Basic Life Support

Adult CPR and AED Skills Testing Checklist



Student Name		Date of Test			
Hospital Scenario: "You are workir		and you see a person who has suddenly ch the patient. Demonstrate what you v			
_	on the scene for a suspe	cted cardiac arrest. No bystander CPR			d. You
Assessment and Activation					
☐ Checks responsiveness☐ Checks breathing	☐ Shouts for help/Ac☐ Checks pulse	tivates emergency response system/S	ends for AED)	
Once student shouts for help, inst	ructor says, "Here's the	barrier device. I am going to get the AE	D."		
Cycle 1 of CPR (30:2) *CPR for Adult Compressions Performs high-quality compound to the Hand placement on lower how the second to the second	oressions*: alf of sternum than 15 and no more the es (5 cm) compression er device: econd breath				
☐ Compressions ☐ Breat	ths Resumes con	k box if step is successfully performenpressions in less than 10 seconds	ed		
Rescuer 2 says, "Here is the AED.	I'll take over compressio	nns, and you use the AED."			
AED (follows prompts of AED) ☐ Powers on AED ☐ Corr ☐ Clears to safely deliver a sh	ectly attaches pads	☐ Clears for analysis☐ Safely delivers a shock			
Resumes Compressions Ensures compressions are Student directs instructor t Second student resumes compressions	o resume compressions				
	ST	OP TEST			
	ete all steps successfull ke a note here of which s	t completes successfully. y (as indicated by at least 1 blank check skills require remediation (refer to instru			
Test Results Check PASS o	r NR to indicate pass or	needs remediation:	□ PASS		NR
Instructor Initials In	structor Number or Name	Date			_

Basic Life Support

Adult CPR and AED Skills Testing Critical Skills Descriptors

1. Assesses victim and activates emergency response system (this *must* precede starting compressions) within 30 seconds. After determining that the scene is safe:

- Checks for responsiveness by tapping and shouting
- Shouts for help/directs someone to call for help and get AED/defibrillator
- Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
- Checks carotid pulse
 - Should be done simultaneously with check for breathing
 - Checks for a minimum of 5 seconds and no more than 10 seconds

Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)

- Correct hand placement
 - Lower half of sternum
 - 2-handed (second hand on top of the first or grasping the wrist of the first hand)
- Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
- Compression depth and recoil—at least 2 inches (5 cm) and avoid compressing more than 2.4 inches (6 cm)
 - Use of a commercial feedback device or high-fidelity manikin is required
 - Complete chest recoil after each compression
- Minimizes interruptions in compressions
 - Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle
 - Compressions resumed immediately after shock/no shock indicated

3. Provides 2 breaths by using a barrier device

- Opens airway adequately
 - Uses a head tilt-chin lift maneuver or jaw thrust
- Delivers each breath over 1 second
- Delivers breaths that produce visible chest rise
- Avoids excessive ventilation
- Resumes chest compressions in less than 10 seconds

4. Performs same steps for compressions and breaths for Cycle 2

5. AED use

- Powers on AED
 - Turns AED on by pushing button or lifting lid as soon as it arrives
- Correctly attaches pads
 - Places proper-sized (adult) pads for victim's age in correct location
- Clears for analysis
 - Clears rescuers from victim for AED to analyze rhythm (pushes analyze button if required by device)
 - Communicates clearly to all other rescuers to stop touching victim
- Clears to safely deliver shock
 - Communicates clearly to all other rescuers to stop touching victim
- Safely delivers a shock
 - Resumes chest compressions immediately after shock delivery
 - Does not turn off AED during CPR

6. Resumes compressions

- Ensures that high-quality chest compressions are resumed immediately after shock delivery
 - Performs same steps for compressions

Child CPR Skills Testing Checklist



Student Name	Date of Test
Scenario: "You are home alone with a child, and the chave a cell phone with you, but no AED nearby. Demo	hild suddenly collapses in front of you. The scene is safe and you onstrate what you would do next."
Assessment and Activation Checks responsiveness Shouts for help/Pho	ones 9-1-1 on cell phone
Cycle 1 of CPR (30:2) *CPR feedback devices	s preferred for accuracy
Child Compressions Performs high-quality compressions*: Hand placement on lower half of breastbone 30 compressions in no less than 15 and no methan 18 seconds Compresses at least one third the depth of the chest, about 2 inches (5 cm) Complete recoil after each compression	Gives 2 breaths in less than 10 seconds
Cycle 2 of CPR (repeats steps in Cycle 1) Gives 30 high-quality compressions Gives 2	Only check box if step is successfully performed 2 effective breaths
Cycle 3 of CPR (repeats steps in Cycle 1) Gives 30 high-quality compressions Gives 2	Only check box if step is successfully performed 2 effective breaths
Instructor says, "EMS has arrived and is taking over."	0700 7507
	STOP TEST
	ompletes successfully. (as indicated by at least 1 blank check box), the student must receive emediation (refer to Instructor Manual for information about remediation).
Test Results Check PASS or NR to indicate pass	or needs remediation:
Instructor Instructor Name	Date

Child CPR Skills Testing Critical Skills Descriptors

- 1. Assesses victim and activates emergency response system (this *must* precede starting compressions) within a maximum of 30 seconds. After determining that the scene is safe:
 - · Checks for responsiveness by tapping and shouting
 - Shouts for help and phones 9-1-1
 - Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
- Cycle 1: Performs high-quality chest compressions (initiates compressions immediately after recognition of cardiac arrest)
 - · Correct hand placement
 - Lower half of breastbone
 - 1- or 2-handed (second hand on top of the first)
 - Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
 - Compression depth and recoil—compress at least one third the depth of the chest, about 2 inches (5 cm)
 - Use of a commercial feedback device/manikin is highly recommended
 - Complete chest recoil after each compression
- 3. Cycle 1: Provides 2 breaths by using a barrier device
 - Opens airway adequately
 - Uses a head tilt-chin lift maneuver
 - · Delivers each breath over 1 second
 - Delivers breaths that produce visible chest rise
 - · Avoids excessive ventilation
 - Resumes chest compressions in less than 10 seconds
- 4. Cycle 2: Performs same steps for compressions and breaths as in Cycle 1
- 5. Cycle 3: Performs same steps for compressions and breaths as in Cycle 1

Basic Life Support

Infant CPR Skills Testing Checklist (1 of 2)



Student Name	Date of Test
shouts, 'Help me! My baby's not breemergency response system and the	
	on the scene for an infant who is not breathing. No bystander CPR has been provided. The that it is safe. Demonstrate what you would do next."
Assessment and Activation Checks responsiveness	☐ Shouts for help/Activates emergency response system
☐ Checks breathing	☐ Checks pulse
Once student shouts for help, instr	ructor says, "Here's the barrier device."
	eedback devices are required for accuracy
Infant Compressions ☐ Performs high-quality comp	ressions*:
	thumbs in the center of the chest, just below the nipple line
• 30 compressions in no less	than 15 and no more than 18 seconds
'	ird the depth of the chest, approximately 1½ inches (4 cm)
Complete recoil after each of the c	compression
Infant Breaths ☐ Gives 2 breaths with a barrie	or device:
Each breath given over 1 separate to the	
Visible chest rise with each	
Resumes compressions in le	ess than 10 seconds
Cycle 2 of CPR (repeats steps Compressions	in Cycle 1) Only check box if step is successfully performed hs Resumes compressions in less than 10 seconds
Rescuer 2 arrives with bag-mask dencircling hands technique.	levice and begins ventilation while Rescuer 1 continues compressions with 2 thumb–
Cycle 3 of CPR	
Rescuer 1: Infant Compressio Performs high-quality comp	
	mb-encircling hands technique
• 15 compressions in no less	than 7 and no more than 9 seconds
The state of the s	ird the depth of the chest, approximately 1½ inches (4 cm)
Complete recoil after each of the control of t	compression
Rescuer 2: Infant Breaths	

(continued)

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Basic Life Support

Infant CPR Skills Testing Checklist (2 of 2)



Student Name	Date of Test			
(continued)				
Cycle 4 of CPR Rescuer 2: Infant Compressions This rescuer is not evaluated. Rescuer 1: Infant Breaths Gives 2 breaths with a bag-mask device: • Each breath given over 1 second • Visible chest rise with each breath				
Resumes compressions in less than 10 seconds			,	
STOP TEST				
Instructor Notes				
 Place a check in the box next to each step the student completes successfully. If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation). 				
Test Results Check PASS or NR to indicate pass or needs remediation	n:	□ PASS	□ NR	
Instructor Initials Instructor Number	Date			

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Infant CPR

Skills Testing Critical Skills Descriptors

- 1. Assesses victim and activates emergency response system (this *must* precede starting compressions) within 30 seconds. After determining that the scene is safe:
 - Checks for responsiveness by tapping and shouting
 - Shouts for help/directs someone to call for help and get emergency equipment
 - · Checks for no breathing or no normal breathing (only gasping)
 - Scans from the head to the chest for a minimum of 5 seconds and no more than 10 seconds
 - Checks brachial pulse
 - Should be done simultaneously with check for breathing
 - Checks for a minimum of 5 seconds and no more than 10 seconds

2. Performs high-quality chest compressions during 1-rescuer CPR (initiates compressions within 10 seconds after identifying cardiac arrest)

- Correct placement of hands/fingers in center of chest
 - 1 rescuer: 2 fingers or 2 thumbs just below the nipple line
 - If the rescuer is unable to achieve the recommended depth, it may be reasonable to use the heel of one hand
- Compression rate of 100 to 120/min
 - Delivers 30 compressions in 15 to 18 seconds
- Adequate depth for age
 - Infant: at least one third the depth of the chest (approximately 11/2 inches [4 cm])
 - Use of a commercial feedback device or high-fidelity manikin is required
- · Complete chest recoil after each compression
- Appropriate ratio for age and number of rescuers
 - 1 rescuer: 30 compressions to 2 breaths
- Minimizes interruptions in compressions
 - Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle

3. Provides effective breaths with bag-mask device during 2-rescuer CPR

- Opens airway adequately
- · Delivers each breath over 1 second
- Delivers breaths that produce visible chest rise
- Avoids excessive ventilation
- Resumes chest compressions in less than 10 seconds
- 4. Switches compression technique at appropriate interval as prompted by the instructor (for purposes of this evaluation). Switch should take no more than 5 seconds.

