

TRAUMA CHALLENGE - TRIAGE - MEDICAL ASSESSMENT GUIDELINES

Safety	1. Safe 360 Approach & Access							
	0	Does not have a safe 360 approach or access	2	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							
	0	Does not identify & mitigate hazards	2	Identifies & mitigates hazards insufficiently and limited or no rechecking	4	Identifies & mitigates hazards well with some rechecking	6	Identifies & mitigates hazards excellently with correct rechecking
Safety	3. Wears & Maintain Correct PPE							
	0	Does not wear & maintain correct PPE	2	Wore & maintained correct PPE but not consistently and may not have changed or transitioned as appropriate	4	Wore & maintained correct PPE consistently and may have been delayed in changing or transitioning as appropriate	6	Wore & maintained correct PPE consistently and changed or transitioned as appropriate excellently
	4. Patient & Bystander Safety & Protection Throughout							
	0	Does not provide patient and Bystander safety & protection throughout	2	Provided patient and bystander safety & protection but insufficiently and/or delayed	4	Provided patient and bystander safety & protection well but may have been short gaps or delays	6	Provided patient and bystander safety & protection excellently throughout
TRIAGE	5. Casualties Triage							
	0	Does not triage any of the casualties	2	Some casualties triaged	4	Majority of casualties triaged	6	All of the casualties triaged
	6. Casualty Triage Categorisation							
	0	None of the triage categorisations were correct	2	<50% of the triage categorisations were correct	4	>50% of the triage categorisations were correct	6	100% of the triage categorisations were correct
TRIAGE	7. Time to Complete Triage							
	0	Time taken >4 minutes	2	Time taken 3-4 minutes	4	Time taken 2 - 3 minutes	6	Time taken 0 - 2 minutes
	8. Communication of Incident							
	0	Does not give message of the incident	2	Gives an incomplete message of the incident and no structure	4	Gives a complete message of the incident, but is not structured	6	Gives a complete and detailed message of the incident in an excellent methodical structured fashion
Initial Survey & Patient ID	9. ID & Communicate the Initial LOC							
	0	Does not identify and communicate the initial level of consciousness	2	Identifies and communicates the initial level of consciousness after 2 minutes	4	Identifies and communicates the initial level of consciousness after 1 minutes	6	Identifies and communicates the initial level of consciousness in less than 1 minute
Initial Survey & Patient ID	10. Inspects for & manage Catastrophic Haemorrhage							
	0	Does not inspect for and manage catastrophic haemorrhage	2	Inspects for and manages catastrophic haemorrhage after 2 minutes <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	4	Inspects for and manages catastrophic haemorrhage after 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	6	Inspects for and manages catastrophic haemorrhage in less than 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>
Airway	11. Airway Manoeuvre							
	0	Does not identify the need for and/or perform any airway manoeuvre	1	Identifies the need for an airway manoeuvre but performs it late and/or without sufficient care and/or competency	2	Identifies the need for an airway manoeuvre and performs it within a reasonable time and with sufficient care and/or competency	3	Identifies the need for an airway manoeuvre and performs it within an appropriate time and with excellent care and/or competency
	12. Inspection of Airway							
0	Does not inspect airway	1	Inspects the patients airway poorly, but does not check for patency, contamination or foreign objects	2	Inspects the patients airway well, does check for patency, contamination or foreign objects but maybe delayed	3	Inspects the patients airway excellently, does check for patency, contamination or foreign objects thoroughly and in a timely manner	
13. Management of Patency								

	0	Does not manage the patency of the airway	1	Manages the patency poorly, does not consider an adjunct and/or suctioning	2	Manages the patency well, considers and/or places an adjunct and/or suctioning	3	Excellent management of airway patency, considers and/or correctly sizes and places any adjunct and/or suctioning	
Breathing	14. Present (Rate Depth and Effort)								
	0	Does not check the breathing rate and/or depth and/or effort	1	Checks for breathing rate and/or depth and/or effort but not in a sufficient manner	2	Checks for breathing rate and/or depth and/or effort well	3	Checks for breathing rate and depth and effort thoroughly and in detail	
	15. Chest Inspection & Assessment								
	0	Does not inspect or assesses the chest	1	Inspects and/or assesses the chest, but not anterior, lateral and posterior, no auscultation and/or equal bilateral movement	2	Inspects and/or assesses the chest, but not anterior, lateral and posterior, no auscultation and/or equal bilateral movement	3	Inspects and assesses the chest, anterior, lateral and posterior, auscultation and equal bilateral movement	
Breathing	16. Interventions, SpO2 & O2								
	0	Does not make any interventions, takes SpO2 or considers application of O2	1	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	2	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	3	Makes interventions based on chest inspection and assessment, applies SpO2 and does follow readings 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	
Circulation	17. Assess for Circulation								
	0	Does not assess for circulation	1	Assesses for circulation in an insufficient manner	2	Assesses for circulation in an good manner	3	Assesses for circulation in a manner that denotes an understanding and relevance to the casualty	
	18. Peripheral & Central Pulses (Evaluate)								
	0	Does not check for pulses	1	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm	2	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm or check symmetry (<i>Central pulse may not be required is peripheral pulse is present</i>)	3	Checks pulse peripheral and/or central, gets rate and/or quality and/or rhythm and check symmetry (<i>Central pulse may not be required is peripheral pulse is present</i>)	
Circulation	19. Manages Poor Circulation								
	0	Does not manage poor circulation	1	Manages for poor circulation in an insufficient manner	2	Manages for poor circulation in a good manner	3	Manages for poor circulation in a manner that denotes an understanding and relevance to the casualty	
Disability	20. Conscious Level								
	0	Does not check conscious level or respond to change of status	1	Check conscious level but does not apply criteria for AVPU decision reacts to change of status late	2	Check conscious level, apply criteria for AVPU (Alert, Voice, Pain, Unresponsive) decision and react to change of status.	3	Check conscious level, does apply criteria for AVPU decision fully and reacts to change of status immediately and reapplies criteria for AVPU	
	21. Pupils Assessment								
	0	Does not assess pupils	1	Assesses pupils, but does not check all of PEERLA	2	Assesses pupils, does check PEERLA	3	Assesses pupils, does check PEERLA and reassess as necessary	
Disability	22. CSM Assessment								
	0	Does not check CSM	1	Assesses CSM but not in all extremities and not at correct time for interventions	2	Assesses CSM in all extremities but may not at correct time for interventions	3	Assesses CSM in all extremities and at correct time for interventions	
e	23. Identifies all injuries & abnormalities								
	0	Does not identify any injuries & abnormalities	1	Identifies some injuries & abnormalities	2	Identifies the majority of injuries & abnormalities	3	Identifies all injuries & abnormalities	

