

Maximum time to perform the task: 12 minutes

EMS Dispatch Center call:
Male 45 y, pain responsive, alcohol intoxication.

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: May 24, 2024 Time: 09:30am Outside temperature °C/°F: 20/68 Weather: clear skies, no wind
 Call to address time: 10 minutes

On-Scene Situation:

The man is lying in the hallway outside the apartment, neglected, and smells of alcohol.

Correct procedure (see table for details):

Just before arrival, the urgency level changed to I. On the scene, the first responders (FR) are correctly performing CPR, with an AED on site, and two shocks have been delivered before the arrival of EMS. ALS rhythms recorded are VF – VF – pVT – sinus tachycardia (ROSC), followed by the ABCDE approach.

Correct procedure: Upon arriving at the scene, equipment is set up, circulation arrest is confirmed (unconscious, gasping, no pulse on carotid artery). Due to an imminent analysis, the AED pads are left on, and the first analysis is conducted with the AED. Then, the standard ALS protocol is followed, including appropriate medication administration and the ABCDE approach after ROSC. When EMS starts chest compressions, SimPad is used to assess the quality of resuscitation.

If the scenario includes the first-responder unit from the police (PČR) in the competition, the EMS teams continue the real CPR BLS scenario and collaborate with the police. If the police team is not part of the scenario, the entire BLS scenario is not performed. However, it must be ensured that the AED is attached, a bag valve mask is available, and the EMS team arrives approximately 40 seconds before rhythm analysis. The handover information should indicate that two shocks have been delivered and that they are just before the third analysis. The first responders can also assist in the ALS part of CPR.

Patient history:

P1 Personal data

P1 Medical history

No witness was present at the scene. After calling EMS and the arrival of the police, the caller fled. The police frequently visit the location due to various alcohol-related altercations, and neighbors complain about noise, etc. Nothing is known about the man's medical history; alcohol and drugs are suspected.

P1 Medications

n/a

P1 Allergies

n/a

P1 Recent health problem

CPR is being performed on the scene—BLS by a first responder equipped with an AED and a bag-valve mask. There have been 2 shocks delivered before the arrival of EMS. CPR BLS has been ongoing for 5 minutes before EMS arrives in the 6th minute. The EMS team inquires about the number of shocks delivered and the ongoing CPR efforts upon their arrival.

P1 Family medical history

negative

Vital functions:	After arrival	After ROSC
P1 BP (mm Hg)	0	100/60
P1 Breathing (min)	0	10/min IPPV
P1 CRT (s)	6	3
P1 ECG	VF	Sinus tachycardia
P1 GCS	1-1-1	1-1-1
P1 Glycaemia (mmol/l / mg/dl)	6,2 /111	6,7/121
P1 HR (min)	0	???
P1 SpO2 (%)	0	96
P1 Temperature (°C/°F)	36,8	36,6/98

Task goal, key words:

CPR, ALS algorithm, ROSC, post-resuscitation care, high-quality CPR, effective team collaboration, non-technical skills

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 400	
1	Initial phase	Ensuring scene safety	Confirming circulation arrest (look, listen, feel)	Early initiation of compressions, CPR 30:2	First analysis and shock delivery using the AED	Connect the monitor/defibrillator (administer a 300 J shock if not already given using the AED)		100	Safety, situation assessment, recognition and confirmation of cardiac arrest (verbal and tactile stimulation, airway clearance, look-listen-feel, pulse palpation), use of AED just before the next analysis
		20	20	20	20	20			
2	CA I.	Airways, oxygenation, FiO2 1.0, effective ventilation	Amiodarone 300mg	Adrenalin 1mg	ETCO2 monitoring	2 minutes of CPR with continuous compressions and ventilation.		100	Initiation of CPR, oxygen FiO2 1.0, AMBU bag with reservoir, ratio 15:2, diagnosis of cardiac arrest
		20	20	20	20	20			
3	CA II.	Monitor check, rhythm assessment	Shock – energy escalation to 360 J	2 minutes of CPR with ideally continuous compressions and ventilation	Minimize interruptions to chest compressions	Addressing reversible causes: 4H's + 4T's		100	Second analysis – VF, escalation of defibrillation shock, continuation of chest compressions, ventilation, minimal interruptions – maximum 5 seconds, addressing reversible causes – 4H's, 4T's – hypoxia, hypothermia, hypo/hyper K, acidemia, toxins, thromboembolism, tension PNO, pericard. tamponade assess for injuries
		20	20	20	20	20			
4	CA III.	Monitor check, rhythm assessment, carotid pulse check!	Shock - 360J	Amiodarone 150 mg, adrenaline not indicated – sudden increase in ETCO2 (45 mmHg)	Minimize interruptions to chest compressions	2 minutes of CPR with ideally continuous compressions and ventilation, even with a sudden increase in ETCO2 (if detected), CPR should not be interrupted		100	Third analysis – pVT, defibrillation shock with maximum energy, continuation of chest compressions, ventilation, minimal interruptions – maximum 5 seconds, continuation of CPR despite increasing ETCO2 values – adrenaline not indicated
		20	20	20	20	20			
5	ROSC	Monitor check, rhythm assessment	Pulse check + signs of life	ABCDE approach	Transport to the appropriate medical facility (ST elevation, cardiac arrest center)			150	ROSC - organized rhythm, carotid pulse palpation, post-resuscitation care - ABCDE approach, transport by EMS (1), calling a doctor for non-emergency ambulance (4). Target facility - B - cardiac center.
		20	20	60	50				
6	Technical skills	Compression rate (100–120/min)	Chest recoil	Compression depth (5–6 cm)	Ventilation quality (450–600 ml)	Preshock pause + postshock pause <5 seconds		500	TECHNICAL SKILLS: correct execution in % over the duration of resuscitation = number of points per item
		100	100	100	100	100			
7	Non-technical skills	Clear team leader, the team clearly understands what will follow based on commands and directives. The team leader has an overview of the entire situation (no hands intervals, monitors team performance, etc.).	Effective team communication (CRM - verbal and nonverbal), the team works together, commands are executed at the right moment.	The team works calmly and under control, maintaining a positive atmosphere	The team easily adapts to changing situations, continuously monitors and reassesses the situation, anticipates potential next actions or procedures	Communication with the person performing CPR		350	Non-technical skills during CPR. Communication. Team-work.
		80	80	70	80	40			

Maximum time to perform the task: 12 minutes

EMS Dispatch Center call:

Female 65 yrs. Collapse. Neurological disorders?

Event details (note):

Worse communication on the site.

Your tasks (must be provided in time limit to perform the task):

- Assess scene and decide correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: May 24, 2024 Time: 12:00/12:00am Outside temperature °C/°F: 24/75 Weather: clear sky, no wind
 Call to address time: 17 minutes

On-Scene Situation:

Mr. Aloysius, (the husband, P2), opens the door and says, "Berta is acting strange."

Mrs. Aloysius, (the wife, P1), sits next to the table, right-sided hemiparesis, breathes spontaneously, feels tired, weak, experiences headaches and doesn't speak (appears resigned).

On the table lies a note with medication (for dementia, high blood pressure) but it has the name Rudolf on it.

If the crew realizes that the medication note belongs to the husband and requests medication for the wife, the husband will search confusedly for it and find it with the assistance of the crew's questions.

Mrs. Aloysius takes care of her husband. Her husband has moderate dementia; he is not legally incapacitated, is mobile, and can answer simple questions if he is not under pressure.

In response to inquiries: partially oriented in person, place, and situation, not oriented in time, focuses only on the current situation and his comfort. He occasionally addresses his wife as his daughter (Helga).

Correct procedure (see table for details):

To obtain the medical history of P1 and P2.

To find out that Mr. Aloysius (P2) cannot stay home alone, he needs care (see medication).

For record purposes (not evaluated), we monitor how the overall orientation is determined (for example, questions from the Mini Mental Status Exam).

Clinical status of P1 upon arrival:

A: Airway clear, B: Breathing normal, C: Palpable, irregular pulse, D: Positive FAST, partially responsive to questions and responds with nods, E: Soft, non-tender abdomen, no signs of edema or inflammation in the lower extremities.

Neurological examination (FAST): Predominantly expressive aphasia (partially preserved comprehension, capable of responding nonverbally yes-no. ISO 2/2, FR+, normal oculomotor function, lightly decreased teeth exposure on the right side, tongue midline. C spine non-tender, physiological mobility.

Upper extremities: In Mingazzini and slight lowering of the lower limbs significantly on the right side, practically no grip strength on the right. Taxia in the left upper limb within normal range.

Lower extremities: in Mingazzini (isolated) titubation, without lowering. Unable to stand independently, walking with assistance (support), evident weakness in the right lower limb during walking.

Tactile sensation: Invalid right hemihyesthesia. Upper meningeal signs negative.

Conclusion: Conscious. Ventilatory and circulatory status satisfactory. FAST: Predominantly expressive aphasia, mild right-sided hemiparesis accentuated faciobrachially.

