

SUPPLEMENTAL DIGITAL CONTENT 2: Performance Assessment

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BRAVE MAN

Team scoring							Score (1,350)	Correct decisions and performance
1	Obtaining information about the incident and primary treatment	Assessment of the situation	Patient's history	Detection of allergy for NSAID	Stop bleeding using tamponade and manual compression (60s)	Removal of helmet + manipulation and stabilization of C-spine 2x50	350	Assessment of the situation; safe approach; patient's clinical history; detection of the allergy for NSAID; stop bleeding using tamponade and manual compression; removal of the helmet; considerate manipulation and stabilization of the C-spine.
		50	50	50	100	100		
2	Primary examination and working diagnosis	A + B + SpO2 3x40	Recognition of PNO l. dx.	C: BP, HR, capillary refill time, skin + radial pulse, EKG 5x20	D: AVPU minimum	Glycaemia, dg. DM 2x25	395	Clinical examination; skin humidity and color; capillary refill time; radial pulse; early monitoring the vital signs; diagnosis of PNO l. dx.; measure the blood glucose; recognition of diabetes mellitus
		120	100	100	25	50		
3	Therapy	Intravenous access + 500ml intravenous fluid 2x50	O2 via mask	PNO treatment: semipermeable dressing (5) and chest drain (70) or punction (50)	Pain treatment: opiate or ketamine	Practical implementation of puncture or drainage	305	Ensure intravenous access; give fluids-permissive hypotension 10ml/kg max (good radial pulse); treatment of PNO by semipermeable dressing, chest drain or punction; pain treatment with considering the allergy; medication before allergological patient history 0 (pointes).
		100	50	75	50	30		
4	Direction, transport	Direction C via E	Direction A via F	Call for helicopter rescue within 3 min	Call for helicopter rescue within 5 min		150	Transport to the trauma center via helicopter rescue, early call for helicopter rescue.
		100	50	50	25			
5	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the "dispatch" judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10	10		
6	Actors	Man					100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		100						

GARDEN PARTY

Team scoring							Score (1,950)	Correct decisions and performance
1	Orientation on the spot, work organization	Communication with the chief fireman	Communication with the EMS Dispatch	Determining the priorities, sorting the patients. (in first 5 min: 2x50; later: 2x25)	Leading the cooperation with the arriving paramedic crew	Handing over P2 to the other crew + emphasizing the priority of transport. (in first 6 min: 2x50; later: 2x25)	350	1. Getting information from the chief fireman: the accident; risks; how many injured persons; how many policemen and firemen available. 2. MOC (at least): location; accident; the number of injured; policemen and firemen on the spot. 3. P1 - priority of treatment; the competing crew responsible. P2 - priority of transport; the arriving crew responsible. 4. Managing the activities of the arriving crew. 5. Handing over P2 + basic information and emphasizing the priority of transport.
		25	75	100	50	100		
2	P1 Primary examination	A (15) + C neck collar (15)	B: SpO2 (10) + breath frequency (10) + breath examination (10) + chest palpation (10)	C: blood pressure (15) + HR (15) + capillary return (10) + Glycaemia (10)	D: (AVPU & pupil, palpation on the skull, effusion from the ears, nose, mouth; as the minimum) (35) + abdomen (15)		170	Examination according to the ATLS guidelines.
		30	40	50	50			
3	P1 Therapy + direction	IV line (30) + crystalloids up to 20 ml/kg (30)	PHYS: Appropriate anesthesia (80) + OTI (80)/LMA (40) + artiff. ventil. on normocapny (40) + draining position (40)	PARA: Airway (80) + O2 via facemask (40) + draining position (40) + consultation with MOC (80)	C (90) or A (40) via F (20) according to the national authority		410	Securing IV line; the infusion by restrictive strategy (blood pressure sufficient). PHYSICIAN crew: appropriate anesthesia for craniotrauma in the correct dosage; securing the airways and OTI; mechanical ventilation and other preferred alternatives (LM/LT); setting up the ventilator according to the capnometer; the right position during transport. PARAMEDIC crew: securing AW via airway tube (nasal, oral); O2 via facemask; no further medication; the correct position during transport and direction. Consult the MOC about the condition of the patient (clinical findings, allergy, weight, suggestion of medication, transport). O2 treatment leads to the improvement of SpO2 over 94 %. If PHYS use this procedure, they only get half score. Using the LM/LT without analgosedation leads to vomiting and complications of aspiration.
		60	240	240	110			

