation at the scene:

Middle aged person in a hotel room, found unresponsive by housekeeping. Hotel clerk – “He registered in this morning and made reservations for dinner. He asked for extra towels but didn’t answer the door when housekeeping knocked.” He is in a chair – “we were afraid to move him!” An empty cigarette box and beer bottle, spilled “powder” and a bottle of aspirin are on the table. At this point the team leader is blindfolded.
Agonal respiration and tachycardia lead to loss of pulses and cardiac arrest. Goals are good resuscitation post-ROSC care, recognition of a mixed drug overdose and good team communications.

Keywords:
ALS, drug overdose, team communication.

Team Scoring		1	2	3	4	5	Max. points (w/o time)	Correct decisions and performance
							1 350	
1	Primary (initial) examination (ABCD)	Scene safety, identify absent pulses and move patient to the floor begin chest compressions	assess airway & breathing apply O2, consider airway adjuncts & BVM ventilation (30:2) with ETCO2	identify Fentanyl patch in mouth (50 points) also pinpoint pupils (25 points)	IV/IO access	Recognition of pulseless V tach Defibrilate (#1) and resume compressions	250	1. Initial assessment - scene safety, patient appearance and responsiveness (makes some mention of scene safety, tries to rouse patient, fails to awaken patient and fails to palpate a pulse, moves patient to floor and starts compressions) 2. Airway - begins to bag patient, correct ratios, applies ETCO2, considers airway adjuncts. 3. Fentanyl- pulls patch out of mouth, considers that this may have contributed to patient's current conditions. 4. IV/IO- obtains access in appropriate place. 5. Vtach- puts patient on monitor, recognizes vtach
		50	50	75	25	50		
2	Therapy	After 2 minutes of CPR, check rhythm -> V-fib. Defibrilate (#2). Resume compressions	(After 3rd shock) Give adrenaline/Epi 1 mg (q 3 - 5 min)	After 2 minutes of CPR, recheck the rhythm.	V-fib defibrillate (#3) and resume immediate compressions	(After third shock) Give Antiarrhythmic (e.g Amiodarone)	225	1. Correctly identify that asynchronous defib is the correct treatement and dose energy appropriately, then resume chest compressions immediately w/o pulse check 2. Give epi at appropriate dose at appropriate intervals 3. pause for rhythm check after appropriate timing 4. recognize vfib and defib with appropriate energy, resuming compressions immediately. 5. Give appropriate antiarrythmics at appropriate dose
		50	50	50	25	50		
3	Therapy (continued)	Airway - ETI or LMA during CPR with ETCO2	Ventilations at 10 breaths/min. Ventilations at 500-600 ml - tidal volume	pulse check reveals wide complex tachy rhythm	sedation (eg benzos)		175	1. place appropriate airway, either ET tube or LMA with etCO2 attached. 2. naloxone should be considered at some point. Appropriately dosed and appropriate route. 3. wide complex rhythm recognized during ROSC as post-ROSC rhythm. 4. consider cocaine OD, avoid lidocaine, consider benzos. 5. Since pt is in a wide complex tachyarrythmia and possibly Vtach, consider sodium bicarbonate and additional antiarrythmic dosing.
		25	50	50	50			
4	CPR	Adequate rate	Correctly released/relaxation	Adequate depth	Correct compress:ventilation ratios after intubation	Switched compressors	150	1. Chest compressions at a rate of 100-120 compressions/min. 2. Allowing chest to fully recoil. 3. Compresions should be 1/3 chest diameter or ~5cm/2 inches. 4. Compression: ventilation ratios (30:2 with BVM and uninterrupted when intubated. After intubation/advanced airway, q6 sec. 5. Team leader should direct thechest compressors to switch or mechanical chest compression started.
		25	25	25	25	50		
5	Working diagnosis	Opioid overdose	give nalaxone	Cocaine overdose			150	1. Diagnosis of opioid OD is made based on fentanyl patch in mouth. 2. Diagnosis of concurrent cocaine OD is made based on white powder near patient.
		50	50	50				
6	Direction and transport	Post-resuscitation care EKG	Post-resuscitation care monitoring	Post-resuscitation care IVF	Direction A Transport E (F)		125	1. Patient receives adequate post-ROSC care, including EKG performed and correctly interpreted. 2. Continuous monitoring including cardiac monitor, end tidal CO2, SpO2, BP q5 min, RR. 3. Give IVFs at appropriate dosages. 4. Give adequate sedation. Points based on choice, explanation of choice, and dosing. 5. Transport to closes ICU
		50	25	25	25			
7	Team cooperation and communication	Obvious teamleader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information from the crew	Closed loop communication		275	The team leader is blindfolded. 1. Team leader directs crew. 2. Crew effectively gives team leader descriptions about what is happening including findings, vitals, rhythms, and scene description. 3. Leader assimilates this information into timely and clear orders. 4. Closed loop communications: Team members repeat back or confirm actions when complete.
		100	50	50	75			