During the task:

During empathetic communication with Berta it can be determined that Rudolf cannot stay home alone and from Rudolf that neighbor Karel/neighbor Klára can be called for help (the crew must bring the neighbor from the adjacent apartment to the scene and arrange care for Rudolf with them).

Inappropriate communication triggers a pause in Rudolf's thinking and he responds with the sentence: "I'm hungry." He responds the same way if left alone at home by the crew.

Health status of Rudolf: ABCDE within normal limits, condition consistent with age and medication.

Subjective: Without difficulties, does not need anything, feels hungry.

Availability of additional response teams: More than 35 minutes, police and social services even longer.

Patient history:

P1 Personal data	P1: Berta Aloysius (65 yrs), married to P2: Rudolf Aloysius (67 yrs), they live together for 45 yrs. 2 adult children 40 - 900 km away. Good relations with neighbors; they are available and cooperating; if requested by crew.
P1 Medical history	Non-smoker, drugs: 0, hypertension: yes, cardiac disease: treated atrial fibrillation, MI: 0, Stroke: 0, DM: 0, oncology: 0, surgery: inguinal hernia in 2009.
P1 Medications	P1: Betaloc ZOK 50, Prestance 5/5, Sortis 40, Pantoprazol 40, Stacyl (ASA), Furosemid (medication list).
P2 Allergies	P2: Lopridam 4 mg/1,25 mg/5 mg, Sortis 40, Pantoprazol 20, Donepezil 10, Tiapridal, Tanakan, Memantine 20 (medication list).
P1 Allergies	not available
P1 Recent health problem	Rudolf found Berta sitting next to the table; she usually prepares food; he is hungry and she is just sitting there. She prepared breakfast and was fine. It can be learned from the neighbors that they usually have breakfast around 08:00.
P1 Toxicology	not available
P1 Family medical history	not available

Vital functions:	After arrival	During task 3 min after start of monitoring
P1 BP (mm Hg)	190/90	175/90
P1 Breathing (min)	16	16
P1 CRT (s)	1 (what you see)	1 (what you see)
P1 ECG	Atrial fibrillation	Atrial fibrillation
P1 GCS	E4 V5 M6 = 15/E4 V4 M6 = 14	E4 V5 M6 = 15/E4 V4 M6 = 14
P1 Glycaemia (mmol/l / mg/dl)	6,7/121	6,7/121
P1 HR (min)	approx. 103 (irregular)	approx. 103 (irregular)
P1 SpO2 (%)	97	95
P1 Temperature (°C/°F)	36,6/98	36,6/98

Task goal, key words:

Patient history, treatment for stroke, communication with a stroke treatment center or cerebrovascular center, rapid and appropriate transportation.
 Care for a spouse with dementia who has lost their caregiver.

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 400	
1	P1 Orientation on site, pt history	Finding and evaluation of the correct medication list for P1	Verifying the information from the medication list for P1	Personal: 1) Hypertension 2) Atrial fibrillation 15 + 15	Allergies	Targeted questions: 1) Chest pain 2) Palpitations 3) Headache 4) Injury 4 x 15	Attempt to ascertain the onset time of current symptoms (from neighbors)	285	Finding the correct medication list for P1. Attempt to verify the information on the medication list for P1 through appropriate communication. Extraction of essential points of medical history. Onset of symptoms: after 08:00 (breakfast).
		50	50	30	15	60	80		
2	P1 Examination, therapy	Neurological (FAST) 1) Right facial nerve paralysis 2) Right upper limb paresis 3) Right hemisensory deficit 3 x 20	1) BP 2) P 3) SpO2 4) glycaemia 5) temperature 5 x 15	ECG Atrial fibrillation (eufrekvenčni)	IV line	Contact stroke center: Information about P1	Contact stroke center: Onset time	270	Time of onset (time 0): not before 17 minutes, it is necessary to communicate the time of onset of symptoms (approximately 08:00 after breakfast).
		60	75	60	15	30	30		
3	P1 Diagnosis, preparation for transport, routing, transportation	Triage positive Stroke	Preparation for transport: 1) ECG monitoring	Preparation for transport: 2) Attached BP cuff 3) SpO2 monitoring 4) Secured I.V. access 15 + 15 + 15	Routing B	Transport 1		185	Positive triage patient is one who has experienced a sudden onset of at least one major clinical sign or at least 2 minor clinical signs (clinical perspective) of acute cerebral ischemia within the last 24 hours, including resolved symptoms in patients with TIA (time perspective). EKG required during transport. Do not waste time - transport the patient to the ICU as quickly as possible.
		60	40	45	20	20			
4	P2 Care for husband	1) Ascertain condition at least by inquiry 2) Use the CORRECT medication list for P2 30 + 50	1) Cannot stay home alone 2) Asks if P2 has a legal guardian (medication, appropriate communication) 140 + 20	1) Identify available neighbours. 2) Summon neighbors. 3) Hand over P2 into their care 80 + 80 + 80	Hand over P2 to summoned individuals (i.e. police, social workers...). Delay in transport and treatment of P1.	Take P2 to the hospital with you. He is very slow, delaying the transport and treatment of P1.	Inform the Dispatch Center about the method of ensuring care of P2	510	Through appropriate communication, it is determined that P2 cannot stay alone at home and that neighbors can be utilized (see "During the task" above) to hand over P2 into their care. From the neighbors, it can be determined that P2 does not have a legal representative and is legally competent. The simplest and fastest solution, the quickest transport for P1.
		80	160	240	30	30	30		
5	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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			
6	Actors - players	P1 Berta Aloysius	P2 Rudolf Aloysius					100	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		70	30						

Task:	Boogie
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Maximum time to perform the task: 12 minutes

EMS Dispatch Center call:

Young unconscious woman, no further information available.

Additional information from the EMS Dispatch at the task site:

Caller saw a group of people next to whom a lightning strike occurred. We have no further information, and a callback attempt was unsuccessful.

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date 24.05.2024 Time: 14:30 Outside temperature 26°C/79°F Weather: Partly cloudy, with scattered thunderstorms, currently not raining, interval lightning - thunder 6 - 8 seconds.
 Call to address time: 8 minutes
 Explanation: You have a portable ultrasound available.

On-Scene Situation:

A group of tourists on a trip in the forest, rugged terrain, near a cabin/shelter. Lightning strike in close proximity. Call to 112 from an eyewitness who is unavailable to provide further details (inaccessible terrain). Current weather is partly cloudy, with thunderclouds nearby; based on the lightning-thunder interval, the storm's epicenter is approximately 2km from the event location. Upon arrival of the rescue team, five injured individuals are located relatively close to the shelter where they sought refuge. Visually, P1 is closest, with P3 beside them in a panicked state. P2 is a few meters away, and P4/P5 are out of visual range with non-survivable injuries.

Correct procedure (see table for details):

The safety of the crews should be addressed immediately (we accept the decision within 1 minute from the start). Safety solution options for the situation are:

1. Refusal to enter the site (full points)
2. Evacuation of the injured (without physical transport - verbalization only = full points)
3. Emergency services cooperation (recommendation from Fire/Integrated Rescue System for immediate evacuation, we do not want crews to wait for emergency services as it will not change the safety - partial point scoring)
4. Safety consideration after 1 minute from the start (0 points).

Solution as MCI (mass casualty incident) - if the crew begins to follow this algorithm, they will be reminded of the standard procedure (reported 4 - 6 people, realistically seeing 3 people on site).

Explanation of the correct procedure: when the crews "consider" safety and verbally announce one of the above options (1/2/3) to the referee - the referee informs the crew that the situation is now safe for them for the entire duration of the task. (in terms of fair-play, this is the only way to highlight the safety aspect and at the same time adequately evaluate the correct procedure for all crews).

Patient statuses:

P1 - patient with cardiac arrest after lightning strike, upon crew arrival apnea with spontaneously restored circulation, patient requires ventilation (within a certain time limit - no later than 1 minute from contact with the patient/ simultaneously no more than 2 minutes from task initiation). Upon monitor connection, sinus rhythm observed with palpable pulse; if ventilated, breathing restoration after 3 minutes. 3 minutes post-breathing restoration, transition to stable VT with reduced GCS E2-V1-M3. If ventilation not initiated within the time limit patient goes into VF for the rest of the task, no points scored for P1 - only for actions already performed. CPR not evaluated; crews continue resuscitation until the end of the task without evaluation. Possibility of partial bonus points for using ultrasound to rule out 4H/4T. (No reversible causes found by USG)

P1 - procedures leading to VF branch (incorrect actions) - 1. failure to initiate ventilation in time, 2. continuation of compressions after monitor connection (regardless of pulse check due to sinus rhythm on monitor), 3. failure to notice and assess vital functions during rhythm change to VT within the time limit (30s).