GARDEN PARTY (continued)

4	P2 Primary examination	A (15) + C neck collar (15)	B: SpO2 (10) + breath frequency (10) + breath examination (10) + chest palpation (10)	C: blood pressure (20) + HR (20) + capillary return (10)	D: AVPU minimum (35) + abdomen (15)	170	Examination according to the ATLS guidelines.
		30	40	50	50		
5	P2 Therapy + direction	IV line (30) + crystalloids 500ml (30) + O2 via facemask (30)	PHYS: Analgesia IV	PARA: Consulting MOC reg. analgesia: anamnesis (40) + allergy (40) + clinical conditions (40)	C or A (90) via G (30) according to the national authority	330	IV line; crystalloid in the recommended dose up to 500ml; O2 via facemask; sufficient analgesia (PARA provided by the MOC after the regular phone consultation) or exact medication dose (PHYS).
		90	120	120	120		
6	P3	GCS + breath + HR + BP + SpO2 + Et CO2 + no injury 5x10	Education	PHYS: Leaving at the scene	PARA: Leaving at the scene after consulting the MOC	120	Examination according to the ATLS guidelines. Education: recommend seeing a doctor when having problems (bad sleep, wild dreams, ...). Not injured, only stressed witness of the accident who does not need either medication or transport.
		50	20	50	50		
7	Diagnosis summary	P1 Craniotrauma and/or other rational diagnosis	P2 intra-abdominal bleeding (75) + hemorrhagic shock (25)	P3 Stress reactions, no injury		220	P1: Surface head injury; craniotrauma; susp. brain contusion; susp. intracranial bleeding or other rational.
		100	100	20			
8	Team cooperation and communication	Clear leader of the crew; manages also the arriving crew (10+10)	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew; also from the arriving crew (10+10)	Managed and controlled patient handling	80	Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		20	10	20	10		
9	Actors	P1	P2	P3		100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		40	40	20			

OHS

Team scoring							Score (1,350)	Correct decisions and performance
1	Patient history	Past medical history (PMH)	Medications	Allergies	History of Present Illness (HPI)	Patient's file from IVF center	335	PMH: healthy; ovum collection two days ago; attends an IVF treatment facility. Medications: uses hormonal stimulation. Allergies: none. HPI: vomiting and diarrhea in the last night; abdominal pain, mainly in the lower abdomen; feels bloated. Headache and vertigo; pain under the ribcage during inspiration; feels short of breath. Gynecological report (patient's file) obtained.
		60	25	25	75	150		
2	Physical examination	BP + HR + RR + SpO2 4x25	Thorax (lungs) - auscultation	Head + pupils + abdomen 25+25+50	EKG + jugular vein distension + upper limbs + lower limbs 25+50+25+25		425	Thorax- lung auscultation with soft breathing sounds basally; abdomen soft and distended; diffusely tender; peristaltic sounds auscultated. Deeper palpation of abdomen not possible due to patient's painful response. Percussion of the abdomen is dull. Diffuse headache; pupils equal and round; neck supple. EKG: sinus rhythm; tachycardia; no jugular vein distension; limbs without pathological changes; no swelling of lower limbs.
		100	100	100	125			
3	Therapy	IV cannulation	Repeated assessment of BP, HR, RR, & SpO2 4x25				150	Intravenous cannulation. Repeated examination of vital functions. Possible treatment with antiemetic, but no points awarded.
		50	100					
4	Working diagnosis	OHSS	Linking symptoms to hormonal stimulation	Abdominal pain of unknown origin			150	Determine the correct dg. OHSS or team discussion about possible association with hormonal stimulation. OHSS = ovarian hyperstimulation syndrome.
		150	150	75				
5	Direction, transport	Direction B	Transport F	Transport patient in a beach chair position			140	Direction B. Careful transportation in a beach chair position.
		100	25	15				