UNICORN ***Authors:*** ***Kateřina Zvonařová (CZ), Jan Tamele (CZ), Radka Fousková (CZ) , Petr Svoboda (CZ)*** ***Rallye Rejvíz 2022***
INT ***Judges:*** ***Petr Svoboda, Ján Dobiáš, Michal Pačiska, Erwin Feichtelbauer, Ján Šimko, Václava Novotná***

Time limit for task ***max. 20 mins***

Emergency Dispatch Center received emergency call and send you to:
Traffic accident, 3 cars, unkown number of casualties. Caller away, cannot be verified.

Your tasks:
- *Assessment of the scene and correct work management as first crew on site until additional EMS crews arrive.*

Conditions on scene:
May 27, 2022, 7.00 a.m.Call to address time is 15 mins.
All requests and information towards Emergency Dispatch Center to be communicated via two-way radio.
Additional crews will arrive as specified by Emergency Dispatch Center.

	Direction	***Distance by ground transport***	***Available departemets***
A	*Nearest hospital*	*15 km*	*Anesthesia and General ICU, CT, Biochemistry, General Surgery, Internal Medicine with ICU, Neurology.*
B	*Higher level hospital*	*30 km*	*Anesthesia and General ICU, CT, Biochemistry, Pediatric with ICU, General Surgery, Infectious Disease, Internal Medicine, Neurology with ICU, ENT, Psychiatry, ED, Trauma.*
C	*Specialized centre*	*60 km*	*Depts: as B + Trauma Centre, Burn Unit, MRI, Cardiac Centre, Stroke Unit.*

	Means of transport	***Information***
E	*Helicopter (HEMS)*	*reguest via EMS Dispatch Center, unable to land near the scene*
F	*Ground*	*Team´s own ambulance.*
G	*Ground - another paramedic ambulance*	*Arrival 15 minutes after request via EMS Dispatch centre.*
H	*Ground - another physician ambulance*	*Arrival 15 minutes after request via EMS Dispatch centre.*
I	*Another*	*Describe and justify to judges.*

Situation at the scene

EMS crew is arriving to the scene of traffic accident. The police crew is already at the scene. An infant patient is given a CPR by another person after the ejection from the vehicle. There are another 11 casualties located inside and outside the vehicles. EMS Dispatch Center calls another crews, Fire Department units is arriving in 4 mins.

Goals:
1. situation assessment
2. METHANE report to EMS Dispatch Center
3. correct management as the 1st responding crew at the scene (MCI Commander, Transport leader)
4. triage (START / Triage tags)
5. identification of life-threatening conditions and providing of neccessary treatment

The task will be end with the arrival of the medical crew (at the moment of reaching the time limit) and the transmission of information about the situation and the extent of the event to the doctors of the field team.