Correct procedure: contact with patient, breathing and pulse check, initiation of ventilation, monitor connection, vital functions reassessment within 30s time limit post-rhythm change to VT; initiation of pharmacological version/ electrical cardioversion also accepted considering reduced GCS. If crew starts full CPR before monitor connection (despite circulation - pulse present), they earn half the points for timely ventilation. Monitor should remain with P1 throughout the task; considering EKG for P2 - P3 is incorrect, showing no signs of ACS or rhythm disorders

P2 - showing signs of serious anxiety, with no change in condition during the remaining duration of the task.

Correct procedure: ABCDE assessment, vital functions evaluation (orientation assessment without instrumentation also accepted - except for glycemia), psychosocial support

P3 - displaying panic symptoms, initially found near P1, then becomes concerned about P4/P5, worsening of panic symptoms. Initially mild disorientation, which resolves in approximately 3 minutes. If the crew fails to start searching the surroundings within 10 minutes, they will be guided to the missing members of the excursion

Correct procedure: ABCDE assessment, vital functions evaluation (orientation assessment without instrumentation also accepted - except for glycemia), psychosocial support

Explanation concerning the intervention team: Correct therapy for P2/P3 includes transportation to the hospital considering the mechanism and extent of injuries in other patients and activation of the intervention team. Emergency care interventions also include non-medical interventions (whether all will be transported to the same facility or not, there is a risk that only the patient as an individual will be addressed rather than considering the overall situation witnessed only by the crew on site)

P4/P5 - non-survivable injuries due to fall from height onto rocks/impact with a solid obstacle (considering the location)

Correct procedure: Confirming death, coroner, intervention team for P2/P3

Vital functions	After arrival	During task			During task VF/CPR
		After RoR (resp)	Switch to VT	VT	
P1 BP (mm Hg)	80/50	105/60	110/60	110/60	N/A
P1 Resp (min)	0	15	17	17	0
P1 CRT (s)	2	2	2	2	2
P1 ECG	SR	SR	VT	VT	VF
P1 GCS	3	3	6	6	3
P1 Glycaemia (mmol/l / mg/dl)	5/90	5/90	5/90	5/90	5/90
P1 Pulse (min)	92	88	182	180	VF
P1 SpO2 (%)	N/A	90	95	95	N/A
P1 Temperature (°C/°F)	36°C/96,8°F	36°C/96,8°F	36°C/96,8°F	36°C/96,8°F	36°C/96,8°F

P1	EtCO2 (mmHg/kPa)	0/0	40/5,3	40/5,3	35/4,7	15/2
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	Vital functions	After arrival	During task
P2	BP (mm Hg)	150/90	145/85
P2	Resp (min)	20	18
P2	CRT (s)	less then 2s	less then 2s
P2	ECG	SR	SR
P2	GCS	15	15
P2	Glycaemia (mmol/l / mg/dl)	5,4/98	5,4/98
P2	Pulse (min)	97/regular	102/regular
P2	SpO2 (%)	98	99
P2	Temperature (°C/°F)	36,3/98°F	36,3/98°F

	Vital functions	After arrival	During task
P3	BP (mm Hg)	160/100	150/90
P3	Resp (min)	18	22
P3	CRT (s)	less then 2s	less then 2s
P3	ECG	SR	SR
P3	GCS	14	15
P3	Glycaemia (mmol/l / mg/dl)	5,6/108	5,6/108
P3	Pulse (min)	104/regular	97/regular
P3	SpO2 (%)	99	99
P3	Temperature (°C/°F)	36,1/97°F	36,1/97°F

	Vital functions	After arrival and during task
P4/5	BP (mm Hg)	0
P4/5	Resp (min)	0
P4/5	CRT (s)	4
P4/5	ECG	asystole
P4/5	GCS	3
P4/5	Glycaemia (mmol/l / mg/dl)	6,7/121
P4/5	Pulse (min)	0
P4/5	SpO2 (%)	0
P4/5	Temperature (°C/°F)	31/87

Task goal, key words:

environment safety, lightning strike situation and intervention specifics, patient management and prioritization, non-technical skills, psychosocial support

Team scoring		1	2	3	4	5	6	Max. points (w/o time) 1 400	Correct decisions and performance
1	Orientation and organization at the scene of the incident	Safety variant 1 or 2	Safety variant 3	Safety variant 4	EMS for transport of P2/P3 + Intervention team for psychosocial support	Coroner	EMS for transport of P2/P3	350	Safety aspect should be addressed immediately (we accept the decision within 1 minute from the start). Safety solutions are: 1. Refusal to enter the site (full points) 2. Evacuation of the injured (without physical transport = full points) 3. Emergency services cooperation (recommendation from Fire for immediate evacuation - partial point scoring) 4. Safety consideration after 1 minute from the start (0 points).
		200	100	0	100	50	50		
2	P1	Initiation of ventilation within 1 minute of contact with P1/max. 2 minutes from the start of the task	pulse check by SR with apnea	monitor connection w/ rhythm check under 30s after contact	repeated/immediate vital functions check under 30s after rhythm change to VT	pharmacological/ electrical cardioversion		500	Patient contact, breathing and pulse check, initiation of ventilation, connection to the monitor, after change to VT rhythm (preserved breathing) vital functions reassessment within the time limit, pharmacological/electrical cardioversion, initiation of CPR without P control = half points for timely ventilation.
		200	100	50	100	50			
2	P1	continuous monitoring throughout the duration of the task				utilization of POCUS during VF phase		100	Leaving the monitor with P1 throughout the duration of the task, utilizing ECG for P2/P3 is incorrect given the overall situation. In the VF branch using ultrasound to exclude reversible causes.
		100				50			
3	P2	BP, P, SpO2, CRT, Glycaemia	Head, chest, abdomen, upper and lower extremities					100	Assessment of vital functions, physical examination
		50	50						
4	P3	Explanation of the need for examination - in the vicinity of P1 5x10	BP, P, SpO2 3x10	Pt history, allergies 2x10				100	Empathetic approach to P3 - no forceful separation from P1, vital functions, patient history, allergies
		50	30	20					
5	P4/P5	Finding P4 within 8 minutes	Finding P5 within 8 minutes	Finding P4 after 8 min	Finding P5 after 8 min			100	Due to the unclear number of injured individuals, an early survey of the surroundings is necessary. P4/P5 showing non-survivable injuries - the only intervention is to summon the coroner.
		50	50	25	25				
6	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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 - players	P2	P3					100	Subjective evaluation by actors - players (simulated patients, relatives, bvstanders. witnesses etc.).

		50	50						
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Maximum time to perform the task: 12 minutes

EMS Dispatch Center call:

Man 33 - disorder of consciousness - unknown cause

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: 24.05.2024 Time: 13:30 Outside temperature °C/°F: 24/75 Weather: clear skies, no wind
Call to address time: 8 minutes

On-Scene Situation:

P1: The patient sits on a chair, collapsed on the table, on the keyboard, breathes spontaneously, reacts only to a painful stimulus with a grimace. **P2:** sitting in a chair, conscious, repeatedly vomiting, anxious, hyperventilating **P3:** coming for the crew, communicating, without difficulty

Correct procedure (see table for details):

It is necessary to take the anamnesis of individual patients well and correctly (full medical history and allergies). Asking what happened, revealing Kratom and HHC intoxication. Correctly evaluate the procedure and provide adequate care.

Clinical status upon arrival:

P1: Responsive to pain by grimacing, obturation of the airways with the tongue, bradypnoea, hyposaturation, regular pulse palpable on the radial artery, hypertension, sinus tachycardia, slowed reaction of the pupils to light, normal blood sugar, normal body temperature, no injury

P2: Conscious, communicating, hyperventilating, tachypnea, normal oxygen saturation, hypertension, sinus tachycardia, palpitations, no neurological deficit, normal blood sugar, normal body temperature, repeatedly vomiting (no blood), abdominal cramps (epigastrium), anxious

P3: Conscious, communicating, physiological values

CONCLUSION: P1: patient with disorder of consciousness due to drug intoxication (Kratom), unstable, with hypoxia **P2:** fully conscious patient with normal circulation, drug intoxicated (HHC) **P3:** fully conscious patient with normal circulation, without difficulty, drug intoxicated

Patient history:

Kratomák
P1 Personal data Jaroslav Dub, born on 17.09. 1990, address: Nad malým mýtem 1856/2c, Praha, CZ. European Health Insurance Card VZP (111).
P1 Medical history Healthy man, no disease
P1 Medications Does not take any medication
P1 Allergies No allergies

P1 Recent health problem He was agitated, played computer games non-stop. Started feeling sick, nauseous and threw up. Then collapsed, is lying on the keyboard, does not react well, reacts to pain with a grimace. He is breathing.

P1 Toxikologi Alcohol 0
P1 Family medical history Not available

HHCéčko
P2 Personal data Stanislav Bukvice, born on 16.10. 1991, address: Korunní 2456/98, Praha, CZ. European Health Insurance Card VZP (111).

P2 Medical history Healthy man, no disease
P2 Medications Does not take any medication
P2 Allergies No allergies

P2 Recent health problem He played computer games and began to be anxious, nauseous, vomits repeatedly (without blood), has stomach cramps, hyperventilates.