5. Performs high-quality chest compressions during 2-rescuer CPR

- Correct placement of hands/fingers in center of chest
 - 2 rescuers: 2 thumb-encircling hands just below the nipple line
- Compression rate of 100 to 120/min
 - Delivers 15 compressions in 7 to 9 seconds
- Adequate depth for age
 - Infant: at least one third the depth of the chest (approximately 11/2 inches [4 cm])
- Complete chest recoil after each compression
- Appropriate ratio for age and number of rescuers
 - 2 rescuers: 15 compressions to 2 breaths
- · Minimizes interruptions in compressions
- Delivers 2 breaths so less than 10 seconds elapses between last compression of one cycle and first compression of next cycle



National Registry of Emergency Medical Technicians Advanced Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: Exa	nminer:		
	nature:		
Actual Time Started:		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precau	utions	1	1
Determines the scene/situation is safe		1	1
Attempts to question any bystanders about arrest events		1	1
Checks patient responsiveness		1	1
Assesses patient for signs of breathing [observes the patient and of breathing or abnormal breathing (gasping or agonal respiration)		1	1
Checks carotid pulse [no more than 10 seconds]		1	1
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]			1
Requests additional EMS response		1	1
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	ooint)	5	5
NOTE: After 2 minutes (5 cycles), patient is assessed and so		anragaian	o while
candidate operates AED.	scond rescuer resumes com	ipressions	5 WIIIIE
Turns-on power to AED		1	1
Follows prompts and correctly attaches AED to patient		1	1
Stops CPR and ensures all individuals are clear of the patient du	uring rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers	shock from AED	1	1
Immediately directs rescuer to resume chest compressions		1	1
Actual Time Ended:	TOTAL	18	18
Failure to take or verbalize appropriate body substance isomore Failure to immediately begin chest compressions as soon and Failure to deliver shock in a timely manner Interrupts CPR for more than 10 seconds at any point Failure to demonstrate acceptable high quality, 1-rescuer and Failure to operate the AED properly Failure to correctly attach the AED to the patient Failure to assure that all individuals are clear of patient durn shock(s) [verbalizes "All clear" and observes] Failure to immediately resume compressions after shock do Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personned Uses or orders a dangerous or inappropriate intervention	as pulselessness is confirmed adult CPR ring rhythm analysis and befor elivered		ıg

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

SUPRAGLOTTIC AIRWAY DEVICE ADULT - SKILL LAB

Student Name:			Date:		
Instructor Evaluator:s			Student Evaluator:		
			Signature		Signature
			\$	SCORING	
	N/A	Not applicable	for this patient		
	0	Unsuccessful;	required critical or e	xcessive prompting; inconsisten	it; not yet competent

Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Selects, checks, assembles equipment	
BVM with mask and reservoir	1
Oxygen	1
Airway adjuncts	1
Suction unit with appropriate catheters	1
Supraglottic airway device	1
Capnography/capnometry	1
Prepares patient	
Takes appropriate PPE precautions	1
Manually opens airway	1
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	1
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	1
Attaches pulse oximeter and notes SpO ₂	1
Preoxygenates patient	1
Performs insertion of supraglottic airway device	
Lubricates distal tip of the device	1
Positions head properly	1
Performs a tongue-jaw lift	1
Inserts device to proper depth	1
Secures device in patient (inflates cuffs with proper volumes and immediately removes syringe or secures strap)	1
Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	1
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	1
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1
Secures device	1
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1

AMAN C ID C E M P IT I I I G I I G

Actual Time Ended:

Critical Criteria
Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts
ventilations when SpO ₂ is less than 90% at any time
Failure to take or verbalize appropriate PPE precautions
If used, suctions the patient for more than 10 seconds
Failure to preoxygenate the patient prior to insertion of the supraglottic airway device
Failure to disconnect syringe immediately after inflating any cuff
Failure to properly secure device in patient (cuff inflation or strap placement not acceptable)
Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
Failure to voice and ultimately provide high oxygen concentration [at least 85%]
Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
Insertion or use of any adjunct in a manner dangerous to the patient
Exhibits unacceptable affect with patient or other personnel
Failure to demonstrate the ability to manage the patient as a minimally competent EMT
Uses or orders a dangerous or inappropriate intervention
Failure to receive a total score of 19 or greater
<u> </u>
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance
and document his/her response to the following question:)
Were you successful or unsuccessful in this skill?Successful
Unsuccessful

CPAP AND PEEP - SKILL LAB

Student Name:		Date:	Date:		
Instructor Evaluator:		Student Evaluator:			
_	Signature		Signature		

SCORING			
N/A	Not applicable for this patient		
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent		
1	Successful; competent; no prompting necessary		

Actual Time Started:	SCORE
Prepares patient	
Takes or verbalizes appropriate PPE precautions	1
Assures adequate blood pressure	1
Positions patient in a position that will optimize ease of ventilation (high Fowler's)	1
Assesses patient to identify indications for CPAP:	
Congestive heart failure	1
Pulmonary edema	1
Asthma	1
Pneumonia	1
COPD	1
Assesses patient to identify contraindications for CPAP:	
Unconscious, unresponsive, inability to protect airway or inability to speak	1
Inability to sit up	1
Respiratory arrest or agonal respirations	1
Nausea/vomiting	1
Hypotension (systolic blood pressure < 90 mmHg)	1
Suspected pneumothorax	1
Cardiogenic shock	1
Penetrating chest trauma	1
Facial anomalies/trauma/burns	1
Closed head injury	1
Active upper GI bleeding or history of recent gastric surgery	1
Selects, checks, assembles equipment	,
Assembles mask and tubing according to manufacturer instructions	1
Coaches patient how to breathe through mask	1
Connects CPAP unit to suitable O ₂ supply and attaches breathing circuit to device (not	4
using oxygen regulator or flow meter)	1
Turns on power/oxygen	1
Sets device parameters:	
Turns the rate (frequency) dial to 8 – 12 per minute (based on local protocols)	1
Turns the oxygen concentration dial to the lowest setting (28 – 29% oxygen)	1
Titrates oxygen concentration to achieve an $SpO_2 > 92\%$	1
Sets tidal volume to 10 – 12 mL/kg (based on local protocols)	1
Sets pressure relief valve at ± 4 cm/H ₂ O (based on local protocols)	1
Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary	1

Performs procedure		
Places mask over mouth and nose (leaves EtCO ₂ nasal cannula in place)		
Titrates CPAP pressure (based on local protocols/device dependent):		
Max 5 cm H ₂ O for bronchospasm		
Max 10 cm H ₂ O for CHF, pulmonary edema and pneumonia		
Max 5 cm H ₂ O for pediatric patients		
Coaches patient to breathe normally and adjust to air pressure		
Frequently reassesses patient for desired effects:		
Decreased ventilatory distress		
$SpO_2 > 92\%$		
Decreased adventitious lungs sounds		
Absence of complications (barotrauma and pneumothorax)		
Records settings/readings and documents appropriately		
Affective		
Accepts evaluation and criticism professionally	T	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
Actual Time Ended:		
TOTAL	42	/42
Failure to identify 2 potential complications Failure to frequently reassess the patient after application of the CPAP device Failure to ensure that the patient understands the procedure Failure to set the proper parameters for the device (pressure relief, tidal volume, oxygen concentration, rate, etc.) Failure to test the pressure relief valve prior to application Exhibits unacceptable affect with patient or other personnel Failure to receive a total score of 32 or greater		
Comments:		
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her per and document his/her response to the following question:)		ance
Were you successful or unsuccessful in this skill? Successful Unsuccessful		

Nasogastric Tube Insertion Student Name Date Instructor Signature Takes/verbalizes body substance isolation precautions Explains procedure to patient Measures and marks the NG tube to proper length Positions patient in upright or semi-sitting position Lubricates distal 3-6" of NG tube Slightly flexes patient's head Inserts tube into widest nostril and advances straight back until tube is visible in oropharynx Instructs patient to repeatedly swallow or sip water while continuing to advance the tube Inserts tube until mark reaches outer edge of nostril Injects 20-35 ml of air into tube while auscultating epigastrium to confirm proper placement Secures tube Total CriticalCriteria

| Fail

Failure to take or verbalize body substance isolation precautions
Failure to explain procedure to patient before attempting to place the tube
Failure to measureand mark NG tube to proper length before insertion
Failure to verify proper placement by auscultation over epigastrium Attempts to insert tube in a manner dangerous to the patient

Comments

DIRECT OROTRACHEAL INTUBATION ADULT - SKILL LAB

Student Name:			Date:	
Instructor Evaluator: Student Evaluator: Signature Store Scoring			Student Evaluator:	
				Signature
	N/A	Not applicable for this patient		
	0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			
	1 Successful; competent; no prompting necessary			

Actual Time Started:	SCORE
Selects, checks, assembles equipment	
BVM with mask and reservoir	1
Oxygen	1
Airway adjuncts	1
Suction unit with appropriate catheters	1
Laryngoscope and blades	1
ET tube and stylette	1
Capnography/capnometry	1
Prepares patient	
Takes appropriate PPE precautions	1
Manually opens airway	1
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	1
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	1
Attaches pulse oximeter and evaluates SpO ₂ reading	1
Preoxygenates patient	1
Performs intubation	
Positions head properly	1
Inserts laryngoscope blade and displaces tongue	1
Elevates mandible with laryngoscope	1
Inserts ET tube and advances to proper depth	1
Inflates cuff to proper pressure and immediately removes syringe	1
Ventilates patient and confirms proper tube placement by auscultation bilaterally over	1
lungs and over epigastrium	-
Verifies proper tube placement by secondary confirmation such as capnography,	1
capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	1
Secures ET tube	1
Ventilates patient at proper rate and volume while observing capnography/capnometry	1
and pulse oximeter	<u> </u>
Suctions secretions from tube	T.
Recognizes need to suction	1
Identifies/selects flexible suction catheter	1
Inserts catheter into ET tube while leaving catheter port open	1
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1

Reaffirms proper tube placement	1
Ventilates patient at proper rate and volume while observing capnography/capnometry	1
and pulse oximeter	I
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	-
TOTAL	33 /33
Critical Criteria Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO ₂ is less than 90% at any time Failure to take or verbalize appropriate PPE precautions Suctions the patient for more than 10 seconds Failure to preoxygenate patient prior to intubation If used, stylette extends beyond end of ET tube Failure to disconnect syringe immediately after inflating cuff of ET tube Uses teeth as a fulcrum Failure to assure proper tube placement by auscultation bilaterally and over the epigastriu Failure to voice and ultimately provide high oxygen concentration [at least 85%] Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible] Insertion or use of any adjunct in a manner dangerous to the patient Does not suction the patient in a timely manner Exhibits unacceptable affect with patient or other personnel Failure to demonstrate the ability to manage the patient as a minimally competent EMT Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 25 or greater	
Comments:	
	
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her pe and document his/her response to the following question:	
Were you successful or unsuccessful in this skill? Successful Unsuccessful	

DIRECT OROTRACHEAL INTUBATION PEDIATRIC - SKILL LAB

Student Name:		me:	Date:	
Instructor Evaluator:Signature			Student Evaluator:	
				Signature
SCORING				
N/A Not applicable for this patient				
	0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			t; not yet competent
	1 Successful; competent; no prompting necessary			

Actual Time Started:	SCORE
Selects, checks, assembles equipment	
BVM with mask and reservoir	1
Oxygen	1
Airway adjuncts	1
Suction unit with appropriate catheters	1
Laryngoscope and blades	1
ET tubes and stylette	1
Capnography/capnometry	1
Prepares patient	
Takes appropriate PPE precautions	1
Manually opens airway	1
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	1
Ventilates patient at a rate of $12 - 20$ /minute and sufficient volume to make chest rise	1
Attaches pulse oximeter and notes SpO ₂	1
Preoxygenates patient	1
Performs intubation	•
Places patient in neutral or sniffing position by padding between scapulae to elevate	4
shoulders and torso as needed	1
Inserts laryngoscope blade and displaces tongue	1
Elevates mandible with laryngoscope	1
Inserts ET tube and advances to proper depth	1
Inflates cuff to proper pressure and immediately removes syringe (only if cuffed tube	1
is used)	I
Ventilates patient and confirms proper tube placement by auscultation bilaterally over	1
lungs and over epigastrium	I
Verifies proper tube placement by secondary confirmation such as capnography,	1
capnometry, EDD or colorimetric device	I
Assesses for hypoxia during intubation attempt	1
Secures ET tube	1
Ventilates patient at proper rate and volume while observing capnography/capnometry	1
and pulse oximeter	<u> </u>
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1

Actual Time Ended:

Critical Criteria
Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts
ventilations when SpO ₂ is less than 90% at any time
Failure to take or verbalize appropriate PPE precautions
If used, suctions the patient for more than 10 seconds
If used, stylette extends beyond end of ET tube
Failure to preoxygenate patient prior to intubation
Failure to disconnect syringe immediately after inflating cuff of ET tube (only if cuffed
tube is used)
Uses teeth or gums as a fulcrum
Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
Failure to voice and ultimately provide high oxygen concentration [at least 85%]
Failure to ventilate the patient at a rate of at least 12/minute and no more than 20/minute
Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
Insertion or use of any adjunct in a manner dangerous to the patient
Attempts to use any equipment not appropriate for the pediatric patient
Failure to demonstrate the ability to manage the patient as a minimally competent EMT
Exhibits unacceptable affect with patient or other personnel
Uses or orders a dangerous or inappropriate intervention
Failure to receive a total score of 20 or greater
Comments:
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

