

June 24, 2022

Scenario # 2 – Collapsed tunnel

Team Name	 	 	
Captain Name			

Judge 1 # _____

Judge 2 # _____

Judges Sheet

Overview:

This scenario starts with one patient in need of CPR from a near downing. The team soon gets another patient who is unconscious with a head injury. The 1st patient is the dynamic patient, needing their airway cleared multiple times before ROSC and then later having a seizure. Patient 2 has a head injury and needs to be backboarded. We have included backboarding for either patient as a option since, depending on how it is run, either one or both of the patients may be in baskets and may influence who should be backboarded.

This is a 20 minute scenario with 5 minutes for immediate action followed by a 4 minute immediate action for the second patient. In addition to the notes listed below, there will be a 2-minute warning where transporting EMS has arrived and teams can give a handoff report.

Scenario:

You are called to the scene of construction accident where there has been a collapsed tunnel. A water main ruptured filling the rescue area with water. Rescue and dive teams are on scene trying to locate survivors. Those initially wounded have been triaged and transported. You are assigned to standby with the rescue teams awaiting further victims. You will provide care until ambulances are available and called for.

After what feels like forever, a victim is pulled from scene and delivered to you. The patient was found under the water. A rescue team member is doing poor CPR and is clearly fatigued.

Patient #1

- Approximately 40 y/o unconscious patient
- Lying supine appears lifeless clothing is wet
- Pale with some cyanosis around the lips

Responders should start CPR – upon starting CPR, Note #1 should be given.

Note #1 (Given near the end of the FIRST set of 30 compressions)

The patient's mouth is filled with water.

Responders should clear the airway (log roll and/or suction).

CPR quality sampling: Rather than judges giving a general impression of how the team did in regards to CPR, Judges will watch for CPR quality carefully at specific points through the CPR. The will watch for the speed and ratio of the compressions as well as watch for depth and recoil. They will also watch for effective ventilations. They will watch once during the first set when the first rescuer is doing compressions. They will watch again after 2 minutes when, hopefully, they have switched the person doing the compressions.

Note #2 (Given near the end of the FOURTH set of 30) – about a minute and a half into CPR

The patient's mouth is filled with water.

Responders should clear the airway (log roll and/or suction).

The team may have obtained the AED at this point. We would like a "no-shock advised" message, but it depends on the brand and functioning of the AED trainer. Delivering a shock is all right if the trainer can't be convinced not to do so. There is no ROSC until 7 minute in – Note 4.

At the end of Immediate Action- the team gets another patient.

Note #3 (Given at the 5 minute mark – End of Immediate Action)

Another victim has been pulled from the rescue site. This patient was found under rubble and their body was in water but not their head.

Patient #1

- Approximately 40 y/o unconscious patient
- Lying supine appears lifeless clothing is wet
- Laceration is visible on the forehead
- Pale with some cyanosis around the lips

Responders should stay with this first patient but send some responders to attend to the new patient.

Note #4 (Given at the 7 minute mark – 2 minutes after the end of Immediate Action)

Patient #1 starts to move and cough up water.

Responders should reevaluate their primary assessment at this time.

Times are not given on the notes them selves for #5 and #6 since we are looking at if they, themselves, time this seizure when they give the handoff report. The head judge will call out the times to give note 5 and 6.

Not a NOTE- but the 9-minute mark should be the END OF IMMEDIATE ACTION for patient #2.

Note #5 (Given at the 12 minute mark)

Patient #1 starts seizing.

There is not a lot for the responders to do with the seizing patient but they should time it and make the person safe

Note #6 (Given at the 15 minute mark)

Patient #1 seizing lessens and ends.

Again, with the change in condition, rescuers should repeat the primary assessment

Vitals Note: For both patients, since the patient was submerged in water, providers should take more time in taking the pulse and respirations so they will get a more accurate count. Judges continue to give the vital information if the rescuer only checks for 15 seconds. Teams that realize they should be taking it over a longer period of time should get more credit. There are escalating levels for this. If they took vitals for 15 seconds and then later did one for 30 seconds, they would only get one of the points in this section (second section in the vitals box). If they usually took them for 30 seconds, then they would get the first point and the second point, but not the third point. If they took pulse and respirations for 60 seconds every time their average would be 60 and they would get all three points.