P2 Toxikologi Alcohol 0
P2 Family medical history Unimportant

Ten bez obtíží
P3 Personal data Miroslav Jilm, born on 15.11. 1991, address: 28. pluku 1393/2a, Praha, CZ. European Health Insurance Card VZP (111).
P3 Medical history Healthy man, no disease
P3 Medications Does not take any medication
P3 Allergies No allergies
P3 Recent health problem He called the emergency services, doesn't know what to do, feels fine, there are no problems.
P3 Toxikologi Alcohol 0
P3 Family medical history Unimportant

P3

Patient history:	After arrival	During task
P1 BP (mm Hg)	140/90	
P1 RR breathing (min)	6 to 8	
P1 CRT (s)	2	
P1 ECG	sinus tachycardia	
P1 GCS/AVPU	1 – 2 – 4 (7), grimacing in pain/P	
P1 Glycaemia (mmol/l / mg/dl)	7,5 / 135	
P1 HR (min)	100	
P1 SpO2 (%)	85	
P1 Temperature (°C/°F)	36,6/98	

minuta	SpO2	TK	TF	TT	gly	CRT	AMBU
0.	85%	140/90	100	36,5°C	7,5	2	60b.
1.	85%	140/90	100	36,5°C	7,5	2	60b.
2.	75%	120/60	100	36,5°C	7,5	2	60b.
3.	65%	120/60	100	36,5°C	7,5	2	60b.
4.	55%	120/60	100	36,5°C	7,5	2	30b.
5.	45%	100/60	100	36,5°C	7,5	2	30b.
6.	35%	40/60	80	36,5°C	7,5	5	30b.
7.	NA	NA	NA	36,5°C	7,5	NA	0b.
8.	NA	NA	NA	36,5°C	7,5	NA	0b.
9.	NA	NA	NA	36,5°C	7,5	NA	0b.
10.	NA	NA	NA	36,5°C	7,5	NA	0b.
11.	NA	NA	NA	36,5°C	7,5	NA	0b.
12.	NA	NA	NA	36,5°C	7,5	NA	0b.

Patient history:	After arrival	During task
P2 BP (mm Hg)	155/90	155/90
P2 RR, breathing (min)	30	with an empathetic approach/bag - 17/min
P2 CRT (s)	2	2
P2 ECG	sinus tachycardia	sinus rythm
P2 GCS/AVPU	4– 5 – 6 (15), A	4– 5 – 6 (15), A
P2 Glycaemia (mmol/l / mg/dl)	9,3 / 167	9,3
P2 HR (min)	130	130
P2 SpO2 (%)	100	100
P2 Temperature (°C/°F)	36,4/97,5	36,4/97,5

Patient history:	After arrival	During task
P3 BP (mm Hg)	Physiological values of the patient	Physiological values of the patient
P3 HF, breathing (min)	Physiological values of the patient	Physiological values of the patient
P3 CRT (s)	Physiological values of the patient	Physiological values of the patient
P3 ECG	Physiological values of the patient	Physiological values of the patient
P3 GCS/AVPU	Physiological values of the patient	Physiological values of the patient
P3 Glycaemia (mmol/l / mg/dl)	Physiological values of the patient	Physiological values of the patient
P3 HR (min)	Physiological values of the patient	Physiological values of the patient
P3 SpO2 (%)	Physiological values of the patient	Physiological values of the patient
P3 Temperature (°C/°F)	Physiological values of the patient	Physiological values of the patient

Task goal, key words:

patients medical history, obtaining information from friends - gaining situational awareness, symptomatic treatment

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 400	
1	Getting information about place	Assessment of the situation, safe assesces	Creation of suitable working conditions	Info dispatch	Contacting a toxic center			50	1. Calm approach, gloves, Police will arrive in 15 min - if they don't go in, in 6 min 1/2 points (10b) 2. Open the curtains, turn off/mute the music, turn on the light, open the window 3. Call another crew 4. Contact toxic centers
		20	10	10	10				
2	P1 KRATOMÁK Examination	Personal history: allergies/medication/medical history 10 + 10 + 10	A Head tilt	B RR, SpO2, auscultation 20 + 20 + 20	C HR, BP, ECG 20 + 20 + 20	D State of consciousness (GCS/AVPU), pupils, glycaemia 20 + 20 + 20	E General ex., temperature 15 + 15	300	1. allergy - sine/medication - sine/medical history - sine 2. slightly obturated root with secretion, freely passable when tilting the head 3. dyspnoea RF 6-8/min, hyposaturation SpO2 85%, central cynosis, breathing on auscultation bilaterally rare defects. 4. hypertension BP 140/90, tachycardia HF 100/min, AS regular, palpable pulse on radial artery, ECG: sinus tachycardia, CRT: 2s 5. GCS 4 (1-2-4) reacts with grimace/P, pupils miotic, photoreaction slowed down, glycemia 7.5 6. temperature 36.5°C/98F, no injury
		30	40	60	60	60	50		
3	P1 KRATOMÁK Treatment	Supine position, head tilt 25 + 25	Oxygen therapy: AMBU/O2 mask/NOTHING	Provision of DC: Nasal airway OR intubation	IV x IO liquids 25 + 25	Medication		240	1. Position on the back, tilt of the head 2. Ventilation AMBU + O2 4l/min and more -> SpO2 95%, otherwise SpO2 gradually decreases (up to 4 min - 60b., up to 6 min 30b., over 6 min 0b). 3. Nasal airway OR OTI (one of these). LMA and oral airway - does not tolerate 4. IV/IO (one of them), balanced crystalloid 5. Any meaningful medication/solution to the situation - administration of Naloxone/Anexate without effect, OTI as usual If ventilation with AMBU or OTI does not occur within 7 minutes -> CPR (0b - NOT EVALUATED)
		50	60	50	50	30			
4	P2 HHCÉČKO Examination	Personal history: allergies/medication/medical history/ what happend 10 + 10 + 10 +10	B RR, SpO2, auscultation 20 + 20 + 20	C HR, BP, ECG 20 + 20 + 20	D Neurological ex., pupils, glycaemia 15 + 15 + 15	E General ex., temperature 15 + 15		250	1. allergy - sine/medication- sine/medical history - sine, what happened, how much candy did he eat 2. Tachypnea, RR 30/min, hyperventilation, SpO2 100%, with proper approach (bag) sedation to eupnoea, listening pure cell bilate 3. Hypertension BP 155/90, palpitations, tachycardia HR 130/min - ECG syn. tachycardia, CRT: 2s 4. GCS 15 (4-5-6)/A, without neurol. deficiency, mydriatic pupils, delayed reaction to light, ameningeal, glycemia 9.3 5. Vomiting without blood, nausea, spasms in the epigastrium, palpable abdomen, palpation painful in the epigastrium, anxious, temperature 36.4°C/97,5F, no injury
		40	60	60	60	30			
5	P2 HHCÉČKO Treatment	Calming breathing	IV Liquids 20 +20	Empathetic approach	Medication	Communication of information about others		140	1. With a calm/empathetic approach/bag - calm down, eupnoea 2. IV, balanced crystalloid 3. With the right (empathic) approach will be cooperative 4. Any meaningful medication/solution to the situation - antiemetic and benzodiazepine with effect 5. Passing information about P1 P3
		40	40	20	20	20			

6	P3 BEZ OBTÍŽÍ Examination & direction	What happened/ medical history P1 and P2 (an. P3) 30 + 15 + 15	Is not considered a patient	Direction - D - Left in place (after consultation)	Direction - D - Negative reverse left in place (after consulting)	Direction - A Transport - 1 x 3 + diagnosis	Communication of information about others	110	1. What happened/ personal history P1 and P2 (ph P3), what did they eat 2. Pac. did not start examination 3. + 4. Pac started to investigate, physiological values (real) - measurement is not evaluated points// routing D - leave in place 5. Direction - A - internal ambulance, transport - 1 or 3 - in the own ambulance x next called ambulance, dg.: for further investigation, drug intoxication 6. Passing information about P1 and P2
		60	30			20			
7	P1 + P2 diagnosis & direction	P1 Disorder of consciousness, drug intoxication	P2 Drug intoxication	P1 Direction - A	P2 Direction - A	P1 Transport 1 or 2	P2 Transport 1 or 3	160	1. Disorder of consciousness, drug intoxication (30b) / disorder of consciousness of unclear etiology (15b) 2. Drug intoxication 3. Hospital A - ICU/ARO/Metabolic unit 4. Hospital A - internal ambulance 5. By air x own ambulance 6. own ambulance car x another called ambulance
		40	30	30	20	20	20		
8	P1 + P2 + P3 Actors - players	P1 KRATOMÁK	P2 HHČEČKO	P3 BEZ OBTÍŽÍ				100	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		20	40	40					
9	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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			

Task	Cow
Authors:	Silvia Trnovská (SK)
Judges:	MUC. RR Silvia Trnovská (SK), Ľudovít Prieceľ (SK), Dagmar Majerová (CZ)
	RLP Silvia Trnovská (SK), Dagmar Majerová (CZ)
	RZP Ľudovít Prieceľ (SK), Peter Kyseľ (SK)
	INT Sara Lary (US), Denisa Osinová (SK), Roman Remeš (D)

Maximum time to perform the task: **12 minutes**

EMS Dispatch Center call:

A farm worker attacked by a cow, sits on the ground, moaning and breathing hard.

