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Primary accreditation of health care professionals



SECHENOV UNIVERSITY  
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Azerbaijan Medical Simulation  
Education Association



SIMULATION CENTER  
SECHENOV UNIVERSITY  
BAKU

# THE GUIDE TO THE OSCE

## Emergency Medical Care

Specialty:  
General medicine

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**General provisions** Passports of stations (hereinafter - the stations) of the Objective structured clinical examination (OSCE) for the second stage of initial accreditation and initial specialized accreditation of specialists are documents that include the necessary information on the equipment of the station, a briefing (a short assignment before entering the station), scenarios, evaluation sheets (hereinafter checklist), sources of information, reference material, etc., and are intended as methodological and reference material for the assessment of the accredited person's proficiency in a specific practical skill (knowledge), and can be used to assess the level of readiness of healthcare professionals for professional activities.

Assessing the characteristics of practical skills in a specific discipline can be implemented through the selection of specific scenarios. The accreditation subcommittee for the specialty (hereinafter referred to as the ASC) takes this decision on the day of the second stage of the accreditation of specialists.

In order to ensure standardization of the procedure for assessing practical skills, the terms of the assignment and checklist are the same for everyone.

It is advisable to announce in advance to the accredited the rules for visiting the simulation center and the regulations of the accreditation exam.



## 5 Information on ensuring operation of the station

The following must be provided for the organization of the station operation:

### 5.1 Workplace of ASC member

Table 2

№	List of equipment	Quantity
1	Work table (worktop)	1 pc
2	Chair	2 pcs.
3	PC for the access to local network of the Simulation Center <sup>1</sup>	1 pc.
4	A device for broadcasting video and audio recordings <sup>2</sup> from the workplace of the accredited person with the ability to give input envisaged in the station's passport	1 pc.
5	Microphone with the ability to provide input, envisaged in the station's passport	1 pc.
6	Headphones	2 pcs.
7	Check lists in paper format (in case of technical problems, they are not used during normal operation)	According to a number of persons being accredited
8	Ball-point pen	2 pcs.

<sup>1</sup>In the future - a computer with Internet access for access to the automated accreditation system for healthcare specialists of the Azerbaijan Ministry of Health

<sup>2</sup>By agreement with the chairman of the ASC, the equipment for broadcasting the video recording of the accredited person's performance may be located in another place, to which members of the ASC must have unhindered access, to be able to review the video record.

### 5.2. Workplace of the accredited person

The station must imitate a work premise and include equipment (accessories) and consumables (based on the attempts of accredited persons):

#### 5.2.1. List of furniture and other equipment

Table 3

№	List of furniture and other equipment	Quantity
1	A couch (or functional bed) with a raised headboard, positioned in such a way as to allow the accredited person to approach the patient from all sides	1 pc.
2	Mannequin <sup>3</sup> , allowing simulation of various vital functions, lying on a couch and wearing a shirt that opens easily at the chest and shorts (or trousers that easily open at the sides) to provide easy access for the accredited person to examine the back, shoulders, legs and feet of a patient	1 pc.
3	Telephone set (in a visible place, imitation)	1 pc.
4	A wheeled cart (or kit in a suitcase) that holds equipment, supplies, and medications (with labels)	1 pc.
5	Patient's monitor	1 pc.
6	Wall clock with second hand	1 pc.

<sup>3</sup>If the simulator is powered by an electrical network, it is necessary to consider the option of connecting it so that the wires (including the wire connecting to the computer) do not mislead the accredited person and are not perceived by him as an additional danger.

### 5.2.2. List of medical equipment

№	List of medical equipment	Quantity
1	Face mask for breathing bag	1 pc.
2	Oxygen source (imitation)	1 pc.
3	Oxygen face mask with reservoir bag	1 pc.
4	Breathing bag with reservoir	1 pc.
5	Pulse oximeter	1 pc.
6	Suction apparatus	1 pc.
7	Set of catheters for sanitation	4 pcs.
8	Oropharyngeal airway (№ 3 and №4)	1 pc.
9	Phonendoscope	1 pc.
10	Tonometer	1 pc.
11	Electrocardiograph	1 pc.
12	Anti-HIV kit	1 pc.
13	Eye shield	1 pc.
14	Penlight	1 pc.
15	Tourniquet	1 pc.
16	Still water bottle (imitation)	1 pc.
17	Disposable plastic cup	1 pc.
18	Infrared thermometer (imitation)	1 pc.
19	Express blood glucose analyzer	1 pc.
20	Long-term infusion stand	1 pc.
21	Portable compressor aerosol inhaler (nebulizer)	1 pc.
22	Container for disposal of needles and sharps for class B waste	1 pc.
23	Class A waste container	1 pc.

Table 4

## 5.2.3. Consumables

Table 5

№	List of consumables	Quantity (per 1 attempt)
1	Disposable spatula in a package	1 pc.
2	Examination gloves (size S, M, L)	1 package each
3	Disposable face mask	1 pc.
4	Alcohol wipes	4 pcs.
5	2 ml syringe with 0.1-0.25 mm needle	2 pcs.
6	10 ml syringe with 0.25-0.6 mm needle	2 pcs.
7	20 ml syringe with 0.4-0.8 mm needle	2 pcs.
8	Peripheral intravenous catheter (PIVC) 14, 16, 18, 20, 22 G	2 pcs each
9	Intravenous infusion system	2 pcs.
10	Medical patch for PIVC	2 pcs.
11	Non-sterile dressing	1 pc.
12	Saline solution 0.9% 500 ml	1 vial
13	Dextrose solution 5% 200 ml	1 vial
14	Dextrose solution 10% 400 ml	1 vial
15	0.1% solution of epinephrine (adrenaline) 1 mg/ml	5 ampules
16	Dextrose solution 40%	1 ampules
17	Clopidogrel tablets 75 mg	1 package
18	Ticagrelor tablets 90 mg	1 package
19	Prasugrel tablets 10 mg	1 package
20	Isosorbide dinitrate spray	1 vial
21	Salbutamol, solution for inhalation 2.5 mg - 10 nebulas	10 vials
22	Ipratropium bromide, solution for inhalation 500 µg 1 vial	1 vial
23	Dextrose solution 40%	10 ampules
24	Magnesium sulphate solution 250 mg/ml	1 ampules
25	Norepinephrine 2 mg/ml	10 ampules
26	Dexamethasone solution 4 mg/ml, or prednisolone solution 30 mg/ml, or methylprednisolone solution 30 mg/ml	5 ampules
27	Hydrocortisone (lyophilisate) 100 mg	2 vials
28	Furosemide solution 20 mg/2 ml	5 ampules
29	Solution of non-fractionated heparin 5000 IU/ml	5 vials
30	Morphine sulfate solution 10 mg/ml	10 ampules
31	Fondaparinux 2.5 mg	1 ampule
32	Nitroglycerin 500 µg	1 package
33	Metoprolol 50 mg	1 package
34	Erythromycin 250 mg	1 vial
35	Omeprazole 40 mg	2 vials
36	Concentrated red cells 100 ml	5 packages
37	Recombinant tissue plasminogen activator (rt-PA) 50 mg	1 package
38	Urokinase 10000 units	2 vials
39	Decompression needle	1 pc.
40	Glucose or dextrose tablets	1 package
41	Alteplase 50 mg	1 package
42	Labetalol 100 mg/20 ml	1 package
43	Nicardipine 10 mg	10 vials
44	Clevidipine 50 ml	10 vials
45	0.05% aqueous solution of chlorhexidine bigluconate	5 vials
46	70% alcoholic spirit solution	2 vials
47	Phentanyl 25-50 µg	1 package
48	Lidocaine 20 mg/ml	10 vials

## 5.2.4. Simulation equipment of the station and its characteristics

Table 6

№	Characteristic of simulation equipment
1.	Full-height of a man simulator older than 8 years, with the possibility of imitating the following parameters: 1) imitation of breathing sounds and murmur; 2) visualization of chest excursion; 3) imitation of central and peripheral arterial pulsation; 4) displaying of a specified electrocardiogram on medical equipment; 5) eye blinking and change in pupil lumen; preferred; 6) voice guide; 7) simulation of cyanosis; 8) simulation of the auscultatory picture of heart performance, heart sound/ murmur; 9) imitation of perspiration; 10) imitation of change in capillary filling and temperature of skin cover; 11) imitation of saturation parameters, heart rate via real pulse oximeter 12) imitation of arterial blood pressure values and body temperature via simulation patient's monitor.
2.	Patient monitor reproducing parameters specified in scenario (when measured)

## 6 Actions of ASC members, supporting personnel at the preparatory stage (prior to the start of the station operation)

1. Checking an access to local network of the simulation center\*
2. Checking the compliance of the design and completion of the OSCE station with the standard passport, taking into account the number of persons being accredited.
3. Checking the presence of necessary consumables at the station.
4. Checking the availability of written task (briefing) before entering the station.
5. Checking the readiness of simulator for operation.
6. Installation of necessary scenario by programmed control of simulator.
7. Checking the readiness of broadcasting video records to the video surveillance room.
8. Selection of the situation according to the decision of the ASC.
9. Carrying out other activities necessary for normal operation of the station.

\* In future - Obtaining a login and password to enter the automated accreditation system for healthcare specialists of the Azerbaijan Ministry of Health and logging in. Reconciliation of own personal data.



## 7 Actions of ASC members, supporting personnel during the station operation

- 1 Turning on video camera with the command “Read the station task” (if necessary).
- 2 Quality control of audio-video recording of the actions of accredited person (if necessary).
- 3 Launching the simulator and managing the simulator software.
- 4 In the future\* - Entering the individual number of the accredited person into the checklist in the automated accreditation system for healthcare specialists of the Ministry of Health of Azerbaijan.
- 5 Registration of the sequence and correctness of actions/discrepancies in the actions of the accredited person in accordance with the parameters in the checklist
- 6 Conducting minimum necessary dialogue with the accredited person on behalf of the patient, and providing additional input for completing the situation (scenario) - Table 7.
- 7 Compliance with the rule – do not say anything on your own; do not enter into negotiations, even if you disagree with the opinion of the accredited person. Do not ask clarifying questions, do not make demands.
- 8 Use permitted input only if the simulator does not allow you to reproduce it.
- 9 After the command to the accredited person “Go to the next station”, bring the used simulation equipment and premises to their original condition.

For ASC members with little experience of working at a station, it is allowed to increase the period for preparing the station and filling out the checklist. The period in this case should be equal to the period of operation of the station (10 minutes).

**Important!** It is strongly recommended not to ask questions not listed in this table. You must not say anything on your own or enter into negotiations, even if you do not agree with the opinion of the accredited person. Do not ask clarifying questions or make demands: “Continue!”, “Carry out the auscultation of the lungs!” etc.; ask questions: “What are you going to do next?”, “How long?” etc.

