



**T. E. R. C**  
**TRANSPORTATION RESCUE CHALLENGE**  
**MEDICAL JUDGES WORKSHEET**

**TEAM:**

**LIMITED**

**UNLIMITED**

<b>APPROACH</b>	<b>C SPINE</b>
<input type="checkbox"/> Appropriate direction of patient approach	<input type="checkbox"/> No delay in manual stabilization (time) _____
<input type="checkbox"/> Immediate patient contact established (time) _____	<input type="checkbox"/> Neutral alignment
<input type="checkbox"/> Initiation of primary survey (time) _____	<input type="checkbox"/> Correct collar applied (or recognition that collar N/A)
	<input type="checkbox"/> Continual management throughout
<b>PRIMARY SURVEY</b>	<b>SECONDARY ASSESSMENT</b>
<input type="checkbox"/> Airway with C/spine considerations	<input type="checkbox"/> Reassess airway/C Spine management
<input type="checkbox"/> Breathing	<input type="checkbox"/> Reassess breathing
<input type="checkbox"/> Circulation	<input type="checkbox"/> Reassess circulation
<input type="checkbox"/> Condition given to IC promptly (time) _____	<input type="checkbox"/> Assessment of disability/injuries
	<input type="checkbox"/> Method of entrapment established
	<input type="checkbox"/> IC update/feedback to rescue team
<b>OXYGEN THERAPY (as provided)</b>	<b>REMOVAL FROM VEHICLE</b>
<input type="checkbox"/> No undue delay in the therapy (time) _____	<input type="checkbox"/> Packaging of patient onto packaging device (LSB, KED, etc)
<input type="checkbox"/> Mask fits correctly	<input type="checkbox"/> Safe movement of patient from vehicle
<input type="checkbox"/> Given at highest concentration	<input type="checkbox"/> Proper patient management having regard for their injuries
<input type="checkbox"/> Equipment protected from debris/routed correctly	
<input type="checkbox"/> Cylinder content monitored	