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene condition:

Date: May 24, 2024 Time: 07:00/07:00pm Outside temperature °C/°F: 8/46,4 Weather: cloudy

Call to address time: 3 minutes

All requests and informations you need from dispatch centre ask judge with sign of Dispatch centre. Communication takes place verbally, by telephone or by radio.

On-Scene Situation:

The man is sitting leaning against the wall of the cowshed, breathing heavily and spontaneously, moaning in pain, unable to speak, reactions adequate, but with slight verbal guidance. The tractor driver present on the place, he reported the incident to dispatch centre - his colleague was attacked by a cow, he did not see the incident, he mainly heard a weird sounds. He drove the cow into the paddock. The place is safe.

Correct procedure (see table for details):

- 1) Primary examination ABCDE and priority treatment - priority B - treatment of tPNO. During examination, the crew discovers a discrepancy between the reported mechanism of injury and the nature of the injuries
- 2) Obtaining anamnesis - informations will be obtained from a witness, patient will have documents with medical informations in his pocket
- 3) Primary treatment - oxygen, i.v. access, adequate analgesia, treatment of tPNO (chest tube, finger thoracostomy, needle decompression), continuous monitoring of VF, complete fixation - C collar, pelvic sling, spineboard or vacuum mattress, thermofoil blanket
- 4) Due to clinical status after treatment of PNO (relatively stable VF) no inadequate invasive procedures are necessary
- 5) Transport to the hospital - trauma triage positive patient - route to C (trauma center), air transport
- 6) Calling the Police (unclear circumstances, work accident)

Clinical status: 2. min: GCS 12 bb (4-3-5) - eyes open spontaneously, inappropriate words, obeys commands, mumbles, yelps, sitting position, pale, sweaty, Temperature 36 st C, extremities cold, spontaneous breathing, tachypnea, dyspnea, paradoxical breathing, approx. 30/min, without foetor ethylicus, pupils 3mm/3mm, FR present, without nystagm, ears and nose without discharge, mobility of all limbs is normal, without sensitivity disorders, head without external injuries, chest painful on palpation, skin: numerous hematomas and tire marks present, hematomas also on the back, crepitations on the right side, lacerated chest wound with an open fracture of the VII.-IX ribs on the right side- non-bleeding, approx. anterior axillary line, hypersonic percussion, deviation of the trachea to the left - mild, subcutaneous emphysema, not significant, breathing auscultation: inaudible on the right side, audible on the left up to approx. VIII. rib on the left side. On the left lower chest part you can hear fluid movement of stomach contents Cor: sounds limited, irregular - tachycardia 120/min, on ECG - SR with numerous VES, SVES - also salves, bigeminy and trigeminy, ES with spontaneous retreat, but intermittent occurrence, BP 100/40 mmHg, SpO2 80%. CRT >2 s. Peripheral pulsation palpable but irregular. Increased filling of jugular veins. Abdomen: without pathology, pelvis solid. Extremities - no injuries. No leakage of urine and stool. Procedure up to 7 min.: without treatment, increase in dyspnea, emphysema, SpO2 despite max. oxygen therapy decreases, tachycardia increases, in the 7th min. collapse, CPR. Do not change the sitting position within 7 min., otherwise immediate collapse

Patient history:

Personal data	Arnošt Zlomený, 40 years, weight: 80 kg
Medical data	COPD, chronic bronchitis + emphysema pulmonum
Medication	Symbicort 200/6 µg (budezoniid/formoterol) 1 dose twice a day, Euphyllin (Teofylin) 200 mg - 1 dose twice a day
Allergies	Iodine

Recent health problems

The man is sitting leaning against the wall of the cowshed, breathing heavily and spontaneously, moaning in pain, unable to speak, reactions adequate, but with slight guidance. He shows, that he has back and chest pain. The tractor driver present on the spot, he reported the incident to dispatch centre - his colleague was attacked by a cow, he did not see the incident, he mainly heard a weird sounds. He drove the cow into the paddock. The place is safe.

Toxicological

beer, no drugs, coffee - 3 times a day

Family medical history

unknown

Vital fuctions:	After arrival:		To 7th. min. priority treat. tPNO	After 7th. min - correct solution of tPNO	No therapy tPNO
	2nd. min.	5th. min., without treat.			
P1 BP (mm Hg)	100/40	75/50	100/50	90/50	ventricular fibrilla
P1 Breathing	30	35	25	25/PV	
P1 CRT (s)	>2 s	>2 s	>2 s	>2 s	
P1 ECG	SR, VES, SVES		without changes	without changes	
P1 GCS	12	12	14	14/sedation	
P1 Glycaemia	6,5/119		without changes	without changes	
P1 HR (min)	120 irreg	165 irreg.	100 irreg.	100 irreg.	
P1 SpO2 (%)	80	60	90	90/ on PV 94%	
P1 Temperature (°C/°F)	36,6/98		36,6/98	without changes	

Task goal: goal priority and therapy

Team scoring		1	2	3	4	5	6	Max.points	Correct decision and performance
								1 400	
1	Selected parameters	Allergies	Mechanism of injury	Police	Transportation C via 2			140	1A found in the documents, on the insurance card 1B found inconsistency between the clinical status and the reported mechanism of the injury (or the patient will explain the situation to them after the PNO treatment) 1C calling the police
		20	50	20	50				
2	Examination priority B (regardless of sequence)	B 2x20	auscultation findings	crepitations + emphysema + hypersonic percussion (3x20)	jugular veins + trachea (2x10)	bruised wound on the right + hematomas on the back + chest (50+20)	open rib fracture on the right VII.-IX.	300	2A: B (SpO2, breathing) 2B: complete auscultation finding 2C crepitations + emphysema + hypersonic percussion on the right 2D jugular veins - increased filling, deviation of the trachea to the left 2E bruised wound on the right + hematomas on the back + chest 2F open rib fracture on the right VII.-IX., anterior axillary line possibility of USG on dg. - within competences
		40	60	60	20	70	50		
3	Basic procedures	Oxygen therapy	Termomanagement	C collar, pelvic sling, spineboard or vacuum mattress (20+ 30+ 20)	Covering the wound			190	3D semi-permeable dressing for the chest wound at the fracture site
		50	20	70	50				
4	Treatment	Treatment of tPNO	Analgesia	Fluid treatment				220	4A chest tube, finger thoracostomy, needle decompression 4B adequate analgesia: without deteriorating VF 4C crystalloids - only for rinsing, max 500 ml iv
		150	50	20					
5	Diagnosis	Tension PNO I.dx	Bruised wound on the right + open rib fracture VII.-IX. on the right (50+50)	Other diagnoses				400	5C: opened chest trauma, left diaphragm rupture, heart contusion, lung contusion, trauma Th spine, COPD (lung emphysema, smoker's bronchitis), for each mentioned 20 points, max. a total of 100 points
		200	100	100					
6	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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 - players	patient	witness					100	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		70	30						



Task: **Ten**
 Authors: Martin Mathys Trhlik (CZ)
 Judges: Tomáš Sam Sam Hanuš (CZ), Martin Raccoon Vavroš (CZ), Ruda Jansa, Kačenka, „Lucie Lučina Dušková

RALLYE REJVIZ 2024

Maximum time to perform the task: 10 min.

EMS Dispatch Center call:
 Trip to the international team competition in knowledge skills.

Your tasks (must be provided in time limit to perform the task):

- Complete the assigned tasks
- No items are necessary

On-Scene Situation:

The situation on the ground is as it is on the day of the task. The atmosphere is as always friendly, the air is full of tension, people are full of expectations for the performances that will follow and the judges are ready to show the Mexican wave in case of extreme knowledge performances!

Situation on the place:

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

Game... a beautiful word that we all loved in childhood. Let's play again for a while...

Correct procedure:

Two crews from the same national class (NAT(/INT)) are always taken into the game. They will choose three players from their center and they will each play against a player from the other team.

It is played according to the rules of the game "Ten". Players will receive the rules before joining the game on the filter. There are game boxes on the table, the players take the first start and then all pairs play two games against each other. The questions are from different industries.

There are two minutes for each game. The starting player chooses a question and answers it. Correct answer = +50b., wrong answer -50b.

The player can give up the next choice during his turn and thus pass the next choice to the opponent. This goes on until the questions are chosen, or both players give up.