**Sample texts of introductory information within the framework of the dialogue  
between a ASC member and the accredited person**

Table 7

<b>№</b>	<b>Action of the accredited person</b>	<b>Text of introductory information</b>
1	When assessing the situation, demonstrating a safety gesture	“No danger”
2	On the attempt to wash hands	“Let us assume that the hands have been sanitized”
3	When assessing vital functions that are not reproduced by the simulator independently	Give an input in accordance with the chosen situation (scenario)
4	When an accredited person tries to make a phone call	Imitate manager of emergency medical service (EMS): “Emergency medical service is listening, what has happened to you?”
5	If correct and complete information is provided	Brief answer: "Call is taken! Wait"
6	If the information is incomplete	It is acceptable to ask questions on behalf of the EMS manager: "Introduce yourself, please?", "Give your address?", "What is the age and gender of the victim?", "What is the scope of your intervention?"
7	If the accredited person does not comment on the treatment being carried out	If necessary, it is permissible to ask the accredited person the following questions: “What is the oxygen level?", "What medications did you administer?", "What dosage?"
8	In preparation for a paracentesis of the chest, after treating the puncture area with antiseptic and bringing the needle to this area	"Let us assume that the paracentesis is completed"

## 8 List of situations (scenarios) of the station<sup>4</sup>

Table 8

№	Situation (scenario)
1	Acute coronary syndrome (ACS), STEMI (ST elevation myocardial infarction), cardiogenic shock
2	Acute coronary syndrome (ACS), NSTEMI (Non ST-segment elevation myocardial infarction), pulmonary edema
3	Anaphylactic shock (AS)
4	Gastrointestinal (GI) hemorrhage
5	Broncho-obstructive syndrome (BOS) against the background of bronchial asthma
6	Thrombembolia of the pulmonary artery (TEPA)
7	Cerebrovascular accident (CVA), ischemic stroke
8	Hypoglycemia
9	Tension pneumothorax (obstructive shock)
10	Cardiac tamponade

ASC determines the choice and sequence of situations (scenarios) of the station on the day of the second stage of initial accreditation of healthcare professionals.

## 9 Information (briefing) for the accredited person

You are medical specialist. Medical brother/sister called you for help. The patient in front of you is 45 years old (approximate weight 60 kg, height 165 cm). There is an emergency medical treatment kit on the floor.

Medical brother/sister cannot help you as he/she calms down the relative accompanying the patient. Voice your actions in detail, as if a colleague were next to you.

## 10 Reference information for the accredited person

As a rule, emergency medical measures are carried out at the site where the patient's condition has sharply deteriorated. Each medical organization must have a set of equipment and accessories for provision of emergency medical care in the form of portable kit of emergency medical aid and manual defibrillator. The kit includes everything necessary to provide emergency medical care in various situations to ensure qualified care by a medical doctor of any specialty authorized to work with patients.

The qualification characteristics of a specialist who has a diploma on medical education and a valid professional certificate (certificate of accreditation), or job descriptions of a medical specialist include the obligation to provide emergency medical care.

This station is based on the use of the generally accepted ABCDE approach, used in world and national practice to provide emergency medical care.

## 11 Algorithm of skill implementation

ABCDE algorithm is used for the systematic assessment of an ill person in a critical state. It includes working through the following steps:

- A**irway (patency of airways)
- B**reathing (breathing)
- C**irculation (circulation of blood)
- D**isability (neurological status)
- E**xposure (appearance)

Each step of the ABCDE approach includes clinical assessment, research, and intervention.


General tips for applying the ABCDE approach in emergency situations:

- Address problems as they are discovered.
- Reassess after each intervention to monitor the patient's response to treatment.
- Engage the team that is with you, delegating tasks where appropriate.
- Continuous monitoring is required for all critically ill patients
- View results as they become available (e.g. laboratory tests)

Steps of the algorithm	Actions	
<b>Initial response</b>	1	Assess the situation • Check head rotation, show safety gesture
	2	Assess consciousness, presence of breathing (without touching the victim) • Ask him/her loudly: "Do you need help?"
	3	Call for help
	4	Provide emergency kit (check if everything you need is available)
	5	Put on gloves and make an assistant put on gloves
	6	Comment on all your subsequent actions
<b>A</b>	7	Assess the condition of the upper respiratory tract/oral mucosa (with a spatula)
	8	Provide pulse oximetry Provide oxygen therapy if necessary (select the correct flow (minimum/average/maximum))
<b>B</b>	9	Perform comparative chest percussion
	10	Perform comparative auscultation of the lungs
	11	Assess respiration rate (RR) for at least 10 seconds
	12	Assess the condition of the trachea
	13	Assess cervical filling
<b>C</b>	14	Check pulse simultaneously on the carotid and radial arteries for at least 10 seconds
	15	Measure arterial blood pressure (BP)
	16	Perform cardiac auscultation at 4 points
	17	ECG: apply electrodes, interpret ECG
	18	Press finger pulp for the assessment of capillary filling (blanch test)
	19	Provide venous access and blood sampling for analysis, comment on laboratory results (if necessary)
	20	Assess condition of the skin by palpating the patient's hands and/or forehead and/or cheeks and/or ankles
<b>D</b>	21	Check pupils' reaction to light
	22	Arrange blood glucose check
	23	Assess muscle tone (by flexion/extension of each arm and each leg)
<b>E</b>	24	Palpate the pulse in the femoral arteries on both sides
	25	Perform superficial palpation of the abdomen at four sides from the navel
	26	Examine the legs and popliteal areas for the presence of varicose veins
	27	Palpate the dorsum of the foot and legs to determine the presence of edema
	28	Examine the patient's back with a turn on his/her side and taking off clothes (imitation)
	29	If necessary, perform a rectal examination to determine the presence of internal bleeding
	30	Take the temperature
<b>Conclusion</b>	31	If necessary, carry out additional examinations
	32	Call an ambulance immediately after detecting the pathology and preliminary diagnosis, report: address, number, age and gender of the patient, scope of assistance provided
	33	Carry out therapeutic measures (puncture/ pericardiocentesis /use the correct and complete set of medications, use optimal method of medications administration, their correct dosage)
	34	Conduct re-examination - ABCDE

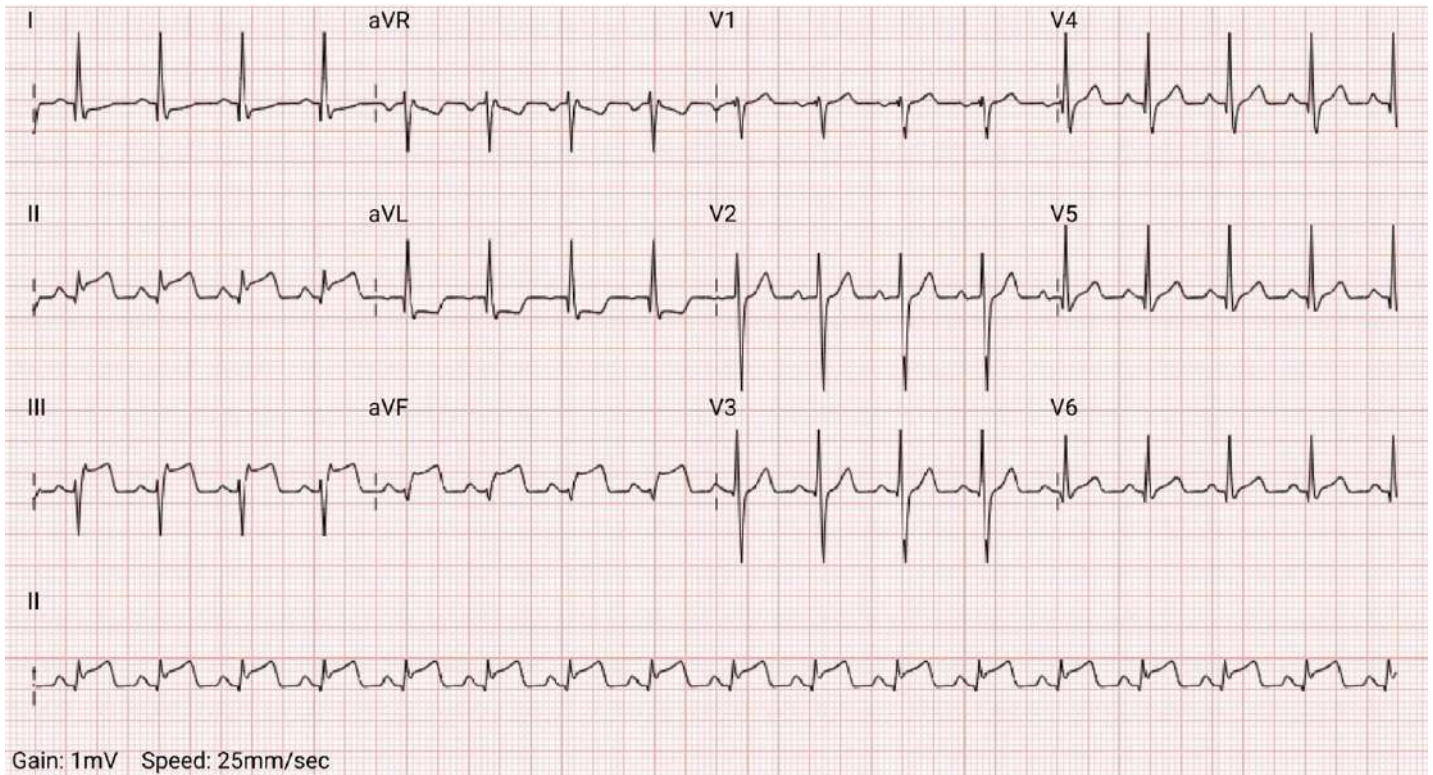
## 12. Scenarios

### 1 Acute coronary syndrome (ACS), STEMI (ST elevation myocardial infarction), cardiogenic shock

When attempting to assess consciousness: Patient opens eyes, chest rises, responds to questions with moans		
<b>A</b>	<i>Patency of airways</i>	The airway is visually patent
	<i>Saturation</i>	88
	<i>When carrying out insufflation with O<sub>2</sub></i>	90
<b>B</b>	<i>Respiratory rate</i>	24
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Weakened vesicular breathing on both sides
	<i>Trachea</i>	Trachea is in normal position*
	<i>Cervical veins</i>	Swollen*
<b>C</b>	<i>Pulse, heart rate</i>	Pulse is the same on both sides, weakened, 110 beats/min
	<i>BP</i>	80/30
	<i>Auscultation of the heart</i>	Pulse rapid, muffled heart tones
	<i>ECG</i>	STEMI
	<i>Capillary refill test</i>	The spot disappears 4 seconds after pressing *
	<i>Laboratory tests</i>	Biochemical blood test
	<i>Skin</i>	All the skin is cold and damp
Diagnostics and treatment measures 		
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tonus</i>	Muscle tonus is normal*
	<i>Blood glucose</i>	6,3 mmol/l
<b>E</b>	<i>Abdominal palpation</i>	Abdomen within normal
	<i>Femoral arteries</i>	Rapid, weak filling
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected*
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	37.0°

\*The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized



STEMI. ST segment elevation in leads II, III, aVF, V4, V5, V6

### Biochemical blood analysis

Test	Result	Measurement	Reference
Troponin I (hs-cTn)	0.85	ng/ml	Negative <0.1
CK-MB	45	UNIT/L	<25

Selecting of the reperfusion strategy:

0' Diagnosing STEMI\* is a zero point in a time of reperfusion strategy (if the ECG of a patient with ischemic symptoms is interpreted as the presence of ST segment elevation). Patients with STEMI must undergo the PCI\*\*

≤120' Primary PCI is the preferred method of reperfusion; when it is possible, the patient should be brought to the angiography room within 90-120 minutes.