	Team scoring	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**Max. points**	**Correct decisions and performance**
									2 700	
1	MCI Commander	Using the MCI Commnader designation	Situation assessment organized: 200 spontaneous: 100	METHANE I report complete: 6x50	Set the place of triage, treatment and transport organized: 3x100 spontaneous: 3x50	Co-op with the police unit organized: 200 spontaneous: 100	Co-op with the fire department unit organized: 200 spontaneous: 100	Filling the MCI documentation	1500	MCI Commander uses the designation as usual and conduct a the situation assessment at the scene. After the assessment the MCI Commander gives a METHANE report to the EMS Dispatch Center. MCI Commander sets the location of triage, treatment and transport. MCI Commander co-operate with police unit at the scene. After the arrival of Fire Departure unit MCI Commanader give information to the chief of the Fire department. MCI Commander filling the MCI documentation.
		100	200	300	300	200	200	200		
2	TRIAGE	Triage the patients organized:100 spontaneous:50	Using the START or other triage tags and specify the priorits of patients 6x50	Performance of the life saving actions 3x100	METHANE II report 2x 50				800	EMS crew performs a patient triage (3x immediate, 1x delayed, 7x minor, 1x deceased). During the triaging EMS crew performs of the life saving actions. MCI Commander gives METHANE II (triage report) to the EMS Dispatch Center after the triage.
		100	300	300	100					
3	CO-OPERATION	Ensuring the psychosocial care	Co-op with a other crew complete report: 300 incomplete report: 150						400	EMS crew reguests the ensuring the psychosocial care for patients cat. III (minor). MCI Commander co-op with a other crew after its arrival and gives a complete report including situation report, number of casualties and performed treatment.
		100	300							

METHANE

	Team Scoring	**M**	**E**	**T**	**H**	**A**	**N**	**E**	**Max. points (w/o time)**	**Correct decisions and performance**
									400	
1	METHANE I	Call sign of the crew	Ensuring the exact location	Ensuring the type of accident	Check the hazards at the scene	Check the access to the scene	Number of casualties	Other units request	300	MCI Commader gives a METHANE I report to the EMS Dispatch Center
		0	50	50	50	50	50	50		
2	METHANE II	Call sign of the crew	-	-	-	-	Exact number of casualties: 3 x immediate 1 x delayed 7 x minor 1 x deceased	Other units request	100	**ONLY PARA crews:** MCI Commander gives METHANE II report to the EMS Dispatch Center after the triage.
		0	-	-	-	-	50	50		

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

The Emergency Dispatch Center has received a urgent call on the 155 emergency line and is sending you to the event:
Traffic accident, Funeral vehicle with one adult and an emergency vehicle on duty - Physician crew Jeseník with a patient. Police and firefighters on the way.

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 necessary, determine the type of transport (see below) and prepare the patient(s) for transportation.*
- *Inform the judge of any further steps.*

Conditions on the scene:
27.05.2022, 12:00 h, overcast, stuffy, 30 ° C.
Call to address time: 6 mins
All requests and information towards Emergency Dispatch Center tends to judge marked as DISPATCH.
If you are paramedic staffed ambulance, physician is available within 20 mins after your request.

Local situation:

A	*Nearest hospital: 18 km by road. Equipment: surgery, ICU (ARO), internal medicine, gynecology and obstetrics, CT, biochemical laboratory, neurology, ENT.*
B	*Higher type hospital: 42 km by land. Equipment: as A + emergency admission, oncology, psychiatry, infectious, children's ward.*
C	*Specialized center: 61 km by land. Equipment: as A + trauma center, burns, cardio center, CVSCP (Highly specialized cerebrovascular care center), magnetic resonance imaging, ECMO, children's ICU (ARO).*
D	*Leaving the patient on site (if the competencies of the emergency medical service group allow it).*

	Means of transport:	***Information***
E	*By air*	*HEMS arrival time at the event site is 10 minutes, currently unavailable. Landing close to the venue possible.*
F	*By land*	*Ambulance of the field group (crew).*
G	*By land - by other Paramedic Ambulance*	*The arrival time of the next Paramedic Ambulance crew at the scene is within 45 minutes from the request via Dispatch.*
H	*By land - by other Ambulance w Physician*	*The arrival time of the next Ambulance with Physician crew at the scene is within 15 minutes of the request via Dispatch.*
I	*By land - by Transp. Medical Service*	*The time of arrival of Transport Medical Service at the place of the event is 25 minutes from the request via Dispatch*
J	*Another*	*Describe and justify to the judge.*

You report to the judge (example): "Route A, transport E" and any additional information at your discretion.