Immediate Action

Scene Size Up

1		ze Up
		All kits closed when problem starts
2		All team members wearing gloves
3		ALS / Ambulance is called for "They are on their way back"
4		Company representative contacted / confirmed present "They are meeting with IC"
5		Update IC or the chain of command of the rescue of an additional victim "Noted"
6		Scene safety assessed / confirmed "Designated first aid area appears to be safe"
7		Asks rescuer about what they found "Found under 6 feet of water - arm was pinned"
8		Asks rescuer about how long they were submerged "We estimate 20 minutes"
9		Asks rescuer about how long they have done CPR
		"Just a little while we were tying them into the basket a few minutes ago"
Pati	ent #	†1 (Near Drowning - Unconscious)
10		Asks judge about or states the apparent MOI/NOI "Apparent drowning / collapsed tunnel"
1.1		Rescuers state their general impression or ask what general impression they get from the scene
11	_	40s – Supine – cold – lifeless
12		Rescuers identify themselves as EMS / gain consent "No response"
13		Verbalizes implied consent "Noted"
14		Taps and shouts (shouting could be the identifying themselves) "No response"
15		Verbalizes level of consciousness is U on AVPU or GCS less of 3 or Unresponsive "Noted"
16		Head/Neck stabilized - due to situation and unconsciousness
17		Assesses pulse "Absent" - 0
18		Assesses ventilation/breathing "Absent" - 0
		č
19		Starts chest compressions (CPR)
20		Requests AED "There is one right here"
21		Opens airway "Water is in the airway"
22		Clears Airway (suction, logroll, or turn head) "It is now clear"
23		Measures and inserts oral airway "No gag response"
24		Note #1- water in the airway
	_	Clears Airway (suction, logroll, or turn head) "It is now clear"
25		Note #2- water in the airway – may not get to this by the end of immediate action
25		Clears Airway (suction, logroll, or turn head) "It is now clear"
26		
		Clears Airway (suction, logroll, or turn head) "It is now clear"
26		Clears Airway (suction, logroll, or turn head) "It is now clear" Ventilates patient with BVM or mouth to mask
26 27		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM
26 27 28		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED
26 27 28 29		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED Assesses oxygen saturation "51%"
26 27 28 29 30 31		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED Assesses oxygen saturation "51%" Check for severe bleeding "None found"
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26 27 28 29 30 31 32 33 34 35		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED Assesses oxygen saturation Check for severe bleeding "None found" Assesses skin "Cold, pale/cyanotic, clammy" Verbalizes transport priority is urgent or high priority or "load & go" (1 Minute into CPR) "Check" – only check for THIS set of compressions and breaths Has compression rate of 100-120/min 30 compressions in sec Should be 15-18 sec Team is doing 2-person CPR
26 27 28 29 30 31 32 33 34 35 36		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED Assesses oxygen saturation Check for severe bleeding Assesses skin "Cold, pale/cyanotic, clammy" Verbalizes transport priority is urgent or high priority or "load & go" (1 Minute into CPR) "Check" – only check for THIS set of compressions and breaths Has compression rate of 100-120/min 30 compressions in sec Should be 15-18 sec Team is doing 2-person CPR Compressions are at least 2 inches or there is an audible click from the manikin
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26 27 28 29 30 31 32 33 34 35 36 37 38		Clears Airway (suction, logroll, or turn head) Ventilates patient with BVM or mouth to mask Chest rises with ventilations – or they state they are watching for chest rise Attaches supplemental Oxygen to mask or BVM Completes 2 minutes (or 5 cycles of 30:2) of CPR before activating the AED Assesses oxygen saturation Check for severe bleeding Assesses skin "Cold, pale/cyanotic, clammy" Verbalizes transport priority is urgent or high priority or "load & go" (1 Minute into CPR) "Check" – only check for THIS set of compressions and breaths Has compression rate of 100-120/min 30 compressions in sec Should be 15-18 sec Team is doing 2-person CPR Compressions are at least 2 inches or there is an audible click from the manikin Has full recoil of chest Ventilates to achieve slight chest rise and fall (Not over ventilating)