>120' If primary PCI cannot be provided within the first two hours after the diagnosis of STEMI, fibrinolytic therapy should be started immediately.

STEMI\* - Acute myocardial infarction with the elevation of ST segment

PCI \*\* - Percutaneous Coronary Intervention

## Diagnostics and treatment measures

<120'

### **Doses of anti-platelet and anticoagulant therapy in patients undergoing primary percutaneous coronary intervention**

- *Acetylsalicylic acid* 150-300 mg orally (or 75-250 mg IV if oral administration is not possible)
- *Prasugrel* 60 mg orally (if available)  
or *Ticagrelor* 180 mg orally (if available)  
or *Clopidogrel* 300-600 mg orally (if Prasugrel or Ticagrelor are unavailable)
- *Unfractionated heparin* 5000 units (70-100 units/kg bolus (without the use of GP IIb/IIIa inhibitors))  
or *Enoxaparin* 0.5 mg/kg bolus
- *Morphine sulfate* 2-4 mg IV (increasing dose by 2-8 mg IV, repeated at 5-15 minute intervals)
- *Metoprolol* 5 mg (5 ml) IV (Can be repeated at 5-minute intervals or before PCI)
- *Norepinephrine* 12 µg/min (0.2-1 µg/kg/min )

>120'

### **Fibrinolytic agents**


- *Alteplase* 15 mg bolus, then 0.75 mg/kg during the next 30 minutes (max 50 mg), then 0.50 mg/kg during 60 minutes (max 35 mg) up to overall dose 100 mg  
or *Reteplase* 10 bolus units, then repeat after 30 minutes  
or *Tenecteplase* - bolus based on body weight (single dose) in 5 seconds:  
≤ 60 kg: 30 mg (6000 UNITS)  
or *Streptokinase* IV 1.5 million units over 30-60 minutes (if streptokinase or anistreplase was previously used)
- *Acetylsalicylic acid* 150-300 mg orally (or 75-250 mg IV if oral administration is not possible)
- *Clopidogrel* 30 mg orally
- *Enoxaparin* 30 mg bolus, with 15 minute interval, 1 mg/kg (max 100 mg)  
or *unfractionated heparin* 60 units/kg bolus (maximum 4000 units), with subsequent initial infusion 12 units/kg/hour (maximum 1000 units/hour)  
or *Fondaparinux* (only with Streptokinase) 2.5 mg bolus
- *Morphine sulfate* 2-4 mg IV (increasing dose by 2-8 mg IV, repeated at 5-15 minute intervals)
- *Metoprolol* 5 mg (5 ml) IV (Can be repeated at 5-minute intervals or before PCI)
- *Norepinephrine* 12 µg/min (0.2-1 µg/kg/min )

Ask about the time and decide on the treatment scheme.

Urgent echocardiography is indicated in patients with cardiogenic shock.

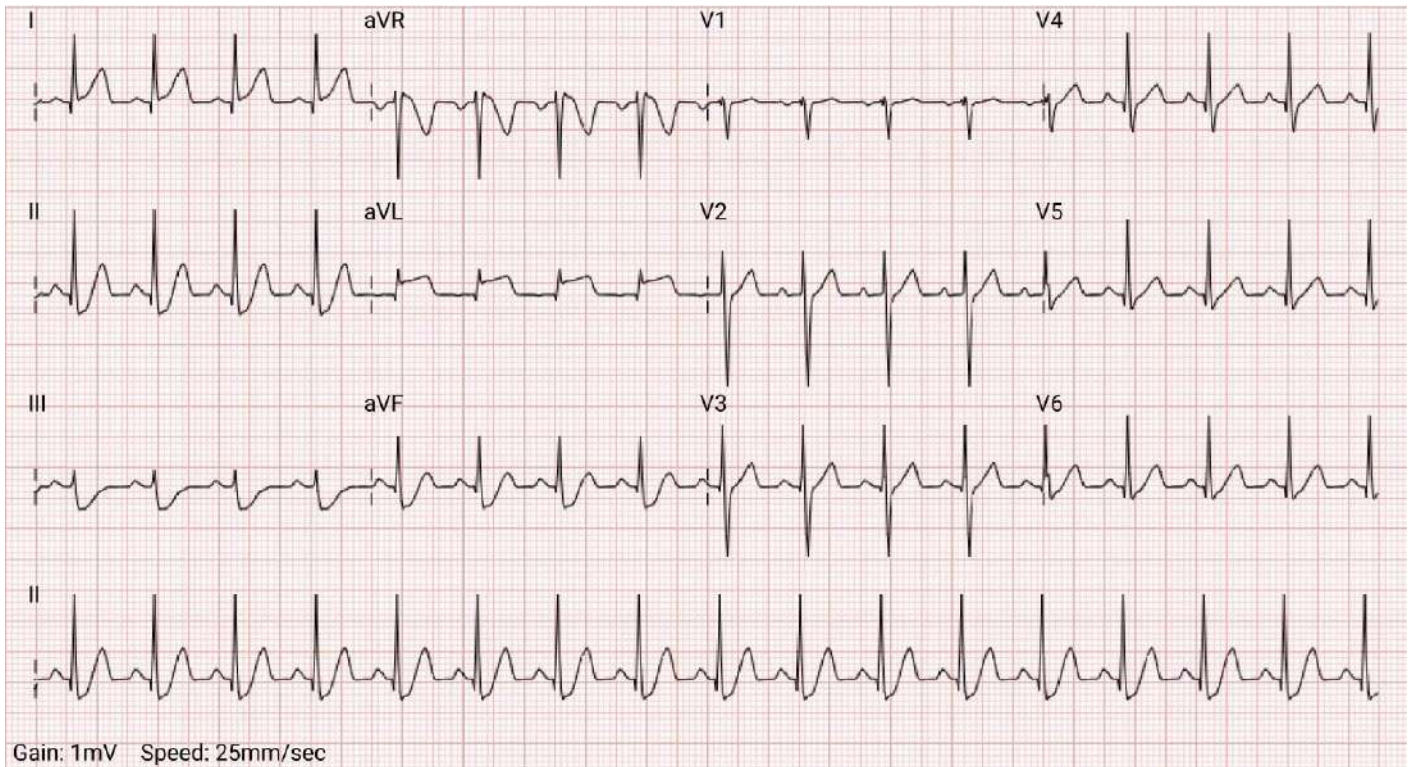


## 2. Acute coronary syndrome (ACS), NSTEMI, pulmonary edema

When attempting to assess consciousness: Patient opens eyes, chest rises, responses to questions with moans		
<b>A</b>	<i>Patency of airway</i>	The airway is visually patent*
	<i>Saturation</i>	88
	<i>When performing O2 insufflation</i>	90
<b>B</b>	<i>Respiratory rate</i>	24
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right, dulling in the basal lobes*
	<i>Auscultation of the lungs</i>	Weakened vesicular breathing in the upper lobes, wet crackles in the lower lobes
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Swollen*
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weak, 110 beats/min
	<i>BP</i>	160/90
	<i>Auscultation of the heart</i>	Pulse is rapid, muffled heart tones
	<i>ECG</i>	NSTEMI
	<i>Capillary refill test</i>	The spot disappears 4 seconds after pressing*
	<i>Laboratory tests</i>	Biochemical blood test
	<i>Skin</i>	All the skin is warm, obvious cyanosis*
Diagnostics and treatment measures 		
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tone</i>	Muscle tonus normal*
	<i>Blood glucose</i>	6.3 mmol/l
<b>E</b>	<i>Abdominal palpation</i>	Abdomen within normal*
	<i>Femoral arteries</i>	Rapid
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected*
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	36.6°

\*The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized



Non-STEMI. ST segment depression in leads II, III, aVF, V5, V6

### Biochemical blood analysis


Test	Result	Measurement	Reference
Troponin I (hs-cTn)	0.6	ng/ml	Negative <0.1
CK-MB	40	UNIT/L	<25

### Diagnosics and treatment measures

#### Doses of antiplatelet and anticoagulant therapy in patients with acute coronary syndrome without ST-segment elevation

- *Acetylsalicylic acid* 150-300 mg orally (or 75-250 mg IV if oral administration is not possible)
- *Prasugrel* 60 mg orally (if available)  
or *Ticagrelor* 180 mg orally (if available)  
or *Clopidogrel* 300-600 mg orally (if Prasugrel or Ticagrelor are unavailable)
- *Unfractionated heparin* 5000 units (70-100 units/kg)  
or *Fondaparinux* 2.5 mg/day subcutaneous (only before PCI)
- *Nitroglycerin* 0.4 mg sublingually (every 5 minutes up to 3 doses)
- *Metoprolol* 5 mg (5 ml) IV b. (Can be repeated at 5-minute intervals))
- *Furosemide* 20-40 mg IV with repeated doses (up to 80 mg)

