

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

<b>SCENE SIZE-UP</b> ( <i>Scene Stable / Unstable?</i> )					CPI	SQ	NOTES
<b>H</b>	<input type="checkbox"/> -Hazards				☒		
<b>E</b>	<input type="checkbox"/> -Environment / Climate <input type="checkbox"/> -Entry / Exit <input type="checkbox"/> -Equipment						
<b>M</b>	<input type="checkbox"/> -MOI <input type="checkbox"/> -NOI <input type="checkbox"/> -Witness? (Hold if Necessary)				☒		
<b>P</b>	<input type="checkbox"/> -Number & LOR of all Patient(s)						
<b>B</b>	<input type="checkbox"/> -BSI <input type="checkbox"/> -PPE				☒		
<b>C</b>	<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 (patrol)					☒		
<input type="checkbox"/> -Scene Decision: <input type="checkbox"/> -Stable / <input type="checkbox"/> -Unstable <input type="checkbox"/> -Patient Decision: <input type="checkbox"/> -Unstable							

<b>INITIAL ASSESSMENT</b> ( <i>Patient Stable / Unstable?</i> )					CPI	SQ	NOTES
<input type="checkbox"/> -Level of Responsiveness – A V P U							
<b>A</b>	<input type="checkbox"/> -Assess Effectiveness <input type="checkbox"/> -Chin Lift <input type="checkbox"/> -Jaw-Thrust <input type="checkbox"/> -OPA <input type="checkbox"/> -3/4 Prone				☒		
<b>B</b>	<input type="checkbox"/> -Assess Effectiveness <input type="checkbox"/> -Investigate Distress <input type="checkbox"/> -Assist Ventilations <input type="checkbox"/> -Admin Oxygen				☒		
<b>C</b>	<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: <input type="checkbox"/> -Under Clothing <input type="checkbox"/> -Medical Alerts					☒		
<input type="checkbox"/> -Critical Interventions: <input type="checkbox"/> -Maintain Body Temperature <input type="checkbox"/> -SMR					☒		
<input type="checkbox"/> -Patient Decision: <input type="checkbox"/> -Unstable							

<b>SECONDARY ASSESSMENT</b>					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							
<b>COMM:</b>	<input type="checkbox"/> -AGE & SEX <input type="checkbox"/> -C/C <input type="checkbox"/> -LOR	<input type="checkbox"/> -MOI / NOI <input type="checkbox"/> -CTC / STC <input type="checkbox"/> -LOCATION	<input type="checkbox"/> -ENTRY / EXIT <input type="checkbox"/> -# OF PT.S <input type="checkbox"/> -RESPONDERS	<input type="checkbox"/> -EMS <input type="checkbox"/> -T-BOG / LITTER / VAC MATT / WHEELCHAIR <input type="checkbox"/> -TRAUMA KIT / OXYGEN / AED			

<b>TREATMENTS</b>					CPI	SQ	NOTES
<input type="checkbox"/> -Bleeding Management: <input type="checkbox"/> -Direct Pressure <input type="checkbox"/> -Pressure Dressing <input type="checkbox"/> -Tourniquet <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"/> -Maintain Body Warmth <input type="checkbox"/> -Supine Positioning <input type="checkbox"/> -Admin Oxygen					☒		
<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					☒		