TRAUMA ENDOTRACHEAL INTUBATION ADULT - SKILL LAB

Student Name:		Date: _	
Instructor Evaluator:		Student Evaluator:	
	Signature	_	Signature

	SCORING				
N/A	N/A Not applicable for this patient				
0	0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent				
1	Successful; competent; no prompting necessary				

Actual Time Started:	SCORE
Selects, checks, assembles equipment	
BVM with mask and reservoir	1
Oxygen	1
Airway adjuncts	1
Suction unit with appropriate catheters	1
Laryngoscope and blades	1
ET tube and stylette	1
Capnography/capnometry	1
Prepares patient	
Takes appropriate PPE precautions	1
Manually maintains in-line immobilization and opens airway using jaw thrust maneuver	1
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	1
Ventilates patient at a rate of $10 - 12$ /minute and sufficient volume to make chest rise	1
Attaches pulse oximeter and evaluates SpO ₂ reading	1
Preoxygenates patient	1
Performs intubation	
Maintains head in neutral, in-line position	1
Inserts laryngoscope blade and displaces tongue	1
Elevates mandible with laryngoscope	1
Inserts ET tube and advances to proper depth	1
Inflates cuff to proper pressure and immediately removes syringe	1
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	1
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1
Assesses for hypoxia during intubation attempt	1
Secures ET tube	1
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1
Affective	•
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1

Actual Time Ended: _____

Critical Criteria
Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts
ventilations when SpO ₂ is less than 90% at any time
Failure to take or verbalize appropriate PPE precautions
If used, suctions the patient for more than 10 seconds
Failure to preoxygenate patient prior to intubation
If used, stylette extends beyond end of ET tube
Failure to disconnect syringe immediately after inflating cuff of ET tube
Uses teeth as a fulcrum
Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
Failure to voice and ultimately provide high oxygen concentration [at least 85%]
Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
Insertion or use of any adjunct in a manner dangerous to the patient
Failure to assure that the head is in a neutral, in-line position throughout
Uses or orders a dangerous or inappropriate intervention
Failure to demonstrate the ability to manage the patient as a minimally competent EMT
Exhibits unacceptable affect with patient or other personnel
Failure to receive a total score of 20 or greater
Comments:
Comments.
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you appeared an unappeared in this skill?
Were you successful or unsuccessful in this skill? Successful Unsuccessful

NASOTRACHEAL INTUBATION ADULT - SKILL LAB

Student Name:			Date:	
Instr	uctor E	valuator:	Student Evaluator:	
Signature				Signature
SCORING			SCORING	
	N/A	Not applicable for this patient		
0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet compe			t; not yet competent	
	1 Successful; competent; no prompting necessary			

Actual Time Started:	SCORI
Selects, checks, assembles equipment	
BVM with mask and reservoir	1
Oxygen	1
Airway adjuncts	1
Suction unit with appropriate catheters	1
ET tubes	1
Medications (viscous lidocaine, water soluble jelly, nasal spray)	1
Capnography/capnometry	1
repares patient	
Takes appropriate PPE precautions	1
Inspects nostrils to determine largest and least deviated or obstructed nostril	1
Inserts adjunct (nasopharyngeal airway)	1
Assists patient ventilations at a rate of $10 - 12$ /minute and sufficient volume to make	4
chest rise	1
Attaches pulse oximeter and notes SpO ₂	1
Preoxygenates patient	1
Auscultates breath sounds	1
Performs intubation	
Lubricates tube and prepares nostril	1
Positions head properly	1
Inserts ET tube into selected nostril and guides it along the septum	1
Pauses to assure that tip of ET tube is positioned just superior to the vocal cords	1
(visualizes misting in the tube, hears audible breath sounds from proximal end of ET tube)	
Instructs patient to take a deep breath while passing ET tube through vocal cords	1
Inflates cuff to proper pressure and immediately removes syringe	1
Assists patient ventilations and confirms proper tube placement by auscultation	1
bilaterally over lungs and over epigastrium; observes for misting in tube; listens for	1
audible breath sounds from proximal end of ET tube; and assures that patient is	
aphonic	
Verifies proper tube placement by secondary confirmation such as capnography,	4
capnometry, EDD or colorimetric device	1
Secures ET tube	1
Assists patient ventilations patient at proper rate and volume while observing	4
capnography/capnometry and pulse oximeter	1

Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	
	27
TOTAL	27 /2
Critical Criteria Interrupts ventilations at any time when SpO ₂ is less than 90%	
Failure to take or verbalize appropriate PPE precautions	
If used, suctions the patient for more than 10 seconds	
Failure to disconnect syringe immediately after inflating cuff of ET tube	
Failure to assure proper tube placement by auscultation bilaterally and over the epigastri	um
Failure to voice and ultimately provide high oxygen concentration [at least 85%]	
Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute	
Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]	
Insertion or use of any adjunct in a manner dangerous to the patient	
Failure to demonstrate the ability to manage the patient as a minimally competent EMT	
Exhibits unacceptable affect with patient or other personnel	
Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 21 or greater	
Partitle to receive a total score of 21 of greater	
Comments:	
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her p and document his/her response to the following question	
Were you successful or unsuccessful in this skill? Successful Unsuccessful	



National Registry of Emergency Medical Technicians Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

Candidate: Examiner:		
Date: Signature:	· · · · · · · · · · · · · · · · · · ·	
Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1 1	1
Verbalizes general impression of patient from a distance before approaching or touching	- '	<u>'</u>
the patient	1	1
Determines level of consciousness	1	1
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	1
	1	1
Attaches pulse eximpter and evaluates SpO reading	1	1
Attaches pulse oximeter and evaluates SpO ₂ reading	•	1
NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82		
Selects proper delivery device and attaches to oxygen	1 1	1
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	1
Checks pulse	1	· ·
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	1
Obtains baseline vital signs	CmO2 doorsoo	[1 ====================================
NOTE: Examiner now advises candidate that patient begins to develop decreasing	SpO2, decreas	ing
pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)	1 1	Ι.
Places patient supine and pads appropriately to maintain a sniffing position	1 1	1
Manually opens airway Considers airway adjunct insertion based upon patient presentation [oropharyngeal or		1
	1	1
nasopharyngeal airway] NOTE: Examiner now informs candidate no gag reflex is present and patient accep	to sirvey adim	
The patient's respiratory rate is now 20/minute.	is all way aujur	ici.
Inserts airway adjunct properly and positions head and neck for ventilation	1	1
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	1
Assures tight mask seal to face	1	1
Assists ventilations at a rate of 20/minute and with sufficient volume to cause visible ches	•	1
rise	1	1
Ventilates at proper rate and volume while observing changes in capnometry/capnograph	nv	
pulse oximeter, pulse rate, level of responsiveness	^{'y'} 1	1
NOTE: The examiner must now ask the candidate, "How would you know if you are	ventilating the	<u> </u>
patient properly?"	ventualing the	•
Calls for immediate transport of patient	1	1
Actual Time Ended: TOT	AL 20	20
Critical Criteria		
Failure to initiate ventilations within 30 seconds after taking body substance isolation	i precautions or	
interrupts ventilations for greater than 30 seconds at any time		
Failure to take or verbalize body substance isolation precautions Failure to voice and ultimately provide high oxygen concentration [at least 85%]		
Failure to voice and diffinately provide high oxygen concentration [at least 65 %] Failure to ventilate the patient at a rate of 20/minute		
Failure to provide adequate volumes per breath [maximum 2 errors/minute permissites]	പ്പി	
Failure to recognize and treat respiratory failure in a timely manner	ارمار	
Insertion or use of any airway adjunct in a manner dangerous to the patient		
Failure to manage the patient as a competent EMT		
Exhibits unacceptable affect with patient or other personnel		
Uses or orders a dangerous or inappropriate intervention		

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

PLEURAL DECOMPRESSION (NEEDLE THORACOSTOMY) - SKILL LAB

Student Name: Date:	
Instructor Evaluator: Student Evaluator:	
Instructor Evaluator: Signature Student Evaluator: Signature	
SCORING	
N/A Not applicable for this patient	24244
 Unsuccessful; required critical or excessive prompting; inconsistent; not yet comp Successful; competent; no prompting necessary 	etent
Successful, competent, no prompting necessary	
Actual Time Started:	SCORE
Manages the patient's airway with basic maneuvers and supplemental oxygen; intubates as	1
necessary	I
Appropriately recognizes signs of tension pneumothorax	1
Selects, checks, assembles equipment	
14 – 16 ga. X 2 inch over-the-needle catheter (adult) or	1
16 – 18 ga. X 1½ – 2 inch over-the-needle catheter (pediatric)	ļ •
10 mL syringe 4x4s	1
Antisentic solution	1
Tane	1
Prepares patient	<u>'</u>
Takes or verbalizes appropriate PPE precautions	1
Palpates the chest locating the second or third intercostal space on the midclavicular	1
line (the second rib joins the sternum at the angle of Louis, the second intercostal	1
space is located between 2 nd & 3 rd ribs while the third intercostal space is between 3 rd	
& 4 th ribs)	
Properly cleanses the insertion site with appropriate solution	1
Performs needle thoracostomy	
Reconfirms the site of insertion and directs the needle over the top of the rib on the	1
midelavicular line	1
Listens for a rush of air or watches for plunger in syringe to withdraw and aspirates air Removes needle/syringe leaving only the catheter in place	1
Disposes of the needle in proper container	1
Stabilizes the catheter hub with 4x4s and tape	1
Reassesses adequacy of ventilation, lung sounds, blood pressure and pulse for	
improvement in patient condition	1
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	
TOTAL	19 /19
Critical Criteria Failure to take or verbelize appropriete PPE presentions	
Failure to take or verbalize appropriate PPE precautionsFailure to dispose of the needle in proper container	

Failure to correctly locate the site for insertion
Failure to properly cleanse site prior to needle insertion
Incorrect procedure relating to needle insertion (inserting below the rib, incorrect anatomical
location, etc.) Failure to assess the need for needle decompression (diminished or absent breath sounds, signs of
hemodynamic compromise, etc.)
Failure to reassess patient condition following procedure
Failure to receive a total score of 15 or greater
I andie to receive a total score of 15 of greater
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

NEEDLE CRICOTHYROTOMY (PERCUTANEOUS TRANSLARYNGEAL VENTILATION) – SKILL LAB

Student Name:	Date:	
Instructor Evaluator:Signa	Student Evaluator:	Signature
	SCORING	
N/A Not applicable for this p	atient	
0 Unsuccessful; required of	critical or excessive prompting; inconsistent	t; not yet competent
1 Successful; competent; 1	no prompting necessary	
Actual Time Started:		SCORE
Selects, checks, assembles equipment	nt	,
Oxygen source capable of 50		1
Oxygen tubing		1
	Y-connector or push button device)	1
Bag-valve-mask device	,	1
Large bore IV catheter		1
10 _ 20 mL syringe		1
3.0 mm ET adapter		1
Prepares patient		
Takes or verbalizes appropriate	te PPE precautions	1
11 1	hyperextends the head/neck (neutral position	n if cervical
	nages the patient's airway with basic maner	
supplemental oxygen		
	cothyroid membrane (between the thyroid a	nd cricoid 1
cartilages)		1
Performs needle cricothyrotomy		
Cleanse the insertion site with		1
at a 45° angle caudally	dle through cricothyroid membrane at midli	ne directing 1
Aspirates syringe to confirm p	proper placement in trachea	1
Advances catheter while stabi	lizing needle	1
Removes needle and immedia	tely disposes in sharps container	1
Attaches ventilation device an	nd begins ventilation (1 second for inflation	, 2 seconds
for exhalation using jet ventila	ator, manually triggered ventilation device,	BVM) 1
Secures catheter		1
Observes chest rise and auscu	ltates lungs to assess adequacy of ventilation	on 1
	bserving for possible complications (subcut	
	oventilation, equipment failure, catheter ki	nk, false
placement)		
Affective		
Accepts evaluation and critici	sm professionally	1