Steps	01.I	01.II	02.I	02.II	03.I	03.II	Total
Points	+/-50b - correct /false answer , max. 250	+/-50b - correct /false answer , max. 250	+/-50b - correct /false answer , max. 250	+/-50b - correct /false answer , max. 250	+/-50b - correct /false answer , max. 250	+/-50b - correct /false answer , max. 250	600
	100	100	100	100	100	100	

Task: **Francis**
 Authors: Francis Menzel, Patrik Brna
 Judges: MUC Sabov Dominik, Sopoliga Dušan, Patrik Brna
 RLP Berková Jana, Šmidra David
 RZP Sabov Dominik, Sopoliga Dušan
 INT

Maximum time to perform the task: 12 minutes

EMS Dispatch Center call:

Fall off the bike, without any reaction.

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: May 24, 2024 Time: 11:00am Outside temperature °C/°F: 20/68 Weather: clear skies, no wind
 Call to address time: 17 minutes

On-Scene Situation:

On the railway crossing waits for the EMS firefighter. He saw this older man fell from an electric scooter. Patient lies on his stomach, moans, reacts to pain with a targeted motor reaction and an incomprehensible verbal reaction. Patient did not wear a helmet. Firefighters will be helpful. They are offering the new traction splint to EMS.

Correct procedure (see table for details):

The correct procedure of the EMS consists in managing the patient with the XABCDE algorithm. Since it is a TBI, the goal is to avoid the 4H (hypoxia, hypotension, hyperventilation, hypoglycemia). The critical points are:

MILS, administration of oxygen with a high fraction, loading of a pelvic binder belt, loading of a traction splint, treatment of hypotension, treatment of hypoglycemia.

Clinical status upon arrival:

Patient lies on his stomach, moans, reacts to pain with a targeted motor reaction and an incomprehensible verbal reaction. Firefighter covered him with a blanket/foil, they preferred not to turn him due to the mechanism of the injury, but they will assist. A: clear, dry tongue; B: shallow, 25/min., abrasion on the front of the right chest, palpable chest without crepitation and subcutaneous emphysema, breathing audible bilaterally. SpO2: No signal (cold acre); C: Skin pale, sweaty, cold periphery, pulse on a. radialis present, 105/min., CRT 3s, abdomen without external signs of injury, soft to palpation, freely palpable, in the case of pelvic examination, the pelvis is stable, does not react painfully, right thigh - swelling and hematoma present, markedly painful to the touch, crepitation present, left thigh intact. BP: 100/65 mmHg; D: AVPU - P, GCS: 9, PERRLA, glycaemia 2.5 mmol/l, 45 mg/dL. Not smelling alcohol on the breath; E: Patient history cannot be obtained. TT: 36.0°C/96.8°F. Head: abrasion on the right side of the forehead; Chest: abrasion on the right; Upper limbs: superficial abrasions. Fracture of the right thigh - hematoma, swelling, pain, palpable crepitations. No other injuries.

Conclusion: Patient with impaired consciousness, TBI, right thigh fracture, hypoglycemia

Patient history:

P1 Personal data	cannot be detected
P1 Medical history	cannot be obtained
P1 Medications	N.A.
P1 Allergies	N.A.
P1 Recent health problem	fall from an electric scooter
P1 Family medical history	Not available

Vital functions:

At arrival

During task

8 min after start of monitoring

P1 BP (mm Hg)	100/65	110/75 after treatment
P1 Breathing (min)	25	21
P1 CRT (s)	3	2
P1 ECG	sinus tachycardia	sinus tachycardia
P1 GCS	E2 V2 M5 = 9	E3 V4 M6 = 13 after treatment of hypoglycemia
P1 Glycaemia (mmol/l / mg/dl)	2,5/45	after treatment 7,5/135,35
P1 HR (min)	105	100
P1 SpO2 (%)	No signal	96 with oxygen
P1 Temperature (°C/°F)	36,0/96,8	36,0/96,8

Task goal, key words:

Management of XABCDE, TBI, treatment of hypoxia, hypotension, hypoglycemia, limitation of blood loss (femur), rapid transport

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 400	
1	General points	Security question	Prioritization of tasks (XABCDE)	Timely summoning of helicopter emergency services (within 3 min.)	Time bonus (task completed within 10 minutes)	Information from witnesses		145	Ensuring own safety, timely calling of emergency services, management of priorities. The crew proceeds systematically with the XABCDE algorithm and initially learns the course of the event from the witnesses.
		5	50	50	20	20			
2	A + B	Correct turning of the patient + MILS (up to full-body immobilization) + turning onto the mat (vacuum bag, board, foil...)	Oral cavity check	Oxygen with face mask with reservoir, 15 l/min.	Examination: RR, palpation, auscultation	SpO2 before oxygen administration		300	The crew will coordinately roll the patient onto his back while simultaneously performing MILS, ideally onto a mat. EMS checks the patency of the airways - no pathology, the tongue is dry, blood is not visible. EMS will start oxygen therapy with the highest fraction of oxygen. The crew will examine the patient's chest and ventilation. Due to the presumed TBI, they will also monitor the SpO2.
		25+100+25	20	50	3x20	20			
3	C	Examination: pulse, skin, CRT, abdomen, thighs	Pelvic girdle (check pockets, correct placement, correct performance)	Traction splint/traction + palpation of pulse before and after loading (also informative from firefighters) / other immobilization of the thigh (extremity vacuum splint)				290	The crew will examine the patient's circulatory status and apply a pelvic belt (mechanism of injury) and apply a traction splint - Firefighters can also do this, but the indication must come clearly from the crew.
		5x10	20 + 40 + 40	100 + 40/40					
4	C	i.v. line + i.v. fluids (2x 250 ml or 1x 500 ml crystalloid)	BP	If not, a targeted question at the end of the task: What target pressure do we want to achieve for this patient? SBP min. 110 mmHg" OR palpable pulse at a. radialis				280	It will also provide i.v. line and initiates fluid therapy after expressing suspicion of TBI. Blood pressure must be measured. If the crew does not verbalize the target TK value, the referee will ask at the end of the task. Without TXA (not evaluated) due to equivocal studies.
		10 + 120	50	100					
5	D + E	Examination: AVPU/GCS, glycemia, pupil	Treatment of hypoglycemia (administration of G 40 % 40ml i.v.)"	C-collar + Spinal motion restriction (correct technique)	Repeated examination: RR, SpO2, BP, HR, CRT, glycemia	Diagnoses, referrals (thigh fracture, TBI, GCS 13) + Trauma center I.	Thermo-management + analgesia	235	The crew assesses the patient's state of consciousness and corrects hypoglycemia. If the glycemia is not corrected within the 6th minute, the patient will experience convulsive activity, which must be terminated (we do not score). Due to the suspension spine injury based on the mechanism of the injury and alteration of consciousness, the crew will limit the mobility of the spine by full-body immobilization in a coordinated and technically correct manner. After blood glucose correction, the patient's state of consciousness improves. The patient is confused and in pain. It is necessary to ensure thermomanagement and adequate analgesia.
		3x5	30	10+30	6x5	20+40	30 + 30		
6	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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 - players	Patient Roman Qakino	Friend Karel Albert					100	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		70	30						

Maximum time limit to perform the task 12 minutes

EMS Dispatch Center call: Dyspnoea.

Event details (note):

Your task (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnoses, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: 24.05.2024 Time: 14:45/2:45pm Outside temperature °C/°F: 19/66 Weather: Partly cloudy, no wind
 Call to address time: 5 minutes
 Other event specification: -

On-scene situation:

A man (P2) Fridolin, 58 years old, is waiting for the crew. He's breathless and stressed. He says that his nephew (P1) Vendelin, 26 years old, is choking. It's in the mountains on a trail about 2km away and there is no signal. So he ran down to get help, met a local man on a quad bike who called the ambulance and now offers to take one member of the crew to see the nephew, he knows where it is. (P2 will only give the nephew's age if asked.) He (P2) describes the situation so dramatically that a doctor/team leader should leave and take a backpack, monitor and oxygen. After the team leader leaves, P2 starts writhing in pain, he's pale, sweaty. He complains of sudden sharp abdominal pain with propagation to the spine, groin and testicles. He lies down on the floor because his legs are suddenly weak. There is palpable pulsating mass around the umbilicus. Gradually deteriorates in quality of consciousness but ventilates spontaneously and adequately. In the meantime, the team leader arrives at P1, but he is no longer showing signs of dyspnoea, having found and taken Ventolin (salbutamol) after the uncle ran for help. He asks about him. After examination, P1 can be left on place.

Correct procedure (see table for details):

Fast assessment of the current situation and splitting of the team.

P1: Patient's history, examination and measurement of vital functions. May be left in place.

P2: Correct assessment of deterioration, fast obtaining of patient's history, monitoring of vital functions by available means, efforts to secure vascular access, correct differential diagnoses and prompts securing of transport by air ambulance service to cardiocentre.