Situation at the scene:
Road jammed at the scene of an accident.

Participants in a traffic accident:
Ambulance: Emergency vehicle, Ambulance crew with Physician with one patient.
P1: Ambulance patient, pregnant (week 34) and burnt woman. She boiled herself while cooking soup. Burns at legs, approx. 15%, I., IIa. Secured, analgetized (Metamizol 1g in NS 100 ml in 10 minutes iv and Paracetamol 1g in 100 ml for 10 minutes iv consulted with obstetrician) + local cooling and sterile cover. VF stable. After Traffic Accident without injury.
Ambulance crew
P2: Nurse (leader): light injury, knee injured-contusion.
P3: driver ("underpants"): light injury, laceration on forehead 2 cm, light bleeding, abrasions. Phlegmatic, smoking beside ambulance.
P2, P3: Professionals, many years of experience at the field base, want to treat and calm their doctor. They are able to take care of P1 and P4 on request, but are not willing to another help.
P4: Doctor, upset (he just joined the EMS, was persuaded, a young surgeon, the first month of emergency services, is annoyed/hysterical, he often gets travel sickness while driving). Lacerated wound on the right temple, bleeding, section wound to skin 2 cm long. Complete examination otherwise negative. A little hysterical and busy neighborhood, sister manageable.

Funeral Vehicle (FV): Crashed The Ambulance at low speed. Low energy accident.
P5: Driver, alone in vehicle. Texting while driving, did not pay attention to the driving. Arrogant person. A lacerative, no longer bleeding wound on the right hand (caused by a mobile impact), a hematoma from the safety belt, otherwise nothing, he clearly demand to be examinatet. FV child seat on the passenger seat.

There are no other Traffic Accident participants.

P2 has a situation roughly mapped before the arrival of the Competition Crew, she feels that there is nothing much to do there, she passes it on to the Competition Crew members, so that she can take care of her doctor, he's still hysterical, he has a laceration and the blood is not doing him any good.

In the 5th minute, a car **(PC)** arrives at the place from behind and stops. In it **P6**: father, **P7**: mother and **P8**: child (dummy).
Parents nervous, drives **P8** (child, 6 years, cold, sore throat, unable to swallow, lethargic, fever), to the healer. An alternative family, they try to heal naturally, they don't look for a doctor, they don't vaccinate, but they think it's ugly angina and so they go to a healer for stronger herbs.
P7 is sitting with the baby in the back seat. **P8** seized, so she holds it in her arms. They live in a secluded forest, 35 minutes on the way.
P6 is forced to stop on an impassable road. He gets out of the car, is upset that Competition Crew is dedicated to people in Ambulance and Funeral Vehicle. He stands, nervous, cursing because he's in a hurry, but he doesn't talk more.
Immediately after the arrival of the **Competition Crew**, a **police patrol** (players) also arrives at the place.
P6 escalates aggression, indirectly tries to draw attention to the seriousness of the situation of his family and in the 7th minute he runs against the **police** with an axe to immediately ensure the passage that he has to leave. **Police** respond, **P6** calms down and pacifies. **P6** cooperates, cries, collapses after the information about the death of his child, cries, moans, mumbles that he will kill himself. A crying **P7** calls from the car, and gives patient history of child on demand.
P8 does not show signs of life, exitus letalis regardless of the length of CPR and performed interventions (we will inform **Competition Crew** after 1 minute of CPR).
1.minute after the request, **Emergency Ambulance Crew with Physician** (referee) arrives at the place, who:
Competition Crew -> Paramedics: It states exitus, ends CPR, loads **P1** and leaves. We do not evaluate the transfer of **P1**.
Competition Crew -> EMS with Physician: He loads **P1** and leaves. We do not evaluate the transfer of **P1**.
P1 is out of site of accident and the next step on the spot is at the **Competition Crew** (if necessary, we will communicate orally).
Parents demand an explanation, an acute anxiety reaction in both, it is necessary to provide information, take care of **parents**, ensure crisis intervention and define the routing and transport of all **P's**, including **P8**.