Actual Time Ended:

Shows willingness to learn

Interacts with simulated patient and other personnel in professional manner

TOTAL 22 /22

 Failure to take or verbalize appropriate PPE precautions Recaps contaminated needle or failure to dispose of syringe and needle in proper container Inability to assemble necessary equipment to perform procedure Failure to correctly locate the cricothyroid membrane Failure to properly cleanse site prior to needle insertion Incorrect insertion technique (directing the needle in a cephalad direction) Failure to assess adequacy of ventilation and for possible complications Failure to receive a total score of 17 or greater
Comments:
Comments.
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

Critical Criteria

SURGICAL CRICOTHYROTOMY

Student Name:		
Date:		

1	Maintain aseptic technique and avoid contamination.	1
2	*Instruct partner to pre-oxygenate patient if at all possible prior to procedure. Continue oxygenation of patient throughout procedure.	1
3	*Prepare equipment.	1
	1. Give 1 points if prepares scalpel, alcohol prep, BVM, O2,	
	2. Give 0 point if preparation is incomplete or haphhazard in any	
4	*Locate cricothyroud membrain and cleanses site.	1
	1. Give 1 points if cleanses with circular motion outward.	
	2. Give 0 point if any other non-approved cleansing procedure.	
5	*Make a small hroizontal incision across the cricothyroid membrane while stabilizing the cricoid cartliage.	1
6	Palpate the membrane and gently slice through it until the membrane is breached.	1
7	Widen the opening and hold it open with forceps.	1
8	Insert ETT to just above the Angle of Louis.	1
9	*Begin ventilation of patient with BVM at appropriate rate.	1
10	*Assess breath sounds and confirm placement with ETCO2.	1
11	*Secure device in place.	1
12	*Dispose of sharps in appropriate container.	1

10/12 to Pass

Points:	12	
Fail:		
Pass:		

Instructor Signature:

GLUCOMETER - SKILL LAB

Student Name: Date:	
Instructor Evaluator: Student Evaluator:	
Signature Student Dydrauter. Signature	re
SCORING	
N/A Not applicable for this patient	
0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet con	mpetent
1 Successful; competent; no prompting necessary	
Actual Time Started:	SCORE
Identifies the need for obtaining a blood glucose level	1
Identifies the normal parameters for blood glucose level	1
Identifies contraindications	1
Identifies potential complications:	
Erroneous reading	1
BSI exposure	1
Clearly explains procedure to patient	1
Selects, checks, assembles equipment	
Glucometer	1
Test strip	1
Needle or spring-loaded puncture device	1
Alcohol swabs	1
Checks blood glucose level	
Takes or verbalizes appropriate PPE precautions	1
Turns on glucometer and inserts test strip	1
Preps fingertip with alcohol prep	1
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	1
Expresses blood sample and transfers it to the test strip	1
Dresses fingertip wound with pressure and alcohol prep	1
Records reading from glucometer and documents appropriately	1
Affective	1
Accepts evaluation and criticism professionally Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	
TOTA	L 21 /21
Critical Criteria	
Failure to take or verbalize appropriate PPE precautions	
Failure to dispose of blood contaminated sharps immediately at the point of use	
Contaminates equipment or site without appropriately correcting situation	
Failure to identify 2 indications	
Failure to identify 2 potential complications	
Failure to identify normal blood glucose parameters	
Failure to obtain a viable capillary blood sample on first attempt	

Exhibits unacceptable affect with patient or other personnel Failure to receive a total score of 16 or greater
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

Venipuncture Checkoff

Name of Student:

ce 1 point in right column for each step completed.	
1*Put on gloves.	1
2 Position the patient.	1
3 Position equipment in appropriate place close to patient. Verify that necessary tubes are present. Apply needle to vacutainer holder or syringe.	1
4 Select site for venipuncture (NOT ABOVE IV INFUSION) and apply tourniquet.	1
5 Palpate for vein. (NEVER LEAVE THE TOURNIQUET ON FOR LONGER THAN 2 MINUTES .)	1
<pre>€ Release tourniquet.</pre>	1
7 *Clean venipuncture site with an alcohol pad and allow to air dry.	1
8 Assemble equipment.	1
9 Reapply tourniquet and have patient clench fist. DO NOT HAVE PATIENT PUMP HAND.	1
1Grasp patient's arm approximately 1-2 inches below the venipuncture site and anchor vein between thumb and index finger. It is okay to just use the thumb.	1
1*Puncture the vein (needle bevel up) at approximately 15° angle to the patient's arm and in a direct line with the vein.	1
1 Do not switch hands more than once.	1
1 If using vacutainer holder, fill tubes in correct order of draw.	1
1 *Mix tubes immediately but gently.	1
1 Have patient open hand.	1
1Release tourniquet.	1
1*Place a square of gauze or cotton over the puncture site, quickly remove the needle and IMMEDIATELY activate needle safety device.	1
1 Apply pressure immediately until the bleeding has	1

1*If a syringe was used, remove needle and attach blood transfer device, fill tube(s) in proper order allowing the vacuum to fill the tubes. Mix gently. NOTE: NEVER insert needle into tubes held in your hand. If safety transfer device NOT available place tubes in rack. NEVER apply pressure to syringe, blood will automatically be pulled into tube by the vacuum.	1
2 Apply a bandage when bleeding stops. DO NOT BANDAGE A PUNCTURE SITE THAT IS STILL BLEEDING.	1
2 Correctly label tubes with appropriate information at the bedside.	1
2 *Discard used equipment properly.	1
Remove gloves and wash hands if gloves were contaminated.	1

	Total	23
Signature		Date
	PASS	FAIL

Grading Criteria:

- 1. All items completed successfully should receive one (1) point. Students must have a total minimum of thirteen (13) points to pass.
- 2. All steps with an asterisk (*) in them MUST be completed successfully for the student to pass.

INTRAVENOUS THERAPY – SKILL LAB

Student Name:		Date: _	
Instructor Evaluator:		Student Evaluator:	
	Signature	_	Signature

SCORING		
N/A	Not applicable for this patient	
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	
1	Successful; competent; no prompting necessary	

Actual Time Started:	SCORE
Clearly explains procedure to patient	1
Selects, checks, assembles equipment	
IV solution	1
Administration set	1
Catheter	1
Sharps container	1
Universal start kit (antiseptic swabs, gauze pads, venous tourniquet, occlusive	4
bandage, antibiotic gel, syringe, etc.)	I
Spikes bag	
Checks solution for:	
Proper solution	1
Clarity or particulate matter	1
Expiration date	1
Protective covers on tail ports	1
Checks administration set for:	
Drip rating	1
Tangled tubing	1
Protective covers on both ends	1
Flow clamp up almost to drip chamber and closed	1
Removes protective cover on drip chamber while maintaining sterility	1
Removes protective cover on IV bag tail port while maintaining sterility	1
Inserts IV tubing spike into IV solution bag tail port by twisting and pushing until	4
inner seal is punctured while maintaining sterility	1
Turns IV bag upright	1
Squeezes drip chamber and fills half-way	1
Turns on flow and bleeds line of all air while maintaining sterility	1
Shuts flow off after assuring that all large air bubbles have been purged	1
Performs venipuncture	
Tears sufficient tape to secure IV	1
Opens antiseptic swabs, gauze pads, occlusive dressing	1
Takes appropriate PPE precautions	1
Identifies appropriate potential site for cannulation	1
Applies tourniquet properly	1
Palpates and identifies suitable vein	1
Cleanses site, starting from the center and moving outward in a circular motion	1

Removes IV needle and catheter from package and while maintaining sterility	1	
Inspects for burrs	1	
Loosens catheter hub with twisting motion	1	
Stabilizes the vein and extremity by grasping and stretching skin while maintaining sterility	1	
Warns patient to expect to feel the needle stick	1	
Inserts stylette with bevel up at appropriate angle (35 – 45°) while maintaining sterility	1	
Feels "pop" as stylette enters vein and observes dark, red blood in flash chamber	1	
Lowers stylette and inserts an additional 1/8 – 1/4"	1	
Stabilizes stylette and slides catheter off of stylette until hub touches skin	1	
Palpates skin just distal to tip of catheter and applies pressure to occlude vein	1	
Removes stylette and immediately disposes in sharps container	1	
Attaches syringe and draws venous blood sample if ordered while maintaining sterility	1	
Removes protective cap from IV tubing and attaches to hub of catheter while maintaining sterility	1	
Releases tourniquet	1	
Opens flow clamp and runs for a brief period to assure a patent line	1	
Secures catheter and IV tubing to patient	1	
Adjusts flow rate as appropriate	1	
Assesses site for signs of infiltration, irritation	1	
Assesses patient for therapeutic response or signs of untoward reactions	1	
Affective		
Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
Actual Time Ended:		
TOTAL	50	/50
IOIAL	30	130
Critical Criteria Failure to take or verbalize appropriate PPE precautions Failure to dispose of blood-contaminated sharps immediately at the point of use Contaminates equipment or site without appropriately correcting situation Performs any improper technique resulting in the potential for uncontrolled hemorrhage, considered or air embolism Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 38 or greater	atheter	r
Comments (CONTINUED ON NEXT PAGE):		

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

Intramuscular and Subcutaneous Medication Administration

Student Name:	Date:
Instructor Signature:	
Start time:	
Scoring	
N/A = Not applicable for this patient 0 = Unsuccessful; required critical or excessive prompting 1 = Successful; competent; no prompting necessary	
Asks patient for known allergies	1
Clearly explains procedure to patient	1
Selects, checks, and assembles equipment	
Medication	1
Appropriate syringe and needle	1
Sharps container	1
Alcohol swabs	1
Adhesive bandage or sterile gauze dressing and tape	1
Administers medication	
Selects correct medication by identifying:	1
Right patient	1
Right medication	1
Right dosage/concentration	1
Right time	1
Right route	1
Also checks medication for:	
Clarity	1

Ex	piration date	<u> </u>		
As	sembles syringe and needle	1		
Dr. an	aws appropriate amount of medication into syringe d dispels air while maintaining sterility	1		
Re	confirms medication	1		
Ta	kes or verbalizes appropriate PPE precautions	1		
Ide	entifies and cleanses appropriate injection site	1		
Pir ne	nches/stretches skin, warns patient and inserts edle at proper angle while maintaining sterility	1		
As be	pirates syringe while observing for blood return fore injecting IM medication	1		
Ad	ministers correct dose at proper push rate	1		
Re dis	moves needle and disposes/verbalizes proper sposal of syringe and needle in proper container	1		
Ар	plies direct pressure to site	1		
Со	vers puncture site			
Ve an	rbalizes need to observe patient for desired effect d adverse side effects	1		
Af	fective			
Ac	cepts evaluation and criticism professionally	1		
Sh	ows willingness to learn	1		
pro	teracts with simulated patient and other personnel in offessional manner	30		
	itical Criteria			
	Failure to take or verbalize appropriate PPE precautions			
	Failure to identify acceptable injection site			
	Contaminates equipment or site without appropriately con	recting s	situation	
Щ	Failure to adequately dispel air resulting in the potential for	or air em	nbolism	
Ш	Failure to aspirate for blood prior to injecting medication			
	Injects improper medication or dosage (wrong medication at an inappropriate rate)	, incorre	ct amount, or administers	
			and needle in proper	
ш	Recaps needle or failure to dispose/verbalize disposal of scontainer	syringe a	and needle in proper	
	container Failure to observe the patient for desired effect and adver-			
	container Failure to observe the patient for desired effect and adverged medication	se side (effects after administering	nedication
	container Failure to observe the patient for desired effect and adverse medication Failure to manage the patient as a competent EMT	se side (effects after administering	nedication
Co	container Failure to observe the patient for desired effect and adverged medication Failure to manage the patient as a competent EMT Failure to observe the patient for desired effects and adverged effects.	se side (effects after administering	nedication

