

Maximum time limit to complete the task: 10 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

A castle manager was attacked by an unknown person in the castle of Loučná and stabbed in the chest and groin. He called 911 to report that he had been stabbed and that the perpetrator had fled. Police at the scene.

Your task is:

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

Condition on the scene:

Date: 26.05.2023 Time: 03:15pm Outside temperature °C / F 21/70 Weather: cloudy, no wind

Call to address time: 6 minutes

All requests and informations 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: 20km 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 ED, ENT, Oncology, Psychiatry, Pediatrics and infection unit
C Specialised centre: 55 km by ground. Depts as B and traumacentre, burn unit, cardiocentre, pediatric ARD, stroke unit, specialised surgery, ECMO, MRI
D Leave the patient on scene if possible due to local EMS competence.

Means of transport:

Information

- E** Helicopter rescue Landing 15 min after request via EMS Dispatch centre, landing on scene is possible.
F Ground Team's own ambulance
G Ground-next paramedic ambulance Arrival 15 min after request via EMS Dispatch centre
H Ground- next physician ambulance Arrival 15 min 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:

After arrival of the competing (paramedic) crew at the scene, the stricken administrator (P1) sits on the ground, leaning against the wall of the room, and is relatively calm. The police patrol, who arrived at the scene after approximately 3 minutes, compresses the wound in the groin, the patient breathes rapidly, is in shock, but communicates. The attacker fled the scene, other police patrols are looking for him.

P1: Injured male, 40 years old, PH: 0, Allergies: 0, a stab wound in the chest area below the right collarbone, the wound was cushioned by a vest and upper pockets full of items, as well as a stab wound to the right groin, the development of massive arterial bleeding, with rapid progression of hypovolemic shock and in case of insufficiently prompt treatment ends in the death of the patient.

Development of P1's state:

20 sec: blood loss 800-900 ml, BP 105/65, HR 105, RR 20, capillary return 2 sec, sat 95%

40 sec: loss of 1,400 ml, BP 85/55, HR 130, RR 27, oxy 90%, capillary return of 3-4s, pallor

60 sec: loss of 1,850 ml, BP 70/40, RR 32, HR 150, oxy 80% (or unmeasurable), capillary return 5s, confusion, anxiety

80 sec: loss of 2,200 ml, BP 50/30 (or non-measurable) RR 37, oxymeter cannot, capillary return cannot for centralization, unconsciousness, ECG SR tachycardia 160

Keywords:

Arterial bleeding, open pneumothorax, decreased level of consciousness, management of bleeding arrest.

| Team scoring | | 1 | 2 | 3 | 4 | 5 | Max. Points (w/o time) | Correct decisions and performance |
|--------------|-------------------------------------|---|--|---|--|--|---------------------------|--|
| | | | | | | | 1 350 | |
| 1 | Situation at the scene of the event | crew orientation in place | ask for safety on the place | getting information from a police patrol | info EMOC (dispatcher) | | 40 | situation on the place, orientation, injury identification, EMOC info, communication with police the patrol and injured. |
| | | 10 | 10 | 10 | 10 | | | |
| 2 | Monitoring | BP, P, oxy, BF, capillary return 5 x 10 | AA, PA, FA 3 x 10 | Adequate volume replacement, permissive hypoglycemia | Appropriate supportive therapy | Continuous FF monitoring (crew asking for values during treatment) | 230 | 2/3: canulla min. 18G, after 40 sec impossibility peripheral access , necessity i.o. access Volume replacement: 500 - 1,000 ml crystaloid/crystaloid+colloid as permissive hypotension maintenance guidelines, stop blood loss to a minimum, Exacyl 20 mg/kg if they have it. 2/4: after 20 sec use of compression, oxy by - mask min: 2 l/min. |
| | | 50 | 30 | 80 | 20 | 50 | | |
| 3 | Groin | up to 20 sec | up to 40 sec | up to 60 sec | up to 80 sec | continuous wound compression | 500 | Effective stop bleeding Continuous manual compression, Celox or QuikClot or another hemostatic products Over 80 sec: exitus. Continuous wound compression even during loading and transport, possible police assistance. |
| | | 250 | 150 | 100 | 0 | 250 | | |
| 4 | Chest | Listening repeatedly | treatment of open pneumothorax | | | | 50 | Description of thoracic open PNX, repeatedly listening find, ev. point of care USG |
| | | 25 | 25 | | | | | |
| 5 | Patient stabilisation | 2x IV line. or i.o. | Analgesia / analgosedation | Preparing for transport | Loading patient under constant pressure on wound, SCOOP, BOARD | | 380 | Analgosedation - preferably ketamine at of 0.5 ml/kg, we assess preparation for transport, FF monitoring, permanent pressure in the wound, 2x i.v. or i.o., TH pneumothorax, handling only under constant pressure on the wound by one crew member or police. |
| | | 50 | 100 | 30 | 200 | | | |
| 6 | Routing, transport | C | F | Request for trauma center with vascular surgery by dispatch | | | 70 | Specialised centre with vascular surgery: 55 km. By ground transport, emphasis on scoop and run. |
| | | 25 | 25 | 20 | | | | |
| 7 | Team Cooperation and Communication | Clear and obvious teamleader | The crew communicates as a team and passes information to the leader | The leader receives and responds to information from the crew | 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 | P1 | Police | | | | 30 | Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc). |
| | | 15 | 15 | | | | | |

Time limit for task:

12 min

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

Landlord calls for two injured - cuts - men in his garden house (shed), no further information available.**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 below).
- If hospital treatment is needed, define means of transport (see below).
- Inform the judge of any further steps.

Conditions on scene:

Date: 26.05.2023 Time: 04:30pm Outside temperature °C: 25 Weather: sunny, gentle breeze

Call to address time: 5 minutes

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

If you are paramedic staffed ambulance, emergency physician in rapid response vehicle is available within 15 minutes after your request.

Local situation**A** Nearest local hospital 8 km by ground transport. Depts: General Surgery, Internal medicine with ICU, Resuscitation unit, Neurology, Obstetrics and Gynaecology, CT, Labs.**B** Higher Level Hospital: 20 km by ground.. Depts: as A and Emergency Dpt., ENT, Oncology, Psychiatry, Pediatric and Infection Ward, Pediatric ICU, Neurology ICU.**C** Specialised Centre: 90 km by ground. Depts as B and Traumacentre, Burn Unit, Cardiocentre, Stroke Unit, Pediatric Resuscitation Unit, MRI, ECMO.**D** Leave the patient on scene (if possible due to local paramedic 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- another paramedic ambulance Arrival 15 minutes after request via EMS Dispatch centre.**H** Ground - physician staffed ambulance Arrival 15 minutes after request via EMS Dispatch centre.**I** Other Describe and justify to judge.

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

Situation at the scene:

There are 2 drunk men (P2, P3) injured with cut wounds on hands and abdomen, drunk woman (P4) with no obvious injury and sitting-lying young man (P1), who is somnolent with breathing difficulty (good response to oxygen and proper positioning of pt), mild tonic muscle convulsion, miosis, salivation, bradycardia, sensitive tummy to palpation.

Landlord informs about that there are no more weapons, knives are securely with him. Proper treatment of bleeding and wounds, police summoning, transport to the nearest hospital with General Surgery for definitive treatment with police assistance. Ask for EMS help. P4 (woman) to be sent to Alcohol Intoxication Treatment Unit of Psychiatric Hospital by police (INT according to their local protocol and possibilities, not to be left on scene, direction is not evaluated).

P1 Treatment: airways management, hi-flow oxygen, somnolent, low dose of benzodiazepin (with no effect to consciousness level), crystalloid infusion, atropine, ECG monitorin (CAVE Succinylcholin is contraindicated for crush induction RS!! There is no indication for intubation/SGA if properly treated). According to the age hospital transport to Pediatric Resuscitation Unit by HEMS.**Goal of the task:****P1 Young man (16 years):** He has drunk some liquid from not-marked bottle. Landlord on focused question reports that there was some pesticide- organophosphate solution.

Airways obstructed by position, after opening wakeable with acute cholinergic crisis symptoms: salivation, miosis, mild convulsions, bronchospasm, bradycardia, abdominal cramps, decreased consciousness level.

