TRAUMA CHALLENGE - MEDICAL ASSESSMENT GUIDELINES

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	1. Safe 360 Approach & Access						
	O Does not have a safe 360 approach or access	The 360 approach & access was somewhat safe	4	The 360 approach & access was mostly safe	6	The 360 approach & access was extremely safe	
	2. Hazard Identification & Mitigation	azard Identification & Mitigation					
	Does not identify & mitigate hazards	Identifies & mitigates hazards insufficiently and	1	Identifies & mitigates hazards well with some	6	Identifies & mitigates hazards excellently with correct	
_		limited or no rechecking	4	rechecking	0	rechecking	
Safety	3. Wears & Maintain Correct PPE						
S	Does not wear & maintain correct PPE	Wore & maintained correct PPE but not consistently		Wore & maintained correct PPE consistently and may		Wore & maintained correct PPE consistently and	
	0	and may not have changed or transitioned as	4	have been delayed in changing or transitioning as	6	changed or transitioned as appropriate excellently	
		appropriate		appropriate			
	. Patient & Bystander Safety & Protection Throughout						
	Does not provide patient and Bystander safety &	Provided patient and bystander safety & protection	4	Provided patient and bystandersafety & protection	c	Provided patient and bystandersafety & protection	
	protection throughout	but insufficiently and/or delayed	4	well but may have been short gaps or delays	٥	excellently throughout	
	5. ID & Communicate the Initial LOC						
=	Does not identify and communicate the initial level of	Identifies and communicates the initial level of		Identifies and communicates the initial level of		Identifies and communicates the initial level of	
1	consciousness	consciousness after 2 minutes	4	consciousness after 1 minutes	6	consciousness in less than 1 minute	
Initial Survey & Patient ID	6. Inspects for & manage Catastrophic Haemorrhage						
ءَ ا	Does not impact for and manage catastrophic	Inspects for and manages catastrophic haemorrhage		Inspects for and manages catastrophic haemorrhage		Inspects for and manages catastrophic haemorrhage	
2	Does not inspect for and manage catastrophic	after 2 minutes See Haemorrhage Management		after 1 minute See Haemorrhage Management		in less than 1 minute See Haemorrhage	
\ \frac{\pi}{\sigma}	haemorrhage 0	under "Circulation" for scoring of any	4	under "Circulation" for scoring of any	6	Management under "Circulation" for scoring of	
ij		management required		management required		any management required	
		management required		management required		any management required	
	7. Airway Manoeuvre						
	Does not identify the need for and/or perform any	Identifies the need for an airway manoeuvre but		Identifies the need for an airway manoeuvre and		Identifies the need for an airway manoeuvre and	
	airway manoeuvre	performances it late and/or without sufficient care		performances it within a reasonable time and with		performances it within an appropriate time and with	
	0	and/or competency	2	sufficient care and/or competency	3	excellent care and/or competency	
	8. Inspection of Airway						
Airway	Does not inspects airway	Inspects the patients airway poorly, but does not		Inspects the patients airway well, does check for		Inspects the patients airway excellently, does check	
A	0	check for patency, contamination or foreign objects	2	patency, contamination or foreign objects but maybe	3	for patency, contamination or foreign objects	
			_	delayed	Ŭ	thoroughly and in an timely manner	
	O. Management of Potonov						
	9. Management of Patency						
	Does not manage the patency of the airway	Manages the patency poorly, does not consider an		Manages the patency well, considers and/or places		Excellent management of airway patency, considers	
	0	adjunct and/or suctioning	2	an adjunct and/or suctioning	3	and/or correctly sizes and places any adjunct and/or	
						suctioning	
	10. Present (Rate Depth and Effort)						
	Does not check the breathing rate and/or depth	Checks for breathing rate and/or depth and/or effort	2	Checks for breathing rate and/or depth and/or effort	2	Checks for breathing rate and depth and effort	
	and/or effort	but not in a sufficient manner	2	well	3	thoroughly and in detail	
	11. Chest Inspection & Assessment						
	Does not inspect or assesses the chest	Inspects and/or assesses the chest, but not anterior,		Inspects and/or assesses the chest, but not anterior,		Inspects and assesses the chest, anterior, lateral	
۾		lateral and posterior, no auscultation and/or equal	2	lateral and posterior, no auscultation and/or equal	0	and posterior, auscultation and equal bilateral	
Pathing		bilateral movement	2	bilateral movement	3	movement	
70.2							

ш	12. Interventions, SpO2 & O2						
	Does not make any interventions, takes SpO2 or considers application of O2	Makes basic interventions based on chest inspection and assessment, applies SpO2 but does not follow readings to make a decision to apply and/or titrate O2 or applies O2 late or using incorrect device and flow	Makes interventions based on chest inspection and assessment, applies SpO2 and does follow readings but maybe not to decide to apply and/or titrate O2 (94% - 98%) Applies O2 at a reasonable time and using the correct device and flow Makes interventions based on chest inspection and assessment, applies SpO2 and does follow reading to decide to apply and/or titrate O2 (94% - 98%). Applies and/or withdraws O2 at the correct time and using the correct device and flow				
	13. Assess for Circulation						
	Does not assess for circulation	Assesses for circulation in an insufficient manner	Assesses for circulation in an good manner Assesses for circulation in a manner that denotes a understanding and relevance to the casualty				
_	14. Peripheral & Central Pulses (Evaluate)						
Circulation	Does not check for pulses	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm or check symmetry (Central pulse may not be required is peripheral pulse is present) Checks pulse peripheral and/or central, gets rate and/or quality and/or rhythm and check symmetry (Central pulse may not be required is peripheral pulse is present)				
	15. Manages Poor Circulation	•					
	Does not manage poor circulation	Manages for poor circulation in an insufficient manner	Manages for poor circulation in a good manner Manages for poor circulation in a manner that denotes an understanding and relevance to the casualty				
	16. Conscious Level						
ty	Does not check conscious level or respond to change of status	Check conscious level but does not apply criteria for AVPU decision reacts to change of status late	Check conscious level, apply criteria for AVPU (Alert, Voice, Pain, Unresponsive) decision and react to change of status. Check conscious level, does apply criteria for AVPU decision fully and reacts to change of status immediately and reapplies criteria for AVPU				
ppili	17. Pupils Assessment						
Disability	Does not assess pupils	Assesses pupils, but does not check all of PEERLA	Assesses pupils, does check PEERLA Assesses pupils, does check PEERLA and reassess as necessary				
	18. CSM Assessment						
	Does not check CSM	Assesses CSM but not in all extremities and not at correct time for interventions	Assesses CSM in all extremities but may not at correct time for interventions Assesses CSM in all extremities and at correct time for interventions				
	19. Identifies all injuries & abnormalities						
е	O Does not identify any injuries & abnormalities	1 Identifies some injuries & abnormalities	2 Identifies the majority of injuries & abnormalities 3 Identifies all injuries & abnormalities				
min	20. Medical History						
Exposure & Examine	Does not obtain AMPLE history	Obtains some AMPLE information	Obtains full AMPLE Information Obtains complete AMPLE information and reacts will appropriate interventions or change of care plan				
od x	21. Vital Signs						
В	Does not obtain vital signs	Obtains some vital signs but incomplete and does not react to findings	Obtains all vital signs but may not react to findings Obtains all vital signs and reacts to findings				
	22. Full patient assessment						
	Does not start full patient Assessment	Undertakes a patient assessment but it is not complete head to toe and is unstructured	Patient assessment completed but, not in a logical sequence Undertakes a full patient assessment in a structure manner that denotes an understanding and relevance to the casualty.				

	23. Secondary Issues Identified						
Secondary Survey	Does not identify any secondary issues	2 Identifies some secondary issues but not sufficiently and/or methodically	4	Identifies the majority of secondary issues well but not all and/or methodically	6	Identifies all of the secondary issues excellently in methodical way	
ıdar	24. Full History						
Secon	Does not reconfirm or obtain a history or AMPLE 0	Reconfirms the AMPLE information obtained in the primary survey	4	Reconfirms the full AMPLE Information but may not react with appropriate interventions or change of care plan	6	Reconfirms that complete AMPLE information and reacts with appropriate interventions or change of care plan	
	25. Reassessment & Vitals						
	Does not reassess and/or obtain full set of vital signs	Reassess and/or obtains some vital signs but not complete	4	Reassess and/or obtains all vital signs but may not react to any changes	6	Reassess and obtains all vital signs and reacts to any changes	
	26. Spinal Motion Restriction Decision & Management						
	Does not demonstrate any spinal motion restriction decision & management	The spinal motion restriction decision & management was not based on the clinical assessment of the patient	4	The spinal motion restriction decision & management was mostly based on the clinical assessment of the patient	6	The spinal motion restriction decision & management was exclusively based on the clinical assessment of the patient	
	27. Pain Recognition & Management						
Management	Does not obtain a pain score or recognise the need for management	Obtains a pain score but does not manage the pain	4	Obtains a pain score and does manage the pain well using the resources available to them	6	Obtains a pain score and does manage the pain excellently with all the resources available to them	
nage	28. Patient Centred & Planned						
Mai	Does not have patient centred management or plan	Management of patient was somewhat patient centred and planned	4	Management of patient was mostly patient centred and planned	6	Management of patient was fully patient centred and planned	
	29. Priorities & Time Management						
	Does not have priorities or time management	The management of the priorities and time were not sufficient	4	The management of the priorities and time was good	6	The management of the priorities and time was excellent	
	30. Planning, Supervision & Leadership						
ging	Does not have planning, supervision or leadership during the extrication	The planning, supervision and leadership during the extrication was not sufficiently coordinated by the medic	4	The planning, supervision and leadership during the extrication was well coordinated by the medic	6	The planning, supervision and leadership during the extrication was excellently coordinated by the medic	
ckag	31. Patient centred packaging, movement & handling						
Transport Packaging	Does not have appropriate patient packaging & handling	The appropriate patient packaging, movement & handling was not sufficient for the patients condition	4	The appropriate patient packaging, movement & handling was good for the patients condition	6	The appropriate patient packaging, movement & handling was excellent for the patients condition	
rans	32. Reassessed post Movement & Packaging						
=	Does not reassess post movement and /or packaging 0	The patient and interventions were not reassessed sufficiently post movement and /or packaging	4	The patient and interventions were reassessed well post movement and /or packaging	6	The patient and interventions were reassessed excellently post movement and packaging	

33. Communications with Patient(s)						
Does not communicate with the patient(s)	Communication with the patient(s) was not sufficient and did not make the patient feel comforted or informed of what was going on	Communication with the patient(s) was good but did not fully make the patient feel comforted or informed of what was going on Communication with the patient(s) was excellent and made the patient feel comforted and informed what was going on				
34. Communication with Team & Bystander(s)						
Does not communicate with the team / bystander(s)	Communication with the team / bystander(s) was not sufficient and/or uncoordinated and/or too noisy and/or ineffective	Communication with the team / bystander(s) was good but may have been uncoordinated and/or too noisy and/or ineffective at times Communication with the team and bystander(s) was excellent, coordinated, at the correct volume and very effective				
35. Triage						
Does not triage the patients 36. Situational Awareness & Use of Bystander(s)	The triage of the patients was not sufficient, methodical or coordinated and may have been incorrectly classified	The triage of the patients was good, using a methodical procedure and coordination but with slight delays or some errors in classifications The triage of the patients was excellent, using a methodical procedure and coordination and was at the right time and all classifications were correct				
36. Situational Awareness & Use of Bystander(s)						
Does not demonstrate any situational awareness, create work space or use of bystander(s)	Demonstrates some situational awareness and/or creates some work space / use of bystander(s) but not as much as they could have	Demonstrates good situational awareness and/or creates a reasonable amount of work space / uses of bystander(s) but not as much as they could have Demonstrates excellent situational awareness and/or creates the most amount of work space / use the bystander(s) as effectively as possible				
37. Management of Resources & Equipment						
Does not manage resources and equipment 0	Manages the resources and equipment in sufficiently, the resources are under utilised and equipment not used to full potential and/or contaminated	Manages the resources and equipment well, the resources and equipment are utilised buy maybe not to the full extent or slight contamination Manages the resources and equipment excellently, the resources and equipment are fully utilised and contamination				
38. Planning & Progression						
Does not demonstrate any planning & progression	Demonstrates insufficient planning & progression	Demonstrates good planning & progression Demonstrates excellent planning & progression				
39. Handover						
39. Handover Does not give a handover of the patient	Gives an incomplete handover of the patient and no structure	Gives an complete handover of the patient, but is not structured Gives an complete and detailed handover of the patient in an excellent methodical structured fashion				

Active spinal motion restriction until clinical assessment is complete.

High risk factors - any of the following:

- (1) dangerous mechanism of injury
- (2) fall from a height >2 mts
- (3) axial load to the head or base of the spine for example; diving, high-speed motor vehicle collision, rollover motor accident, ejection from a motor vehicle, accident involving motorised recreational vehicle, bicycle collision, horse riding accident, pedestrian v vehicle.
- (4) impaired awareness (alcohol/ drug intoxication, confused /uncooperative or ALoC)
- (5) age 65 years or older (6) age 2 years or younger incapable of verbal communication

Any significant distracting injuries

- (1) impaired awareness (alcohol/ drug intoxication, confused /uncooperative or ALoC)
- (2) immediate onset of spinal/ midline back pain
- (3) hand or foot weakness (motor issue)
- (4) altered or absent sensation in the hands or feet (sensory issue)
- (5) priapism
- (6) history of past spinal problems, including previous spinal surgery or conditions that predispose to instability of the spine. (7) Unable to actively rotate their neck 45 degrees to the left or right

Active spinal motion restriction: Using inline techniques with or without spinal injury management devices to reduce spinal column motion.