INTRAVENOUS BOLUS MEDICATION ADMINISTRATION – SKILL LAB

Stude	nt Name: Date:	
Instru	etor Evaluator: Student Evaluator:	
msuu	ctor Evaluator: Student Evaluator: Signature Signature	
	SCORING	
	N/A Not applicable for this patient	
	0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet comp	etent
	1 Successful; competent; no prompting necessary	
	l Time Started:	SCORE
	y explains procedure to patient	1
Select	s, checks, assembles equipment	
	IV medication	1
	Sharps container	1
4 7 .	Alcohol swabs	1
Admi	nisters medication	T
	Confirms medication order	1
	Asks patient for known allergies	1
	Explains procedure to patient	1
	Selects correct medication by identifying:	Τ.
	Right patient	1
	Right medication	1
	Right dosage/concentration	1
	Right time	1
	Right route	1
	Assembles prefilled syringe correctly and dispels air	1
	Takes or verbalizes appropriate PPE precautions Identifies and cleanses most proximal injection site (Y-port or hub)	1
	Reconfirms medication	1
		+
	Stops IV flow Administers correct dose at proper push rate	1
	Administers correct dose at proper push rate Disposes/verbalizes proper disposal of syringe and other material in proper container	1
	Turns IV on and adjusts drip rate to TKO/KVO	1
	Verbalizes need to observe patient for desired effect and adverse side effects	1
Affect	*	'
Allec	Accepts evaluation and criticism professionally	1
	Shows willingness to learn	1
	Interacts with simulated patient and other personnel in professional manner	1
Actua	l Time Ended:	1.
	TOTAL	24 /24
Critic	al Criteria	
	ailure to take or verbalize appropriate PPE precautions	
	Contaminates equipment or site without appropriately correcting situation	
	ailure to adequately dispel air resulting in the potential for air embolism	

 Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate) Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container Failure to turn on IV after administering medication Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel 	
Uses or orders a dangerous or inappropriate interventionFailure to receive a total score of 18 or greater	
Comments:	
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performan and document his/her response to the following question:)	ice
Were you successful or unsuccessful in this skill? Successful Unsuccessful	

INTRANASAL MEDICATION ADMINISTRATION

Student Name:	 	
Date:		

Scoring	
N/A = Not applicable for this patient	1
0 = Unsuccessful; required critical or excessive prompting 1 = Successful; competent; no prompting necessary	
1. Assures that patient is being ventilated adequately	1
2. Asks patient for known allergies	1
3. Clearly explains procedure to patient	1
4. Selects, checks, and assembles equipment	1
5. Medication	1
6. Appropriate syringe, needle, and mucosal atomizer	1
7. Sharps container	1
8 Alcohol swabs	1
9. Sterile gauze	1
10.Administers medication	1
11.Selects correct medication by identifying:	<u> </u>
Right patient	1
Right medication	1
Right dosage/concentration	1
Right time	1
Right route	1
12.Also checks medication for:	
Clarity	1
Expiration Date	1

INTRANASAL MEDICATION ADMINISTRATION

Student Name:	

13.Assembles syringe and needle while maintaining sterility.	1
14.Cleanses rubber stopper, draws appropriate amount of medication into syringe and dispels air while maintaining sterility.	1
15.Reaffirms medication.	1
16.Disposes of needle in proper container and attaches mucosal atomizer.	1
17.Takes or verbalizes PPE precautions.	1
18.Stops ventilation of patient and/or removes any mask.	1
19.Inpects nostrils to determine largest and least deviated or obstructed nostril.	1
20.Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger.	1
21.Disposes/verbalizes proper disposal of syringe and atomizer device in proper container.	1
22.Resumes ventilation or oxygenation of patient.	1
23. Verblizes need to observe patient for desired effects or side effects.	1

Affective Behaviors:

Accepts evaluation and criticism professionally.	1
Shows willingness to learn.	1
Interacts with simulated patient and other personnel in professional manner.	1

Critical Criteria (checking any box before constitutes failure of the skills regardless of score)

	Failure to take or verbalize appropriate PPE precautions.
	Contaminates equipment without appropriately correcting situation.
	Injects improper medication or dosage or at inappropriate rate.

INTRANASAL MEDICATION ADMINISTRATION

Recaps needle or failure to dispose/verbalize disposal of needle, syringe and/or atomizer in proper container.	\neg	
Failure to observe the patient for effects after administering the medication.	1	
Failure to manage the patient as a competent EMT.		
Exhibits unacceptable affect with patient or other personnel.		
Uses or orders a dangerous or inappropriate intervention.		
:		
If Evaluation		
	1	
oints Possible: 32 Minimum Required to Pass: 28		
oints Possible: 32 Minimum Required to Pass: 28 2 of 32		
		Uses or orders a dangerous or inappropriate intervention. S: If-Evaluation Int who performed this skill, I feel that I: If this skill successfully.

INTRAOSSEOUS INFUSION – SKILL LAB

Student Name:		Date:	
Instructor Evaluator:		Student Evaluator:	
	Signature		Signature

	SCORING
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Clearly explains procedure to patient	1
Selects, checks, assembles equipment	
Solution	1
Administration set	1
IO needle and insertion device	1
Sharps container	1
Antiseptic swabs, gauze pads, bulky dressing, syringe, etc.	1
Spikes bag	
Checks solution for:	
Proper solution	1
Clarity or particulate matter	1
Expiration date	1
Protective covers on tail ports	1
Checks administration set for:	
Drip rating	1
Tangled tubing	1
Protective covers on both ends	1
Flow clamp up almost to drip chamber and closed	1
Removes protective cover on drip chamber while maintaining sterility	1
Removes protective cover on solution bag tail port while maintaining sterility	1
Inserts IV tubing spike into solution bag tail port by twisting and pushing until inner	1
seal is punctured while maintaining sterility Turns solution bag upright	1
Squeezes drip chamber and fills half-way	1
Turns on by sliding flow clamp and bleeds line of all air while maintaining sterility	
Shuts flow off after assuring that all large air bubbles have been purged	1
Performs intraosseous puncture]1
Tears sufficient tape to secure IO	1
Opens antiseptic swabs, gauze pads	1
Takes appropriate PPE precautions	1
Identifies appropriate anatomical site for IO puncture	1
Cleanses site, starting from the center and moving outward in a circular motion	1
Prepares IO needle and insertion device while maintaining sterility	1
Inspects for burrs	1
Stabilizes the site in a safe manner (if using the tibia, does not hold the leg in palm of	+'
hand and perform IO puncture directly above hand)	1

Inserts needle at proper angle and direction (away from joint, epipheseal plate, etc.) Recognizes that needle has entered intermedullary canal (feels "pop" or notices less		
	1	
	1	
resistance)	I	
Removes stylette and immediately disposes in proper container	1	
Attaches administration set to IO needle	1	
Slowly injects solution while observing for signs of infiltration or aspirates to verify	1	
proper needle placement	I	
Adjusts flow rate as appropriate	1	
Secures needle and supports with bulky dressing	1	
Assesses patient for therapeutic response or signs of untoward reactions	1	
ffective	ı	
Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
ctual Time Ended:		
TOTAL	40 /	4
ritical Criteria		
Failure to take or verbalize appropriate PPE precautions		
Failure to dispose of blood-contaminated sharps immediately at the point of use		
1 1 1		
_ Contaminates equipment or site without appropriately correcting situation		
Performs any improper technique resulting in the potential for air embolism		
_ Failure to assure correct needle placement		
Performs IO puncture in an unacceptable or unsafe manner (improper site, incorrect needle	anole	
	angie,	
holds leg in palm and performs IO puncture directly above hand, etc.)	angie,	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT	z angie,	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel	z ungre,	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT	angie,	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel	angie,	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel Uses or orders a dangerous or inappropriate intervention	o ungre,	
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holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 31 or greater Comments: TUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her per	rforman	
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 31 or greater Comments: TUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her per	rforman	CCE
holds leg in palm and performs IO puncture directly above hand, etc.) Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel Uses or orders a dangerous or inappropriate intervention Failure to receive a total score of 31 or greater Comments: TUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her per and document his/her response to the following question:)	rforman	

PERCOM EMS Medical Education Consortium

FOLEY CATHETERIZATION

Name:	Date:
1	_ Verifies protocol or order
1	Explains procedure to patient
1	*Washes hands and assembles equipment
1	Positions and drapes patient properly
1	*Places catheter set between patients legs and opens field without contamination
1	*Dons sterile gloves without contamination
1	*Opens betadine solution saturating 3 cotton balls
1	Tests balloon leaving syringe in place
1	*Lubricates catheter
1	
1	*Opens labia minora with non-dominate hand and keeps open until catheter has been introduced
1	*Uses dominate hand to clean and dry meatus with cotton balls held with forceps
	*Does not cross sterile field with contaminated balls – discards
1	*Inserts catheter into meatus to proper distance without contamination
1	*Inflates balloon – keeping plunger off syringe depressed, pulls back gently and checks
1	placement, removes syringe Connects catheter to bedside or foot of bed and secures to bed linen with clamp
1	Makes patient comfortable
1	Charts procedure to include time of procedure, size of catheter, color and amount of urine returned, size balloon and amount of water instilled in balloon and any difficulties encountered
	Total 17
	Fail
(Pass is inc	dicated if candidate completes procedure without missing any criticals marked by
"*".) Instru	uctor Signature

JOINT SPLINTING - SKILL LAB

Student Na	Student Name: Date:		
Instructor F	Instructor Evaluator: Student Evaluator:		
1110000001	nstructor Evaluator: Student Evaluator: Signature Signature		
	SCORING		
N/A	Not applicable for this patient		
0	Unsuccessful; required critical or excessive pr Successful; competent; no prompting necessar		petent
1	Successiui; competent, no prompting necessar	y	
Actual Tin			SCORE
	ecks, assembles equipment		
	vats		1
	ler gauze		1
	inting material		1
	ding material		1
Splints join			1
	es or verbalizes appropriate PPE precautions ects application of manual stabilization of the in	niev	1
	esses motor, sensory and circulatory functions in	, •	1
	ects appropriate splinting material	Title injured extremity	1
	nobilizes the site of the injury and pads as neces	sarv	1
	nobilizes the bone above the injury site	Sury	1
	nobilizes the bone below the injury site		1
	ures the entire injured extremity		1
	ssesses motor, sensory and circulatory functions	in the injured extremity	1
Affective			
Acc	epts evaluation and criticism professionally		1
	ws willingness to learn		1
	racts with simulated patient and other personnel	in professional manner	1
Actual Tin	ne Ended:		
		TOTAL	_ 16 _{/16}
Critical C	riteria		
	ot immediately stabilize the extremity manually		
	y moves the injured extremity		
	ot immobilize the bones above and below the inj	•	_
	ot reassess motor, sensory and circulatory function	ons in the injured extremity before	and after
splinti		to a graph of	
	ot secure the entire injured extremity upon comp	letion of immobilization	
ranur	e to receive a total score of 12 or greater		
Comments	•	_	
			ļ

