

## ITLS SCENARIO GRADE SHEET (TASK ANALYSIS)

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

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

ACTION	✓	COMMENTS
<b>PATIENT ASSESSMENT - REASSESSMENT EXAM</b>		
<b>Subjective</b> Ask patient if changes in how feels		
<b>Reassess mental status</b> LOC, pupils		
<b>If altered mental status</b> Recheck GCS		
<b>Reassess airway</b>		
<b>Reassess breathing and circulation</b> 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		
<b>Reassess abdomen - if possible injury</b> Development of tenderness, distention, rigidity		
<b>Check all identified injuries</b> For example: Lacerations for bleeding PMS distal to injuries on extremities Flail segments Pneumothorax Open chest wounds		
<b>Check all interventions</b> 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 <sub>2</sub> , ETCO <sub>2</sub>		

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

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 when clinically indicated
	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 ITLS Secondary Survey (when time permits)

IMPORTANT ACTIONS	
	Performs ITLS Reassessment 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 ITLS Secondary Survey (when time permits)
	Vital signs every 5 minutes for critical patents, every 15 minutes for stable
	Repeats Reassessment Exam each time patient moved or intervention performed
	Repeats Reassessment Exam if patient condition worsens
	Appropriately interacts with patient, family and bystanders
	Communicates with patients and/or bystanders

OVERALL GRADE	
[ ] Proficient (IP)	[ ] Competent [ ] Inadequate
Comments:	
Lead Instructor Name (print):	Signature:
Instructor Name (print):	Signature:
Instructor Name (print):	Signature: