

ITLS SCENARIO GRADE SHEET

Student Name:	Date:	Scenario #:	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced	<input type="checkbox"/> Practice	<input type="checkbox"/> Test	<input type="checkbox"/> RT
Time Started:	Time Primary completed:	Time Transported:	Time Secondary completed :			

ACTION	✓	COMMENTS
PATIENT ASSESSMENT - PRIMARY SURVEY		
Scene Size-up		
Standard precautions		
Scene Hazards		
Number of Patients		
Need for More Help or Equipment		
Mechanism of Injury		
General Impression		
Age, Sex, Weight		
General Appearance		
Body Position		
Position in Environment		
Patient Activity		
Obvious Injury or Bleeding		
LOC A.V.P.U.		
Airway Snoring, Gurgling, Stridor, Silence		
Breathing Present? Rate, Depth, Effort		
Radial/Carotid Pulses		
Present? Rate, Rhythm, Quality		
Skin Color, Temp, Moisture, Capillary Refill		
Uncontrollable external hemorrhage?		
Head and Neck		
Major facial injuries		
Bruising, swelling, penetrations		
Subcutaneous emphysema?		
Neck vein distention?		
Tracheal deviation?		
Chest Look: Asymmetry, Contusion, Penetrations, Paradoxical Motion, Chest Rise		
Feel: Tenderness, Instability, Crepitation		
Breath Sounds		
Present? Equal?		
If decreased breath sounds, percussion		
Heart Tones		
Abdomen		
Look: bruising, penetration/evisceration		
Gently palpate: tenderness, rigidity, distention		
Pelvis Deformity, penetrating wounds, TIC		
Lower Extremities		
Upper: swelling, deformity, TIC		
Lower: scan wounds, swelling, deformity		
Motor, sensory before transfer to backboard		
Upper Extremities		
Scan wounds, swelling, deformity		
Motor, sensory before transfer to backboard		
Posterior Penetrations, deformity, edema		
IF CRITICAL, TRANSFER TO AMBULANCE		

ACTION	✓	COMMENTS
Baseline Vital Signs HR, RR, BP		
History SAMPLE		
IF ALTERED MENTAL STATUS		
Pupils Size? Reactive? Equal?		
Glasgow Coma Scale		
Orientation, emotional state		
Signs of cerebral herniation		
Medical identification devices		
Blood glucose		
Critical transport decision		

ACTION	✓	COMMENTS
PATIENT ASSESSMENT - SECONDARY SURVEY		
Repeat Initial Assessment		
Repeat vital signs		
Consider Cardiac monitor, SpO ₂ , EtCO ₂		
LOC		
AVPU		
If conscious, orientation and emotional state		
If altered mental status, GCS		
If altered mental status, blood glucose		
If altered mental status, SpO ₂		
If altered mental status, consider naloxone		
Pupils size, equality, response to light		
Motor move fingers and toes?		
Sensation feel fingers and toes?		
If unconscious, respond to pinch?		
Head		
DCAP-BTLS		
Raccoon eyes		
Battle's signs		
Drainage from ears or nose		
Mouth		
Reassess airway		
Neck		
DCAP-BTLS		
Neck vein distention?		
Tracheal deviation?		
Chest		
DCAP-BTLS, paradoxical movement		
Instability and crepitation		
Breath sounds present? equal? quality?		
If decreased breath sounds, percussion		
Heart sounds		
Recheck wound seals, injuries		
Abdomen		
Signs of blunt or penetrating trauma		
Palpate all quadrants for tenderness, rigidity		
Pelvis and Extremities		
DCAP-BTLS		
PMS distal to injuries on extremities		
IF CRITICAL, TRANSPORT IMMEDIATELY		

GRADE KEY: [✓] Completed, skill performed in sequence
 [D] Delayed, performed out of sequence
 [X] Skill not performed, too late or incorrectly

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ACTION	✓	COMMENTS
ONGOING ASSESSMENT		
Subjective Ask patient if changes in how feels		
Reassess mental status LOC, pupils		
If altered mental status Recheck GCS		
Reassess airway		
Reassess breathing and circulation		
Recheck vital signs		
Skin color, condition, temperature		
Check for neck vein distention		
Check for tracheal deviation		
Recheck chest		
Breath sounds quality? equal?		
Reassess heart sounds		
Reassess abdomen - if possible injury		
Development of tenderness, distention, rigidity		
Check all identified injuries		
For example: Lacerations for bleeding PMS distal to injuries on extremities Flail segments Pneumothorax Open chest wounds		
Check all interventions		
For example: ET tube for patency and position Oxygen for flow rate IVs for patency and fluid rate Seals on sucking chest wounds Patency of decompression needle Splints and dressings Impaled objects for stabilization If pregnant, body position Cardiac monitor, SpO ₂ , EtCO ₂		

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CRITICAL ACTIONS	
	Completes Scene Size-up and uses universal precautions
	Performs initial assessment and interacts with patient
	Performs organized Rapid Trauma Survey or Focused Exam
	Ensures spinal motion restriction
	Ensures appropriate oxygenation and ventilation
	Recognizes and treats all life-threatening injuries
	Uses appropriate equipment and techniques
	Recognizes critical trauma, time and transport priorities
	Performs Secondary Survey (when time permits)

IMPORTANT ACTIONS	
	Performs Ongoing Exam (when time permits)
	Utilizes time efficiently
	If critical, notifies medical direction early
	Gives appropriate report to medical direction
	Demonstrates acceptable skill techniques
	Displays leadership and teamwork

ADDITIONAL ACTIONS	
	Finish bandaging and splinting after Secondary Survey (when time permits)
	Vital signs every 5 minutes for critical patents, every 15 minutes for stable
	Repeats Ongoing Exam each time patient moved or intervention performed
	Repeats Ongoing Exam if patient condition worsens
	Appropriately interacts with patient, family and bystanders

INSTRUCTOR COMMENTS

OVERALL GRADE			
[] Excellent	[] Good	[] Adequate	[] Inadequate
Further Comments:			
Lead Instructor Name (print):		Signature:	
Instructor Name (print):		Signature:	
Instructor Name (print):		Signature:	