

# PRACTICAL SCENARIO EVALUATION CHECKLIST

STUDENT	SCENARIO #	DATE	START	END	<input type="checkbox"/> -EXAM <input type="checkbox"/> -PRACTICE <input type="checkbox"/> -PASS <input type="checkbox"/> -INCOMPLETE
---------	------------	------	-------	-----	---

SCENE SIZE-UP			SQ	TIMES / NOTES	PTS	CPI	SCORE
<b>COMM:</b> <input type="checkbox"/> -DECLARES SELF AT SCENE <input type="checkbox"/> -COMMUNICATES EXACT SCENE LOCATION					1		
<b>H</b>	<b>HAZARDS IDENTIFIED</b>	<b>MITIGATES</b> <input type="checkbox"/> -X-SKIS/BOARD <input type="checkbox"/> -DELEGATES TASK <input type="checkbox"/> -OTHER			2	☠	
<b>E</b>	<b>ENVIRONMENT / EVACUATION</b>	<b>CONSIDERS</b> <input type="checkbox"/> -ACCESS & EGRESS <input type="checkbox"/> -EQUIP. NEEDS <input type="checkbox"/> -WEATHER <input type="checkbox"/> -TIME			1		
<b>M</b>	<b>MOI / NOI</b>	<b>QUESTIONS</b> <input type="checkbox"/> -DETERMINES NEED FOR SPINAL <input type="checkbox"/> -INSTRUCTS NOT TO MOVE <input type="checkbox"/> -WITNESS(S) & HOLDS <input type="checkbox"/> -STABILIZES HEAD or DELEGATES			2	☠	
<b>P</b>	<b>PATIENT(S), NUMBER OF</b> <input style="width: 50px;" type="text"/>	<b>ESTABLISHES</b> <input type="checkbox"/> -LOR OF EACH PT. <input type="checkbox"/> -RAPID TRIAGES AS REQUIRED			1		
<b>B</b>	<b>BSI / STANDARD PRECAUTIONS</b>	<b>MITIGATES</b> <input type="checkbox"/> -GLOVES <input type="checkbox"/> -GOGGLES / GLASSES <input type="checkbox"/> -OTHER			2	☠	
<b>C</b>	<b>CONDITION OF PATIENT(S)</b>	<b>OBSERVES</b> <input type="checkbox"/> -PWD <input type="checkbox"/> -PCD <input type="checkbox"/> -LLS <input type="checkbox"/> -RECOG. OBV. DISTRESS <input type="checkbox"/> -I / E RATIO			1		
<b>TRANSPORT DECISION:</b> <input type="checkbox"/> -RTC <input type="checkbox"/> -UTC <input type="checkbox"/> -STC						<b>TOTAL POINTS</b> <input style="width: 50px;" type="text"/> /10	