Exposure & Examir	24. Medical History							
	0	Does not obtain AMPLE history	1	Obtains some AMPLE information	2	Obtains full AMPLE Information	3	Obtains complete AMPLE information and reacts with appropriate interventions or change of care plan
	25. Vital Signs							
	0	Does not obtain vital signs	1	Obtains some vital signs but incomplete and does not react to findings	2	Obtains all vital signs but may not react to findings	3	Obtains all vital signs and reacts to findings
Secondary Survey	26. Full patient assessment							
	0	Does not start full patient Assessment	2	Undertakes a patient assessment but it is not complete head to toe and is unstructured	4	Patient assessment completed but, not in a logical sequence	6	Undertakes a full patient assessment in a structured manner that denotes an understanding and relevance to the casualty.
	27. Secondary Issues Identified							
	0	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
	28. Full History							
0	Does not reconfirm or obtain a history or AMPLE	2	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	
29. Reassessment & Vitals								
0	Does not reassess and/or obtain full set of vital signs	2	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	
Management	30. Spinal Motion Restriction Decision & Management							
	0	Does not demonstrate any spinal motion restriction decision & management	2	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
	31. Pain Recognition & Management							
	0	Does not obtain a pain score or recognise the need for management	2	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
	32. Patient Centred & Planned							
0	Does not have patient centred management or plan	2	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	
33. Priorities & Time Management								
0	Does not have priorities or time management	2	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	
ging	34. Planning, Supervision & Leadership							
	0	Does not have planning, supervision or leadership during the extrication	2	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

Transport Packa	35. Patient centred packaging, movement & handling							
	0	Does not have appropriate patient packaging & handling	2	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
	36. Reassessed post Movement & Packaging							
	0	Does not reassess post movement and /or packaging	2	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
Scene Management	37. Communications with Patient(s)							
	0	Does not communicate with the patient(s)	2	Communication with the patient(s) was not sufficient and did not make the patient feel comforted or informed of what was going on	4	Communication with the patient(s) was good but did not fully make the patient feel comforted or informed of what was going on	6	Communication with the patient(s) was excellent and made the patient feel comforted and informed of what was going on
	38. Communication with Team & Bystander(s)							
	0	Does not communicate with the team / bystander(s)	2	Communication with the team / bystander(s) was not sufficient and/or uncoordinated and/or too noisy and/or ineffective	4	Communication with the team / bystander(s) was good but may have been uncoordinated and/or too noisy and/or ineffective at times	6	Communication with the team and bystander(s) was excellent, coordinated, at the correct volume and very effective
	39. Situational Awareness & Use of Bystander(s)							
	0	Does not demonstrate any situational awareness, create work space or use of bystander(s)	2	Demonstrates some situational awareness and/or creates some work space / use of bystander(s) but not as much as they could have	4	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	6	Demonstrates excellent situational awareness and/or creates the most amount of work space / uses the bystander(s) as effectively as possible
40. Management of Resources & Equipment								
0	Does not manage resources and equipment	2	Manages the resources and equipment in sufficiently, the resources are under utilised and equipment not used to full potential and/or contaminated	4	Manages the resources and equipment well, the resources and equipment are utilised buy maybe not to the full extent or slight contamination	6	Manages the resources and equipment excellently, the resources and equipment are fully utilised and no contamination	
41. Planning & Progression								
0	Does not demonstrate any planning & progression	2	Demonstrates insufficient planning & progression	4	Demonstrates good planning & progression	6	Demonstrates excellent planning & progression	
Handover	42. Handover							
	0	Does not give a handover of the patient	2	Gives an incomplete handover of the patient and no structure	4	Gives an complete handover of the patient, but is not structured	6	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.