Keywords:
Orientation and organization of activities at the scene, triage. Communication with all IRS units.

	Team Scoring	1	2	3	4	5	Max. points (without time)	Correct decisions and performance
							1 700	
1	Orientation and organization at the scene	On-site orientation and obtaining information from the Ambulance crew	Dispatch: 1) info, reporting the number of injured, 2) request reinforcements for transport 25 + 25	Dispatch: request 1 x EMSwP 1 x Transport Ambulance 25 + 25	Communicatio n with the Police		150	Orientation at the place of the event, communication with Dispatch, request for reinforcements, basic triage. They request the police at the scene to ensure road safety and co-operation during the intervention. 1/1: Clear question to the Ambulance crew: What happened? 1/2, 1/3: Inform Dispatch about the number of TA participants, request reinforcements. 1/4: Inform the Police crew about the event.
		25	50	50	25			
2	P1 Patient in Ambulance	1) Takeover from Ambulance crew 2) transport info 25 + 25	Wound coverage control	Obst. history: 1) Question on pregnancy, per week, 2) contractions, movements, 3) bleeding, amniotic fluid outflow 25 + 25 + 25	1) Status check 2) Functionality of analgesic sedation 25 + 25	Routing: C Transport: H 20 + 20	240	Stable, no injuries after TA, request info from the Ambualnce crew, verification of the patient's condition Priority patient, required EMSwPh After the start of CPR, it is taken away by the requested EMSwP and P1 disappears from the scene.
		50	25	75	50	40		
3	P2, P3, P4 Ambulance crew	P4 Doctor 1) Examination, 2) Treatment of laceration 3) Trying to calm down 25 + 25 +25	P2 Nurse 1) What's wrong with you? 2) Examination 25 + 25	P3 EMS Driver 1) What's wrong with you? 2) Wound treatment 25 + 25	P2, P3, P4 Routing: A 20 + 20 + 20	P2, P3, P4 Transport: I 20 + 20 + 20	295	3/1: Examination of the injured limb - indicative. 3/2, 3/3: Status query. P2, P3, P4: Must go for mandatory examination to the hospital after TA (accident at work).
		75	50	50	60	60		
4	P5 Driver from FV	Ask about the circumstances of the accident, whether he drove in the car alone	1) What's wrong with you? 2) Examination 3) Trying to calm down 25 + 25 +25			Routing: A Transport: I 20 + 20	140	4/1: A child seat in the car, so it is necessary to ask if he drove alone. Driver laceration on forearm, oriented, hematoma from the belt, mild pain in place, remembers everything, airbag not activated, nothing hurts, annoying, arrogant. Examination of the driver, try to calm down.
		25	75			40		
5	P8 Child from PC	What happen & Patient History from the mother 25 + 25	Circulation arrest verification	Launch of CPR	Dg. Epiglottitis Acuta		400	Child 6 year old, not vaccinated, sore throat, TT 39 ° C for several days, GCS 3. Mydriasis, apnea, asystole. Mother in car, dead baby in lap. Childs medical history from Mother - Typical symptoms of epiglottitis. Examination of the child, CPR always unsuccessful, regardless of the performed interventions and the length of CPR (Competition Crew will be announced 1 minute after the start of CPR).
		50	75	75	200			
6	P6, P7 Parents from PC	Empathetic information to parents about the child's death 60 + 60	P6, P7 Calming father/mother 25 + 25	P6 Routing: B Transport: F Police escort 20 + 20 + 20	P7 Parent in PC PEERs intervention via Dispatch, leaving in place in the care of the PEER 75 + 20		325	Info for parents, try to calm down, help of the police possible. Calling a crisis intervention (PEERs).
		120	50	60	95			
7	Teamwork, communication	A clear and obvious crew leader	The crew communicates as a team and passes information to the leader	The crew leader receives and responds to information from the crew	Carefully and controlled handling of patients	Crew communication with patients and figurants	50	Crew cooperation as a team, clearly acting and performing crew leaders. Unambiguous and clear communication with patients, the Police and other figurants Introduce yourself upon arrival, inform the patient what we do, why we do it (undressing, examination, transport ...), calming the situation.
		10	10	10	10	10		
8	Figurants	P2 Nurse	P4 Doctor	P6 Father	P7 Mother		100	Subjective evaluation of figurants simulated patients, patient relatives, witnesses, non-participating spectators, etc.).
		25	25	25	25			