Treatment: Supine position, head tilt+chin lift= airways opening, hi-flow oxygen by no-rebreathable mask, crystalloid infusion, atropine 2-4 mg (repeat until signs of atropinisation - mydriasis, increased HR appear), benzodiazepin (low dose not compromising consciousness level, just convulsions-spasm control), gastric lavage is not indicated - somnolent, urgent transport to hospital C. Diagnosis: susp. organophosphate poisoning, acute cholinergic crisis, HEMS transport. There is on-call toxicologist consultation available anytime (antidotes).

Prior to transport parents should be informed (via EMS Operational Call center, police - any available method).

P2 Man (victim): Upper arms cut wounds (venous bleeding only), abdominal superficial cut wound, obvious signs of alcohol intoxication (drunk as a lord)

Medical history: diabetes mellitus - PAD, had lots of drinks and beers, hyperglycaemia.

Treatment: Bleeding control, wounds dressing, no need for painkillers, crystalloid, cooperative with you. Dg. cut wounds, mild hyperglycaemia, susp. alcohol intoxication. Transport to hospital A, general Surgery and then Internal Ward. Cooperative patient, safe for your own ambulance transport.**P3 Man (Aggressor):** Upper arms cut wounds (venous bleeding only), obvious signs of alcohol intoxication.

Medical history: high blood pressure, non-compliant with treatment, had lots of drinks and beers

Treatment: Bleeding control, wounds dressing, high BP - no need of immediate treatment, iv access refused by patient, if tried despite refusal aggression starts, no need for iv access! Dg. cut wounds, moderate hypertension, susp. alcohol intoxication. Transport to hospital A - General Surgery, Internal Ward- by second paramedic ambulance with police assistance.**P4 Woman:** No obvious injury, nothing significant in medical history, had lots of drinks. Cardiopulmonary normal, no significant symptoms except for alcohol intoxication. She is able to be taken by police car to Detoxication Unit of Psychiatric Hospital.**Others:** if present - just mild alcohol intoxication, no need for examination, leaving on foot**Anamnesis:****P1**

Personal data

Medical history

Medication

Allergy

Current situation

nothing important

none

none

Had some Cola like drink from non-labelled bottle, had a strange, rotten taste. Bottle available, landlord identifies content as some pesticide-organophosphate.

Vital Signs

| | P1 | P2 | P3 | P4 |
|---------------------------|-------------------|----------------------|---------|--------|
| Pulse rate (/min) | 39 | 90 | 90 | 80 |
| Respiratory rate (/min) | 10 | 12 | 12 | 12 |
| Capillary Refill Time (s) | 2 | 2 | 2 | 2 |
| BP (mm Hg) | 90/60 | 140/80 | 170/110 | 120/80 |
| SpO2 (%) | 85 | 99 | 99 | 99 |
| Glycaemia (mmol/l) | 5,3 | 20,5 | 6,3 | 6,3 |
| Body temperature (°C) | 36,5 | 36,5 | 36,5 | 36,5 |
| GCS | 13 | 15 | 15 | 14 |
| ECG | sinus bradycardia | Regular sinus rhythm | RSR | RSR |

Key Words:

Organophosphate poisoning, cholinergic crisis.

| Team Scoring | | 1 | 2 | 3 | 4 | 5 | 6 | Max. points (without time) | Correct decisions and performance |
|--------------|--|--|--|---|--|---|---|-------------------------------|---|
| | | | | | | | | 1 350 | |
| 1 | Situation Assessment | Landlord questioning (safety) | Number of persons needing medical attendance EMS Dispatch information | EMS Dispatch information Police (10) Paramedic Ambulance (10) | Airways Control within first 2 minutes | | | 80 | Contact landlord, there are no signs of danger for team now. There are 2 titubating men inside the garden house P2 a P3, sitting woman P4 and P1 sitting-lying P1 in the corner. Rapid Scene Assessment, pts. number (3-4) must be reported to EMS Dispatch asap. Airway management P1 - supine, head tilt, chin lift within first 2 min. EMS Dispatch information: number of pts, request police assistance and another ambulance. |
| | | 20 | 20 | 20 | 20 | | | | |
| 2 | P1 Young man assessment | Anamnesis | A | B Auscultation (15) SpO2 (15) RR (15) | C CRT (15) BP (15) PR/HR (15) ECG (15) | D Glycaemia (15) Pupils (15) | E Salivation (10) Abdomen (20) | 200 | Anamnesis. ingestion of unknown fluid (pesticide organophosphate). A - patent after positioning B - wheezing bilat, bronchospasm, SpO2 85% (RA) rapid improvement on oxygen (Sat 95%) and atropine (Sat 98%, clear auscultation). RR 10 (after treatment 14). C - CRT 3 sec, BP 90/60, after th 120/80, PR 39 min. ECG S.R. bradycardia, atropine improves to S.R. 90/min D - GCS 13, glyck 5,3, mild tonic convulsions, miosis. E - Salivation, no obvious injury, tender tummy, increased bowel movements, no signs of peritoneal irritation. |
| | | 20 | 15 | 45 | 60 | 30 | 30 | | |
| 3 | P1 Young man management and treatment | Oxygen min. 10 l/min | i.v. line, crystalloid 500 ml | i.v. atropine 2-4 mg | Benzodiazepins | Temperature management | Parental notice | 180 | Hi-flow oxygen by no-rebreathable mask with reservoir min.10 lpm, iv.line, balanced crystalloid 500 ml iv, atropine 2-4 mg iv (min. 2 mg), benzodiazepins (spasm control, avoid decrease of consciousness), temperature management. On-call toxicologist consultation available on request. Parental notice prior departure, ID Card available (via police or EMS Dispatch). |
| | | 25 | 25 | 50 | 20 | 20 | 40 | | |
| 4 | P2 Attacked man assessment | Anamnesis | A+ B | C CRT (15) BP (15) PR (15) | D Glycaemia | E Chest (20) Abdomen (20) Extremities (20) | USG FAST+ (not scored) | 165 | Anamnesis: attacked by P3, he used knife for protection. Suffer from diabetes- PAD but sometimes forgets to take tablets, had lots of drinks and beers A + B - normal, SpO2 99%, RR 12 min . C - CRT 2 s, BP 140/80, PR 90 min, ECG S.R.), TT 36.5 C. D - GCS 15, glycaemia 20,5. E - Cut wounds upper extremities, abdominal superficial cut wound, abdomen soft, no peritonism, no signs of penetrating injury, USG verification is possible if available FAST+ negative. |
| | | 20 | 20 | 45 | 20 | 60 | | | |
| 5 | P3 Attacker assessment | Anamnesis | A+ B | C CRT (15) BP (15) PR (15) | D Glycaemia | E Chest (20) Abdomen (20) Extremities (20) | | 165 | Anamnesis: assaulted P2 by knife, cut on extremities during fight. Suffers from high BP but takes no tablets, drank lots of alcohol. A + B - normal, SpO2 99%, RR 12 min . C - CRT 2 s, BP 170/110, PR 90 min, TT 36,5 C. D - GCS 15, glycaemia 6,5. E - Upper extremities cut wounds, chest and abdomen with no injury. |
| | | 20 | 20 | 45 | 20 | 60 | | | |
| 6 | P2 + P3 Management and treatment | P2 Bleeding control, wound dressing | P2 i.v. line + crystalloid | P2 Temperature comfort (blanket) | P3 Bleeding control, wound dressing | | | 80 | P2: Superficial wound treatment, obtain iv access, balanced crystalloid - hyperglycaemia, cooperative, no aggression. P3: Wound treatment only, respect refusal of other therapy, verbal aggression. P2 and P3 have no need for painrelief! |
| | | 20 | 20 | 20 | 20 | | | | |
| 7 | P4 Woman Assesment, management, treatment, direction | Anamnesis | A+B Sat (10) RR (10) Auscultation(10) | C CRT (10) BP (10) PR(10) | D +E Glycaemia (10) Extremities (10) Abdomen (10) | Susp. Alcohol intoxication | Not to be left on scene (10) Temperature management (blanket) (10) | 140 | P4 negative medical history, normal B and C values, no sign of significant pathology EXCEPT alcohol intoxication symptoms. She is cold, after alcohol test /breath analysis/ by police and confirmation alcohol intoxication to be sent to detoxication by police car (INT - not to be left on scene only). |
| | | 20 | 30 | 30 | 30 | 10 | 20 | | |
| 8 | Diagnosis, Directions, Means of transport | P1 Susp. Organophosphate poisoning (20) Cholinergic crisis (20) | P1 Direction C (20) Transport E (20) | P2 Cut wounds extremities and abdomen (10+10) Hyperglycaemia (10) Susp. Alcohol intoxication(10) | P2 Direction A (10) Transport F or G (10) | P3 Cut wounds extremities and abdomen (10) Hypertension (10) Susp. Alcohol intoxication (10) | P3 Direction A (10) Transport G or F (10) | 190 | P1: Susp. Organophosphate poisoning with acute Cholinergic crisis /medium to severe/ HEMS transport suitable (E) - distance of Hospital C. HEMS request time is NOT scored. P2: Cut wounds upper extremities and abdomen, hyperglycaemia, obvious signs of alcohol intoxication Transport to A by own or another ambulance RZP F/G. P3: Upper extremities cut wounds, hypertension. Transport to A via G/F, because of verbal aggression and obvious signs of alcohol intoxication police assistance is needed Transport is not refused by P2 or P3. |
| | | 40 | 40 | 40 | 20 | 30 | 20 | | |
| 9 | 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 | 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, inform the patient at every move, lift, touch, examination, procedure, transport and explaining why is this done. |
| | | 10 | 10 | 10 | 10 | 10 | | | |
| 10 | Actors | P1 Young man | P2 Attacked | P3 Attacker | P4 Woman | | | 100 | Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc) |
| | | 40 | 20 | 20 | 20 | | | | |