OHS (continued)

6	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10	10		
7	Actors	Woman	Man				100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		700	30					

STONE

Team scoring						Score (1,350)	Correct decisions and performance
1	Anamnesis (patient history)	Personal	Allergic	Pharmacological	Abuses	80	Basic patient history.
		20	20	20	20		
2	Primary + secondary examination	BP + HR + SpO2 3x30	TT + glycaemia 2x30	EKG	Abdomen + back (tapottement) 2x30	270	Primary and secondary screening; evaluated with a focus on the abdomen, kidneys, and urination (color, frequency, blood).
		90	60	30	60 30		
3	Working diagnosis, therapy	Renal colic	Crystalloids min. 500ml	Spasmoanalgesic IV or IM	Spasmoanalgesic PO	250	Proper diagnosis and treatment of renal colic.
		100	50	100	25		
4	Anaphylaxis (identification; fast reaction)	Phase I	Phase II	Phase III	Phase IV: CPR initiated (task ends here)	200	Recognition of unexpected allergic reactions, the sooner the better. CPR is not performed; the ECG identifies fast pulseless activity, tachycardia; expressed/supposed dg. anaphylaxis.
		200	100	50	25 0		
5	Anaphylaxis (treatment)	Completed in respective Phases	Not completed in respective Phases	Inappropriate treatment; Anaphylaxis not identified	Information about a potential new allergy	300	Treatment of anaphylaxis adequate to the clinical conditions of the patient. Completed = corresponding to the minimum; Not completed = below the minimum, but related to the anaphylaxis diagnosis. Inform the patient or his wife about a potential new allergy in Phase III at the latest.
		200	100	0	100		
6	Direction, transport	Direction A	Transport F			100	Direction A, transport F
		75	25				
7	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10 10		
8	Actors	Patient	Wife			100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		70	30				

HONEY

Team scoring							Score (1,350)	Correct decisions and performance
1	Situation on the spot	Contacting the waitress	Contacting the husband	Conflict-free behavior of crew			120	Orientation on the spot; look for the waitresses who called EMS; get information about the patient; get information about her husband and the room where the woman is; peaceful and conflict-free behavior of the crew with the people at the party (some are drunk).
		40	40	40				
2	The pregnant woman/Mother	Anamnesis	Childbirth	Vital functions	Communication during resuscitation of the newborn	Control the mother	250	Anamnesis - find out at least: 3th birth; previous births without complications and in due time. Childbirth - find out at least: the umbilical cord around baby's neck; the baby has not been crying. VF: At least 3 values. Communication: During CPR it is necessary to communicate with mother; her questions must be answered. Control the mother: One member of the crew must control the mother; she is not bleeding; placenta is not given birth (it is not necessary); uterus toned; at least check the bleeding and toned uterus.
		50	50	50	50	50		
3	Child - basic actions	Timing	Wiping	Stimulation	Thermostability		200	Take the child away from the mother (assessment necessary because of not crying); put on a dry mat; measure time (after laying on the mat the judge measures time as well); wipe a child; stimulate its legs and chest (possible simultaneously with wiping); wrap the legs, chest, and head.
		50	50	50	50			
4	Child - examination	Tonus, color 2x20	A	B	C	Initiation of CPR within one minute from taking child from mother	240	Tonus: no tonus; does not move the legs; color white; acral cyanosis. A: neutral head position; wipe the mouth or noninvasive suction. B: ventilation control within 10 s; see, hear, feel; apnea, 5x breath-in. C: heart rate 35/min CPR 3:1
		40	50	50	50	50		

HONEY (continued)