### 3. Anaphylactic shock

When attempting to assess consciousness: Opens eyes, chest rise is observed, does not answer questions		
<b>A</b>	<i>Patency of airway</i>	Edematous lips and tongue*
	<i>Saturation</i>	88
	<i>When performing O2 insufflation</i>	94
<b>B</b>	<i>Respiratory rate</i>	24
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Rough respiration, dry wheezing over the entire surface of the lungs, stridor
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Collapsed*
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weak, 110 beats/min
	<i>BP</i>	80/30
	<i>Auscultation of the heart</i>	Pulse is rapid, muffled heart tones
	<i>ECG</i>	Sinus tachycardia
	<i>Capillary refill test</i>	The spot disappears 3 seconds after pressing*
	<i>Laboratory tests</i>	Not required
	<i>Skin</i>	The skin is hyperemic, warm to the touch, erythematous rash on the anterior surface of the chest*
Diagnostics and treatment measures 		
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tonus</i>	Weakened muscle tonus*
	<i>Blood glucose</i>	6.3 mmol/l
<b>E</b>	<i>Abdominal palpation</i>	Moaning on the examination of the upper abdomen*
	<i>Femoral arteries</i>	Rapid, weak filling
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected*
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	37.4°

\*The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized

### Diagnosics and treatment measures

Make sure the patient is lying down and do not force him to sit or stand suddenly  
Stop patient's exposure to the allergen if possible

- *Epinephrine* 0.5 mg (0.01 mg/kg to 0.5 mg (which is 0.5 ml of 1 mg of adrenaline in a 1 ml ampoule)) intramuscularly into the anterolateral surface of the upper third of the thigh without dilution. Repeat the administration of epinephrine if the patient's condition does not improve after approximately 5 minutes.
- *Infusion* of 0.9% NaCl solution 500-1000 ml IV bolus

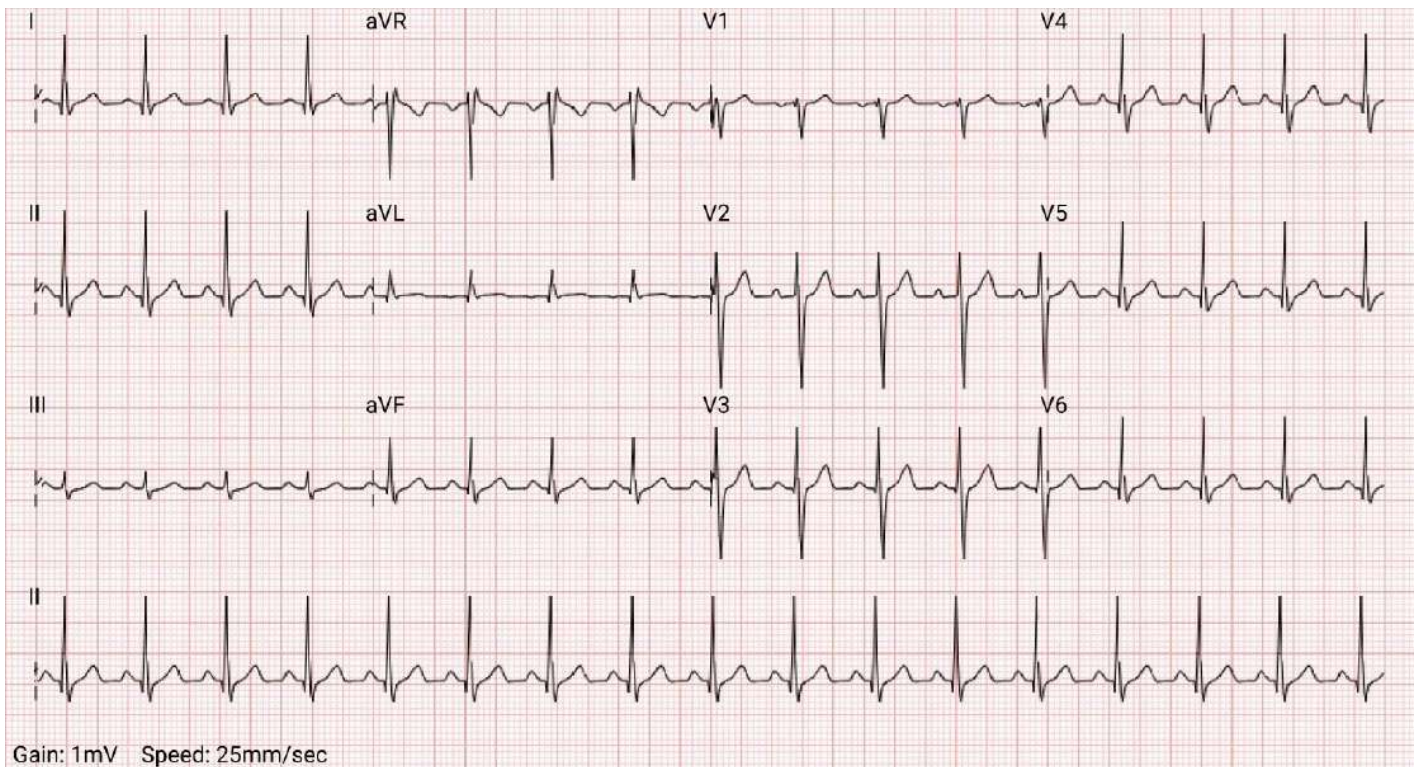
*Permissible:*

*To reduce the risk of prolonged respiratory manifestations in a patient with anaphylaxis, it is recommended to use corticosteroids after the administration of epinephrine:*

- *Dexamethasone* 8-32 mg IV drip infusion  
or *Prednisolone* 90-120 mg IV drip or bolus  
or *Methylprednisolone* 50-120 mg/ml IV bolus  
or *Hydrocortisone* 200 mg IV  
or *Betamethasone* 8-32 mg IV drip infusion

*For a patient with anaphylaxis, it is recommended to administer systemic antihistamines after stabilization, in the presence of skin and mucous membrane manifestations:*

- *Clemastin (Tavegil)* 0.1% - 2 ml (2 mg) IV or IM  
or *Chloropyramine (Suprastin)* 2% - 1 ml (20 mg) IV or IM  
or *Diphenhydramine (Dimedrol)* 25-50 mg IV



Sinus tachycardia

#### 4. Gastrointestinal (GI) hemorrhage

When attempting to assess consciousness: Patient opens eyes, chest rises, responds to questions with moans		
<b>A</b>	<i>Patency of airways</i>	The airway is visually patent*
	<i>Saturation</i>	95
	<i>When performing O2 insufflation</i>	-
<b>B</b>	<i>Respiratory rate</i>	26
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Vesicular breathing on both sides
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Collapsed*
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weak, 110 beats/min
	<i>BP</i>	80/40
	<i>Auscultation of the heart</i>	Rapid
	<i>ECG:</i>	Sinus tachycardia
	<i>Capillary refill test</i>	The spot disappears 4 seconds after pressing*
	<i>Laboratory tests</i>	Complete blood count, coagulogram
	<i>Skin</i>	All the skin is pale and cold to the touch*
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tonus</i>	Muscle tonus normal*
	<i>Blood glucose</i>	6,3 mmol/l
<b>E</b>	<i>Abdominal palpation</i>	Moaning on the examination of the upper abdomen* Wooden belly*
	<i>Femoral arteries</i>	Rapid
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected*
	<i>Back</i>	No visible injuries detected, tar-like fluid in the buttocks area*
	<i>Rectal examination</i>	Black tarry masses on a finger. Melena*
	<i>Body temperature</i>	36.6°

Diagnostics and treatment measures



\*The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized

### Diagnostics and treatment measures

- To maintain hemoglobin levels above 7 g/dl, packed *red blood cells* (erythrocytes) should be transfused
- *Erythromycin* 250 mg IV infusion, 20-30 minutes (30-90 minutes before the endoscopy)
- *Omeprazole* 80 mg bolus (with the subsequent infusion 8 mg/hour)

*Additionally:*


- *Infusion of 0.9% NaCl solution 500-1000 ml IV bolus*

### General blood analysis

Test	Result	Measurement	Reference
Leukocytes (WBC)	4.15	10 <sup>9</sup> /L	4,00 - 8,80
Erythrocytes (RBC)	1.81	10 <sup>12</sup> /L	3,80 - 5,30
Hemoglobin (HGB)	60	g/L	117,00 - 160,00
Hematocrit (HCT)	18.8	%	35,00 - 47,00
Mean corpuscular volume of erythrocytes (MCV)	103.9	FL	81,00 - 101,00
Mean hemoglobin content in erythrocytes (MCH)	33.1	pg	27,00 - 34,00
Mean corpuscular hemoglobin concentration (MCHC)	319	g/L	310,00 - 360,00
Platelets (PLT)	132	10 <sup>9</sup> /L	150,00 - 300,00
Anisocytosis (RDW-CV)	21.5	%	11,50 - 14,50
Platelet width distribution (PDW)	9.3	FL	9,00 - 17,00
Mean platelet volume (MPV)	9.1	FL	8,00 - 12,00
Thrombocrit	0.05	FL	0,1 - 3,5
Neutrophils	2.09	10 <sup>9</sup> /L	1,88 - 6,34
Lymphocytes	0.55	10 <sup>9</sup> /L	0,76 - 3,26
Monocytes	0.48	10 <sup>9</sup> /L	0,12 - 0,97
Eosinophils	0.01	10 <sup>9</sup> /L	0,02 - 0,44
Basophils	0.02	10 <sup>9</sup> /L	0,00 - 0,06
Neutrophils	66.4	%	47,00 - 72,00
Lymphocytes (LYM)	17.5	%	19,00 - 37,00
Monocytes	15.2	%	3,00 - 11,00
Eosinophils	0.3	%	0,50 - 5,00
Basophils	0.6	%	0,00 - 1,00



## 5. Broncho-obstructive syndrome (BOS) against the background of bronchial asthma

When attempting to assess consciousness: Patient opens eyes, chest rises, responses to questions with moans		
<b>A</b>	<i>Patency of airways</i>	The airway is visually patent*
	<i>Saturation</i>	85
	<i>When performing O2 insufflation</i>	92
<b>B</b>	<i>Respiratory rate</i>	25
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Rough breathing, severely labored expiration, dry wheezing over the entire surface of the lungs
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Swollen*
Diagnostics and treatment measures 		
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weak, 110 beats/min
	<i>BP</i>	135/80
	<i>Auscultation of the heart</i>	Rapid
	<i>ECG</i>	Sinus tachycardia
	<i>Capillary refill test</i>	The spot disappears 2 seconds after pressing*
	<i>Laboratory tests</i>	Not required
	<i>Skin</i>	All the skin is warm, obvious cyanosis*
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tonus</i>	Muscle tonus normal*
	<i>Blood glucose</i>	6.3 mmol/l
<b>E</b>	<i>Abdominal palpation</i>	Abdomen within normal*
	<i>Femoral arteries</i>	Rapid
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected*
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	36.6°