Maximum time limit to complete the task:

15 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

Traffic accident, truck and group of pedestrians at bus stop, number of injuries unknown.**Your task is:**

- Evaluate the situation at the scene of the incident, choose the correct work procedure and therapy.

Condition on the scene:

Date: 26.05.2023 Time: 7:00am Outside temperature °C: 20 Weather: clear sky, no wind

Call to address time: 15 minutes

Communication is only possible via a two-way radio, there is no cell phone coverage.

| | Hospital | Distance | Departments |
|---|-----------------------|----------|--|
| 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: same as B + Trauma Centre, Burn Unit, MRI, Cardiac Centre, Stroke Unit. |

| | Means of transport | Information |
|---|-----------------------------|---|
| E | HEMS | arrival time 25 minutes after request, landing at the scene is not possible |
| F | ambulance | your ambulance |
| G | another PARA crew ambulance | arrival time 15 minutes after request |
| H | another PHYS crew ambulance | arrival time 15 minutes after request |
| I | other | describe |

Situation at the scene

The competition crew arrives at the scene of the reported traffic accident - for unknown reasons, a truck collided with a group of people waiting at the bus stop. There is a larger number of casualties at the scene, the exact number is unknown. Additional units are sent to the scene of the incident, the expected arrival of the fire brigade unit in 5 minutes, police patrol in 15 minutes. PHYS crew will arrive in 15 minutes, HEMS available in 25 minutes after request.

Goals:

- situation assessment
- report to EMS Dispatch Center
- triage (START / Triage tags)
- identification of life-threatening conditions and providing of necessary treatment

The task will be end with the arrival of the medical crew (at the moment of reaching the time limit).

| Team scoring | | A | B | C | D | E | F | G | Max. Points (w/o time) | Correct decisions and performance |
|--------------|----------------------|---|---------------------------------------|---|--|--|--|--|------------------------|---|
| | | EMS Dispatch Center report | | | | | | | 1 350 | |
| 1 | SITUATION ASSESSMENT | Situation assessment | Getting the number of casualties | Giving a report to incident commander | Giving a report to doctor after arrival | type of incident | number of casualties | requirements for the dispatch of additional crews | 350 | <p>The leader of the competition crew decides to perform a survey of the scene and instructs the other members of the crew to carry out the survey.</p> <p>After the survey is completed, the leader of the crew contacts EMS Dispatch Center and provides the report. After fire brigade unit arrival, the leader of the crew gives a report to scene commander (fire brigade commander) including type of incident, number of casualties, identified dangerous and requires the necessary co-operation.</p> <p>After PHYS crew arrival, the team leader give a report to the doctor, which includes the information about type of incident, number of casualties, identified dangerous and requires the necessary co-operation.</p> |
| | | organized: 50 spontaneous: 25 | completely: 50 partly: 25 | completely: 50 partly: 25 | completely: 50 partly: 25 | | | | | |
| 2 | TRIAGE | Alois collapse | Hana craniotrauma facial injury | Radka partial amputation of the upper limb with massive bleeding | Jakub cervical spine injury concussion | Vilém serial rib fracture lung contusion | | | 250 | <p>The competition crew will carry out a basic triage and assign patients the corresponding priority according to the severity of the health condition.</p> <p>Alois – collapse, bradycardia 40 bpm, chest pain, sweating, EKG: STEMI cardia arrest Hana – craniotrauma GCS 2-2-4 + facial injury with bleeding into the airways, progressive hypoxaturation Radka – partial amputation of the upper limb with massive bleeding, pulse on a. radialis not palpable, tachycardia 150 bpm an a. carotis Jakub – cervical spine injury + concussion – confusion, amnesia, neurological deficit below shoulder level, bradycardia, low blood pressure Vilém – serial rib fracture + lung contusion, no signs of pneumothorax, circulatory stable, VAS 8</p> |
| | | 50 | 50 | 50 | 50 | 50 | | | | |
| 3 | TREATMENT | identification of the cardiac cause of collapse | surgical airway management | bleeding management | immobilization | patient positioning | | | 600 | <p>The competition crew will identify life-threatening conditions, perform life-saving procedures and other treatments within their competence.</p> <p>Alois – expressing suspicion of a cardiac cause of collapse, ensuring minimal monitoring of the patient Hana – indication for surgical airway management within 7 min (otherwise exitus of the patient) and its subsequent correct implementation on the model, oxygenotherapy, thermomanagement Radka – indication to load the tourniquet within 5 minutes (otherwise exitus of the patient), its subsequent correct implementation and repeated control of the functionality of the tourniquet, thermomanagement Jakub – immobilization (C-collar + MILS / whole body immobilization), thermomanagement, i.v. crystalloids - without care for the circulation, the condition progresses to spinal shock with hypotension, impaired consciousness Vilém – patient positioning according the health status and thermomanagement</p> |
| | | ensuring supervision | oxygenotherapy thermomanagement | repeated check of the tourniquet thermomanagement | thermomanagement i.v. line + fluids | thermomanagement | | | | |
| | | 50/50 | 50/50/50 | 100/25/25 | 50/50/50 | 25/25 | | | | |
| 4 | TEAM CO-OP | communication with the patient | | | | | crew members communicate as a team and relay information to the leader | the crew leader receives and responds to information from the crew members | 150 | Crew members cooperate as a team, Unequivocal and clear communication of crew members with the referee and helpers. |
| | | Alois | Hana | Radka | Jakub | Vilém | | | | |
| | | 20 | 20 | 20 | 20 | 20 | 25 | 25 | | |

LIBERTY
PHYS

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Judges:

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RLP
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Rallye Rejviz 2023

Maximum time limit to complete the task:

15 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

Traffic accident, truck and group of pedestrians at bus stop, number of injuries unknown.

Your task is:

- Evaluate the situation at the scene of the incident, choose the correct work procedure and therapy.

Condition on the scene:

Date: 26.05.2023 Time: 7:00am Outside temperature °C: 20 Weather: clear sky, no wind

Call to address time: 15 minutes

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| | Hospital | Distance | Departments |
|---|-----------------------|----------|--|
| 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: same as B + Trauma Centre, Burn Unit, MRI, Cardiac Centre, Stroke Unit. |

| | Means of transport | Information |
|---|-----------------------------|---|
| E | HEMS | arrival time 25 minutes after request, landing at the scene is not possible |
| F | ambulance | your ambulance |
| G | another PARA crew ambulance | arrival time 15 minutes after request |
| H | another PHYS crew ambulance | arrival time 15 minutes after request |
| I | other | describe |

Situation at the scene

The competition crew arrives at the scene of the reported traffic accident - for unknown reasons, a truck collided with a group of people waiting at the bus stop. There is a larger number of casualties at the scene, the exact number is unknown. Additional units are sent to the scene of the incident, the expected arrival of the fire brigade unit in 5 minutes, police patrol in 15 minutes. PARA crew will arrive in 15 minutes, HEMS available in 25 minutes after request.