5	Child - CPR	Ventilation	Cardiac massage	Monitoring CPR	A, B, C after successful CPR	D, E after successful CPR	250	<p>Ventilation during CPR: Chest pulse oximetry (below 50%); FiO max 30% O₂, OTI or supraglot. tool not necessary.</p> <p>Cardiac massage: ratio 3:1; right place; right frequency and depth of massage.</p> <p>CPR Monitoring: Monitoring of cardiac action per 30 seconds; after the 1st cycle 45/min; after the 2nd cycle 60/min; after the 3rd cycle 80/min.</p> <p>A, B, C after CPR: Termination of CPR after the 3rd cycle. Control A - without the need to extract, to a neutral position; B – gasping; immediate ventilation 20-30 breaths/min.</p> <p>After 30 s ventilation: A - no change; B - 10 breaths/min (SpO₂ 55%); C – HR 90/min, the necessity to support ventilation. After further 30 s ventilation: A - no change; B - 30 breaths/min spontaneous ventilation SpO₂ 90%; C - HR 130/min.</p> <p>D, E after CPR: Reactions during spontaneous ventilation; movement of legs; crying; pink color; body temperature 35°C.</p>
		50	50	50	50	50		
6	Medication preparation for transport, direction	Child dg., monitoring 2x20	Mother dg., therapy 2x20	Husband	Direction B	Transport F	140	<p>Child: Acute hypoxia; cardiac arrest; After successful CPR hypothermia; monitoring of VF.</p> <p>Mother: Spontaneous childbirth in due time; placenta in utero; Therapy: ensuring IV lines, FR 100-500ml.</p> <p>Father: Information about the child and the mother, and about transportation.</p>
		40	40	20	20	20		
7	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	<p>Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.).</p> <p>Scoring: yes (10) to no (0).</p>
		10	10	10	10	10		
8	Actors	Woman	Man				100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		70	30					

WAND

Team scoring							Score (1,350)	Correct decisions and performance
1	Anamnesis (patient history)	At the scene: GP Referral Letter; Pt interview about recent symptoms; captopril PO 3x30	Symptoms: Headache; Vertigo; Nausea 3x30	Head trauma; Temperature 2x30	Informed consent (procedures, hospital transport); Phone number (wife) 2x20	Exact time of symptoms; crew noticed changes within 2 minutes (100); later (25)	380	Medical history at least as written, permanent awareness and observation; notice Pt worsening.
		90	90	60	40	100		
2	Examination and treatment	Neurological examination upon arrival (at least upper extremities)	Vital signs upon arrival: BP, HR, SpO2, glycaemia, temperature 5x10	Neurological Examination in the 7th minute: N. facialis; Upper extr. Mingazzini; Understanding 3x20	IV access (30); VF when Pt worsened (BP, ECG; 2x40)	Repeated questions about nausea, headache, and any other new symptoms 3x40	370	When Pt condition worsen, the crew should respond; scenario has changed, Pt is at risk. Repeated VF: BP due to prior captopril intake; detailed neurological examination (FAST); ECG and IV access. Repeated questions about symptoms.
		30	50	60	110	120		
3	Direction, diagnosis	Crew informs EMS Dispatch about worsening and justifies further management.	Crew changes the direction from A to B or C	Aphasia; Right (faciobrachial) weakness, hemiparesis 2x40			230	Correct description of triage; positive stroke (sudden aphasia, right faciobrachial weakness or hemiparesis during assessment; within 5 min). EMS Dispatch Center must be informed about Pt worsening and management change. Team leader should ask EMS Dispatch for recorded call to Stroke TC or Cerebrovascular diseases TC to confirm triage positivity.
		50	100	80				
4	Preparation for transport; transportation	ECG monitoring; IV line (2x40)	Transport F				100	ECG monitoring during transportation to check for possible AF paroxysm or other arrhythmias, as AF is one of the risk factors for ischemic stroke. IV line for patient at risk of deterioration.
		80	20					
5	Diagnostic and therapeutic reasoning	Acute stroke triage positive	Hypertension, (recent and decapitated)				120	Diagnostic and therapeutic reasoning.
		80	40					