^{*} AFTER IMMEDIATE ACTION FLIP THE PAGE AND DO NOT RETURN * $\,$

Immediate Action – for Pt. 1

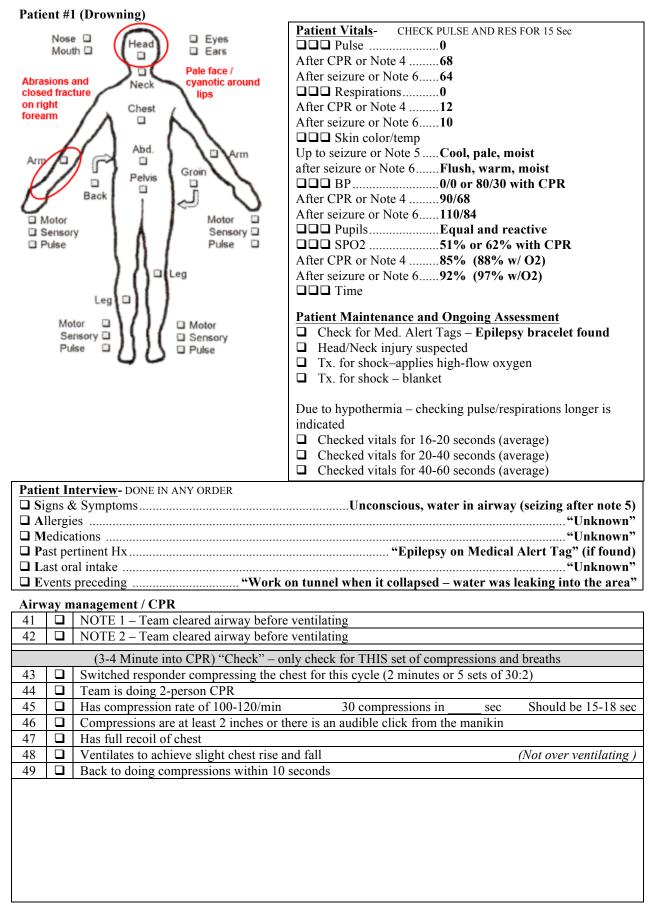
Scene Size Up

occ.	 ze e p	
1	All kits closed when problem starts	
2	All team members wearing gloves	
3	ALS / Ambulance is called for (for Pt. 1)	"They are on their way back"
4	Company representative contacted / confirmed present	"They are meeting with IC"
5	Update IC or the chain of command of the rescue of an a	additional victim (Pt. 1) "Noted"
6	Scene safety assessed / confirmed	"Designated first aid area appears to be safe"

Second Immediate Action – for Pt. 2

3		ALS / Ambulance is called for (for Pt. 2) "Yes, two are on their way"
5		Update IC or the chain of command of the rescue of an additional victim – Pt. 2 "Noted"
109		Asks rescuer about what they found "Found in a foot of water but head was above"
110		Asks rescuer about LOC "They were just like this"
Patio	ent #	2 (Unconscious)
111		Asks judge about or states the apparent MOI/NOI "Apparent injury from collapsed tunnel"
112		Rescuers state their general impression or ask what general impression they get from the scene 40s - Supine - cold - lifeless
113		Rescuers identify themselves as EMS / gain consent "No response"
114		Verbalizes implied consent "Noted"
115		Taps and shouts (shouting could be the identifying themselves) / Pain stimuli "No response"
116		Verbalizes level of consciousness is <u>U on AVPU</u> or <u>GCS less of 3</u> or <u>Unresponsive</u> "Noted"
117		Determines Head/Neck stabilization IS indicated due to situation and unconsciousness
118		Assesses pulse "Strong and regular – about 70"
119		Assesses ventilation/breathing "0" if airway is not opened
119	•	"Open and about 16" if opened first
		Opens airway "Airway is clear"
120	or	☐ Using Jaw Thrust
		☐ Using Head-tilt, chin-lift
121		Assesses oxygen saturation "89%"
122		Oxygen applied via partial or non-rebreather mask
123		Oxygen set to at least 15 liters per minute
124		Check for severe bleeding "None found"
125		Assesses skin "Pale, cold, moist"
126		Check for severe bleeding "Moderate bleeding from head laceration"
		No other major bleeding found
127		Verbalizes transport priority is urgent or high priority or "load & go"