Goals:

1. situation assessment
2. report to EMS Dispatch Center
3. triage (START / Triage tags)
5. identification of life-threatening conditions and providing of necessary treatment

The task will be end with the arrival of the medical crew (at the moment of reaching the time limit).

| Team scoring | | A | B | C | D | E | F | G | Total points | Correct decisions and performance |
|--------------|----------------------|---|---|---|---|---|--|--|--------------|--|
| | | | | | | | | | 1 350 | |
| 1 | SITUATION ASSESSMENT | Situation assessment | Getting the number of casualties | Giving a report to incident commander | EMS Dispatch Center report | | | | 300 | The leader of the competition crew decides to perform a survey of the scene and instructs the other members of the crew to carry out the survey. After the survey is completed, the leader of the crew contacts EMS Dispatch Center and provides the report. After fire brigade unit arrival, the leader of the crew gives a report to scene commander (fire brigade commander) including type of incident, number of casualties, identified dangerous and requires the necessary co-operation. |
| | | organized: 50 spontaneous: 25 | completely: 50 partly: 25 | completely: 50 partly: 25 | type of incident | number of casualties | requirements for the dispatch of additional crews | | | |
| | | 50 | 50 | 50 | 50 | 50 | 50 | | | |
| 2 | TRIAGE | Alois collapse | Hana craniotrauma facial injury | Radka partial amputation of the upper limb with massive bleeding | Jakub cervical spine injury concussion | Vilém serial rib fracture lung contusion | | | 250 | The competition crew will carry out a basic triage and assign patients the corresponding priority according to the severity of the health condition. Alois – collapse, bradycardia 40 bpm, chest pain, sweating, EKG: STEMI cardia arrest Hana – craniotrauma GCS 2-2-4 + facial injury with bleeding into the airways, progressive hypoxaturation Radka – partial amputation of the upper limb with massive bleeding, pulse on a. radialis not palpable, tachycardia 150 bpm an a. carotis Jakub – cervical spine injury + concussion – confusion, amnesia, neurological deficit below shoulder level, bradycardia, low blood pressure Vilém – serial rib fracture + lung contusion, no signs of pneumothorax, circulatory stable, VAS 8 |
| | | 50 | 50 | 50 | 50 | 50 | | | | |
| 3 | TREATMENT | identification of the cardiac cause of collapse ensuring supervision | surgical airway management oxygenotherapy thermomangement i.v. line analgo-sedation, hemostatics | bleeding management repeated check of the tourniquet painkillers thermomangement | immobilization thermomangement i.v. line + fluids vasopressors | painkillers patient positioning thermomangement | | | 650 | The competition crew will identify life-threatening conditions, perform life-saving procedures and other treatments within their competence. Alois – expressing suspicion of a cardiac cause of collapse, ensuring minimal monitoring of the patient Hana – indication for surgical airway management within 7 min (otherwise exitus of the patient) and its subsequent correct implementation on the model, oxygenotherapy, analgo-sedation, hemostatics, thermomangement Radka – indication to load the tourniquet within 5 minutes (otherwise exitus of the patient), its subsequent correct implementation and repeated control of the functionality of the tourniquet, thermomangement Jakub – immobilization (C-collar + MILS / whole body immobilization), thermomangement, i.v. crystalloids - without care for the circulation, the condition progresses to spinal shock with hypotension, impaired consciousness Vilém – painkillers, patient positioning according to the health status and thermomangement |
| | | 50/50 | 50/25/25/25/25/25 | 100/25/25/25 | 50/25/25/25 | 25/25/25 | | | | |
| | | 100 | 175 | 175 | 125 | 75 | | | | |
| 4 | TEAM CO-OP | communication with the patient | | | | | | | 150 | Crew members cooperate as a team. Unequivocal and clear communication of crew members with the referee and helpers. |
| | | Alois | Hana | Radka | Jakub | Vilém | crew members communicate as a team and relay information to the leader | the crew leader receives and responds to information from the crew members | | |
| | | 20 | 20 | 20 | 20 | 20 | 25 | 25 | | |

Maximum time limit to complete the task: **12 minutes**

The team receives the assignment with instructions.

Assignment for the competing team:

*From the crew of the EMS you will become the staff of the Emergency Department of the Prostějov Regional Hospital (a higher type of hospital).
 One of you is a doctor (with all rights and duties), the others are paramedics.
 The doctor identifies himself to the emergency room staff when he arrives at the scene
 Your patient is strange and collapses*

Your task is:

- Assess and treat the patient according to the principles of ED practice.
- Priority treatment in the emergency department.
- Secure the patient prior to transfer to the appropriate department.
- Transfer the patient to the appropriate department.
- Notify the judge of any further steps to be taken.
- Use your own resources in the ED, without transport equipment.

Current condition on the scene:

You are a higher level hospital: ER, surgery, internal medicine department, ICU, neurology, OB-GYN, CT, biochemistry, blood bank, ENT, oncology, psychiatry, infectious, children's department with ICU.

OnCall specialists of the relevant departments are available on request from the judges.

If you are a paramedic only crew, you proceed with the competences of a ER doctor.

Specialized center: 38 km by land . Equipment: like your hospital + trauma center, burn injuries dept., diagnostic supplement, cardio center, stroke unit, MRI, neurosurgery, pediatric critical care department, hyperbaric chamber. Air ambulance available within 10 minutes of request via Dispatch center.

Correct procedure (see table for details):

Upon arrival, the competition crew is placed in the crash room of an ER and should proceed according to the procedures at ER:

- 1) ABCDE + triage (priority of resuscitation) + medical history only from available documentation and hospital system.
- 2) Set differential diagnostics and diagnosis: detection of the site of infection (clinical examination, laboratory findings, X-ray diagnosis), biomarkers of sepsis, lactate, collection of blood cultures, determine signs of organ dysfunction.
- 3) Run the resus protocol: oxygen, fluid resuscitation, vasopressors, broad-spectrum ATB, invasive monitoring.
- 4) Transfer of the patient to the ICU (with secured central venous catheter, arterial cannula, permanent urine catheter, diagnostics completed, resuscitation treatment, differential diagnostics and diagnosis).

In the case of paramedic crew, you proceed with the all competences of a physician.

Anamnesis:

P1

Personal informations: Pavel Semanický, 60 years, weight: 50 kg

Colon Carcinoma, patient is after 3 cycles of chemotherapy and radiotherapy, then IDS (interval debulking surgery) - right side hemicolectomy with end to end anastomosis (6 weeks ago), complication during hospitalization - infection of the surgical wound with MRSA.

Patients history: Treatment with Tazobactam/Piperacillin - 4 weeks. Patient has a PICC catheter (peripherally implanted central cannula) inserted in upper right limb (4 months). Currently before the administration of the next cycle of chemotherapy for the finding of MTS of the lungs. Arterial hypertension in the anamnesis, at this time without treatment."

Medication: Perindopril and Nebivolol - not using at this time, using medication: Granisetron, LMWH 0.4 ml s.c. every 24 hours, vitamins, Nutridrinks, Fentanyl patch 75 µg every 72 hours

Allergies: Unknown

TO: A patient arrives at the ER accompanied by a neighbor, he is confused, pre-collapse, pale, shaking, communication is minimal, the neighbor knows nothing about his health condition, he just brought him to the ER.
Placed onto the bed, triage, resuscitation priority. He has documents and a report from the oncologists in his bag.