Patient's history:

P1 Personal data	Man, Vendelín Novák, 26 years old, insured (VZP-111), lives in Šumperk
P1 Medical history	Astma bronchiale, frequent common respiratory infections in childhood
P1 Medications	Ventolin (salbutamol), Xyzal (levocetirizin) - if needed
P1 Allergies	Home dust, pollen, mites
P1 Current health problem	Development of asthma attack after physical exertion.
P1 Addictions	Alcohol occasionally
P1 Family medical history	Insignificant
P2 Personal data	Man Fridolin Novák, 58 years old, insured (VZP-111), lives in Šumperk
P2 Medical history	Hypertension, hyperlipidemia
P2 Medications	Prestance 10mg 1-0-0 (perindopril), Agen 10 mg 1-0-0 (amlodipin), Furon 40 1-0-0 (furosemidum), Atorvastatin 20 mg 1-0-0
P2 Allergies	None
P2 Current health problem	Rupture of aortic aneurysm with retroperitoneal bleeding after physical exertion, haemorrhagic shock.
P2 Addictions	Alcohol occasionally, smoker - 20 cigarets/day
P2 Family medical history	His father died suddenly "for a burst blood vessel".

Vital functions	After arrival of the crew	During the task	
		3 minutes after start of monitoring	3 minutes after start of monitoring 58/30
P1 BP (mm Hg)	130/85	120/80	
P1 Respiratory rate (min)	25	20	
P1 CRT (s)	2 s	2 s	
P1 ECG	Sinus	Sinus	
P1 GCS	E4 V5 M6 = 15	E4 V5 M6 = 15	
P1 Glycaemia (mmol/l / mg/dl)	4,5 / 81	4,5 / 81	
P1 Puls (min)	102	80	
P1 SpO2 (%)	97	97	
P1 Temperature (°C/°F)	36,6/98	36,6/98	
P2 BP (mmHg)	110/80	80/60	
P2 Respiratory rate (min)	25	20	
P2 CRT (s)	2 s	Prolonged	
P2 ECG	Sinus tachycardia	Sinus tachycardia	
P2 GCS	E4 V5 M6 = 15	E4 V5 M6 = 15	
P2 Glycaemia (mmol/l / mg/dl)	6,5 / 117	6,5/117	
P2 Puls (min)	120	135	
P2 SpO2 (%)	97	97	
P2 Temperature (°C/°F)	36,6/98	36,6/98	

Task goal, key words:

Splitting of the crew, monitoring of vital functions by available means, i.o. Access, fast and secure transport of P2 to cardiocentre.

Team scoring		1	2	3	4	5	6	Max. points (w/o time) 1 400	Correct decisions and performance
1	Assessment of the situation on site (Judge 2 - down)	Assessment of the situation and splitting of the team	Requirement for an additional team	Activation of air ambulance till 6th minute				160	Quick assessment of the situation and division of the team. After team split the rest of the team should evaluate worsening condition of the P2 and activate air ambulance.
		50	30	80					
2	P1 Examination, therapy (Judge 1 in the field)	Patient reassurance and communication	Patient history	BP, P, RR, SpO2 4 x 20	Listening to the heart and lungs			220	P1 already compensated, can be left on scene, (according to the crew competences), does not require examination/treatment in medical facility, is willing to sign negat. reversal.
		50	50	80	40				
3	P2 Examination, therapy (Judge 2 - down)	Patient reassurance and communication. 50 + 50	HR, RR, CRT, GCS 4 x 40	Working dg.: Aortic dissection /aortic aneurysm rupture, internal bleeding/ haemorrhagic shock 50 + 50	BP/P on multiple limbs, abdominal palpation, questioning for pain irradiation, repeated checking of vital signs 4 x 50	Providing access to the vasculature (IO when IV is not available)	Analgesia, permissive hypotension (to palpable peripheral pulse). 50 + 50	710	Susp. Internal bleeding-aortic aneurysm rupture. Measurement of BP at least on both upper limbs and palpation of different quality of pulse. Essential is rapid IO access, analgesia, permissive hypotension (to palpable peripheral pulse). Rapid transport to cardiac center by air ambulance and repeated measurement of vitals.
		100	160	100	200	50	100		
4	Routing and transport	P1 Left on the scene (D5) or transported to the nearest hospital (A1) according to the crew competence	P2 By air to the cardiac centre B2					150	Fast and gentle transport of the P2 by air ambulance to a cardiac centre
		50	100						
5	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes informations between members	Coordinated crew cooperation even after team split	Well managed and controlled patient handling	Crew communication with the patients and other players		60	Crew cooperation as a team, obvious and visible teamleader, functioning team even after the crew split. Unambiguous and clear communication with judges (no repeated questions about the same - usually vitals), patients and others. Introduction of the crew upon arrival, informing the patient at every move, lift, touch, examination, procedure, transport and explaining why it is done.
		10	10	20	10	10			
6	Players	P1 Vendelin	P2 Fridolin					100	Subjective evaluation by actors -players (simulated patients, relatives, bystanders, witnesses etc.).
		30	70						

Maximum time to perform the task: 15 minutes

EMS Dispatch Center call:

Boy, 15 years, mother is calling, she has found her son hanged, call disconnected

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

Scene conditions:

Date: May 24, 2024 Time: 01:30pm Outside temperature °C/°F: 24/75 Weather: clear sky, no wind
 Call to address time: 17 minutes

On-Scene Situation:

Boy, 15 years old, 50 kg, hanged, next to a fallen chair, blue, grunting, mother holds him, is unable to take him down and put him down, recent problem with bullying in school. FA+AA+OA unremarkable

Correct procedure (see table for details):

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 3rd rhythm VF. The ventilation is difficult at the beginning, after securing the airways the auscultation is symmetrical, with light wheezing. 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. C spine protection- MILS, collar+ head blocks, vacuum mattres

Patient history:

P1 Personal data	
P1 Medical history	no illness and serious injury in history
P1 Medications	0
P1 Allergies	0
P1 Recent health problem	lately, problems at school, perhaps with bullying, change in behavior, withdrawn, infant, deterioration in performance, not examined, mother heard a blow, the boy does not answer calls, she found him hanging, called EMS and tried to relieve him, but she was unable to relieve him herself . He did not threaten or attempt suicide in the past
P1 Family medical history	Not available

Vital functions:

	After arrival	After ROSC
P1 BP (mm Hg)	0	100/60
P1 Breathing (min)	4	10/min IPPV
P1 CRT (s)	5s	3
P1 ECG	PEA	Sinus tachycardia
P1 GCS	1-1-1	1-1-1
P1 Glycaemia (mmol/l / mg/dl)	6,2 /111	6,7/121
P1 HR (min)	0	120
P1 SpO2 (%)	0	96
P1 Temperature (°C/°F)	36,3	36,6/98

Task goal, key words:

Safe access, removal of the hanged boy, MILS, recognition and diagnosis of sudden cardiac arrest, knowledge and compliance with the algorithm for resuscitation of children under 18 years of age/ PALS/. 4H+4T. Correct shock energy values, evaluation of the quality of NMS and ventilation, use of O2, post-resuscitation care and referral of the patient to the pediatric ICU/ARD with full pulmonary ventilation, potential injury to the C spine, psychosocial intervention, cooperation with the police.

Team scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 400	
1	Obtaining input information about the event, initial treatment	safe removal + recognition of cardiac arrest within 30s	safe removal + recognition of cardiac arrest within 60s	safe removal + recognition of cardiac arrest over 60s	call police	AMPLE		200	Safety, situation assessment, removal of the hanged boy, MILS, recognition of cardiac arrest / BBB,SSS, open the airway, chin lift, look-listen-feel, check the pulse/ AMPLE, call police
		100	50	0	50	50			
2	Sudden circulatory arrest I.	5 initial breaths + using of O2 FiO2 1,0 50 + 50	Start CPR 15:2	1st.analysis – recognition of PEA	IV/IO line	Adrenalin 0,5mg IV/IO		300	Start CPR, 5 initial 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, MILS
		100	50	50	50	50			
3	Sudden circulatory arrest II.	2nd analysis – PEA	4H + 4T + 20	3rd. analysis VF + shock 200J + after shock 2nd Adrenalin 0,50 mg IV/IO	Secure airway ETI/LMA + ETCO2+ ventilation without interrupting chest compressions 20 + 20 +20	MILS		260	2nd analysis PEA, continue CPR, consider 4H+4T, secure airway, check position, capnography, asynchronous ventilation BR 10/min, continuous chest compressions 100-120/min. 3rd analysis VF- 1st shock 200J /4J/kg/ , 2nd Adrenalin , 4th analysis ROSC.
		50	40	60	60	50			
4	Postresuscitation care	ABCDE	ECG + ETCO2 + SPO2 + BP + 15 + 15 + 15	Balanced salt solution 10ml/kg	C spine control	Pulmonary ventilatin + correction 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%, C spine control
		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	Team cooperation and communication	Clear and obvious teamleader	Crew communicates as a team and passes information to the leader	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	Routing, transport	Routing C	Transport 1/2	Psychosocial intervention				70	Pediatric ICU/ARD with the possibility of providing post-resuscitation care.
		25	25	20					
8	Actors - players	Mother						85	Subjective evaluation by actors - players (simulated patients, relatives, bystanders, witnesses etc.).
		85							

Maximum time to perform the task: **12 minutes**

EMS Dispatch Center call:
Screaming woman in car was under attack, Police informed and is on the way

Event details (note):

Your tasks (must be provided in time limit to perform the task):

- Assess scene and decide correct work management on site.
- Examine and treat patient(s).
- Define working diagnosis, administer therapy.
- Define direction.
- If transport is required, define mean of transport.
- Inform the judge of any further steps.