WAND (continued)

6	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10	10		
7	Actors	Patient					100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		100						

SCHOOLBAG

Team scoring							Score (1,350)	Correct decisions and performance
1	Orientation at the scene, management	Call the Dispatch Centre and ask for an adult (police, mayor, principal...) within 1 min	Collecting information from children (min. about injury and janitor)	Thank the children who took care of the teacher	Keep a watch on the children (until arrival of an adult)	Equipment	200	If they call within 1 min, the janitor appears in the 4th min and takes care of the children. If they call later, he appears in the 8th min, if they don't call, the janitor appears two min before the end of the task. Equipment: min. defibrillator, O2, glucometer, drug suitcase, ventilator.
		50	40	40	40	30		
2	Management on-site	Divide the crew (one takes care of children; others treat the teacher)	Calming down the children; explaining the situation 2x40	Treatment out of sight of children	Information from children (medication, alcohol)	Finding antidepressants, insulin, and alcohol 3x50	360	If the crew doesn't calm down the children, they become more and more noisy. Move the kids out of class or create a separate space in the classroom (e.g. in the corner). Children only answer targeted questions and only if they are calmed down.
		40	80	40	50	150		
3	Primary examination	Level of consciousness, breathing, BP, HR, SpO2 4x20	Glycaemia	Examination of the head (sight, palpation)	Palpation chest, abdomen, pelvis, limbs	GCS + pupil 2x10	190	Complete examination includes: consciousness, breathing auscultation, BP, pulse, SpO2, glycaemia, physical examination of the head, chest, abdomen, pelvis, extremities, GCS and pupils.
		80	50	20	20	20		
4	Therapy	Glucose 40 % IV	Glucagon, 1 dose IM	Laceration injury on forehead			75	Glucose 40% IV60-120ml; Glucagon, 1 dose; treating a wound on his forehead.
		50	25	25				
5	Patient history + secondary examination (when fully conscious)	Personal; Medication; Allergies; Abuses; History 5x10	Antidepressant in pocket - explanation	LOC - site, time, personality 3x10	Neurological exam - FAST		210	Medical history including permanent treatment, allergic history, ingestion of alcohol, drugs; detect diabetes treated with insulin. Antidepressants in pocket - ask for explanation. Final examination, check for full consciousness.
		50	100	30	30			
6	Working diagnosis, direction, transport	Hypoglycemia within DM	Antidepressant and alcohol addiction. Inappropriate to work with children.	Laceration wound on forehead	Direction A via F		165	To the nearest hospital with internal medicine and surgery; serious brain injury is unlikely.
		75	40	20	20			

SCHOOLBAG (continued)

7	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the “dispatch” judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10	10		
8	Actors	Teacher	Children				100	Subjective evaluation by the actors (patients, relatives, witnesses, bystanders).
		50	50					

INTERNSHIP

Team scoring						Score (240)	Correct decisions and performance
1	Gallbladder	Cutting off in the marked area	Untouched	Successfully removed		240	Important is a proper and speedy implementation. For cutting off in other than the marked area, a rupture during the surgery, and taking out the instruments without completing the task, the score is reduced. If the crew completes the task within the 10-min limit, they earn one plus point for each second saved.
		80	80	80			

MINION

Team scoring							Score (1,350)	Correct decisions and performance
1	Orientation at the scene	Stop when seeing the waving women	Ask for a basic description of the situation	Call for help: within 2 min (50); later (5)			80	Stop at the scene. Find out what's going on (from the woman). Call for help (emergency number 112); at least mention during the task.
		15	15	50				
2	Primary examination, cardiac arrest diagnosis	Cardiac arrest diagnosis + primary examination according to ABC 2x50	Start CPR within 2 min (150); later (50)	Patient position (look for a flat surface)			330	Cardiac arrest diagnosis, primary examination, according to the ABC. After the cardiac arrest recognition, immediately start CPR without equipment. During CPR, the correct position of patient is necessary.
		100	150	80				
3	Quality of CPR performance Crew member 1	Adequate volume (10% = 7.5 pts)	Correct flow rate (10% = 7.5 pts)	Adequate depth (10% = 7.5 pts)	Adequate rate (10% = 7.5 pts)	Correct hand position (10% = 7.5 pts) + Correctly released (10% = 7.5 pts)	450	CPR according to the BLS ERC 2010, head tilt, ventilation, correct rate and depth of compressions, correct hand position. Optimal performance during 10 minutes, ratio B:C is 30:2.
		75	75	75	75	150		
4	Quality of CPR performance Crew member 2	Adequate volume (10% = 7.5 pts)	Correct flow rate (10% = 7.5 pts)	Adequate depth (10% = 7.5 pts)	Adequate rate (10% = 7.5 pts)	Correct hand position (10% = 7.5 pts) + Correctly released (10% = 7.5 pts)	450	CPR according to the BLS ERC 2010, head tilt, ventilation, correct rate and depth of compressions, correct hand position. Optimal performance during 10 minutes, ratio B:C is 30:2.
		75	75	75	75	150		
5	Team cooperation and communication	Clear leader of the crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Managed and controlled patient handling	Communication with the patient and other actors	50	Crew acts as a team; clear team leader; Unambiguous and clear communication with the "dispatch" judge (not repeated queries on the same data) and with patients and other actors. Introduce yourself after the arrival, inform the patient what you do, why you do it (taking off, testing, transport etc.). Scoring: yes (10) to no (0).
		10	10	10	10	10		

BIRTHDAY

Team scoring								Score (1,950)	Correct decisions and performance
1	Situational Assessment using METHANE	Check for potential risks	M: Upon arrival, report to the Dispatch Center E: Determining the location of the event 2x25	T Accident type report	A Arrival and departure routes, transport options	N Estimating the number of casualties reported and executed	E Request for additional units and estimate their number (min. 3 units) 3x25	250	Upon arrival, it is necessary to report that a larger number of people are affected. Request for additional EMS units by the dispatcher using the handheld radio.
		50	50	25	25	25	75		
2	Reporting to dispatcher	Report to dispatcher any further information	H Reporting potential risks	Explore the number of policemen available to administer first aid				100	The competing EMS crew is the first EMS crew at the scene. They must report whether there are any further risks, how is the situation, and how many other crews are necessary.
		50	25	25					
3	Management at the scene	Clear leader of the EMS crew	The crew communicates as a team and passes information to the leader	The leader gets info from and responds to the crew	Assign crew member(s) to carry out triage	Lead further actions	Ask policemen for cooperation and instruct them	180	Explore the situation. Assign specific tasks to crew members; provide instructions on further action, such as: "After exploring the room, immediately return to me and let's determine next steps."
		10	10	10	25	25	100		
4	Triage	Correct classification 12x100	Determination of subjects of highest transportation priority	Triage general overview sheet				1,420	Correct triage classification; the use of triage tags + the use of triage overview sheet.
		1,200	110	110					

PAIRS

Team scoring						Score (240)	Correct decisions and performance
1	Correct match	Correct match 20x12				240	Important is a proper and speedy implementation. If the crew completes the task within the 5-min limit, they earn one plus point for each second saved.
		240					

1. **Essential (primary) hypertension:** Lorista (losartan); Prenessa (perindopril); Agen (amlodipin); Betaloc (metoprolol); Moduretic (amilorid)
2. **Schizophrenia:** Tisercin (levomepromazin); Haloperidol (haloperidol); Zyprexa (olanzapin); Risperdal (risperidon); Zoleptil (zotepin)
3. **Arterial and/or venous thrombosis:** Plavix (clopidogrel); Godasal (acetylsalicylic acid); Fraxiparin (nadroparin); Pradaxa (dabigatran etexilat); Heparin (heparin)
4. **Allergic/anaphylactic reaction:** Nasonex (mometason); Aeries (desloratadin); Zyrtec (cetirizin); Solu-Medrol (methylprednisolon); Adrenalin (epinefrin)