Family anamnesis: Unknown

Vital functions:

| Patient | During the task | | | |
|-----------------------|--------------------------|--|--------------|------------------------------|
| | Upon arrival | During the task | | After |
| | of the crew at the scene | (8. min. after the start of monitoring - administered O2 and fluids) | | administration of inotropics |
| | 2nd min | 5th min | | |
| Pulse (/min) | 132 | 128 | 125 | 122 |
| RR (/min) | 30 | 28 | 26.1 | 26 |
| Capillary refill (s) | predĺžený | predĺžený | predĺžený | mierne predĺžený |
| BP (mm Hg) | 72/44 | 80/40 | 84/45 | 110/65 |
| SpO2 (%) | 82 | 90 | 91 | 93% |
| Glycemia (mmol/l) | 7,8 | | | |
| Body temperature (°C) | | 35,1 | 35,2 | 35,5 |
| GCS | 3-3-5 (11) | 3-3-5 (11) | 3-4-5 (12) | 4-4-6 (14) |
| ECG | SR, or, SVES | SR, or, SVES | SR, or, SVES | SR |

2nd min: Tachypnoea, restlessness, confusion, disorientation, responds to verbal stimulation by opening eyes, but does not respond verbally, no targeted motoric response to verbal stimulation, targeted defensive reaction to pain stimulation, tremors, breathing: vesicular breathing bilaterally, right basal breathing sounds weaker, heath sounds regular, tachycardia. No trauma. Skin sweaty, cold, without swelling, pale color, lower limbs without pathological findings. Abdomen: palpable, painless, without peritonitic symptoms, peristalsis present, skin scar after right hemicolectomy, prolonged wound healing after surgery, but without signs of inflammation, neurological findings without obvious lateralization, pupils iso, FR +, on right arm - PICC via the brachialis vein, taped with Tegaderm, the surrounding area is red, without leak, the catheter is functional without obstruction, but without backflow of blood. In the case of administration of basic treatment - O2 + fluids, it gradually starts to respond, after administration of vasopressor, VF improves.

| Team scoring | | A | B | C | D | E | F | Max. Points (w/o time) | Correct decisions and performance |
|--------------|------------------------------------|--|--|---|--|---|-------------------------------|---------------------------|--|
| | | | | | | | | 1 350 | |
| 1 | Anamnesis | PA | FA | AA | Documentation | | | 100 | 1/D - medical report from oncology+ information from the hospital system. |
| | | 30 | 30 | 10 | 30 | | | | |
| 2 | P1 | Ac+B 5 x 10 | C 3 x 10 | D + TT + glycemia 3 x 10 | 12 lead ECG | PICC catheter 5 x 10 | | 180 | 2/A: A (opened) + c (C collar not necessary) + B (sat O2, RR, chest auscultation) 2/B: C (BP, HR, CR) 2/C: D (GCS) + BT + glycemia 2/E: local findings - PICC catheter: placement - (brachial vein), treatment (Tegaderm), skin condition (inflammation), functional, aspiration of the blood is possible. |
| | | 50 | 30 | 30 | 20 | 50 | | | |
| 3 | Diagnostic | Presumed location of infection | Biomarkers 4 x 10 | Radiology | Arterial lactate | Hemoculture | | 260 | 3/A: presumed location of infection based on history and clinical examination - PICC catheter 3/B: bloodcount, blood coagulation, biochemistry, acid-base balance 3/C: X-ray diagnosis aimed to excluding other causes of sepsis (min. X-ray of lungs + CT brain + USG abdomen, possibly CT head + chest + abdomen) 3/D: sampling of arterial lactate (for capillary sampling half points) 3/E: 2 pairs of blood cultures - peripheral - from newly inserted a/v cannula + from PICC within 20 min., before administration of ATB |
| | | 20 | 40 | 50 | 50 | 100 | | | |
| 4 | Initial resuscitation | Oxygen therapy + i.v. line | Continuous monitoring 6 x 10 | Fluid resuscitation | Administering a vasopressor with a perfusor | Order of ATB | Invasive procedures 3 x 10 | 310 | 4/A: oxygen treatment - mask, NIV + i.v access - peripheral is sufficient for the initial treatment, CVC (central venous catheter) after initial treatment, do not use PICC 4/B: CVP (8-12 mmHg) IBP (MAP over 65, SAP over 100 mmHg), sat O2 (above 90%), ECG cont., BT, hour diuresis 4/C: balanced crystalloids 30 ml/kg within 3 hours 4/D: Vasopressor of choice - NA - 0.02-0.2 µg/kg/min, start administering to the peripheral line (other vasopressors will be assessed by the referee, unsuitable as a first choice: ephedrine, adrenaline, vasopressin) 4/E: broad-spectrum ATB within 2 hours - there is a nosocomial source of sepsis - MRSA - previously treated with Piperacilin/Tazobactam, first ATB line in this case is: Meropenem + Vancomycin (possibly Meropenem + Linezolid) 4/F: introduce CVC, art. line, permanent urinary catheter |
| | | 20 | 60 | 50 | 50 | 100 | 30 | | |
| 5 | Next treatment and diagnosis | Extraction of PICC catheter + send tip to microbiology and ATB sensitivity 2 x 50 | Patient transfer to intensive care 4 x 10 | Septic shock | Catheter sepsis from PICC, MRSA positive patient | Additional dg. 5 x 10 | | 390 | 5/A: due to septic shock + MRSA infection in the anamnesis + surgery before 3 months - necessary extraction of PICC, tip of the catheter for culture examination + ATB sensitivity 5/B: patient with inserted cannulas and catheters, completed differential diagnostics, administered treatment, working diagnosis 5/C: patient fits criteria for the diagnosis of septic shock (laboratory + organ dysfunction) 5/D: when the pathogen is determined- full points, without a pathogen - half points 5/E: Colon Carcinoma - patient after hemicolectomy, MRSA inf. in previous history, surgical wound after lapatomy, chemotherapy + radiotherapy, MTS of the lungs, art. hypertension without treatment |
| | | 100 | 40 | 100 | 100 | 50 | | | |
| 6 | 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 | | | |
| 7 | Actors | Patient | | | | | | 60 | Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc). |
| | | 60 | | | | | | | |

Maximum time limit to complete the task:

15 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

Child, 6 years old, asthma in history, dyspnoeic, turns blue, they ran out the medicine. Mother on scene, telephone-assisted first aid provided, call disconnected.

Your task is:

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

Condition on the scene:

Date: 26.5.2023 Time: 9:00am Outside temperature °C: 22 Weather: clear sky, no wind
 Call to address time: 8 minutes

All requests and informations 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: 20km by ground transport. Depts: generally 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 ED, ENT, Oncology, Psychiatry, Pediatrics and infection 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 min after request via EMS Dispatch centre, landing on scene is possible
F Ground Team's own ambulance
G Ground-next paramedic ambulance Arrival 20 min after request via EMS Dispatch centre
H Ground- next physician ambulance Arrival 20 min 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, 6 years old, 20 Kg, gasping, crying mother attempting CPR, She states her son stopped responding and breathing 2 mins ago.

Physical examination:

Gasping, cyanosis, GCS 1-1-1, /AVPU- U/, pupils medium, no reaction, no pulse, soft abdomen without resistance, H+L 0, legs without swelling. 1st rhythm PEA, 2nd rhythm PEA, then after properly performed CPR and thoracocentesis of PNO 3rd rhythm VF. The ventilation is difficult at the beginning, after securing the airways the auscultation is asymmetrical, there are no sounds on the right site, hyperresonant percussion there, wheezing and prolonged expiration on the left site. After thoracocentesis on the right site improvement of auscultation and inspiration pressure. After 1st shock ETCO2 rises to 45 torr, 4th analysis ROSC, some breaths, GCS stay 3, no interference with artificial ventilation, SPO2 96%, improvement of auscultation findings, BP 100/60, HR 120/min, sinus tachycardia, CRT 3 sec., pupils with fotoreaction, symmetrical, glycaemia 6,2 mmol/l, temperature 36,3°C, ECG: sinus rythm 120/min, QRS 0,08, PQ 0,16, no STT elevations. If thoracocentesis is not performed, PEA will change to asystoly, exitus letalis occurs.

Goal of the task:

Escape to the 4th floor, recognition and diagnosis of sudden circulatory arrest, knowledge and adherence to the algorithm for resuscitation of children under 18 years /PALS/. Correct discharge energy values, assessment of the quality of chest compressions and ventilation, use of O2, PNO diagnosis, thoracocentesis, 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 50 | 170 | Safety, situation assessment, recognition of cardiac arrest / BBB,SSS, open the airway, head tilt, chin lift, look-listenfeel, check the pulse/ AMPLE |
| | | 20 | 100 | 50 | 0 | 50 | | |
| 2 | Sudden circulatory arrest I. | 5 initial breaths + using of O2 FIO2 1,0 50 + 50 | Start CPR 15:2 | 1.analysis - recognition of PEA | IV/IO line | Adrenalin 0,20mg IV/IO | 300 | Start CPR, 5 inital 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. | 2.analysis - PEA | 4H + 4T 2 x 30 | 3. analysis VF + shock 80J + after shock 2nd Adrenalin 0,20 mg IV/IO 20 + 20 + 20 | Secure airway ETI/LMA + ETCO2+ ventilation without interrupting chest compresssions 20 + 20 + 20 | Recognition + treatment tPNO 50 + 50 | 330 | 2nd analysis PEA, continue CPR, consider 4H+4T, secure airway, check position, recognition + therapy tPNO, capnography, asynchronous ventilation BR 20/min, continous chest compressions 100-120/min. 3rd analysis VF- 1st shock 80J /4J/kg/ , 2nd Adrenalin , 4th analysis ROSC. |
| | | 50 | 60 | 60 | 60 | 100 | | |
| 4 | Postresuscitation care | ABCDE | ECG + ETCO2 + SPO2 + BP 15 + 15 15 + 15 | Balanced salt solution 10ml/kg | Bronchodilator + steroids 25 + 25 | UPV + titrace 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%, consider bronchodilator and steroids |
| | | 50 | 60 | 25 | 50 | 50 | | |
| 5 | Chest compressions | Frequency 100-120/min,depth 5-6cm | 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 | | | | 60 | Pediatric ICU/ARD with the possibility of providing post-resuscitation care. |
| | | 30 | 30 | | | | | |
| 7 | Team Cooperation and Communication | Clear and obvious teamleader | The crew communicates as a team and passes information to the leader | The leader receives and responds to information from the crew | Well managed and controlled patient handling | Team communication with patients and other actors | 55 | 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. |
| | | 15 | 10 | 10 | 10 | 10 | | |

Maximum time limit to complete the task:

10 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

Motor Vehicle Incident numerous patients report of massive hemorrhage.

Your tasks:

- Assess scene and correct work management on site, inform judge how you may rescue patients protecting self, remove patients to safe area.
- Examine and treat the patient(s).
- Define working diagnosis and differential diagnosis, administer life saving therapy
- Define direction 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 scene:

Date: 26.05.2023 Time: 04:45pm Outside temperature °C: 19 Weather: cloudy, no wind

Call to address time: 8 minutes

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

Local situation:

- A** Nearest hospital: 20 km by ground transport. Depts: surgery, internal medicine with ICU, neurology, anaesthesia and general intensive care, gynecology and obstetric, CT, biochemistry.
- B** Higher Level Hospital: 32 km by ground transport. Depts: as A + ED, ENT, Oncology, Psychiatry, Infectious, Pediatric, ICU, Cardiac Centre & Stroke.
- C** Specialized Centre: 45 km by ground transport. Depts: as B + Trauma Centre, Burn Unit NMR and Ophthalmology and Hyperbaric Chamber.
- D** Leave the patient at home.

Means of transport

Information

- E** Helicopter rescue 20 minutes away, landing on scene is possible
- F** Ground Teams own ambulance.
- G** Ground - next ambulance with paramedic crew 12 minutes away
- H** Ground - next ambulance with physician crew 12 minutes away
- I** Another Describe and justify to judge.

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

Situation on the scene:

On arrival team will see a vehicle that appears to be stuck, vehicle is running driver slumped over, loud music and occupants in the back screaming for help.

Patient #1

Driver is slumped over the steering wheel, extremely pale, a foul smell in the air, you see bright red blood/emesis all over the dashboard, the front windscreen and the driver.

On examination he is, unconscious, breathing shallow rapid breaths, his carotid pulse is fast and irregular. Patient looks near death, no radial pulses, unstable airway. Small pharmacy bag on seat with a partial bottle of Becherovka.

EKG is a sinus tachycardia 144 with multifocal pvc's, B/P 58/30, SpO2 93%, GCS 2/4.

Note: The hypovolemic pt. has a gag reflex so he must have sedation to manage his airway, laid down his airway will fill with blood therefore he may need two suction catheters one in the esophagus and one in the oropharynx. Since this is a live person you will have to describe it and ask how they will deal with it. If they give too much fluid > 1000 ml the systolic will rise if it hits 120 he will arrest and die with a PEA you may need to ask what B/P they are attempting to reach. The goal is 80-90 or less than is his usual BP.

Patient #2

Screaming help us get me out of here frantic anxious. A small cut on her cheek with a small bruise forming. She can answer all questions and is alert. This patient can tell the full story of what has occurred. Her vital signs are stable and reflect a upset young female. HR sinus tachycardia, respirations 28 clear, B/P 138/80 pupils per GSC 15 Bg 4.6 alert spo2 100% This patient wants to leave and walk home as she lives nearby she says a 3 minute walk. When ask she tells the story about the driver (team coach) drinking Becherovka for his stomach issues, say's he is not an alcoholic because he doesn't drink on Sundays. He was flaccid and it smelled horribly, then he started with projectile vomiting of bright red blood. Next he went stiff and was driving fast and started to seizure. They thought they would die before he slumped over and the car became stuck. She thinks he has died and is crying.

Patient #3

Also yelling help, get us out of here. This patient appears pale and clammy her HR is 122 sinus, respirations 38 complains of dizziness and shortness of breath her spo2 96% BG 2.5 mmol OR 45 mg/dl patients admits to diabetic history when asked she took her insulin before leaving hoping to eat on their return. She too can tell the story of what happened.

Key words:

Esophageal varices, melena stool, Sengstaken-Blakemore Tube or Minnesota, Hypoglycemia, permissive hypotension, hypovolemia.

| Team scoring | | 1 | 2 | 3 | 4 | 5 | Max. points (w/o time) | Correct decisions and performance |
|--------------|--|---|--|--|--|--|---------------------------|---|
| | | | | | | | 1 350 | |
| 1 | Scene assessment (judge 2) | Shut off vehicle and music put in park or park brake on 3 x 20 | Call police and fire dept. to secure vehicle and scene. 2 x 20 | Call for next EMS crew. | Secure pill bottles and becherovka 2 x 20 | Obtain a complete hx of sequence of events from P2 or P3 | 190 | Scene assessment is time critical as the driver is dying. Shutting off the vehicle ensuring it is in park or brakes on. Shut of music to gain vocal control and getting help on the way is essential. |
| | | 60 | 40 | 20 | 40 | 30 | | |
| 2 | Patient #1 Assessment and treatment plan (judge 1) | GCS,Resp,B/P, pulse,BG,SPO2 ,obtain hx from P2 and P3 40 + 20 | Large bore IV x2 fluid 250-500 ml EKG, goal B/P 80-90 50 + 50 + 100 | RSI rapid sequence Intubation with B/P sparing rx.suction cath 100 + 50 | Blakemore tube Points for inserting or saying blakemore. | Reassess sytolic B/P SPO2 end tidal and EKG 4 x 20 | 550 | Hypovolemia due to ruptured esophagael varices, requires fluid, lg.bore lines sedation and RSI rapid airway control is essential within 7 mins or less. Adm. 100 mcg phenylephine 0.5 mg/kg ketamine 1.0 mg./kg rocuronium for intubation,or similar blood pressure sparing induction. Goal - permissive hypotension to radial pulse systolic 80-90 under 70 over 100 leads to narrow complex PEA cardiac arrest. Pt.s' for Blakemore tube in field or stated pt. requires. Rapid transport. |
| | | 60 | 200 | 150 | 60 | 80 | | |
| 3 | Patient #2 Assessment and treatment plan (judge 2) | Calm down. Get him out of the car. 2 x 20 | Relocate so he can't see P1. Keep together with P3. 2 x 20 | Clean cut and apply bandaaid | Don't let the patient go home | Convince to go to hospital for short observation | 155 | P2 has a minor cut to her cheek and the start of a small bruise/contusion, all vitals are normal yet she is very upset by incident. She wants to walk home and may attempt to leave. She can say how he behaved, drinking Becherovka, flatulence, projectile bloody emesis, seised and left the road. |
| | | 40 | 40 | 25 | 25 | 25 | | |
| 4 | Patient #3 Assessment and treatment plan (judge 2) | Calm down. Get him out of the car. 2 x 20 | Relocate so he can't see P1. Keep together with P3. 2 x 20 | GCS HR resp.BG SPO2 obtain diabetic hx 25 + 50 | Ask about allergies start IV adm. D10W 100-200 ml to effect or similar, e.g. 40-80 ml 40% G 25 + 25 +50 | Recheck all vital signs | 280 | P3 is very upset post incident, forgot she took her insulin prior to leaving expecting to eat on her return. She is pale, mildly short of breath and dizzy. Normally her diabetes is well under control after treating her hypoglycemia she is just tired. It can also clarify the situation like P2. No injuries to report and willing to go for a short observatory period. |
| | | 40 | 40 | 75 | 100 | 25 | | |
| 5 | Patient Hospital destinations (judge 1) | P1 F or H to A | P2 sitting F to A | P3 stretcher F to A | | | 75 | The driver can go by ambulance with paramedic or physician crew if the airway is secure and a B/P to provide radial pulse with a target of 80-100 systolic. Hospital "A" is suitable with surgery and ICU. |
| | | 25 | 25 | 25 | | | | |
| 6 | Players (judge 1) | P1 1 - 30 | P2 1 - 35 | P3 1 - 35 | | | 100 | Did you feel cared for, were you reassured, provided warmth, was the crew attentive. P1 unconscious or decreased LOC provide points 1-30 P2 provide points 1-35 P3 provide points 1-35 |
| | | 30 | 35 | 35 | | | | |

Maximum time limit to complete the task:**10 minutes***The team receives the assignment with instructions.***Assignment for the competing team:***Emergency Dispatch Center send you to:***Civil Defence Exercise.****Your task is:**

- Evaluate the situation on the ground and assign the team according to skills.
- Perform all assigned tasks.
- Perform the task without equipment.

