**Judges Guidelines**

**Some possible responses to team member’s questions.**

Team member’s initial contact with patient.

* + Scene is not safe the electrical power MUST be turned off.
	+ Patient is unconscious
	+ Help has been called.

**Impaled object right lower extremity**

Do not remove the object. Stabilize the objects by using bulky dressings. (Brady 9th edition pages 375-378)

**Femoral arterial bleed-right lower extremity**

Blood is spurting out around the welding rod. Direct pressure will not stop the bleeding. Elevation is not possible with a fracture to the pelvic lower extremity. A tourniquet should be used to stop the bleeding. When the team member uses the tourniquet and marks or tags the time on the patient, tell them the bleeding is controlled. (Brady 9th edition pages 358 - 365)

**Closed fracture, right elbow**

Immobilize in the position it is found (straight position). Rigid splitting is preferred but body splinting is accepted. If a rigid splint is used, select a padded splint that will extend from the armpit past the finger tips. Place a roll of gauze in the patient’s hand. Always assess distal CSM (circulation, sensation, and movement) BEFORE and AFTER splinting. (Brady 9th edition pages 429 – 431)

**Facial lacerations & abrasions**

Bleeding is controlled by direct pressure. No sign of fractures. Apply dry sterile dressings. (Brady 9th edition page 372, 447, & 448)

**Bruising to back of head and neck**

Since the patient’s head hit the bucket the team should suspect head and spinal injury. They should stabilize the patient’s head and neck. (Brady 9th edition pages 371 & 372)

**Abdominal and right side bruising**

Do a thorough assessment of the abdomen and palpate all quadrants to determine precisely where the pain is. (Brady 9th edition pages 471 – 474)

 **Closed pelvic fracture-left lower extremity**

Use a pelvic girdle or if responders do not have specialized splint, they can use a soft splint. Place a blanket roll between the legs and tie the legs together with cravats to stabilize. Always assess distal CSM (circulation, sensation, and movement) BEFORE and AFTER splinting. (Brady 9th edition pages 432 – 434)