MUC. RR *Authors:* *Silvia Trnovská (SK), Denisa Osinová (SK)*
NAT-ST *Rozhodčí:* *Silvia Trnovská, Roman Remeš, Dagmar Majerová*
NAT-FS, INT *Judges:* *Silvia Trnovská, Ľudovít Priecel, Dagmar Majerová, Peter Kysel'*
Sara Lary, Denisa Osinová, Roman Remeš

Time limit for task: ***max. 10 mins*** *Story get to team with instructions.*

EMS Dispatch centre received an emergency call and send you to:
In front of the house lies a man / woman, unresponsive, breathing.

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 necessary, determine the type of transport (see below) and prepare the patient(s) for transportation.*
- *Inform the judge of any further steps.*

Conditions on the scene:
27.05.2022, 11:30pm, cloudy, 8°C.
Call-to-site time is 10 minutes after summoning.
All requests and informations towars EMS Dispatch Center tend to judge marked as "Dispatch"
If you are paramedic staffed ambulance, physician is available within 15 minutes after your request.

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

	Means of transport	***Informations***
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 10 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:

Man/woman found on the grass under a window/balcony by a random passer-by who allready called police. A police is arriving to the scene after paramedic crew.
The patient lies on the ground, on his back, covered with a blanket, responds to algic stimuli in an untargeted manner, verbal contact is desoriented. Patient is somnolent, breathes spontaneously.

Correct procedure:

1) Primary ABCDE examination and priority treatment.
2) Obtaining anamnesis - informations possible to collect from witnesses and police. Cooperation with police.
3) Primary treatment in emergency services - O2, i.v. access, continuous monitoring of VF, absolutely gentle manipulation, complete fixation - C collar, fixation of right leg and left arm, spineboard or vacuum mattress, patient heating - heated fluids, blankets, active heating devices, move to the ambulance as soon as possible, thermofoil.
4) Due to clinical finding (relatively stable VF) no inadequate invasive procedures are necessary, their implementation on the scene is demanding and the risk of adverse effects are greater than the benefit + rapid onset of vasodilation for any reason (careless manipulation + inadequate invasive techniques and possibility of spinal or neurogenic shock, incorrect heating technique etc.). Will lead to a significant deterioration of the patient vital functions and to an unclear prognosis.
5) Transport - load and go - trauma positive patient + hypothermia (although not all criteria for ECLS yet) - route to C (trauma center + cardio center according to the development of the situation), air transport accepted in terms of time if it will be activated immediately after the arrival of the crew.

Anamnesis:	**P1**
Personal informations:	Holý Dušan (Holá Dušana), 30 years, weight: 70 kg
Patients history	Unknown, known homeless
Medication	Unknown
Allergies	Unknown
Current condition	A patient found on the ground by an passer-by who walked with his dog. The passer-by states that he has already seen the patient here before, he is homeless, he can't say more about the patient. He called police, who registers patient and can find out basic data (name, age). A patient found on the grass is lying on the ground under a window / balcony from which other people are shouting out. Patient is covered by a blanket, with a pillow under his head. At the request of the crew, the police finds out the circumstances from the witnesses from the window / balcony. The patient drank alcohol with them, then they found him in the grass where he usually slept, so they covered him with blanket and left him like that, other circumstances they do not remember.
Family anamnesis	Unknown

Vital functions	**After arrival crew on the scene**		**During the task**	**In case of careless handling, inadequate invasive techniques, incorrect heating strategy:**
	2nd min	**4th min**	**8th min**	
Patient				
Pulse (/min)	30	35	32	Ventricular fibrillation, then asystoly
RR (/min)	12	11	11	
Capillary refill (s)	prolonged	prolonged	prolonged	
BP (mm Hg)	80/40	90/50	90/50	
SpO2 (%)	immeasurable	immeasurable	immeasurable	
Glycemia (mmol/l)	6,8			
Body temperature (°C)	32℃		32℃	
GCS	12 points	12 points	12 points	
ECG	Atrial fibrillation, prolonged QT	Atrial fibrillation, prolonged QT	Atrial fibrillation, prolonged QT	

2nd minute: Somnolence, GCS 12 bb (3-4-5) - eye opening on verbal stimulus, contact desoriented, mumbles, motoric movement to the pain stimulus, supine position, pale color, hypothermia, TT 32 C, cold extremities, shivering is present, spontaneous breathing, approx. 12 / min, foetor ethylicus, pupils isocoric: 4 mm/4 mm, fotoreaction is significantly slowed down, without nystagmus, ears and nose without discharge, on algic stimulus- non targeted flexion of all limbs,fingers movement is present, right leg - present deformity of tibia (closed) and left arm - present deformity of the humerus (closed), head without external visible injuries, firm chest, without crepitations, respiration symetrical alveolar, sharpened auscultation findings, heart auscultation is without patological findings, HR regular -bradycardia 30 / min. BP 80/40mmHg, saturation O2 is not measurable for cold acres. Capillary refill is prolonged. Peripheral pulsation is weak, hard to palpate. Abdomen: without patological findings, pelvis firm. left leg and right arm - no injuries. No urination and defecation present.

	Team Scoring	A	B	C	D	E	F	Max. points (w/o time)	Correct decisions and performance
								1 350	
1	Anamnesis	Past medical history, allergies, medication	Informations described by witnesses	Informations found by the police investigation	Verification of patients identity by police			100	1A unknown 1B Informations described by withness 1C informations found by the police investigation of other witnesses (Friends of patient) 1D the crew will ask the police for verification of patients identity
		10	30	50	10				
2	P1	Ac+B 5 x 10	C 10 + 10 + 10	D 5 x 10	Body temperature+ glycemia 10 + 10	E (upper, lower limb) 10 + 10	E Abdomen	180	2A: A (opened) + c (c spine fixation) + B (sat O2, RR, auscultation) 2B: C (BP, HR, capillary refill) 2C: D (GCS - exact: 3-4-5, pupills, extremities movement on stimuly, sensitivity, excretion of urine and /or stool) 2D correct body temperature measurement, 2E fracture od left arm and right leg, other fractures are not present 2F Abdomen without patological findings
		50	30	50	20	20	10		
3	Basic procedure	Oxygen + i.v. line 10 + 10	4 lead ECG	Continuous monitoring of VF	Gentle manipulation	Lying position	No invasive techniques of treatment	330	3C continuous monitoring of VF: ECG and body temperature included 3D minimal movements with patient, Warning: neck flection and rotation, minimal elevation of extremities during imobilisation, prevent patient collapse during manipulation 3E lying position on flat horizontal surface 3F no invasive treatment (intubation, fracture reposition, cardiostimulation ect.)
		20	20	30	50	10	200		
4	Treatment	Fixation of extremities	Analgesia	C-spine Collar	Whole body fixation	Warm Crystalloids	Active warming	240	4B: adequate analgesia: without deteriorating VF 4D: Spineboard, vacuum mattress, police assistance in imobilisation 4E: Crystalloids 20 ml/kg i.v. 4F: Active warming: blankets, termofoils, active warming devices, warm solutions, transfer to ambulance car, prevetion of heat loss.
		20	20	50	30	20	100		
5	Diagnosis, directions, transport	Hypotermia mild/moderate	Alcohol intoxication	Fall from a height	Suspected trauma C of the spine	Fracture of right leg and left arm 25 + 25	P1 Transportation C via F	350	
		75	50	50	75	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	Police					100	Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc).
		70	30						