\* The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized

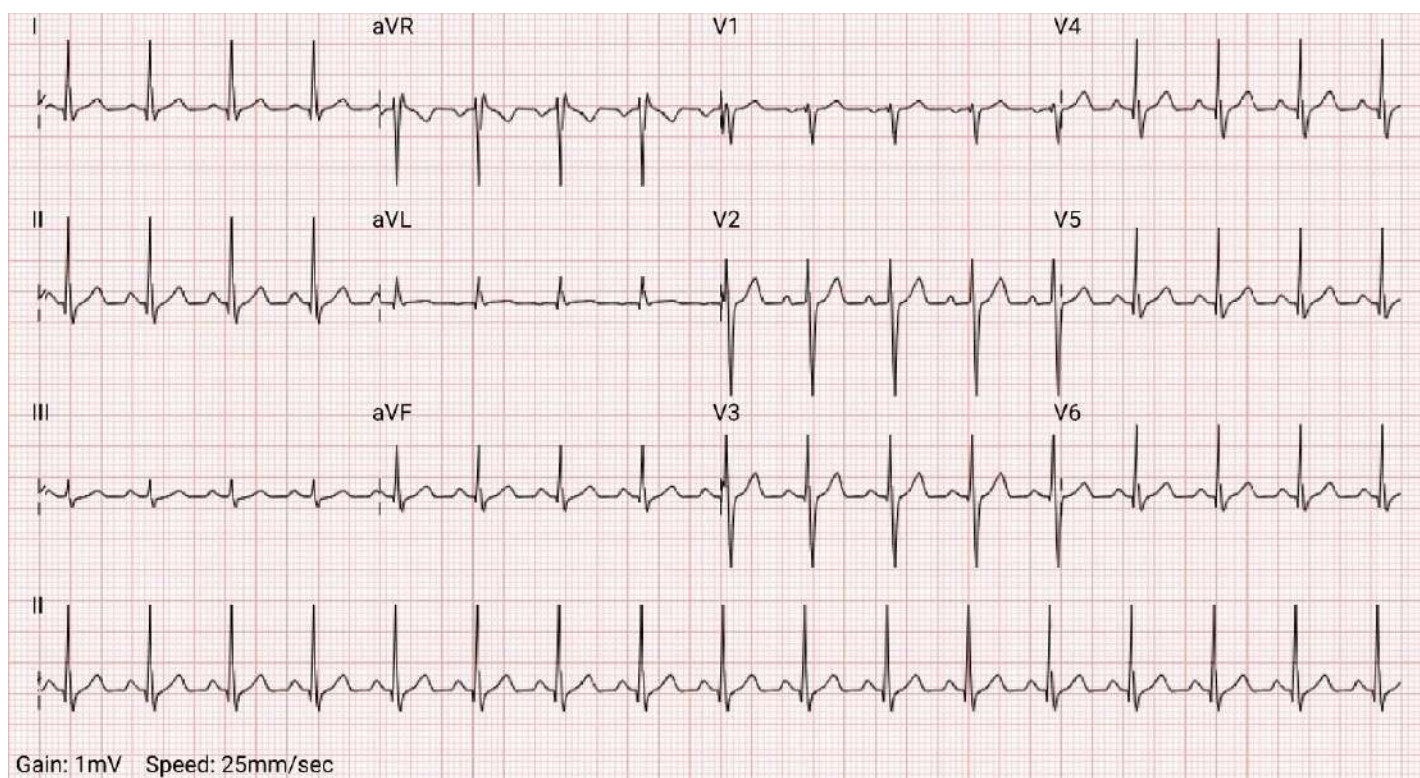


### Diagnosics and treatment measures

- *Salbutamol* 5 mg inhalation via nebulizer
- *Ipratropium bromide* 0.5 mg inhalation via nebulizer
- *Prednisolone* 40-50 mg/day tablet, or *Hydrocortisone* 100 mg IV

Permissible:

- *Magnesium sulfate* 1.2-2 g IV for 20 minutes



Sinus tachycardia





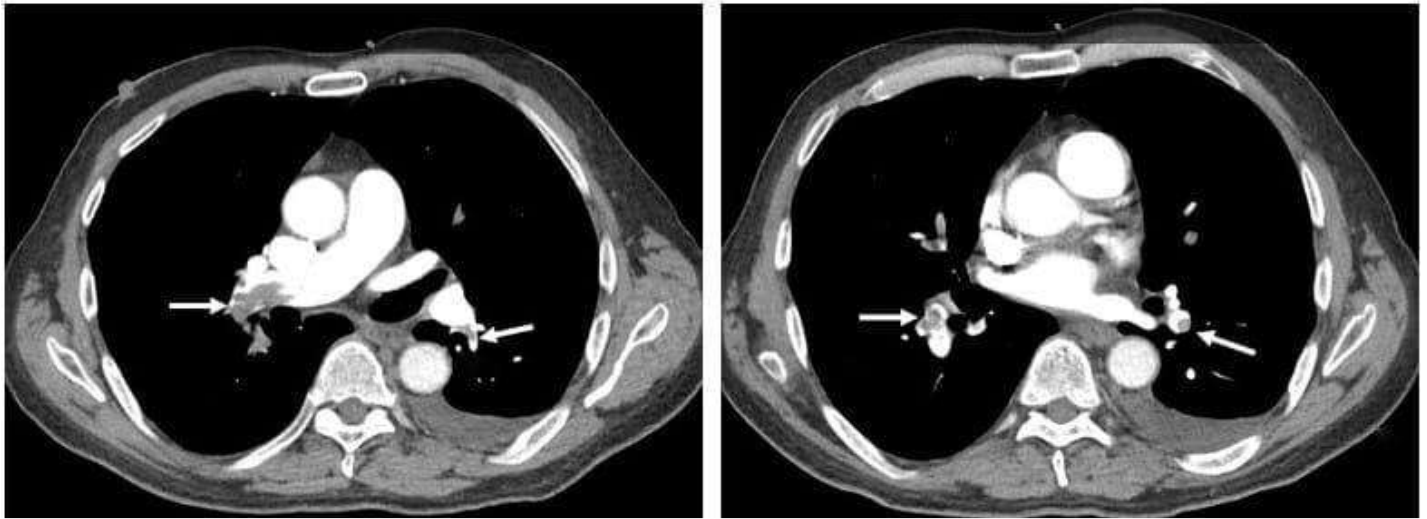
S1, Q3, T3 and R wave = S wave in lead V1

### Coagulogram

Test	Result	Measurement	Reference
D-dimer	8.2	µg/ml	<0.5

### Blood gases

Test	Result	Measurement	Reference
pH	7.47	-	7,35 - 7,45
PaO2	34.5	mmHg	> 75
PaCO2	19.2	mmHg	35 - 45
Bicarbonates	14	mmol/L	22,0 - 30,0
SpO2	84	%	95 - 100
Sodium (Na)	145	mmol/L	135 - 145
Potassium (K)	3.5	mmol/L	3,5 - 5,5
Calcium (Ca)	0.49	mmol/L	1.15 - 1,29
Chlorine (Cl)	102	mmol/L	98-106
Anion deficiency	32.1	mmol/L	8 - 16
Buffer capacity (BE)	-12	-	-2 +2
Lactate	7.0	mmol/L	0,8 – 1.6



Bilateral thrombembolia of the pulmonary artery. Arrows indicate filling defects (emboli).

### *Diagnosics and treatment measures*

CT

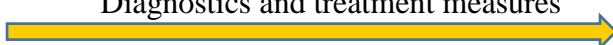
**In patients with a high or intermediate clinical likelihood of PATE**

- *Unfractionated heparin* 5000 units (80 units/kg) IV bolus (with subsequent IV infusion 18 units/kg/hour)

Thrombolysis:

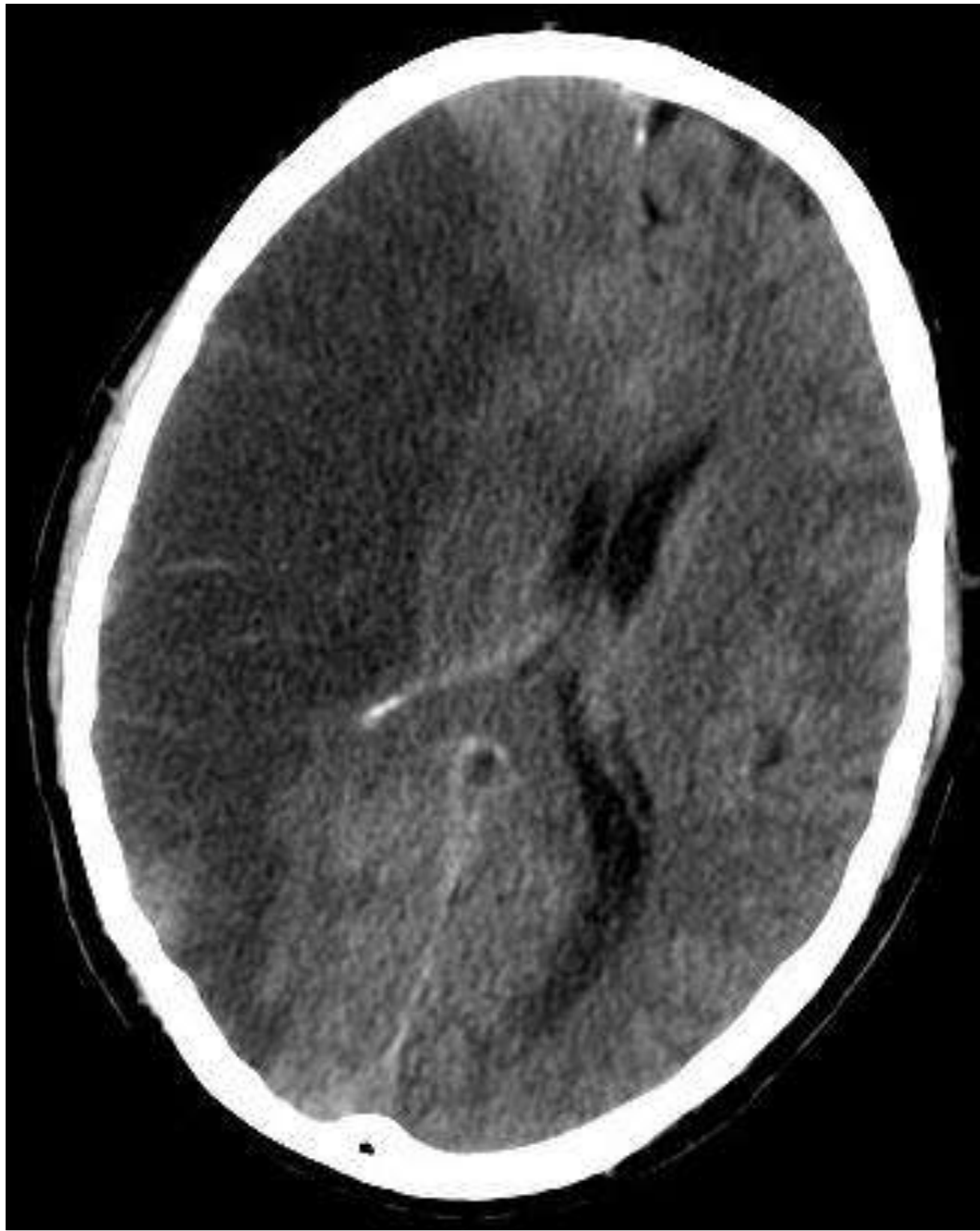
- *Alteplase* IV 100 mg for 2 hours  
or *Streptokinase* 250 000 units IV 1.5 million units over 30-60 minutes (if streptokinase or anistreplase was previously used)  
or *Urokinase* 4400 units/kg for 10 minutes, then 4400 units/kg/hour during 12-24 hours
- *Norepinephrine* - 12 µg/min (0.2-1 µg/kg/min)