Conditions on scene:

The situation on the scene is the same like on the day of the task. The atmosphere is friendly, the air is full of tension and people are full of expectations for the performances that will follow. Mexican wool presented by a 6-member team is not completely excluded!

Situation at the scene:**After arrival**

Upon arrival, the crew finds themselves on a civil defense exercise. Her task is to successfully complete the course and fulfill the assigned tasks to defend the homeland.

Correct procedure:

After the start, the entire crew dresses in prepared anti-chemical suits (raincoat, gloves, goggles and respirator) in which they will complete the entire task until the end!

1. The entire crew runs a small obstacle course to warm up.
2. Target shooting - one crew member shoots a prepared professional weapon at dangerous opponents - 5 targets with germs, 7 shots, hit 100 points, max. 500 b.
3. Throwing a grenade - The second member of the crew throws grenades at designated targets - spaces. 3 grenades - a total of 3 attempts - a hit of 100 points, a total of max. 300 b.
4. Morse code - the third member of the team translates the prepared text into Morse code, which then broadcasts the rest of the team at a prepared distance using a flashlight or hands. For fair play, the text is a uniform but completely illogical jumble of letters to minimize copying. The text has 30 letters - correct letter 10 points, max. points 300
5. Time 10 min. - remaining time = 1s. There is 1 point. - max. points 600

| Team scoring | 1. Shooting | 2. Grenade | 3. Morse code | 4. Time | E | F | Max. points | Correct decisions and performance |
|--------------|-------------|------------|---------------|--|---|---|-------------|-----------------------------------|
| 1 | 5 x 30 | 3 x 30 | 30 x 10 | 600 seconds time remaining = 0.5 points every second | | | 840 | |
| | 150 | 90 | 300 | 300 | | | | |

Maximum time limit to complete the task:

12 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:
Call from mother, her 15 years old daughter has abdominal pain, unknown duration.

Your task is:

- 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 scene:

Date: 26.05.2023 Time: 05:00pm Outside temperature °C:/F 24/75 Weather: cloudy

Call to address time: 6 minutes

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

If you are a paramedic 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, gynaecology and obstetrics, CT, biochemical laboratory, neurology, ENT.
B Higher type hospital: 42 km by land. Equipment: as A + emergency department (adult and paediatrics), oncology, psychiatry, infectious, children's ward.
C Specialized center: 61 km by land. Equipment: as B + 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 allow it).

Means of transport:

Information

- E** Helicopter rescue Landing 10 mins after request via EMS Dispatch centre, landing on scene is possible
F Ground Team's own ambulance
G Ground - next paramedic ambulance Arrival 45 mins after request via EMS Dispatch centre
H Ground - next physician ambulance Arrival 20 mins after request via EMS Dispatch centre
I Ground - Transp. Medical Service Arrival 25 mins after request via EMS Dispatch centre
J 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:

Family house, participants of a small celebration in the living room. The celebration is due to the success of the father - a businessman (he concluded a big contract). A closed family, they don't celebrate often - the father invited a colleague and his wife to lunch. The daughter is lying in the room next to the living room (she didn't feel well at the party). A colleague and his wife were surprised that he invited them, according to them he seems withdrawn, he doesn't talk much about his family.

P1: Daughter, 15 years old, ectopic pregnancy with rupture, abdominal pain - painful on palpation, pale, hypotensive, during examination crew finds hematoma on upper and lower extremities, quiet, communicates minimally, has had pain in the lower abdomen for "several weeks and now it's unbearable", the father and mother are present during the examination, when examined/questioned by the crew always looks at the father with fear (looking for approval) before answering, during the secondary examination (head to toe) involuntarily dodges during sudden movements or when examined without a sensitive explanation beforehand

P2: Father, 30-35 years old, successful businessman, obvious head of the family (mother and daughter communicate minimally in his presence), does not perceive the arrival of the emergency services well, arrogant, nervous, downplays his daughter's condition (played so that the attentive crews have a chance to catch the behavior but not to be overly obvious)

P3: Mother, 40-45 years old, submissive, elegant lady, abused by her husband together with her daughter, today's situation is the last straw, thanks to the visit she got her hands on a mobile phone and calls EMS, during the course of the situation she shows the crew at an appropriate moment (Sign for Help) - unscored but monitored for statistical purposes, hidden bruises on the mother's forearms

P4: Colleague, **P5:** Colleague's wife - they are not patients, the situation is obviously uncomfortable for them, they can state after a targeted question that the father is a bit strange at work, withdrawn and they were surprised by the invitation to the celebration.

VF daughter:

1st

measurement - GCS 15, BP 100/70, SpO2 98%, RR: 18/min, P 95/min, Glycaemia: 5,6 mmol/l (100mg/Dl), CRT: 2s, afebrile

2nd measurement (after approx. 7.min) - GCS 15, BP 90/60, SpO2 98%, RR:22/min, P 110/min, Glycaemia: 5,6 mmol/l (100mg/Dl), CRT: 2s, afebrile

3rd measurement after Th - GCS 15, BP 100/70, SpO2 98%, RR:20/min, P 102/min, Glycaemia: 5,6 mmol/l (100mg/Dl), CRT: 2s, afebrile

Key words:

Orientation and organization of activities on scene, domestic violence, safety

| Team scoring | | 1 | 2 | 3 | 4 | 5 | Max. points (without time) | Correct decisions and performance |
|--------------|---|---|---|--|--|--|-------------------------------|--|
| | | | | | | | 1 350 | |
| 1 | Orientation and organization at the scene | On-site orientation | Information extraction from caller | Dividing father from daughter during examination | Mother's safety (Police/Transport) | | 175 | Orientation in a confusing situation, locating and focusing on the daughter, identifying the caller, recognizing the father as a potentially confrontational person, requesting the mother as an escort when transporting the daughter or reporting suspected domestic violence to the police. |
| | | 20 | 25 | 100 | 30 | | | |
| 2 | P1 Daughter | Pt history (illnesses, allergies, drugs) 3 x 20 | Physical examination (head, torso, abdomen, upper and lower extremities) 5 x 20 | Physical examination performed in the absence of the father | Type of pain/ Duration/ Bleeding/ Recent menstruation 4 x 20 | Analgesia | 390 | Sensitive communication, general examination, history taking without father, suspicion of domestic violence, pain history, analgesia adequate to the condition, age and weight of P1. |
| | | 60 | 100 | 100 | 80 | 50 | | |
| 3 | P1 Daughter | Volumotherapy (10-15ml/kg) | Discrete communication when father present | Sensitive questioning regarding domestic violence | Exacyl (no score) | POCUS (no score) | 200 | Sensitive communication focusing on aspects of domestic violence, taking into account the presence of the father, explaining that a sensitive examination is necessary - a thorough physical examination is sufficient, certainly not gynaecological), statistical monitoring - POCUS for abdominal pain within diff dg; Exacyl as therapy for bleeding. |
| | | 50 | 50 | 100 | | | | |
| 4 | P3 Mother | Pt history of daughter | Physical examination (head, torso, abdomen, upper and lower extremities) 5 x 20 | Physical examination without witnesses | Inquiry - domestic violence after separation | | 270 | Daughter's Pt history, physical examination without witnesses, question about domestic violence |
| | | 20 | 100 | 100 | 50 | | | |
| 5 | Domestic violence Sign for help Diagnosis | Ectopic pregnancy (P1) | Hypotension (P1) | Domestic violence P1 = 50 P3 = 25 | Routing P1 via F | Recognizing Sign for help (no score) | 165 | Dg, diff dg., correctly determining the diagnosis of the expressed suspicion of domestic violence, statistically evaluate recognition of sign for help. |
| | | 50 | 20 | 75 | 20 | | | |
| 6 | 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 | | |
| 7 | Players | P1 Daughter | P3 Mother | | | | 100 | Subjective evaluation of players, simulated patients, patient relatives, witnesses, non-participating spectators, etc.). |
| | | 50 | 50 | | | | | |

Maximum time limit to complete the task:**5 minutes***The team receives the assignment with instructions.***Assignment for the competing team:***The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:***There was a car accident in Loučná nad Desnou, no more information available, reported from the emergency line 112 through the eCall system.****Your task is:**

- Assess scene and correct work management on site
- To help the injured
- Inform the judge of any further steps

Condition on the scene:

Date: 26.05.2023 Time: 11:45am Outside temperature °C: 21 Weather: clear sky, no wind

Call to address time: 10 minutes

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

Situation on the scene:

Upon arrival, the competing crew finds themselves in a car accident after hitting an obstacle. The vehicle is stationary, the driver's door is open and the driver is sitting in his seat. The driver is shaken, disoriented, conscious and cooperative.

The driver is carrying a sealed ionizing radiation source (IRS) - Iridium 192 - in the trunk of the car. The shipment is for defectoscopic purposes. Under normal conditions, this IRS will not cause contamination, only exposure.

On the surface of the package there is a yellow sticker with the radiation symbol "RADIOACTIVE II", the activity, the UN code - "3332" and the address of the sender and the recipient. On the passenger's seat there is a folder containing the shipping documents (on the front page in Czech and English) with the radiation pictogram.

According to the ADR legislation, the consignment is correctly marked on the surface, but the marking on the outer body of the vehicle is insufficient.

The vehicle is equipped with a fire extinguisher, an emergency bag with signaling and demarcation equipment, detection equipment and eyewash.

Correct procedure (see table for details):

The crew will perform a basic examination and treatment according to the type of injury and evacuation outside the vehicle, informs the dispatch center.

| Team scoring | | 1 | 2 | 3 | 4 | 5 | Max. Points (w/o time) | Correct decisions and performance |
|--------------|---|---|-------------------------------------|--------------------------------|----------|---|---------------------------|--|
| | | | | | | | 700 | |
| 1 | Examination | Consciousness | Breathing | Bleeding | Mobility | | 100 | Examining the driver, he's fine, just shaken up. |
| | | 25 | 25 | 25 | 25 | | | |
| 2 | Identification unknown substance (US) | Separately | After notification by the driver | | | | 250 | Separately: according to the ADR marking or by finding it in the luggage compartment of the vehicle or by asking the driver. |
| | | 250 | 100 | | | | | |
| 3 | Removal from the scene | Crew + driver + freight documentation US | Crew + driver | Crew alone | | | 100 | Quick removal of crew with injured driver and cargo documentation (removal realized within 5 min). |
| | | 100 | 50 | 25 | | | | |
| 4 | Information to the dispatch centre | Occurrence of a radioactive substance in the vehicle | Number of affected | Description of the accident | | | 200 | Submit information to the dispatch center (EMS, fire or police). |
| | | 100 | 50 | 50 | | | | |
| 5 | Actors | Driver | | | | | 50 | Subjective evaluation of players, simulated patients, patient relatives, witnesses, non-participating spectators, etc.). |
| | | 50 | | | | | | |

Maximum time limit to complete the task:

8 minutes

The team receives the assignment with instructions.

Assignment for the competing team:

The Emergency Dispatch Center has received a call on the emergency line and is sending you to the event:

A father called, Mr. Ninety, found his son, 22 years old, unconscious, not breathing. Probably sudden cardiac arrest at home. More information is being gathered by the EMS Dispatch Center operator and will be added later.

Your tasks:

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

Condition on the scene:

Date: 26.05.2023 Time 08:15pm Outside temperature °C/F 16/61 Weather: cloudy, no wind

Call to address time: 8 minutes

All requests and information to the EMS Dispatch Center should be made by cell phone to the assigned EMS Dispatch Center number.

If you are paramedic staffed ambulance, physician is available within 15 mins after your request.

Local situation:

- A Nearest hospital: 20km by ground transport. Depts: generally 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 ED, ENT, Oncology, Psychiatry, Pediatrics and infection 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 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 EMS Dispatch (example): " Direction A, transport F" and any additional information at your discretion

Situation on the scene:

It is an experiential task that asks crews to test how they would handle a life-threatening situation on the job, and the evaluation is largely subjective. We primarily evaluate the yes/no effort.

The crew arrives in the room to find a young man lying unconscious in bed, his father, and his terrified mother.

The mother is kneeling beside P1, stroking his head and crying, while the father stands quietly at the bedside, watching the paramedics work.

The young man (P1, dummy) is unresponsive, not breathing, and has dried vomit residue in his mouth, which is also present on the blanket and on the floor next to the patient. He has a dried urine stain on his pants. He has no palpable peripheral or ACE (external carotid art) pulses. There is an ECG recording of three leads of asystole under his chest clothing. There are some signs of death (exitus).

The mother explains that she noticed that her son came back early morning drunk from a party and went to bed. When he did not answer the call to eat, she did not speak to him, he is used to sleep. When he still did not answer after 8 p.m., she went to his room to check on him and found him lying there, unconscious, and she and her husband immediately called an ambulance.

When the crew told the family that their son is dead, the mother mentally collapsed, rolling on the floor and crying uncontrollably. Without a word, the father turns around, walks to the door, locks it, pulls out a key, pulls out a gun, unholsters it, walks as close as he can to the team leader (or another team member), points the gun at his head, and orders him to revive his son.

Keywords:

Alcohol intoxication, exitus, stress reaction, threat of weapons.

| Team scoring | | 1 | 2 | 3 | 4 | 5 | Max. Points (w/o time) | Correct decisions and performance |
|--------------|---------------------------|---|---|--|---|---|---------------------------|---|
| | | | | | | | 740 | |
| 1 | P1 Son | ABC | Asystole | Detect clear signs of death, stop or not start CPR within 120 seconds | Detect clear signs of death, stop or not start CPR after 120 seconds | Pronouncing the diagnosis exitus letalis | 110 | Care of the patient with circulatory arrest according to the ALS algorithm (just try). Recognize clear signs of death (fixed pupils, death spots, asystole, long time since last vital signs). Diagnose exitus letalis and gently notify the family. |
| | | 15 | 15 | 40 | 20 | 40 | | |
| 2 | Communication with father | Trying to gain trust | Trying to maintain eye contact | De-escalation effort | Both hands visibly in front of you | Declaration of cooperation and compliance with orders | 210 | The father, in a stress reaction, pulls out a gun and points it at the likely team leader (or another team member) in an attempt to get the team to continue rescuing P1. Evaluate the team's efforts to communicate and attempt to gain the father's trust by maintaining eye contact and clearly expressing a willingness to follow orders to protect the team. |
| | | 50 | 20 | 50 | 30 | 60 | | |
| 3 | Communication with mother | Trying to gain trust | Trying to maintain eye contact | Trying to calm the mother down | Suggestion to administer sedative drugs | | 70 | After the announcement of her son's death, the mother breaks down emotionally, falls to the floor and begins to cry. The crew should communicate with her, make eye contact, calm her down and try to get permission to administer sedatives. |
| | | 20 | 10 | 20 | 20 | | | |
| 4 | Actors | Division of the team for both mother and father | Willingness to negotiate and maintain communication | Team Factor Psi | | | 250 | There are no hard and fast rules for these types of stressful situations that rescuers can get into on the job, so we evaluate the "Team factor Psi". This is the ability to pull together and figure out how to get out of a situation as safely as possible. Attempting to resolve the situation in a violent manner (e.g., attacking the father) will immediately end the task and the entire task will be scored as "0". |
| | | 50 | 50 | 150 | | | | |
| 5 | Players | Father | Mother | | | | 100 | Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc). |
| | | 50 | 50 | | | | | |