* AFTER IMMEDIATE ACTION FLIP THE PAGE AND DO NOT RETURN.*



		IRECA BLS Competition 2022		
		(5-6 Minute into CPR) "Check" – only check for THIS set of compressions and breaths		
50		Switched responder compressing the chest for this cycle (2 minutes or 5 sets of 30:2)		
51		Team is doing 2-person CPR		
52		Has compression rate of 100-120/min 30 compressions in sec Should be 15-18 sec		
53		Compressions are at least 2 inches or there is an audible click from the manikin		
54		Has full recoil of chest		
55		Ventilates to achieve slight chest rise and fall (Not over ventilating)		
56		Back to doing compressions within 10 seconds		
AED	. :-:	itial use of the AED only		
57		Looks for puddle of water – moves patient from wet location "No puddle"		
58		Chest should be dried or checked to see that it is dry		
59	<u> </u>	Turns on AED		
60	<u> </u>	Attaches pads		
60	_	•		
61		Clears victim to analyze and shock (verbal and visual)		
(2		("no shock needed" or shock delivered – depends on trainer)		
62		Starts CPR IMMEDIATELY after shock (or no-shock)		
Oxyg	gen N	lanagement		
66		Shock treatment – places patient on non-rebreather mask after CPR (after note 4)		
Frac	tured	I right forearm with abrasions		
67		Inspects/palpates arm "Minor bleeding from abrasions – closed unstable mid-shaft fracture"		
68		Direct pressure / bandages abrasions "Bleeding is controlled"		
		Check distal circulatory, motor, and sensory (CMS/MSP) function		
69		"Pulse is present / Capillary refill is under 1 sec / No response for motor or sensation"		
70		Measures splint		
71		Applies splint (hard or soft splint)		
72		Secures splint to the body (either in sling and swathe or tied to the body)		
73		Rechecks CMS "Pulse is present / Cap refill is under 1 sec / No response for motor or sensation"		
74		Applies ice – avoiding direct contact with the skin		
Keas	sessn	nent following CPR (after note 4) Determine level of consciousness is V on AVPU "Groans to Verbal or Painful stimulus"		
75				
76		DOES respond to verbal and painful stimulus – Does NOT answer questions		
/6	76 Assesses airway / ventilations "Open – breathing slow – about 12" If oral airway had been placed: "Patient is gaging on the oral airway"			
		Removes oral airway (if present)		
77	or	☐ Before prompt that the patient is gaging (just with the note that the patient was improving)		
/ /	or	☐ After prompt that the patient is gaging (dist with the note that the patient was improving)		
78		Assesses pulse "Weak, regular at about 70"		
79		, ,		
80		Assesses skin "Pale, cool, moist" Check for severe bleeding/injury from seizure "None found"		
81		Confirms transport priority as urgent, high priority, or "load & go"		
	ire T	reatment (after note 5)		
82		Notes the length of the seizure		
84		Pads under the patient's head or other convulsing body parts		
Reas	sessn	nent following Seizure (after note 6)		
		Determine level of consciousness is U on AVPU "no response"		
85		Does NOT respond to verbal or painful stimulus – Does NOT answer questions		
86		Assesses airway "Gurgling respirations" - blood, water, vomitus"		
87		Assesses ventilations / breathes "Slower at about 10"		
88		- Checks for mouth injury caused by seizure "No injury found"		
89		Assesses pulse "Weak, thready at about 60"		
90	=	Assesses skin "Flush, warm, moist"		
91		Check for severe bleeding/injury from seizure "None found"		
92		Confirms transport priority as urgent, high priority, or "load & go"		
12		commendation priority as argent, mgn priority, or road & go		

Spinal Immobilization – due to possible spinal trauma

Spine	u1 1111	mobilization due to possible spinar tradina
128		Check motor, sensory and pulse before placing cervical collar (may have been done earlier-mark here)
129		Applies properly sized cervical collar (may have been done earlier-mark here)
130		Moves patient keeping in-line spinal stabilization (sliding up and down the board)
131		Evaluates for padding
132		Secures patient to spinal immobilization device
133		Re-checks motor, sensory and pulse

Overall Patient Care

93	Team wore clean gloves before treating this patient (changed gloves if needed) – Can be verbalized	
94	Mark the box if the patient was given anything by mouth	
95	Mark the box if the team did anything to jeopardize the patient's condition	
	(write down any errors)	

Tran	sfer	of Care Report – Patient #1
96		Reports chief complaint/life threat and/or MOI near-drowning / unconsciousness / no pulse or resp.
97		Reports initial level of consciousness as <u>U on AVPU</u> or <u>GCS less of 3</u> or <u>Unresponsive</u>
98		Reports patient's name, age, sex
99		Reports initial vital signs (pulse: 0, Respirations:0, BP:0/0 – or lifeless/No pulse or respirations)
100		Reports intervention: CPR
101		Reports number of shocks
102		Reports approximate amount of time doing CPR
103		Reports change in condition: Return of Spontaneous Circulation (ROSC) / V on AVPU
104		Reports finding/suspicion: Hypothermia
105		Reports interventions for hypothermia or shock (removes wet clothes, blanket, O2)
106		Reports intervention: Supplemental Oxygen
107		Reports change in condition: seizure with approximate length of seizure as 2-4 minutes
108		Reports current set of vitals (P: 64, R: 10, BP: 110/84) – U on AVPU

