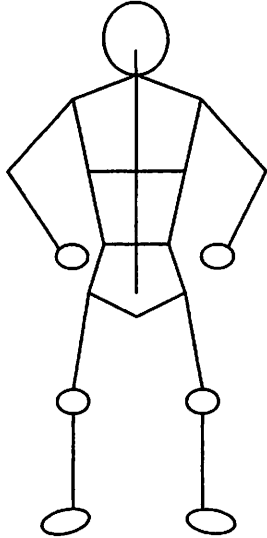


NATIONAL SKI PATROL - OEC SCENARIO EVALUATION

Leader	Evaluator		
Helpers	End Time	Total Time	
Date	Scenario	RESULT	
		+	=
		-	
ASSESSMENT			
Scene Size-Up		+	=
Initial Assessment		-	
History and Physical Exam			
Ongoing Assessment			
ROTE SKILLS			
Body Substance Isolation		+	=
Shock Care		-	
Splinting			
Bandaging			
Load/Position in Toboggan			
PROBLEM MANAGEMENT			
Plan of Action		+	=
Resource Management		-	
Leadership			
Communication			
Transportation			

	<ul style="list-style-type: none"> <input type="checkbox"/> Signs/Symptoms <input type="checkbox"/> Tags <input type="checkbox"/> Allergies <input type="checkbox"/> Medications <input type="checkbox"/> Past History <input type="checkbox"/> Last Food/liquids <input type="checkbox"/> Events <p>P1 _____ R1 _____ P2 _____ R2 _____ P3 _____ R3 _____</p> <p>Comments:</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Introduction <input type="checkbox"/> Is scene safe? <input type="checkbox"/> Trail marked <input type="checkbox"/> BSI <input type="checkbox"/> What happened? <input type="checkbox"/> Focus Survey <input type="checkbox"/> Other problems <p><input type="checkbox"/> ABC's</p> <p><input type="checkbox"/> Head Injury</p> <p><input type="checkbox"/> Warm, wet, sticky?</p> <p><input type="checkbox"/> Call made?</p> <p><input type="checkbox"/> O2 called/admin</p> <p><input type="checkbox"/> CMS</p> <p><input type="checkbox"/> LOR: A V P U</p> <p><input type="checkbox"/> Transport: BLS ALS</p> <p><input type="checkbox"/> Sled Load: U D</p>