## 7. Acute cerebrovascular accident (ACA), ischemic stroke

When attempting to assess consciousness: Eyes closed, chest rise is observed, does not answer questions		
<b>A</b>	<i>Patency of airways</i>	The airway is visually patent*
	<i>Saturation</i>	88
	<i>When performing O2 insufflation</i>	94
<b>B</b>	<i>Respiratory rate</i>	12
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Vesicular breathing on both sides
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Normal*
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weakened, 55 beats/min
	<i>BP</i>	230/120
	<i>Auscultation of the heart</i>	Normal
	<i>ECG</i>	Sinus bradycardia
	<i>Capillary refill test</i>	The spot disappears 2 seconds after pressing*
	<i>Laboratory tests</i>	Complete blood count, coagulogram
	<i>Skin</i>	All the skin is warm and of normal color*
<b>D</b>	<i>Pupillary photoreflex</i>	The right pupil is wider than the left, pupillary light reflex is absent on the right, preserved on the left
	<i>Muscle tonus</i>	Muscle tonus is weakened on the left, normal on the right*
	<i>Blood glucose</i>	6.3 mmol/l
Diagnostics and treatment measures 		
<b>E</b>	<i>Abdominal palpation</i>	Abdomen within normal*
	<i>Femoral arteries</i>	Regular
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected *
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	36.6°

\*The text will be voiced by the member of Commission

With properly conducted therapeutic measures, the indicators are normalized



### ***Diagnostics and treatment measures***

#### Un-enhanced CT

- For blood pressure  $>180/105$ , prescribe antihypertensive drugs:  
*Labetalol 10-20 mg intravenously for 1-2 minutes, can be repeated once*  
or *Nicardipine 5 mg/hour IV, titrate by 2.5 mg/hour every 5 to 15 minutes, maximum 15 mg/hour*  
or *Clevidipine 1-2 mg/hour intravenously, titrate by doubling the dose every 2-5 minutes until the desired blood pressure is achieved; maximum 21 mg/hour*
- *Alteplase 50 mg IV (0.9 mg/kg with an initial injection of 10% bolus over 1 minute (maximum dose 90 mg over 60 minutes))*




## General blood analysis

Test	Result	Measurement	Reference
Leukocytes (WBC)	6.3	10 <sup>9</sup> /L	4,00 - 8,80
Erythrocytes (RBC)	4.8	10 <sup>12</sup> /L	3,80 - 5,30
Hemoglobin (HGB)	139	g/L	117,00 - 160,00
Hematocrit (HCT)	41.6	%	35,00 - 47,00
Mean corpuscular volume of erythrocytes (MCV)	91.2	FL	81,00 - 101,00
Mean hemoglobin content in erythrocytes (MCH)	30.5	pg	27,00 - 34,00
Mean corpuscular hemoglobin concentration (MCHC)	334	g/L	310,00 - 360,00
Platelets (PLT)	435	10 <sup>9</sup> /L	150,00 - 300,00
Anisocytosis (RDW-SD)	36	FL	34,00 - 46,00
Anisocytosis (RDW-CV)	12.8	%	11,50 - 14,50
Platelet width distribution (PDW)	12.2	FL	9,00 - 17,00
Mean platelet volume (MPV)	10.2	FL	8,00 - 12,00
Platelet large cell ratio (P-LCR)	30	%	13,00 - 43,00
Thrombocrit	0.18	FL	0,1 – 3,5
Neutrophils	3.5	10 <sup>9</sup> /L	1,88 - 6,34
Lymphocytes	1.76	10 <sup>9</sup> /L	0,76 - 3,26
Monocytes	0.65	10 <sup>9</sup> /L	0,12 - 0,97
Eosinophils	0.24	10 <sup>9</sup> /L	0,02 - 0,44
Basophils	0.01	10 <sup>9</sup> /L	0,00 - 0,09
Neutrophils	53	%	47,00 - 72,00
Lymphocytes	27	%	19,00 - 37,00
Monocytes	9	%	3,00 - 11,00
Eosinophils	2.4	%	0,50 - 5,00
Basophils	0.1	%	0,00 - 1,00



## 8. Hypoglycemia

On attempt to assess: Patient opens eyes, chest rises, responds to questions with moans		
<b>A</b>	<i>Patency of airways</i>	The airway is visually patent*
	<i>Saturation</i>	95
	<i>When performing O2 insufflation</i>	98
<b>B</b>	<i>Respiratory rate</i>	18
	<i>Percussion of the lungs</i>	Clear pulmonary sound on the left and right*
	<i>Auscultation of the lungs</i>	Vesicular breathing on both sides
	<i>Trachea</i>	Trachea is in normal position*
	<i>Neck veins</i>	Normal*
<b>C</b>	<i>Pulse, heart rate</i>	The pulse is symmetrical on both sides, weakened, 110 beats/min
	<i>BP</i>	135/80
	<i>Auscultation of the heart</i>	Rapid
	<i>ECG</i>	Sinus tachycardia
	<i>Capillary refill test</i>	The spot disappears 2 seconds after pressing*
	<i>Laboratory tests</i>	Not required
	<i>Skin</i>	All the skin is damp, sticky, and trembling is felt*
<b>D</b>	<i>Pupillary photoreflex</i>	The pupils are reacting equally, light reflex preserved
	<i>Muscle tonus</i>	Muscle tonus normal*
	<i>Blood glucose</i>	2.0 mmol/l
Diagnostics and treatment measures 		
<b>E</b>	<i>Abdominal palpation</i>	Abdomen within normal*
	<i>Femoral arteries</i>	Rapid
	<i>Varicose veins</i>	No varicose veins detected*
	<i>Edema</i>	No edema detected *
	<i>Back</i>	No visible injuries, no bleeding detected*
	<i>Rectal examination</i>	Not required*
	<i>Body temperature</i>	36.6°

\*The text will be voiced by the member of Commission

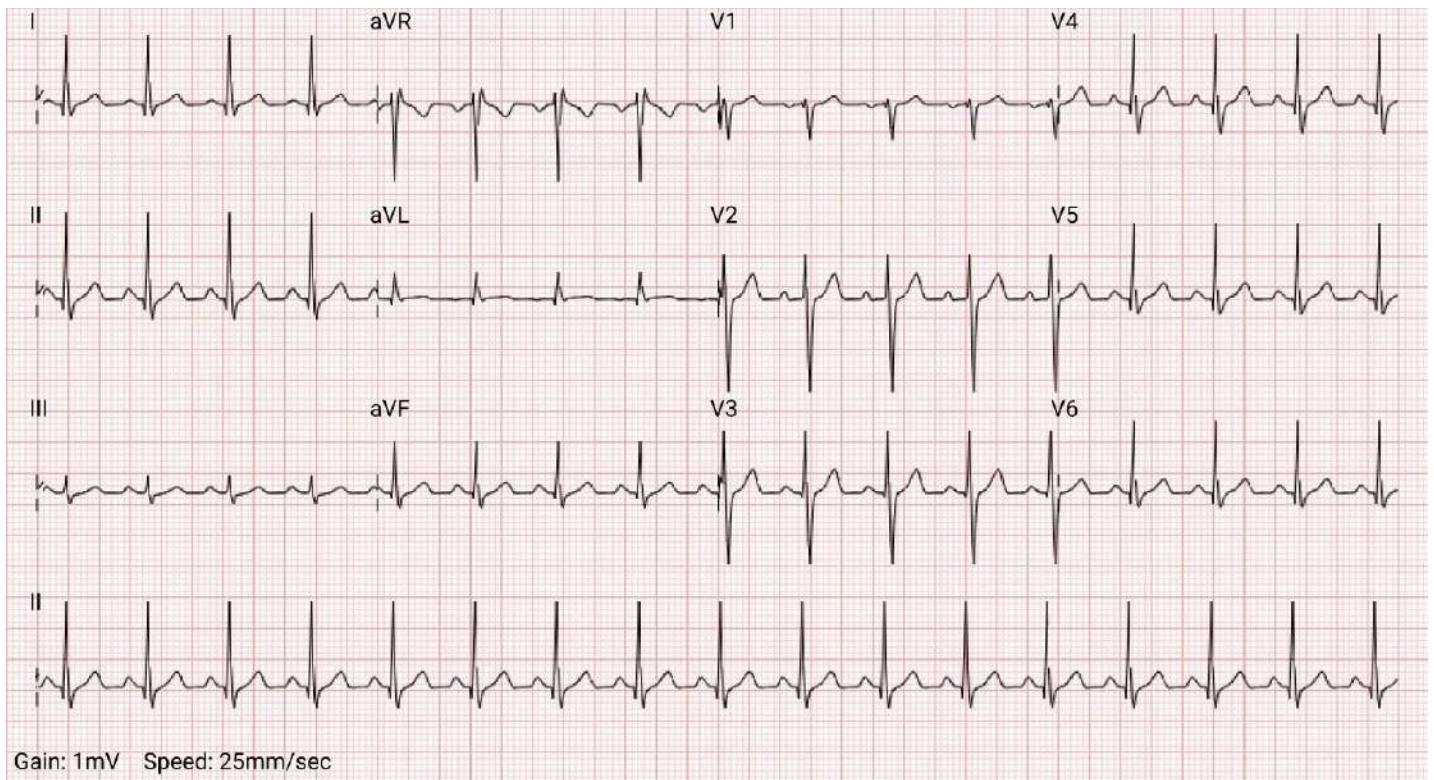
With properly conducted therapeutic measures, the indicators are normalized

### Diagnosics and treatment measures

If  $\leq 3.3$  mmol/L

If hypoglycemia is suspected in a person who has signs or symptoms of mild hypoglycemia, is conscious and able to swallow:

