

**OUTDOOR EMERGENCY CARE**  
**Scenario # (Difficulty 5 and above)**

**Degree of Difficulty =**

<b>INJURY</b>	<b>ENVIRONMENT</b>	<b>PERSONNEL</b>

Note: numbers given in ( ) indicate point values

**GENERAL SCENARIO DESCRIPTION**

**INFORMATION GIVEN TO TRAINEE**

**PATIENT SUMMARY**

**VITAL SIGNS**

<b>Time in minutes</b>	<b>Pulse and respirations</b>

**SCENARIO OBJECTIVES**

Decision Making

Problem Management

Leadership

**Scenario #**

**INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

Equipment

Moulage:

Weather: Must be the same as the day of scenario use

**SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Answers to SAMPLE

Signs and symptoms:

Allergies:

Medications:

Past history:

Last meal:

Events leading:

Behaviors:

**SPECIFIC COMMENTS FOR EVALUATORS**