

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

SCENE SIZE-UP (<i>Scene Stable / Unstable?</i>)		CPI	SQ	NOTES
H	<input type="checkbox"/> -Hazards	☒		
E	<input type="checkbox"/> -Environment / Climate <input type="checkbox"/> -Entry / Exit <input type="checkbox"/> -Equipment			
M	<input type="checkbox"/> -MOI <input type="checkbox"/> -NOI <input type="checkbox"/> -Witness? (Hold if Necessary)	☒		
P	<input type="checkbox"/> -Number & LOR of all Patient(s)			
B	<input type="checkbox"/> -BSI	☒		
C	<input type="checkbox"/> -Condition of Patient(s) Skin (Visual): <input type="checkbox"/> -PWD / <input type="checkbox"/> -LLS			
	<input type="checkbox"/> -Spinal Injury Determination: <input type="checkbox"/> -Instruct Pt. not to Move <input type="checkbox"/> -Provide Manual Stabilization	☒		
	<input type="checkbox"/> -Backup Request: <input type="checkbox"/> - Notify EMS or Local Emergency Response	☒		
	<input type="checkbox"/> -Scene Decision: <input type="checkbox"/> -Stable / <input type="checkbox"/> -Unstable <input type="checkbox"/> -Patient Decision: <input type="checkbox"/> -Unstable			
INITIAL ASSESSMENT (<i>Patient Stable / Unstable?</i>)		CPI	SQ	NOTES
	<input type="checkbox"/> -Level of Responsiveness – A V P U			
A	<input type="checkbox"/> -Assess Effectiveness <input type="checkbox"/> -Head-Tilt-Chin Lift <input type="checkbox"/> -Jaw-Thrust <input type="checkbox"/> -OPA <input type="checkbox"/> -3/4	☒		
B	<input type="checkbox"/> -Assess Effectiveness <input type="checkbox"/> -Investigate Distress <input type="checkbox"/> -Assist Ventilations <input type="checkbox"/> -O ₂	☒		
C	<input type="checkbox"/> -Assess Pulses <input type="checkbox"/> -Control Bleeding	☒		
	<input type="checkbox"/> -Skin: <input type="checkbox"/> -Temperature <input type="checkbox"/> -Texture <input type="checkbox"/> -Condition			
	<input type="checkbox"/> -Rapid Body Survey: Under Clothing, Medical Alerts	☒		
	<input type="checkbox"/> -Treatment & Other Critical Interventions: <input type="checkbox"/> -Maintain Body Temperature <input type="checkbox"/> -Spinal	☒		
	<input type="checkbox"/> -Patient Decision: <input type="checkbox"/> -Unstable			
SECONDARY ASSESSMENT		CPI	SQ	NOTES
	<input type="checkbox"/> -History: <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"/> -Vital Signs: <input type="checkbox"/> -LOR <input type="checkbox"/> -Resp. <input type="checkbox"/> -Pulse <input type="checkbox"/> -Skin: Temp / Texture / Condition <input type="checkbox"/> -Eyes (PERL)	☒		
	<input type="checkbox"/> -Detailed Physical Examination			
	<input type="checkbox"/> -Patient Decision: <input type="checkbox"/> -Stable / <input type="checkbox"/> -Unstable			
	<input type="checkbox"/> -Record & Document			
TREATMENTS		CPI	SQ	NOTES
	<input type="checkbox"/> -Airway Mgmt.: <input type="checkbox"/> -Jaw-Thrust <input type="checkbox"/> -Head-Tilt-Chin Lift <input type="checkbox"/> -BVM <input type="checkbox"/> -Pocket Mask	☒		
	<input type="checkbox"/> -Bleeding Management: <input type="checkbox"/> -Bandaging <input type="checkbox"/> -Splinting	☒		
	<input type="checkbox"/> -Spinal Management: <input type="checkbox"/> -Primary Stabilization	☒		
	<input type="checkbox"/> -Fracture Management: <input type="checkbox"/> -CMS <input type="checkbox"/> -Splinting <input type="checkbox"/> -Stabilization			
	<input type="checkbox"/> -Shock Management: <input type="checkbox"/> -Blanket <input type="checkbox"/> -Supine Positioning <input type="checkbox"/> -Legs Raised	☒		
	<input type="checkbox"/> -Diabetes Management: <input type="checkbox"/> -3/4 Prone <input type="checkbox"/> -Suction <input type="checkbox"/> -Glucose ('dime-sized' – dependant cheek)	☒		
	<input type="checkbox"/> -Anaphylaxis Management: <input type="checkbox"/> -Complete Checklist <input type="checkbox"/> -Follow EpiPen/Diphenhydramine Protocol	☒		