- Glucose or dextrose tablets (15-20 g)



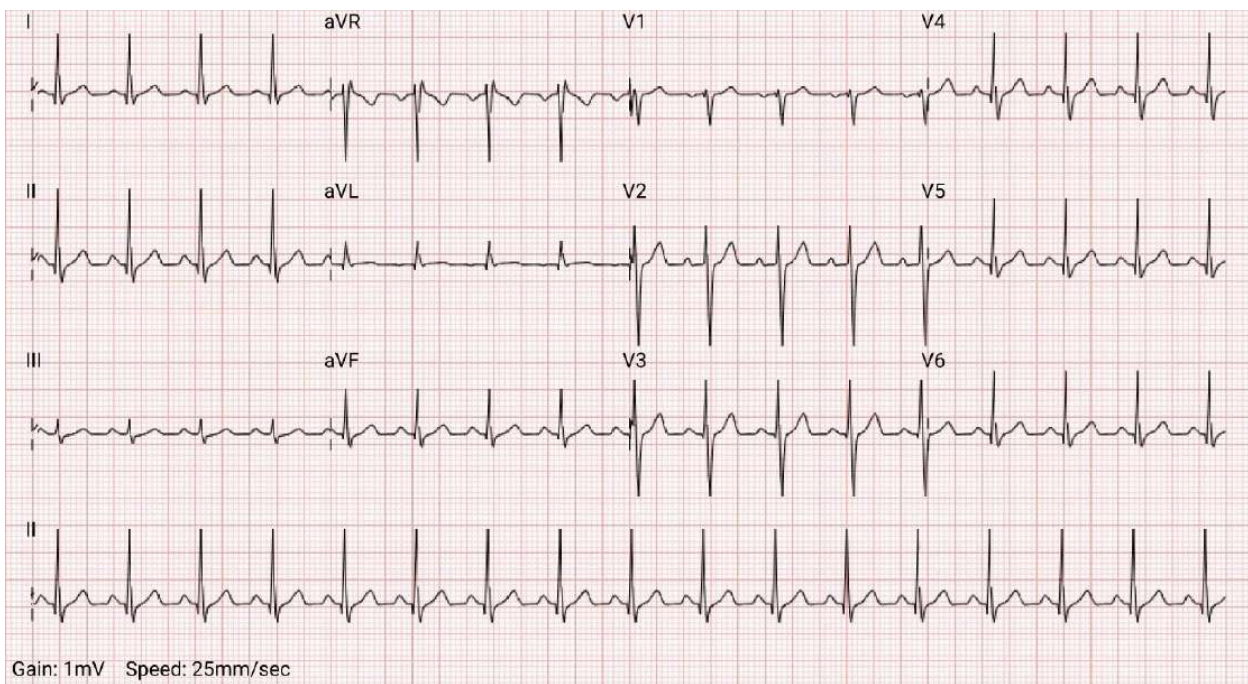
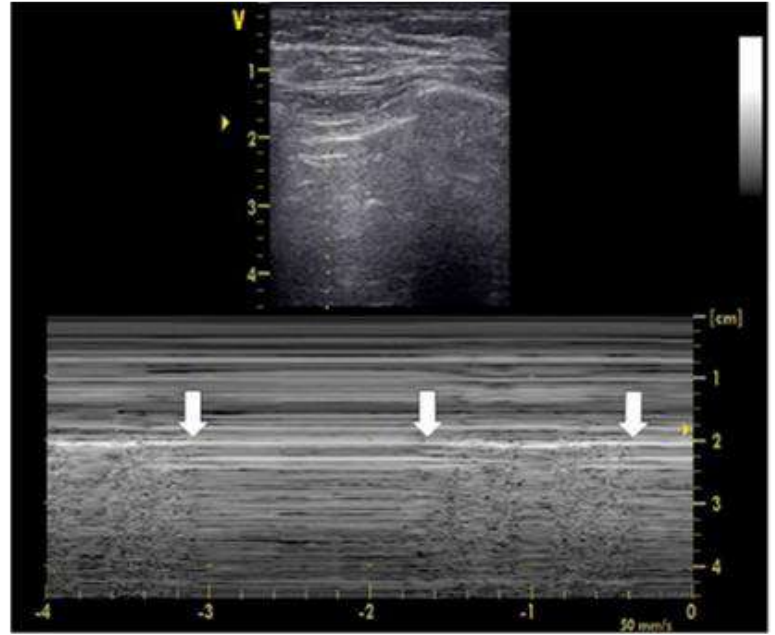
Sinus tachycardia



### Diagnosics and treatment measures

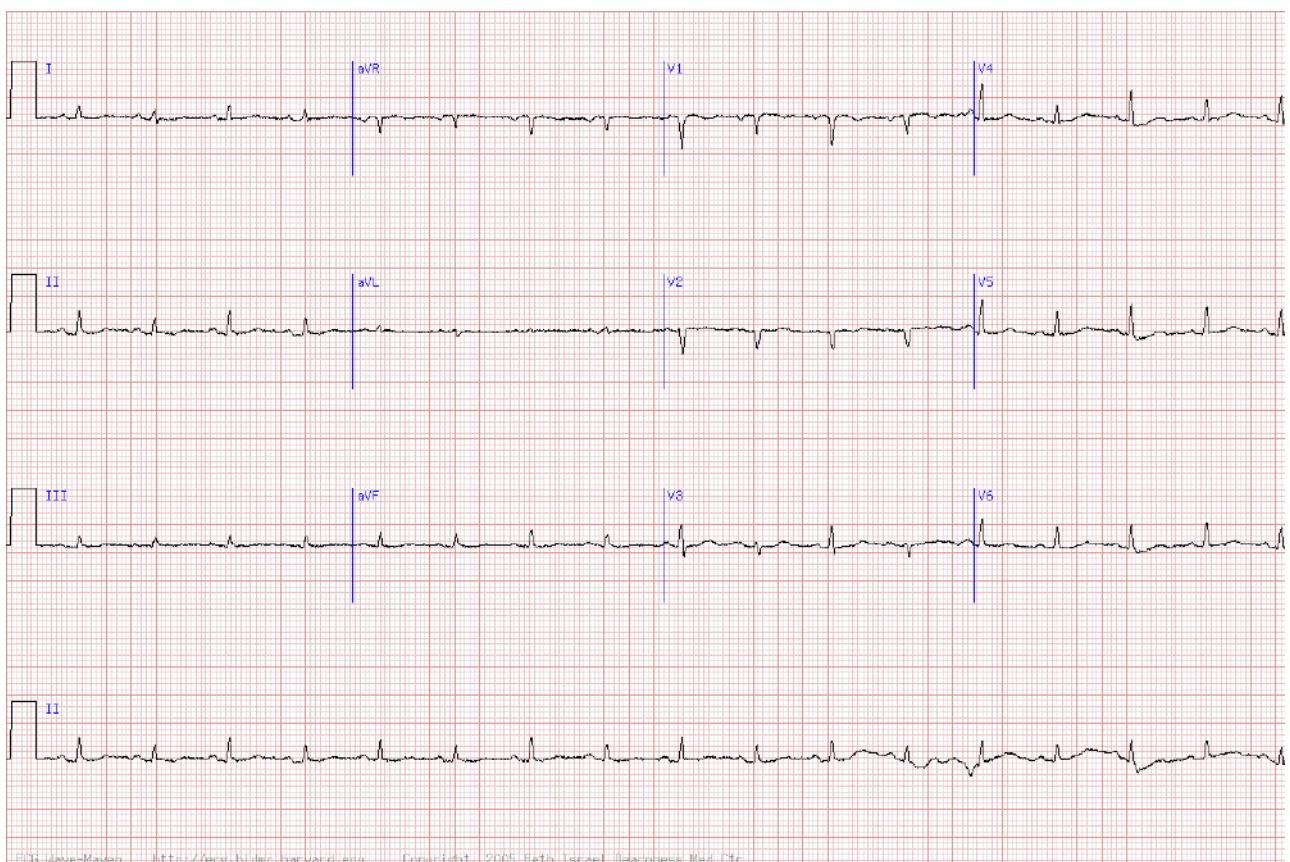
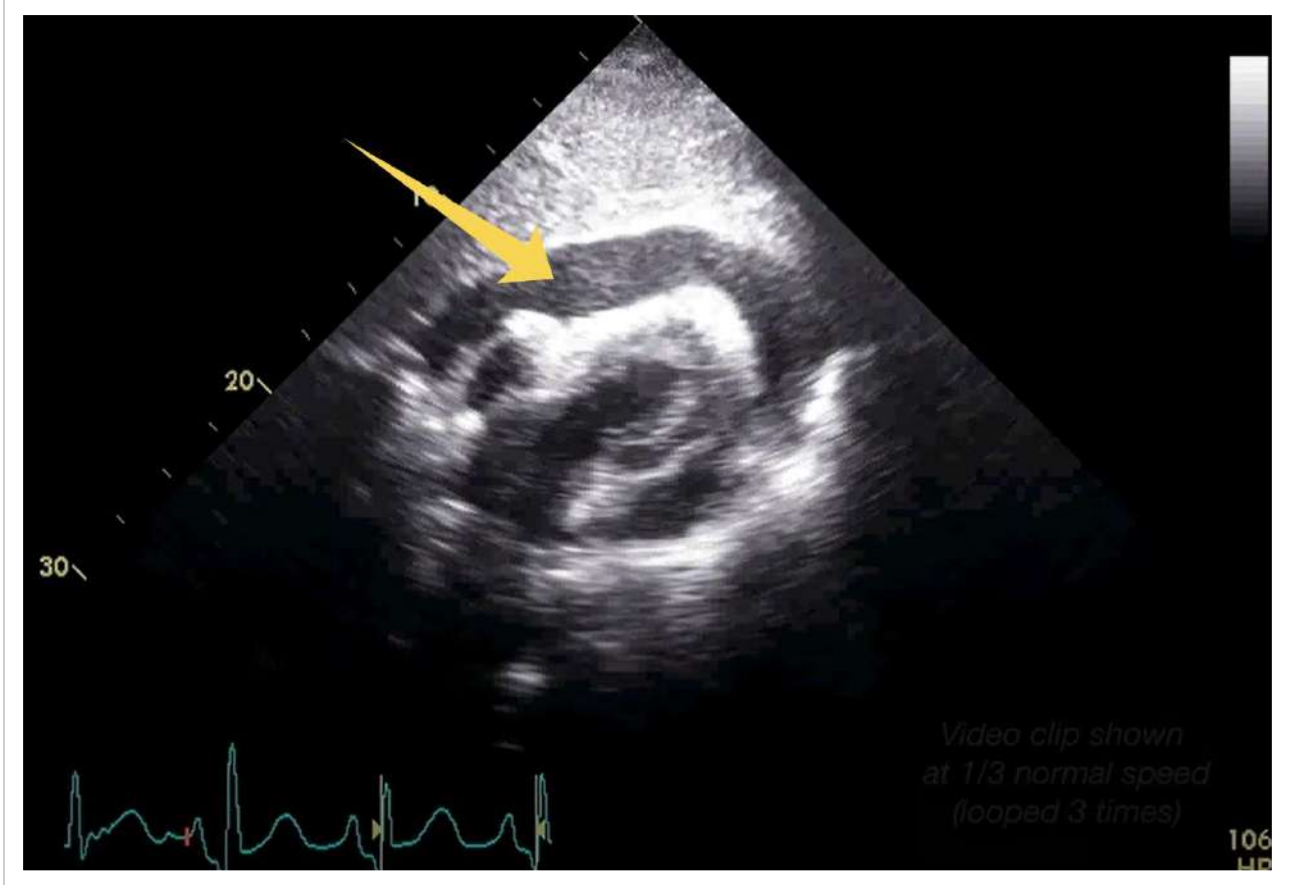
#### Ultrasonography, X-ray

- Treat the skin of the chest in the area of the anterior chest wall with an antiseptic solution - 0.05% aqueous solution of chlorhexidine bigluconate or 70% ethyl alcohol solution
- Infiltration anesthesia of the skin and subcutaneous tissues with lidocaine
- *Puncture* of the pleural cavity in the 2nd intercostal space along the midclavicular line on the upper edge of the underlying rib (cannula 14-16 g)



Sinus tachycardia





Signs of pericarditis, low voltage of QRS complex and electrical alternation in II, V1, V3, V4 leads

### *Diagnosics and treatment measures*

#### Echo-CG

- Treat the skin of the chest in the area of the anterior chest wall with an antiseptic solution - 0.05% aqueous solution of chlorhexidine bigluconate or 70% ethyl alcohol solution
- Give an elevated position to the head end of the couch (angle 30°)
- IV sedation

*morphine 0.1 mg/kg*

or phentanyl 25-50 µg and midazolam 3-5 mg

- Infiltration anesthesia of the skin and subcutaneous tissues with lidocaine

*Pericardiocentesis* (Larrey method) is carried out with a 16G needle between the left costal arch (attachment of the cartilage of the VII rib to the sternum) and the base of the xiphoid appendix

## **13. Regulatory and methodological guidelines for the station passport**

1. 2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC)

<https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad191/7243210?login=false>

ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary

<https://www.ahajournals.org/doi/full/10.1161/01.cir.0000134791.68010.f>

Kəskin koronar sindromun diaqnostika və müalicəsi üzrə klinik protokol

[https://isim.az/upload/File/reports/54\\_KKS\\_W.pdf](https://isim.az/upload/File/reports/54_KKS_W.pdf)

2. 2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC)

<https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad191/7243210?login=false>

2014 AHA/ACC Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes: Executive Summary

<https://www.ahajournals.org/doi/10.1161/cir.000000000000133>

Kəskin koronar sindromun diaqnostika və müalicəsi üzrə klinik protokol

[https://isim.az/upload/File/reports/54\\_KKS\\_W.pdf](https://isim.az/upload/File/reports/54_KKS_W.pdf)







## 15. Checklist

Scenario 1 - 8

№	Action of the accredited person	Evaluation Criteria	
		<input type="checkbox"/> yes	<input type="checkbox"/> no
1	Made sure there is no danger to himself/herself and the victim (looks around, safety gesture)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	Assessed consciousness	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	Ensured the availability of the kit, and called assistant(s)	<input type="checkbox"/> yes	<input type="checkbox"/> no
4	Put on gloves and asked an assistant to put on gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	<i>A - Correctly assessed the airway patency</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>B - Correctly and fully assessed the activity of the respiratory system:</i>			
6	Pulse oximetry, provision of oxygen therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no
7	Chest percussion	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Percussion of the lungs	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	Determination of respiration rate (RR)	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Examination of the trachea and neck veins	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>C - Correctly and fully assessed the activity of the cardiovascular system:</i>			
11	Assessment of pulse simultaneously on the carotid and radial artery	<input type="checkbox"/> yes	<input type="checkbox"/> no
12	Measurement of arterial blood pressure (BP)	<input type="checkbox"/> yes	<input type="checkbox"/> no
13	Auscultation of the heart	<input type="checkbox"/> yes	<input type="checkbox"/> no
14	Placement of electrodes, interpretation of ECG	<input type="checkbox"/> yes	<input type="checkbox"/> no
15	Blood sampling, commenting on test results if necessary	<input type="checkbox"/> yes	<input type="checkbox"/> no
16	Check of rash blanching at pressure symptom	<input type="checkbox"/> yes	<input type="checkbox"/> no
17	Assessment of skin color	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>D - Correctly and fully assessed the neurological status:</i>			
18	Pupils' response	<input type="checkbox"/> yes	<input type="checkbox"/> no
19	Assessment glucose levels in capillary blood	<input type="checkbox"/> yes	<input type="checkbox"/> no
20	Assessment of muscle tonus	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>E - Correctly and fully assessed the indicators of general condition:</i>			
21	Abdominal palpation	<input type="checkbox"/> yes	<input type="checkbox"/> no
22	Palpation of pulse in the femoral arteries on both sides	<input type="checkbox"/> yes	<input type="checkbox"/> no
23	Examination of the back, rectal examination if necessary	<input type="checkbox"/> yes	<input type="checkbox"/> no
24	Examination of the legs and popliteal areas for the presence of varicose veins	<input type="checkbox"/> yes	<input type="checkbox"/> no
25	Palpation of the foot dorsum and the legs to determine the presence of edema	<input type="checkbox"/> yes	<input type="checkbox"/> no
26	Measurement of the body temperature	<input type="checkbox"/> yes	<input type="checkbox"/> no
27	If necessary, assigned additional examinations and correctly interpreted results	<input type="checkbox"/> yes	<input type="checkbox"/> no
28	Correctly called EMS	<input type="checkbox"/> yes	<input type="checkbox"/> no
29	Correctly arrived at diagnosis	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>Assigned correct and full treatment</i>			
30	Used only indicated medications	<input type="checkbox"/> yes	<input type="checkbox"/> no
31	Where necessary, used additional medications	<input type="checkbox"/> yes	<input type="checkbox"/> no
32	Used the optimal route of administration	<input type="checkbox"/> yes	<input type="checkbox"/> no
33	Used correct dosage	<input type="checkbox"/> yes	<input type="checkbox"/> no
34	Followed priorities of administration	<input type="checkbox"/> yes	<input type="checkbox"/> no
35	Followed the sequence of ABCDE examination	<input type="checkbox"/> yes	<input type="checkbox"/> no
36	Made an attempt of repeated ABCDE examination	<input type="checkbox"/> yes	<input type="checkbox"/> no
37	Commented on his /her actions out loud	<input type="checkbox"/> yes	<input type="checkbox"/> no

## Scenario 9, 10

№	Action of the accredited person	Evaluation Criteria	
		<input type="checkbox"/> yes	<input type="checkbox"/> no
1	Made sure there is no danger to himself/herself and the victim (looks around, safety gesture)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	Assessed consciousness	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	Ensured the availability of the kit, and called assistant(s)	<input type="checkbox"/> yes	<input type="checkbox"/> no
4	Put on gloves and asked an assistant to put on gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	<b>A</b> - Correctly assessed the airway patency	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>B - Correctly and fully assessed the activity of the respiratory system</b>			
6	Pulse oximetry, provision of oxygen therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no
7	Chest percussion	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Percussion of the lungs	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	Determination of respiration rate (RR)	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Examination of the trachea and neck veins	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>C - Correctly and fully assessed the activity of the cardiovascular system:</b>			
11	Assessment of pulse simultaneously on the carotid and radial artery	<input type="checkbox"/> yes	<input type="checkbox"/> no
12	Measurement of arterial blood pressure (BP)	<input type="checkbox"/> yes	<input type="checkbox"/> no
13	Auscultation of the heart	<input type="checkbox"/> yes	<input type="checkbox"/> no
14	Placement of electrodes, interpretation of ECG	<input type="checkbox"/> yes	<input type="checkbox"/> no
15	Blood sampling, commenting on test results if necessary	<input type="checkbox"/> yes	<input type="checkbox"/> no
16	Check of rash blanching at pressure symptom	<input type="checkbox"/> yes	<input type="checkbox"/> no
17	Assessment of skin color	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>D - Correctly and fully assessed the neurological status:</b>			
18	Pupils' response	<input type="checkbox"/> yes	<input type="checkbox"/> no
19	Assessment glucose levels in capillary blood	<input type="checkbox"/> yes	<input type="checkbox"/> no
20	Assessment of muscle tonus	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>E - Correctly and fully assessed the indicators of general condition:</b>			
21	Abdominal palpation	<input type="checkbox"/> yes	<input type="checkbox"/> no
22	Palpation of pulse in the femoral arteries on both sides	<input type="checkbox"/> yes	<input type="checkbox"/> no
23	Examination of the back, rectal examination if necessary	<input type="checkbox"/> yes	<input type="checkbox"/> no
24	Examination of the legs and popliteal areas for the presence of varicose veins	<input type="checkbox"/> yes	<input type="checkbox"/> no
25	Palpation of the foot dorsum and the legs to determine the presence of edema	<input type="checkbox"/> yes	<input type="checkbox"/> no
26	Measurement of the body temperature	<input type="checkbox"/> yes	<input type="checkbox"/> no
27	If necessary, assigned additional examinations and correctly interpreted results	<input type="checkbox"/> yes	<input type="checkbox"/> no
28	Correctly called EMS	<input type="checkbox"/> yes	<input type="checkbox"/> no
29	Correctly arrived at diagnosis	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Assigned correct and full treatment</b>			
30	Conducted aseptic treatment of the intended puncture area	<input type="checkbox"/> yes	<input type="checkbox"/> no
31	Anesthetized the intended puncture area	<input type="checkbox"/> yes	<input type="checkbox"/> no
32	Correctly identified the location and performed the puncture	<input type="checkbox"/> yes	<input type="checkbox"/> no
33	Did not use unscheduled medical preparations	<input type="checkbox"/> yes	<input type="checkbox"/> no
34	Followed the sequence of ABCDE examination	<input type="checkbox"/> yes	<input type="checkbox"/> no
35	Made an attempt of repeated ABCDE examination	<input type="checkbox"/> yes	<input type="checkbox"/> no
36	Commented on his /her actions out loud	<input type="checkbox"/> yes	<input type="checkbox"/> no