PRIMARY ASSESSMENT			SQ	TIMES / NOTES	PTS	CPI	SCORE
<input type="checkbox"/> -LOR	<input type="checkbox"/> -A <input type="checkbox"/> -V <input type="checkbox"/> -P <input type="checkbox"/> -U	<input type="checkbox"/> -DETERMINES PATIENT RELIABILITY <input type="checkbox"/> -IDENTIFIES SELF			2	☠	
<input type="checkbox"/> -CONSENT	<input type="checkbox"/> -EXPRESSED <input type="checkbox"/> -IMPLIED	<input type="checkbox"/> -OBTAINED (CHILD) <input type="checkbox"/> -DENIED/REFUSED			1		
<input type="checkbox"/> -CHIEF COMPLAINT	<input type="checkbox"/> -ESTABLISHED IF POSSIBLE				1		
<b>COMM:</b> <input type="checkbox"/> -APPROPRIATE CODE 3 DECISION					1		
UNRESPONSIVE		RESPONSIVE					
<b>A</b>	<input type="checkbox"/> -ASSESSES EFFECTIVENESS <input type="checkbox"/> -POSITIONS APPROPRIATELY <input type="checkbox"/> -ASSESSES GAG REFLEX   INSERTS: <input type="checkbox"/> -OPA <input type="checkbox"/> -NPA	<b>A</b>	<input type="checkbox"/> -ASSESSES EFFECTIVENESS <input type="checkbox"/> -POSITIONS APPROPRIATELY		2	☠	
<b>B</b>	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME <input type="checkbox"/> -EXPOSES & EXAMINES   PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O <sub>2</sub>	<b>B</b>	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME <input type="checkbox"/> -EXPOSES & EXAMINES   PROVIDES: <input type="checkbox"/> -PPV <input type="checkbox"/> -O <sub>2</sub>		2	☠	
<b>C</b>	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME ASSESSES PULSES <input type="checkbox"/> -RADIAL <input type="checkbox"/> -FEMORAL <input type="checkbox"/> -CAROTID ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL <input type="checkbox"/> -CONTROLS OBVIOUS EXTERNAL BLEEDING	<b>C</b>	ASSESSES EFFECTIVENESS <input type="checkbox"/> -RATE <input type="checkbox"/> -RHYTHM <input type="checkbox"/> -VOLUME ASSESSES PULSES <input type="checkbox"/> -RADIAL <input type="checkbox"/> -FEMORAL <input type="checkbox"/> -CAROTID ASSESSES <input type="checkbox"/> -TEMP/SKIN <input type="checkbox"/> -CAPILLARY REFILL <input type="checkbox"/> -CONTROLS OBVIOUS EXTERNAL BLEEDING		2	☠	
<b>CARDIAC ARREST:</b> The priority is to initiate compressions immediately at a ratio of 30:2 (compressions to ventilations) <u>prior to</u> inserting an airway adjunct or delivering ventilations.							
<b>D</b>	<input type="checkbox"/> -LEVEL OF RESPONSIVENESS (GCS) <input type="checkbox"/> -PACKS HEAD <input type="checkbox"/> -MANUAL STABILIZATION <input type="checkbox"/> -RULED-OUT	<b>D</b>	<input type="checkbox"/> -LEVEL OF RESPONSIVENESS (GCS) <input type="checkbox"/> -INSTRUCTS NOT TO MOVE <input type="checkbox"/> -PACKS HEAD <input type="checkbox"/> -MANUAL STABILIZATION <input type="checkbox"/> -RULED-OUT		2	☠	
<b>RBS</b>	<input type="checkbox"/> -EXPOSES & EXAMINES THOROUGHLY <input type="checkbox"/> -INCOMPLETE <input type="checkbox"/> -STABILIZES & SUPPORTS INJURIES <input type="checkbox"/> -MEDIC ALERTS	<b>RBS</b>	<input type="checkbox"/> -EXPOSES & EXAMINES THOROUGHLY <input type="checkbox"/> -INCOMPLETE <input type="checkbox"/> -STABILIZES & SUPPORTS INJURIES <input type="checkbox"/> -MEDIC ALERTS		2	☠	
<b>COMM:</b> <input type="checkbox"/> -# OF PT.S <input type="checkbox"/> -LOR <input type="checkbox"/> -AGE & SEX <input type="checkbox"/> -C/C <input type="checkbox"/> -MOI / NOI <input type="checkbox"/> -ACCESS/EGRESS <input type="checkbox"/> -RESPONDERS <input style="width: 50px;" type="text"/>						1	
<input type="checkbox"/> -T-BOG <input type="checkbox"/> -SAGER <input type="checkbox"/> -TRAUMA / O <sub>2</sub> <input type="checkbox"/> -N <sub>2</sub> O <sub>2</sub> <input type="checkbox"/> -CODE 2 / 3 <input type="checkbox"/> -LOCATION <input type="checkbox"/> -HELICOPTER							
<input type="checkbox"/> -LITTER <input type="checkbox"/> -HETS <input type="checkbox"/> -AED / CAM <input type="checkbox"/> -AP DRUGS <input type="checkbox"/> -EMS <input type="checkbox"/> -OTHER <input type="checkbox"/> -INVESTIGATION							
						<b>TOTAL POINTS</b> <input style="width: 50px;" type="text"/> /16	

SECONDARY ASSESSMENT															
UNRESPONSIVE				SQ	PTS	CPI	SC	RESPONSIVE				SQ	PTS	CPI	SC
<input type="checkbox"/> -CONTINUOUS PATIENT OBSERVATION THROUGHOUT					2	☠		<input type="checkbox"/> -S <input type="checkbox"/> -A <input type="checkbox"/> -M <input type="checkbox"/> -P <input type="checkbox"/> -L <input type="checkbox"/> -E					2	☠	
<input type="checkbox"/> -S <input type="checkbox"/> -A <input type="checkbox"/> -M <input type="checkbox"/> -P <input type="checkbox"/> -L <input type="checkbox"/> -E <input type="checkbox"/> -N/A					1			<input type="checkbox"/> -O <input type="checkbox"/> -P <input type="checkbox"/> -Q <input type="checkbox"/> -R <input type="checkbox"/> -S <input type="checkbox"/> -T <input type="checkbox"/> -N/A					1		
<input type="checkbox"/> -SPINAL IMMOBILIZATION (PRN) <input type="checkbox"/> -RULED-OUT					2	☠		<input type="checkbox"/> -SPINAL IMMOBILIZATION (PRN) <input type="checkbox"/> -RULED-OUT					2	☠	
<input type="checkbox"/> -MAINTAINS BODY TEMPERATURE / PREVENTS FURTHER HEAT LOSS					1			<input type="checkbox"/> -MAINTAINS BODY TEMPERATURE / PREVENTS FURTHER HEAT LOSS					1		
<input type="checkbox"/> -PERFORMS CRITICAL INTERVENTIONS & TREATMENTS (PRN)					2	☠		<input type="checkbox"/> -PERFORMS TREATMENTS (PRN)					1		
<b>V/S</b> <input type="checkbox"/> -GCS <input type="checkbox"/> -RESP <input type="checkbox"/> -PULSE <input type="checkbox"/> -BP <input type="checkbox"/> -T/S <input type="checkbox"/> -PUPILS					2	☠		<b>V/S</b> <input type="checkbox"/> -GCS <input type="checkbox"/> -RESP <input type="checkbox"/> -PULSE <input type="checkbox"/> -BP <input type="checkbox"/> -T/S <input type="checkbox"/> -PUPILS					2	☠	
<input type="checkbox"/> -CONDUCTS A THROUGH DETAILED PHYSICAL (IF APPROPRIATE)					2	☠		<input type="checkbox"/> -CONDUCTS A THROUGH DETAILED PHYSICAL (IF APPROPRIATE)					1		
<b>TRANSPORT DECISION:</b> <input checked="" type="checkbox"/> -UTC					2	☠		<b>TRANSPORT DECISION:</b> <input type="checkbox"/> -UTC <input type="checkbox"/> -STC					1		
<b>TOTAL POINTS</b> <input style="width: 50px;" type="text"/> /14								<b>TOTAL POINTS</b> <input style="width: 50px;" type="text"/> /11							

☠ = CRITICAL PERFORMANCE INDICATOR; required skill &/or action that must be performed.

2° RESPONSE: -BSI -MOI/NOI -# PT.S -LOR -INJURY/ILLNESS -C-SPINE? -RTC? -DELEGATION -Tx T: \_\_\_\_\_

TREATMENTS		CPI	YES NO	NOTES
AIRWAY MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -OPA/NPA <input type="checkbox"/> -SUCTION	☠		
BREATHING MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -POCKET MASK <input type="checkbox"/> -O <sub>2</sub> <input type="checkbox"/> -BVM <input type="checkbox"/> -NRB <input type="checkbox"/> -S <sub>2</sub> O <sub>2</sub>	☠		
CIRCULATION MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -DIRECT PRESS <input type="checkbox"/> -INDIRECT PRESS. <input type="checkbox"/> -TOURN <input type="checkbox"/> -CPR	☠		
SPINAL MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -RULED-OUT <input type="checkbox"/> -CMS <input type="checkbox"/> -CERVICAL COLLAR <input type="checkbox"/> -BOARD/CLAMSHELL	☠		
FRACTURE MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -CMS <input type="checkbox"/> -SPLINT <input type="checkbox"/> -MANUAL TRACTION <input type="checkbox"/> -PELVIC BINDING			
SHOCK MANAGEMENT:	<input type="checkbox"/> -N/A <input type="checkbox"/> -BLANKET <input type="checkbox"/> -SUPINE POSITIONING <input type="checkbox"/> -O <sub>2</sub> <input type="checkbox"/> -LEGS RAISED	☠		
ADVANCED PROTOCOLS	<input type="checkbox"/> -N <sub>2</sub> O <sub>2</sub> <input type="checkbox"/> -SAGER <input type="checkbox"/> -EPI/BEN <input type="checkbox"/> -SALBUTAMOL <input type="checkbox"/> -NITRO/ASA <input type="checkbox"/> -AED			
OTHER MANAGEMENT:	<input type="checkbox"/> -N/A _____			
POSITIONING:	<input type="checkbox"/> -SUPINE <input type="checkbox"/> -SEMI-FOWLER <input type="checkbox"/> -TRENDELENBURG <input type="checkbox"/> -HIGH-FOWLER			
TRANSPORT POSITIONING:	<input type="checkbox"/> -N/A <input type="checkbox"/> -SUPINE <input type="checkbox"/> -3/4 <input type="checkbox"/> -SITTING <input type="checkbox"/> -SEMI-SITTING <input type="checkbox"/> -SUPINE/LATERAL <input type="checkbox"/> -↑:UP <input type="checkbox"/> -↓:DOWN			TRANSPORT INTERVAL: T: _____

ON-GOING ASSESSMENT		CPI	YES NO	NOTES
PATIENT OBSERVATION:	<input type="checkbox"/> -LOR <input type="checkbox"/> -ABCDs <input type="checkbox"/> -REASSESS AFTER MOVING PATIENT			
VITAL SIGNS:	<input type="checkbox"/> -3-5 MIN (UNSTABLE) or <input type="checkbox"/> -10-15 MIN (STABLE)			2° _____ 3° _____
TREATMENT:	<input type="checkbox"/> -ASSESS & ADJUST AS NECESSARY			
COMMUNICATIONS:	<input type="checkbox"/> -RESPONDERS <input type="checkbox"/> -DISPATCH <input type="checkbox"/> -EMS <input type="checkbox"/> -PATIENT			
REPORT TO EMS:	<input type="checkbox"/> -LOR <input type="checkbox"/> -AGE <input type="checkbox"/> -SEX <input type="checkbox"/> -C/C <input type="checkbox"/> -INJURIES FOUND <input type="checkbox"/> -MOI/NOI <input type="checkbox"/> -V/S OFFERED <input type="checkbox"/> -INTERVENTIONS MADE			END TIME: T: _____

MANAGEMENT SKILLS	
DECISION MAKING:	<input type="checkbox"/> -PROBLEM ASSESSMENT <input type="checkbox"/> -APPROPRIATE PRIORITIZATION <input type="checkbox"/> -ENSURES OVERALL SAFETY
PROBLEM MANAGEMENT:	<input type="checkbox"/> -ACTION PLAN <input type="checkbox"/> -ANTICIPATION <input type="checkbox"/> -RESOURCE MGMNT. <input type="checkbox"/> -SKILL PERFORMANCE <input type="checkbox"/> -TRANSPORTATION
LEADERSHIP:	<input type="checkbox"/> -ATTITUDE <input type="checkbox"/> -ABILITY TO DIRECT <input type="checkbox"/> -CONFIDENCE <input type="checkbox"/> -TEAM INTERACTION

DEBRIEF NOTES	
1) HOW DO YOU THINK YOU DID OVERALL?	
2) IN RETROSPECT, ARE THERE THINGS YOU WOULD HAVE LIKED TO HAVE DONE DIFFERENTLY?	
3) ARE YOU READY TO BE EVALUATED?	

RESULTS OF EVALUATION							
	CRITERIA	SCALE					TOTAL
	PARTICIPATION (10%)	1	2	3	4	5	____ (x2)
	TEAM INTERACTION (15%)	1	2	3	4	5	____ (x3)
	LEADERSHIP (20%)	1	2	3	4	5	____ (x4)
	SCENARIO MANAGEMENT (25%)	1	2	3	4	5	____ (x5)
	OBSERVABLE KNOWLEDGE (30%)	1	2	3	4	5	____ (x6)
<b>TOTAL</b> _____/100							
I hereby agree with the facts stated on this evaluation & I confirm that it accurately reflects my performance as demonstrated during this evaluation scenario.							
Student's Signature _____							