On scene situation:

Date: May 24, 2024 Time: 16:30/4:30pm Outside temperature °C/°F: 24/75 Weather: sunny, mild wind
 Call to address time: 10 minutes

On scene situation:

There is a car in the car park near to warehouse with young woman inside who just has given birth - one newborn. Placenta was delivered prior to EMS arrival, woman is moderate bleeding. Newborn is floppy (decreased tone), breathing with RR 15/min. Mother shows normal vital signs (HR, BP, SpO2) but slightly altered level of perception. Witness heard screaming and saw some man running away. She provided first aid phone-guided by EMS Dispatch center during the birth of newborn and placenta. Newborn is wrapped by blanket. Police informs that car was stolen and man is wanted for the illegal drug trading.

Goal of the task:

Woman after labor: maybe some gynaecological health checks during pregnancy but there are no medical records nor ID available. She admits regular drug abuse, probably full term baby, labour with no significant problem, stronger postlabour bleeding, altered perception, police saliva test is strongly positive for opioids

Treatment: iv line, crystalloid 500ml, uterotonic drugs, temperature management, urgent transport to A hospital, Dg. postpartal bleeding, opioids abuse

Newborn: eutrophic, body color blue-cyanotic, tone slightly decreased, HR 100, RR 15/min, SpO2 89%, temperature, umbilical cord clamped, no obvious injury

Witness information: she holded head, rest of body delivered quickly, newborn was screaming a little bit, blue skin color probably was not, she clamped umbilical cord and placenta was delivered within few minutes, all time on phone guidance EMS Dispatch

Treatment: bag-mask ventilation (NO oxygen) RR 30/min, temperature management, when possible opioids effect identified administer Naloxon 200ug im., airways secure is not indicated, reassess ventilation until improvement, transport to A hospital, Dg. extramural childbirth/ delivery, respiratory depression caused by opioids (Fentanyl)

Anamnesis: Anna (mother)

Personal data

Medical history healthy, previous 1 birth with no complications.

Medication, abuse illegal drugs

Allergy 0

She felt unwell this morning so she took some drugs and asked boyfriend to drive her to visit friends, he borrowed a car. She cant remember amniotic fluid runoff. They stopped because of bowel movements urge, she screamed a lot, boyfriend disappeared, fortunately some kind lady came and helped her

Family history *nothing important*

Vital signs:

	Mother	Newborn
Pulse rate (/min)	85	100
Respiratory rate (/min)	12	15
Capillary Refill Time (s)	2	3
BP (mm Hg)	120/80	
SpO2 (%)	98	89
Glycaemia (mmol/l)	5,3	4,5
Temperature (°C)	36,5	35
GCS	14	
ECG	sinus rhythm	sinus rhythm

Key Words:

childbirth, opioids, newborn hypoventilation

Team Scoring		1	2	3	4	5	6	Max. points (w/o time)	Correct decisions and performance
								1 235	
1	Situation Assessment	Information from witness	Information from Police - safety, drug saliva test results					100	Witness- information about birth, newborn and placenta, newborn behavior after birth Police: it was not an assault, stolen car, wanted friend for illicit drug offence, drugs Task for Police: boyfriend escape, ID Card inside the car(but different name on ID)
		50	50						
2	Mother Assessment	Medical history 5 + 5 + 5 5 + 5	A+B Auscultation (15) SpO2 (15) Resp. rate (15)	C CRT (15) BP (15) PR (15)	D Glycaemia (15) Saliva drug test Police (15)	E uterus (20) bleeding control(20) placenta check (20)		205	Anamnesis: second pregnancy, in term delivery, sometimes illicit drugs abuse, very sporadically gynaecological controls, no allergies nor sensitivity A - patent, clear B - symmetrical air entry, alveolar, clear, SpO2 98%, RR 12 min C - CRT 2sec, BP 120/80, P 80 min, (ECG S.R.) D - GCS 14, glyc 5,3, saliva test positive for opioids E -uterus assesement - retraction below umbilicus, tonised, bleeding control - moderate, no worsening,
		25	45	45	30	60			
3	Mother Management and Treatment	I.v. line, crystalloid 500 ml	Uterotonics drugs	Towel, nappy, gauze	Temperature management			150	Respiration and circulation stable, moderate postpartal bleeding without worsening, iv.line, crystalloid, uterotonics administration (MEM 0,2mg or Oxytocin 5iu.iv or similar), blood and lochia absorption, wet clothes (amniotic fluid) to take off (dry clothes inside the car), blanket
		30	50	20	50				
4	Newborn Assessment	A Neutral head positioning	B Auscultation (15) SpO2 (15) Respiratory rate (15)	C CRT (15) Pulse rate (15) Temperature (15)	D Tonus(15) Body color(15) Glycaemia (15)	E Umbilical cord(15) Trauma check (15)		190	Anamnesis: delivery described by witness A - airways patent, clear, neutral head position B - clear alveolar auscultation, symmetrical air entry, SpO2 89%, RR 15 min C - CRT 3 s, PR 100 min, (ECG S.R.), Temperature 35,0 C D - tonus decreased, blue cyanotic body color, glycaemia 4,5 mmol E - umbilical cord clamped- OK, newborn with no obvious injury
		25	45	45	45	30			
5	Newborn Management and Treatment	Stimulate	Bag-mask ventilation 30/min, air	Ventilation and circulation control	Temperature management	Naloxone 200ug im.		250	Newborn hypoventilation- stimulate (drying, wiping of legs, chest...), bag-mask ventilation (correct mask use, ventilation control- chest rising, monitoring SpO2 - right arm, changes of tonus and body color - improvement if correct ventilation, after Naloxone permanent improvement, mild hypothermia- temperature management, head and body cover
		50	50	50	50	50			
6	Diagnosis, Directions, Means of transport	Mother: Spontaneous childbirth (delivery) (20) Opioids Abuse (20)	Mother: Direction A (25) Transport 1 (25)	Newborn: Postpartal Respiratory Depression (25) Mild hypothermia(25)	Newborn: Direction A(25) Transport 1(3) (25)			190	Mother: Main dg. Spontaneous childbirth without complications Others: opioids/ drugs abuse, direction A, transport 1 Newborn: Spontaneous delivery with respiratory depression/ hypoventilation (respiratory centre opioid suppressionion. Direction together with mother to A, Transport 1(3)
		40	50	50	50				
7	Team Cooperation and Communication	Obvious teamleader	The crew communicates as a team and passes information to the leader	The leader receives and responds to information from the crew	Well managed and controlled patients 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			
8	Actors	Mother	Witness					100	Subjective evaluation by actors(simulated patients, relatives, bystanders, witnesses etc)
		50	50						

Maximum time to perform the task: 10 min/patient, time is not rated

Starting number

Your tasks (must be provided in time limit to perform the task):

- Properly transfer the patient affected by MCI to the emergency department.
- Transfer the patient according to the structure of the triage card and the standard MIST and ABCDE

Patient

To complete the task:

Only oral and written information about the patient will be assessed, at the end the judge will only ask if they want to add anything.

Only one patient (the one for which the crew has the most points) will count towards the crew's results, regardless of how many they hand over.

Hodnocené kroky posádky		1	2	3	4	5	Max. points 1 250	Total
Identification	Patient priority		YES	NO	x	x		
			100	0	x	x	100	
	Gender of the patient		M	F	x	x	50	
	Age of the patient		YES	NO	x	x	50	
M	Mechanism of injury		YES	NO	x	x	100	
I	Detected injuries according to the triage card						100	
	Detected injuries according to the triage card							
	<u>Always value the total, regardless of the number of dg. No info 0 points, basic information 50, incomplete information 75, max 100 points.</u>							
S	Symptoms A,B	respiratory	RR			x	75	
			75			x		
	Symptoms C	circulation	P	CRT	BP	x	150	
			50	50	50	x		
	Symptoms D	disability	AVPU		other evaluated neurological symptom/s	x	75	
			50		25	x		
Symptoms E	other	Pain, bleeding, vomiting, or other important information.				100		
		100						
T	Treatment	X	information about external bleeding and possible stopping of bleeding				50	
		A	information on the state of patency of the airways - intervention yes/no				50	
		B	information about the state of breathing - not values - intervention				50	
		C	information about circulation support, volumotherapy				50	
		D + E	information about other therapy (pharmacotherapy, immobilization, ...)				50	
	Transport	Information about the progress of the transport				100		
Handover	Handover	YES	NO	x	x	100	Clarity of transmitted information (brief, concise, coherent information)	
		100	0	x	x			

Judge: