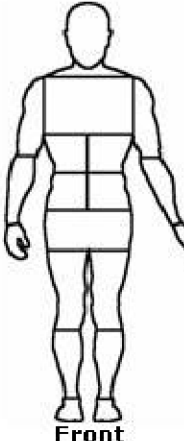
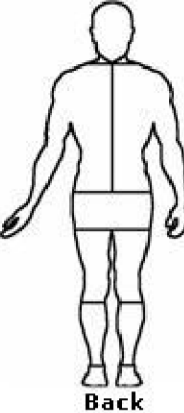


OEC SCENARIO PERFORMANCE RECORD				Date	
Name				Patrol	
Scenario				Start Time	
Evaluator(s)				End Time	
I. SCENE SIZE-UP (1-4)			Pass	Fail	Validated
1	Y	N	Assesses environment / surveys scene / takes appropriate action		
2	Y	N	Correctly marks accident scene		
3	Y	N	* Approaches patient / environment safely		
4	Y	N	* Body Substance Isolation (BSI) precautions		
II. INITIAL ASSESSMENT (5-13)					
5	Y	N	Identifies self and asks permission to treat		
6	Y	N	Level of Responsiveness ( A [PPT] V P U )		
7	Y	N	*A B C (verbalize) D E (demo)		
8	Y	N	* Checks for and treats severe bleeding		
9	Y	N	Chief Complaint / Focused Physical Exam		
10	Y	N	* Distal Sensation - Initial assessment		
11	Y	N	Rapid Body Survey		
12	Y	N	Calls for appropriate equipment / proper time		
13	Y	N	* PROPERLY TREATS LIFE / LIMB THREATENING INJURIES		
III. PATIENT HISTORY & PHYSICAL EXAM (14-19)					
14	Y	N	* Vitals		
a	Y	N	* Pulse	(30 x 2)	(RRS)
b	Y	N	* Respiration	(30 x 2)	(RRS)
15	Y	N	* Distal Sensation - After treatment		
16	Y	N	S A M P L E		
17	Y	N	Completes non-urgent survey		
18	Y	N	* Interviews, documents & maintains patient contact (monitor / reassess)		
19	Y	N	Effectively uses assistant(s)		
IV. TRANSPORT (20-23)					
20	Y	N	Properly positions / secures transportation		
21	Y	N	* Moves around patient safely		
22	Y	N	* Patient properly loaded & secured		
23	Y	N	Area / Equipment secured		
SCENARIO EVALUATION (OVERVIEW)				* CONFIDENT & IN CHARGE	
				<b>Ready to Validate</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

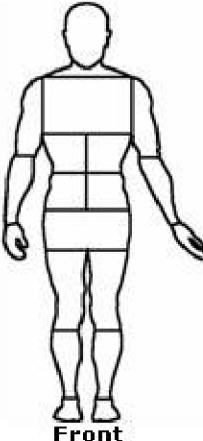


Front

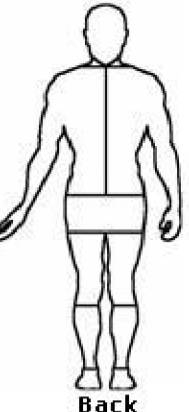


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OEC SCENARIO PERFORMANCE RECORD				Date	
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Scenario				Start Time	
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				<b>Ready to Validate</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	



Front



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