Patient #2 (Unconscious) Patient Vitals-CHECK PULSE AND RES FOR 15 Sec Nose 🗆 Eyes Head □□□ Pulse check......74, regular Mouth 🗆 ☐ Ears Laceration high on **=**(forehead with □□□ Skin color/tempPink, cool, moist Neck crepitus □□□ Blood Pressure136/76 (skull fracture Chest □□□ SPO2**89%** (98% w/ O2) □□□ Time Abd. Arm **Patient Maintenance and Ongoing Assessment** Groin Pelvis ☐ Check for Med. Alert Tags - None Tx. for shock-applies high-flow oxygen Back Tx. for shock – blanket ☐ Motor Motor Suspected hypothermia – removed wet clothing Sensory 🗆 Sensory Suspected hypothermia – took longer time for vitals Pulse Pulse Monitors LOC (talks with or reassess patient) up to three times Leg after the primary assessment Leg **....** painful stimulus Motor □ Motor **....** Sensory 🗓 Sensory Pulse Pulse Patient Interview- DONE IN ANY ORDER ☐ Signs & Symptoms......"unconscious, head laceration, unequal pupils" □ Allergies "Unknown" □ Medications "Unknown" □ Past pertinent Hx "Unknown" □ Last oral intake"Unknown" Spinal Immobilization – due to possible spinal trauma 128 | \square | Check motor, sensory and pulse before placing cervical collar (may have been done earlier-mark here) 129 Applies properly sized cervical collar (may have been done earlier-mark here) 130 Moves patient keeping in-line spinal stabilization (sliding up and down the board) Evaluates for padding 131 132 Secures patient to spinal immobilization device Re-checks motor, sensory and pulse 133 Head Injury 134 Inspects (looks) head for injury "Deep laceration with swelling high on forehead" 135 Palpates (feels) head for injury "Crepitus around forehead laceration" 136 Checks ears or nose for drainage "None found" "Unequal and sluggish" 137 Check pupils Applies pressure or wraps the head laceration "Bleeding controlled" 138 139 Applies ice (not directly on the skin)

Overall Patient Care

140	Team wore clean gloves before treating this patient (changed gloves if needed) – Can be verbalized	
141	Mark the box if the patient was given anything by mouth	
142	Mark the box if the team did anything to jeopardize the patient's condition	
	(write down any errors)	

Transfer of Care Report – Patient #2

143	Reports chief complaint/life threat unconsciousness
144	Reports initial level of consciousness as <u>U on AVPU</u> or <u>GCS less of 3</u> or <u>Unresponsive</u>
145	Reports patient's age, sex, position
146	Reports initial vital signs as pulse:74, respirations:16, BP:136/76
147	Reports apparent head injury– signs found
148	Reports treatments: wrapping head and backboarding
149	Reports intervention: supplemental Oxygen by non-rebreather mask
150	Reports current set of vitals or that vitals have not changed

SCENARIO

You are called to the scene of construction accident where there has been a collapsed tunnel. A water main ruptured filling the rescue area with water. Rescue and dive teams are on scene trying to locate survivors. Those initially wounded have been triaged and transported. You are assigned to standby with the rescue teams awaiting further victims. You will provide care until ambulances are available and called for.

After what feels like forever, a victim is pulled from scene and delivered to you. The patient was found under the water. A rescue team member is doing poor CPR and is clearly fatigued.

Patient #1

- Approximately 40 y/o unconscious patient
- Lying supine appears lifeless clothing is wet
- Pale with some cyanosis around the lips

Note #1: (Given near the end of the FIRST set of 30 compressions)

The patient's mouth is filled with water.

Note #2: (Given near the end of the FOURTH set of 30 – about a minute and a half into CPR)

The patient's mouth is filled with water.

Note #3: (Given at the 5 minute mark – End of Immediate Action)

Another victim has been pulled from the rescue site. This patient was found under rubble and their body was in water but not their head.

Patient #2

- Approximately 40 y/o unconscious patient
- Lying supine appears lifeless clothing is wet
- Scrap is visible on the forehead
- Pale with some cyanosis around the lips

Note #4: (Given at the 7 minute mark - 2 minutes after the end of Immediate Action)

Patient #1 starts to move and coughs up water.

Note #5:

Patient #1 starts convulsing.

Note #6:

Patient #1 stops seizing.