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

LONG BONE SPLINTING - SKILL LAB

Instructor Evaluator: Student Evaluator: Signature Signature	
SCORING	
N/A Not applicable for this patient	
0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet compete	ent
1 Successful; competent; no prompting necessary	
	SCORE
Selects, checks, assembles equipment	
Cravats 1	
Roller gauze 1	
Splinting material 1 Padding material 1	
Splints long bone	
Takes or verbalizes appropriate PPE precautions 1	
Directs application of manual stabilization of the injury 1	
Assesses motor, sensory and circulatory functions in the injured extremity 1	
Measures the splint	
Applies the splint and pads as necessary	
Immobilizes the joint above the injury site	
Immobilizes the joint below the injury site	
Secures the entire injured extremity 1	
Immobilizes the hand/foot in the position of function 1	
Reassesses motor, sensory and circulatory functions in the injured extremity 1	
Affective	
Accepts evaluation and criticism professionally 1	
Shows willingness to learn 1	
Interacts with simulated patient and other personnel in professional manner 1	
Actual Time Ended: TOTAL 1	7 /17
Critical Criteria Did not immediately stebilize the extremity manually	
 Did not immediately stabilize the extremity manually Grossly moves the injured extremity	
Did not immobilize the joint above and the joint below the injury site	
Did not immobilize the hand or foot in a position of function	
Did not reassess motor, sensory and circulatory functions in the injured extremity before and splinting	d after
Did not secure the entire injured extremity upon completion of immobilization	
Failure to receive a total score of 13 or greater	
Comments (CONTINUED ON BACK):	

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

TRACTION SPLINTING - SKILL LAB

Student Name: Date:		
Instructor Evaluator: Student Evaluator: Signature Signature	Signature	
SCORING		
N/A Not applicable for this patient		
0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet comp	etent	
1 Successful; competent; no prompting necessary		
Actual Time Started:	SCORE	
Selects, checks, assembles equipment		
Traction splint with all associated equipment (ankle hitch, straps, etc.)	1	
Padding material	1	
Splints femur		
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injured leg (not necessary when using a unipolar device [Sagar [®] or similar] that is immediately available)	1	
Directs application of manual traction (not necessary when using a unipolar device, but must be applied before elevating the leg if the leg is elevated at all)	1	
Assesses motor, sensory and distal circulation in the injured extremity	1	
Prepares/adjusts the splint to proper length	1	
Positions the splint at the injured leg	1	
Applies proximal securing device (e.g., ischial strap)	1	
Applies distal securing device (e.g., ankle hitch)	1	
Applies appropriate mechanical traction	1	
Positions/secures support straps	1	
Re-evaluates proximal/distal securing devices	1	
Reassesses motor, sensory and circulatory functions in the injured extremity	1	
Secures patient to the long backboard to immobilize the hip	1	
Secures the traction splint/legs to the long backboard to prevent movement of the	1	
splint	'	
Affective		
Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
Actual Time Ended:		
TOTAL	19 /19	
Critical Criteria		
Loss of traction at any point after it is assumed or applies inadequate traction		
Failure to apply manual traction before elevating the leg		
Did not reassess motor, sensory and circulatory functions in the injured extremity after sp	linting	
The foot is excessively rotated or extended after splinting		
Final immobilization failed to support the femur or prevent rotation of the injured leg Failure to receive a total score of 15 or greater		

Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

SPINAL IMMOBILIZATION ADULT (SUPINE PATIENT) – SKILL LAB

Stude	ent Nar	me: Date:	
Instru	ictor E	valuator: Student Evaluator: Signature	
ſ		ggoppig	
	N/A	SCORING Not applicable for this patient	
	0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet comp	etent
	1	Successful; competent; no prompting necessary	
Actu	al Tim	ne Started:	SCORE
		cks, assembles equipment	500112
		g spine immobilization device with straps	1
		vical collar	1
		d immobilizer (commercial or improvised)	1
T		ding material	1
Imm		s patient	
		es or verbalizes appropriate PPE precautions cts assistant to place/maintain head in the neutral, in-line position	1
		cts assistant to maintain manual stabilization of the head	1
		ares that patient is a reliable historian (sensorium not currently altered by drugs or	
	alcol	hol; no recent loss of consciousness)	1
		esses motor, sensory and circulatory functions in each extremity	1
	App	lies appropriately sized extrication collar	1
		tions the immobilization device appropriately	1
		cts movement of the patient onto the device without compromising the integrity of spine	1
		lies padding to voids between the torso and the device as necessary	1
		ares the patient's torso to the device	1
		uates and pads behind the patient's head as necessary	1
		pobilizes the patient's head to the device	1
		ures the patient's legs to the device	1
		ares the patient's arms	1
Affec		ssesses motor, sensory and circulatory function in each extremity	1
Allec		epts evaluation and criticism professionally	1
		ws willingness to learn	1
		racts with simulated patient and other personnel in professional manner	1
Actu		e Ended:	
		TOTAL	22 /22
]	Did no stabiliz	t immediately direct or take manual stabilization of the head t properly apply appropriately sized cervical collar before ordering release of manu	

 Manipulated or moved the patient excessively causing potential for spinal compromise Head immobilized to the device before patient's torso sufficiently secured to the device
Patient moves excessively up, down, left or right on the device
Head immobilization allows for excessive movement
Upon completion of immobilization, head is not in a neutral, in-line position
Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient
to the device
Failure to receive a total score of 17 or greater
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

SPINAL IMMOBILIZATION ADULT (SEATED PATIENT) – SKILL LAB

Student Name: Date:	
Instructor Evaluator: Student Evaluator:	Signature
SCORING	
N/A Not applicable for this patient	
0 Unsuccessful; required critical or excessive prompting; inconsistent; r	not yet competent
1 Successful; competent; no prompting necessary	
Actual Time Started:	SCORE
Selects, checks, assembles equipment	
Short spine immobilization device with straps	1
Cervical collar	1
Padding material	1
Immobilizes patient Takes on workelings appropriate PPE presentions	
Takes or verbalizes appropriate PPE precautions Directs assistant to place/maintain head in the neutral, in-line position	1
Directs assistant to place/maintain nead in the neutral, in-line position Directs assistant to maintain manual stabilization of the head	1
Assures that patient is a reliable historian (sensorium not currently altered b	
alcohol; no recent loss of consciousness)	1
Assesses motor, sensory and circulatory functions in each extremity	1
Applies appropriately sized extrication collar	1
Positions the immobilization device appropriately	1
Secures the device to the patient's torso	1
Evaluates torso fixation and adjusts as necessary	1
Evaluates and pads behind the patient's head as necessary	1
Secures the patient's head to the device	1
Reevaluates and assures adequate immobilization	1
Reassesses motor, sensory and circulatory functions in each extremity Properly moves patient onto a long backboard	1
Releases/loosens leg straps	1
Secures patient to the long backboard	1
Reassesses motor, sensory and circulatory function in each extremity	1
Affective	·
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	
	TOTAL 23 /23
 Critical Criteria Did not immediately direct or take manual stabilization of the head Did not properly apply appropriately sized cervical collar before ordering relessabilization Released or ordered release of manual stabilization before it was maintained not be a second not before it was maintained not be a second not before it was maintained not be a second not before it was maintained not be a second not be	

 Manipulated or moved the patient excessively causing potential for spinal compromise Head immobilized to the device before device sufficiently secured to torso Device moves excessively up, down, left or right on the patient's torso Head immobilization allows for excessive movement Torso fixation inhibits chest rise, resulting in respiratory compromise Upon completion of immobilization, head is not in a neutral, in-line position Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device and to the long backboard Failure to receive a total score of 18 or greater
Comments:
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

HEMORRHAGE CONTROL - SKILL LAB

Student Name:		Date:			
Instructor Evaluator: Student Evaluator:					
mstructor 1	zvaruator.	Signature Student Evaluator: Signature Signature	re		
SCORING					
	N/A Not applicable for this patient				
0	_	ssful; required critical or excessive prompting; inconsistent; not yet cor	npetent		
1	Successf	ul; competent; no prompting necessary]	
Actual Tin	ne Started	•	SCC)RE	
		mbles equipment			
		s (various sizes)	1		
Kliı	ng [®] , Kerlix	®, etc.	1		
		ious sizes)	1		
		ommercial or improvised)	1		
Controls h					
Tak	es or verba	alizes appropriate PPE precautions	1		
		pressure to the wound	1		
	dages the v		1		
App	olies tourni	quet	1		
Pro	perly positi	ions the patient	1		
Adı	ministers hi	igh concentration oxygen	1		
Init	iates steps	to prevent heat loss from the patient	1		
Indi	icates the n	eed for immediate transportation	1		
Affective					
		ation and criticism professionally	1		
		ness to learn	1		
		simulated patient and other personnel in professional manner	1		
Actual Tin	ne Ended:				
		TOTA	_L 15	/15	
				713	
Critical Ci					
		verbalize appropriate PPE precautions			
· 		er high concentration oxygen			
		memorrhage using correct procedures in a timely manner			
Did not indicate the need for immediate transportation					
Failure to receive a total score of 12 or greater					
Comments	(CONTIN	NUED ON BACK):			

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

NORMAL DELIVERY WITH NEWBORN CARE - SKILL LAB

Student Name:		Date:	
Instructor Evaluator:		Student Evaluator:	
mstructor Evaruator.	Signature	Student Evaluator.	Signature

SCORING				
N/A	Not applicable for this patient			
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent			
1	Successful; competent; no prompting necessary			

Actual Time Started:	SCORE
Takes appropriate PPE precautions	1
Obtains a history relevant to the pregnancy	·
Estimated date of confinement	1
Frequency of contractions	1
Duration of contractions	1
Intensity of contractions	1
Rupture of amniotic sac (time and presence of meconium)	1
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	1
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	1
Medications taken prior to labor	1
Prenatal care (identified abnormalities with pregnancy)	1
Vaginal bleeding	1
Abdominal pain	1
Assessment	
Vital signs (BP, P, R, Temperature)	1
Evidence of imminent delivery (crowning, contractions, urge to push, urge to	4
defecate)	1
Prepares for delivery	
Prepares appropriate delivery area	1
Removes patient's clothing	1
Opens and prepares obstetric kit	1
Places clean pad under patient	1
Prepares bulb syringe, cord clamps, towels, newborn blanket	1
Delivers newborn	
During contractions, urges patient to push	1
Delivers and supports the emerging fetal head	1
Checks for nuchal cord	1
Manages nuchal cord if present	1
Assesses for and notes the presence of meconium	1
Delivers the shoulders	1
Delivers the remainder of the body	1
Places newborn on mother's abdomen or level with mother's uterus	1
Notes the time of birth	1
Controls hemorrhage as necessary	1
Reassesses mother's vital signs	1

Newborn care (Birth – 30 seconds postpartum):		
If newborn is distressed, clears airway as necessary	1	
Warms and dries newborn	1	
Wraps newborn in blanket or towels to prevent hypothermia	1	
Newborn care (30 – 60 seconds postpartum):	<u>.</u>	
If heart rate is less than 100, gasping or apneic:		
Provides PPV	1	
Monitors SpO ₂ in neonate	1	
Clamps and cuts umbilical cord	1	
Places on mother's chest to retain warmth	1	
Determines 1 minute APGAR score	1	
Newborn care (after 1 minute postpartum):		
If heart rate is less than 100:		
Takes ventilation corrective steps and continues PPV	1	
If heart rate is less than 60:	•	
Considers intubation	1	
Begins chest compressions	1	
If heart rate remains less than 60 after chest compressions and PPV:		
Administers epinephrine IO	1	
Determines 5 minute APGAR score	1	
Affective		
Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
Actual Time Ended:		
Actual Time Ended:	TOTAL 1	16 46
Actual Time Ended:	TOTAL 4	16 /46
Actual Time Ended: Critical Criteria	TOTAL 4	16 /46
	TOTAL 4	16 _{/46}
Critical Criteria	TOTAL 4	l6 _{/46}
Critical Criteria Failure to take or verbalize appropriate PPE precautions	TOTAL 4	16 _{/46}
Critical Criteria Failure to take or verbalize appropriate PPE precautions Failure to identify or manage a nuchal cord		710
Critical Criteria Failure to take or verbalize appropriate PPE precautions Failure to identify or manage a nuchal cord Failure to immediately suction the newborn nose and mouth Performs any dangerous activity during delivery (pulls on fetus, places fetus in pulls on umbilical cord to deliver placenta, handles newborn inappropriately)		710
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STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

ABNORMAL DELIVERY WITH NEWBORN CARE - SKILL LAB

Student Name:		me:	Date:	
Instructor Evaluator:Signature		valuator:	Student Evaluator:	
				Signature
			SCORING	
	N/A Not applicable for this patient			
	0 Unsuccessful; required critical or exces		excessive prompting; inconsiste	ent; not yet competent
	1 Successful; competent; no prompting necessary			

Actual Time Started:	SCORE
Takes appropriate PPE precautions	1
Obtains a history relevant to the pregnancy	
Estimated date of confinement	1
Frequency of contractions	1
Duration of contractions	1
Intensity of contractions	1
Rupture of amniotic sac (time and presence of meconium)	1
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	1
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	1
Medications taken prior to labor	1
Prenatal care (identified abnormalities with pregnancy)	1
Vaginal bleeding	1
Abdominal pain	1
Assessment	
Vital signs (BP, P, R, Temperature)	1
Evidence of imminent delivery (crowning, contractions, urge to push, urge to	1
defecate)	1
Prepares for delivery	
Prepares appropriate delivery area	1
Removes patient's clothing	1
Opens and prepares obstetric kit	1
Places clean pad under patient	1
Prepares bulb syringe, cord clamps, towels, newborn blanket	1
Delivers newborn	
During contractions, urges patient to push	1
Delivers and supports the emerging fetal presenting part if not the head	1
Recognizes abnormal presentation that requires immediate care and transport	1
(prolapsed cord, hand, foot, shoulder dystocia)	I
Delivers legs and body if possible and continues to support fetus	1
Delivers head	1
If fetal head is not promptly delivered, inserts gloved fingers/hand to establish	1
a space for breathing/relieve pressure on umbilical cord	I
Assesses for and notes the presence of meconium	1
Initiates rapid transport	1
Delivers the shoulders if not previously delivered	1
Delivers the remainder of the body if not previously delivered	1

Places newborn on mother's abdomen or level with mother's uterus	1
Notes the time of birth	1
Controls hemorrhage as necessary	1
Reassesses mother's vital signs	1
Newborn care (Birth – 30 seconds postpartum):	
If newborn is distressed, clears airway as necessary	1
Warms and dries newborn	1
Wraps newborn in blanket or towels to prevent hypothermia	1
Newborn care (30 – 60 seconds postpartum):	
If heart rate is less than 100, gasping or apneic:	_
Provides PPV	1
Monitors SpO ₂ in neonate	1
Clamps and cuts umbilical cord	1
Places on mother's chest to retain warmth	1
Determines 1 minute APGAR score	1
Newborn care (after 1 minute postpartum):	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV	1
If heart rate is less than 60:	
Considers intubation	1
Begins chest compressions	1
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	1
Determines 5 minute APGAR score	1
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner	1
Actual Time Ended:	
TOTAL	49 /49
IUIAL	149
Critical Criteria	
Failure to take or verbalize appropriate PPE precautions	
Failure to identify or appropriately manage an abnormal presentation	
Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerou	is position,
pulls on umbilical cord to deliver placenta, handles newborn inappropriately)	
Failure to provide appropriate newborn care (correct sequence and within recommended to	me limits)
Failure to manage the patient as a competent EMT	
Exhibits unacceptable affect with patient or other personnel	
Uses or orders a dangerous or inappropriate intervention	
Failure to receive a total score of 37 or greater	
CONTINUED ON NEXT PAGE	
Commentee	
Comments:	

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

OBTAIN A PATIENT HISTORY FROM AN ALERT AND ORIENTED PATIENT – SKILL LAB

Student Name:		Date:	
Instructor Evaluator:		Student Evaluator:	
_	Signature		Signature

	SCORING
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Demographic data	
Age	1
Weight – estimated/translated to kg	1
Gender	1
Ethnic origin	1
Source of referral	
"Who called EMS?"	1
Source of historical information	
Who is telling you the information?	1
Reliability	
Do you believe the patient?	1
Does the patient have appropriate decision-making capacity to consent for	4
care?	1
Is the patient oriented appropriately?	1
Chief complaint	
"Why did you call us?"	1
Duration of this episode/complaint	1
History of the present illness	
Onset	
"When did this begin?"	1
"Was it sudden or gradual?"	1
Provocation	
"What brought this on?"	1
"Is there anything that makes it better or worse?"	1
Quality	
"How would you describe your pain or symptoms?"	1
"Has there been any change in your pain or symptoms since it began?"	1
Region/Radiation	
"Can you point and show me where your pain or symptoms are located?"	1
"Does the pain move or radiate anywhere else?"	1
Severity	
"How would you rate your level of discomfort right now on a $1-10$ scale?"	1
"Using the same scale, how bad was your discomfort when this first began?"	1
Timing	

//*****	
"When did your pain or symptoms begin?"	1
"Is it constant or how does it change over time?"	1
Setting	
Is there anything unique to place or events with this episode?	1
Treatments	
"Have you taken anything to treat this problem?"	1
Pertinent negatives	
Notes any signs or symptoms not present	1
Converges	
Moves history from broad to focused to field impression	1
Past medical history	
General health status	
What does the patient say about his/her health?	1
Current medications	.1
"What prescribed medications do you currently take?"	1
"What over-the-counter medications or home remedies do you currently take?"	1
"When did you take you last dose of medications?"	1
"Do you take all your medications as directed?"	1
Adult illnesses	1'
"What other similar episodes were present?"	1
"Is this an acute or chronic illness?"	
"What medical care do you currently receive for this illness?"	
	1
"What medical care do you currently receive for other illnesses?"	1
Allergies	T
"Do you have any allergies to any medications, foods or other things?"	1
Operations	T.
"What previous surgeries have you had?"	1
Environmental	Τ.
Patient nutritional status	1
"Do you have any habitual activities, such as drugs, alcohol or tobacco use?"	1
Family history	1
Questions patient about pertinent family medical history	1
Psychological history	
Asks appropriate related history questions based upon patient presentation	1
Verbal report	
Completes succinct report	1
Identifies pertinent findings	1
Identifies pertinent negatives	1
Organization	
Organizes report in logical sequence	1
Affective	
Makes the patient feel comfortable	1
Uses good eye contact	1
Establishes and maintains proper distance	1
Uses techniques that show interest in the patient	1
Professional appearance	1
Takes notes of findings during history	1
Preferably uses open-ended questions	1
Follows patient lead to converge questions	1
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Uses reflection to gain patient confidence	1	
Shows empathy in a professional manner	1	
Actual Time Ended:	1	
TOTAL	56	/56
IOIAL		130
Critical Criteria		
Failure to take or verbalize appropriate PPE precautions		
Failure to complete an appropriate historyFailure to obtain vital information necessary for the proper assessment, management and		
diagnosis of the patient's condition		
Failure to receive a total score of 43 or greater		
Comments:		
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her pe and document his/her response to the following question:		ance
Were you successful or unsuccessful in this skill? Successful Unsuccessful		

COMPREHENSIVE NORMAL ADULT PHYSICAL ASSESSMENT TECHNIQUES – SKILL LAB

Stude	ent Na	me:		Date:	
Instru	uctor E	Evaluator: _	Signature	_ Student Evaluator:	Signature
NOT	E:		ent is to perform a comprehe tion) on a patient who has no	1 4	on (well physical
			SCO	RING	
	N/A	Not applic	able for this patient		
	0	Unsuccess	ful; required critical or exces	sive prompting; inconsist	tent; not yet competent

Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Initial general impression	
Appearance	
Speaks when approached	1
Facial expression	1
Skin color	1
Eye contact	1
Weight - estimated/translated to kg	1
Work of breathing	1
Posture, ease of movement	1
Odors of body or breath	1
Dress, hygiene, grooming	1
Level of consciousness/mental status	
Speech	
Quantity	1
Rate	1
Loudness	1
Articulation of words	1
Fluency	1
Mood	1
Orientation	<u> </u>
Time	1
Place	1
Person	1
Memory	
Recent	1
Long term	1
Assesses baseline vital signs	
Vital signs	
Blood pressure	1
Pulses – radial, carotid	•
Pulse rate	1
Pulse amplification	1
Respirations	-

Respiratory rate	1
Tidal volume	1
Temperature – oral, tympanic, rectal	1
SpO ₂	1
Secondary physical examination Skin	
Colors – flushed, jaundiced, pallor, cyanotic	1
Moisture – dryness, sweating, oiliness	1
Temperature – hot or cool to touch	1
Turgor	1
Lesions – types, location, arrangement	1
Nails – condition, cleanliness, growth	1
Head and neck	
Hair	1
Scalp	1
Skull	1
Face	1
Eyes	l I
Acuity – vision is clear and free of disturbance	1
Appearance – color, iris clear	1
Pupils – size, reaction to light	1
Extraocular movements – up, down, both sides	1
Ears	l I
External ear	1
Ear canal – drainage, clear	1
Hearing – present/absent	1
Nose	'
Deformity	1
Air movement	1
Mouth	
Opens willingly	1
Jaw tension	1
Mucosal color	1
Moisture	1
Upper airway patent	1
Neck	
Trachea – midline	1
Jugular veins – appearance with patient position	1
Chest	<u> </u>
Chest wall movement – expansion	1
Skin color – closed wounds	1
Integrity	
Open wounds	1
Rib stability	1
Presence/absence of pain	1
Lower Airway	l .
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	1
	I

Bronchial	1
Bronchovesicular	1
Vesicular	1
Heart and blood vessels	
Heart	
Apical pulse	1
Sounds	
S_1	1
$\frac{S_1}{S_2}$	1
Arterial pulses	
Locate with each body area examined	1
Abdomen	
Color – closed wounds	1
Open wounds	1
Size, symmetry, shape	1
Scars	1
Distention	1
Auscultation	1
Palpation – quadrants, masses, tenderness, rigidity	1
Back	
Color – closed wounds	1
Open wounds	1
Size, symmetry, shape	1
Scars	1
Palpation – tenderness, rigidity, masses	1
Pelvis	
Stability	1
Male genitalia – inquires about:	
Wounds, rashes, external lesions	1
Drainage	1
Female genitalia (non-pregnant) – inquires about:	
Wounds, rashes, external lesions	1
Drainage	1
Asks about bleeding or discharge	1
Musculoskeletal	
Legs and feet	
Symmetry	1
Range of motion	1
Deformity	1
Skin	
Color	1
Closed wounds	1
Open wounds	1
Pulses	
Femoral	1
Popliteal	1
Dorsalis pedis	1
Arms and hands	
Symmetry	1

Range of motion	1
Deformity	1
Skin	
Color	1
Closed wounds	1
Open wounds	1
Pulses	
Brachial	1
Radial	1
Affective	
Accepts evaluation and criticism professionally	1
Shows willingness to learn	1
Interacts with simulated patient and other personnel in professional manner, i.e. uses	_
appropriate name, explains procedures, maintains modesty	1
Actual Time Ended:	1
	
TOTAL	104 /104
Critical Criteria	
Failure to take or verbalize appropriate PPE precautions	
Failure to adequately assess airway, breathing or circulation	
Performs assessment in a disorganized manner	
Failure to assess the patient as a competent EMT	
Exhibits unacceptable affect with patient or other personnel	
Performs assessment inappropriately resulting in potential injury to the patient	
Failure to receive a total score of 80 or greater	
<u> </u>	
Comments:	
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her per and document his/her response to the following question:)	
Were you successful or unsuccessful in this skill? Successful Unsuccessful	

MEDICAL AND CARDIAC SCENARIO ASSESSMENT - SKILL LAB

Student Name:		Date:	
Instructor Evaluator:		Student Evaluator:	
	Signature		Signature

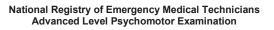
	SCORING
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Scene size-up	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	1
Hazards – chemical, thermal, atmospheric, electrical, weapons	1
Environment – bystanders, hostile, ambient temperature, adequate space,	4
day/night, patient prone to sudden behavior change	1
Number of patients and location	1
Clues/evidence at the scene – medication bottles, chemical containers,	4
syringes, illicit drug paraphernalia, etc.	1
Additional resources - Hazmat, heavy rescue, law enforcement, bystanders, historians,	1
air medical	l l
Nature of illness – determines reason for call	1
Patient assessment and management	
Begins spinal precautions if indicated	1
Primary survey/resuscitation	
General impression	
Patient appearance – posture, position, obvious distress, incontinence,	1
vomiting, odors, pain	l l
Estimates age, gender and weight of patient	1
Manages any gross visible hemorrhage – direct pressure, tourniquet	1
Level of responsiveness	
Awake and oriented	1
Response to verbal stimuli	
Opens eyes	1
Follows simple commands	1
Responds to painful stimuli	
Acknowledges presence of stimuli	1
Responds to irritation stimuli	1
Unresponsive	1
Airway	
Assesses airway – position, obstructions	1
Manages airway as appropriate – suction, adjunct, modified jaw thrust	1
Breathing	
Exposes the chest and inspects for injuries	1
Auscultates lung sounds – presence, clarity, abnormal sounds	1
Notes minute volume – rate, tidal volume and equal chest rise and fall	11

Managara and information (1)	1.
Manages any injury compromising ventilations	1
Administers oxygen or ventilates with appropriate device – BVM, NRB	<u> </u>
Circulation	
Pulse	Ι.
Presence, rate, quality	1
Skin	I
Color, moisture, temperature	1
Turgor, edema	1
Capillary refill	1
Disability	T
GCS – calculates score	1
Pupils – size, equality, reactivity to light	1
Chief complaint	T
Determines chief complaint	1
Transport decision	
Critical – begins immediate packaging for transport or resuscitation	1
Non-critical – continued assessment on scene	1
Vital signs	
Blood pressure	1
Pulse	1
Respirations	1
SpO_2	1
Pain – if appropriate	1
Secondary assessment – performs secondary physical examination and assesses affects	ed body
part(s) or system(s)	•
Obtains an oral history – pertinent to situation	1
History of the present illness	· P
SAMPLE – signs/symptoms; allergies; medications; past medical	4
history; last meal; events leading up to injury	1
OPQRST – onset; provocation; quality; region/radiation; severity;	4
timing	1
Head and Neck	-1
Immobilization as necessary	1
Interviews for pain, recent trauma, events	1
Inspects and palpates	I
Scalp/skull	1
Facial bones	1
Facial muscles – symmetry	1
Jaw	1
Eyes – PERLA, pupil size, ocular movements, visual acuity, position of	† _
eyes	1
Mouth – assess tongue, says "Ah," color of palate	1
Ears – aligns to open canal, discharge	1
	1
Nose – discharge, obstruction, nasal flaring	1
Neck – lumps, hard nodules	1
Trachea – checks for stoma	1
Jugular vein status	1
Cervical spine processes	1
Cervical spine processes	1

Interviews patient – pain, history, current medications	1
Inspects – rate, rhythm, depth, symmetry, effort of breathing, color,	1
scars, lumps	<u> </u>
Palpates – tenderness, lumps	1
Auscultates – vesicular, bronchial, bronchovesicular breath sounds in	1
proper locations anteriorly and posteriorly, notes adventitious breath	
sounds	
Percussion – symmetry of sounds	1
Oxygenation/ventilation – adjusts oxygen flow, changes adjunct	1
accordingly, administers appropriate respiratory medications	ļ'
Auscultates heart sounds $-S_1$, S_2	1
Cardiac management – monitor/12-lead ECG, medications	1
Abdomen and pelvis	
Interviews patient – location, type of pain, duration, events leading up	1
to current complaint, food or products ingested	<u> </u>
Inspects – scars, distention, pulsations, color, including flanks and	1
posterior	 '
Auscultation – bowel sounds	1
Palpation – guarding, tenderness with cough or increasing pressure,	1
pulsations, rigidity	l l
Assesses pelvic stability	1
Extremities	•
Interviews patient – location, type of pain, duration, events	1
Arms – pulses, edema, capillary refill, grip strength, drift	1
Legs – pulses, edema, pressure sores, extension/contraction of legs/feet	1
Manages wounds or splints/supports fractures	1
Mental status examination	
Appearance – dress, eye contact, posture, depression, violence, facial	4
grimaces, actions, mannerisms	1
Speech – spontaneous, slow/fast, volume, clarity, appropriate	1
Mood – depressed, euphoric, manic, anxious, angry, agitated, fearful,	4
guilty	1
Thoughts – racing, hallucinations, delusions, suicidal, unconnected,	4
disturbed, homicidal	I
Neurological	
Interviews patient – pain, paralysis; location, duration, events leading	4
up to, changes over time, past medical history, medications	1
Stroke scale – facial droop, arm drift, abnormal speech	1
Motor system – posturing, involuntary movements, strength,	4
coordination, flaccid, seizures, gait	1
Transportation decision	
Verbalizes destination decision	1
Other assessments and interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer,	4
capnography	1
Performs appropriate treatment at the correct time – IVs, oxygenation/ventilation,	1
medication administration	1
Affective	
Explains verbally the use of team members appropriately	1

Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner	1	
Actual Time Ended:	1	
	86	/86
TOTAL	00	/80
Critical Criteria		
Failure to recognize life-threatening injuries		
Failure to take or verbalize appropriate PPE precautions		
Failure to provide spinal precautions according to scenario	4:	
Failure to assess or appropriately manage problems associated with airway, breathing, care rhythm, hemorrhage or shock	irac	
Failure to perform primary survey/management prior to secondary assessment/management	nt	
Failure to attempt to determine the mechanism of injury		
Failure to properly assess, manage and package a critical patient within 10 minutes		
Failure to manage the patient as a competent EMT		
Exhibits unacceptable affect with patient or other personnel		
Uses or orders a dangerous or inappropriate intervention		
Failure to receive a total score of 65 or greater		
Comment		
Comments:		
STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)		
Were you successful or unsuccessful in this skill? Successful Unsuccessful		





PATIENT ASSESSMENT -TRAUMA

Candidate:E	xaminer:		
	ignature:		
Scenario #:			
Actual Time Started: 10-minute time limit		Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	Awaiueu
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine PRIMARY ASSESSMENT/RESUSCITATION		1	
Verbalizes general impression of the patient		1	I
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Airway		2	
- Opens and assesses airway (1 point) - Inserts appropriately siz	zed adjunct (1 point)		
Breathing			
- Assesses breathing (1 point) - Assures adequate ventilation (1 point)		4	
- Administers oxygen (1 point)		4	
- Manages any injury which may compromise breathing/ventilation (1 point)			
Circulation			
- Checks pulse (1point)			
- Assesses skin [either skin color, temperature, or condition] (1 point)		4	
- Assesses for and controls major bleeding if present (1 point)			
- Initiates shock management (1 point)		4	
Identifies priority patients/makes transport decision based upon calculated GCS HISTORY TAKING		1	
Obtains, or directs assistant to obtain, baseline vital signs	ļ.	1	1
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head			
- Inspects the head (1 point)		3	
- Palpates the skull (1 point)		· ·	
- Assesses eyes for reactiveness (1 point)			
Neck - Inspects position of trachea (1 point)			
- Inspects jugular veins (1 point)		3	
- Palpates cervical spine (1 point)			
Chest			
- Inspects chest (1 point)		3	
- Palpates chest (1 point)		O	
- Auscultates chest (1 point)			
Abdomen/pelvis - Inspects abdomen (1 point)			
- inspects abdomen (1 point) - Palpates abdomen (1 point)		3	
- Assesses pelvis (1 point)			
Lower extremities		0	
- Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1	point/leg)	2	
Upper extremities		2	
- Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1	point/arm)		
Posterior thorax, lumbar, and buttocks			
- Inspects posterior thorax (1 point) - Palpates posterior thorax (1 point)		2	
Manages secondary injuries and wounds appropriately		1	
Reassesses patient		1	
r panerii			
Actual Time Ended:	TOTAL	42	
ODITIOAL ODITEDIA			
CRITICAL CRITERIA			
Uses or orders a harmful intervention			

Uses or	orders	a harmtu	l interventio
Exhibits	unprofe	essional b	ehavior

You must factually document your rationale for checking any of the above critical criteria on the reverse side of this form.

COMPREHENSIVE NORMAL PEDIATRIC PHYSICAL ASSESSMENT TECHNIQUES – SKILL LAB

Student Na	me:		Date:	
Instructor E	Evaluator:	Signature	Student Evaluator:	Signature
NOTE:	examinatio		rehensive physical examination ool-aged child who has no com	· •
		-	CODING	

	SCORING
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Initial general impression	
Appearance	
Facial expression	1
Skin color	1
Work of breathing	1
Odors of body or breath	1
*If toddler or school-aged child:	
Activity level	1
Speaks when addressed	1
*If school-aged child:	
Eye contact	1
Mood	1
Orientation	
Time	1
Place	1
Person	1
Memory	
Recent	1
Long term	1
Assesses baseline vital signs	
Vital signs	
Blood pressure	1
Pulses – brachial, radial, carotid	
Pulse rate	1
Pulse amplification	1
Respirations	
Respiratory rate	1
Tidal volume	1
Temperature – oral, tympanic, rectal	1
SpO_2	1
Secondary physical examination	

Somatic growth	
Length	1
Weight	1
Head circumference	1
Skin	
Colors – flushed, jaundiced, pallor, cyanotic	1
Moisture – dryness, sweating, oiliness	1
Temperature – hot or cool to touch	1
Turgor	1
Lesions – types, location, arrangement	1
Nails – condition, cleanliness, growth	1
Head and neck	
Hair	1
Scalp	1
Skull	1
Face	1
Eyes	
Acuity – vision is clear and free of disturbance	1
Appearance – color, iris clear	1
Pupils – size, reaction to light	1
Extraocular movements – up, down, both sides	1
Ears	
External ear	1
Ear canal – drainage, clear	1
Hearing – present/absent	1
Nose	
Deformity	1
Air movement	1
Mouth	
Opens willingly	1
Jaw tension	1
Mucosal color	1
Moisture	1
Upper airway patent	1
Neck	
Trachea – midline	1
Jugular veins – appearance with patient position	1
Chest	
Chest wall movement – expansion	1
Skin color – closed wounds	1
Integrity	
Open wounds	1
Rib stability	1
Presence/absence of pain	1
Lower airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	1
Bronchial	1

Bronchovesicular	1
Vesicular	1
Heart and blood vessels	
Heart	
Apical pulse	1
Sounds	
S_1	1
S_2	1
Arterial pulses	
Locate with each body area examined	1
Abdomen	
Color – closed wounds	1
Open wounds	1
Size, symmetry, shape	1
Scars	1
Distention	1
Auscultation	1
Palpation – quadrants, masses, tenderness, rigidity	1
Back	
Color – closed wounds	1
Open wounds	1
Size, symmetry, shape	1
Scars	1
Palpation – tenderness, rigidity, masses	1
Pelvis	
Stability	1
Male genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	1
Female genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	1
Musculoskeletal	
Legs and feet	
Symmetry	1
Range of motion	1
Deformity	1
Skin	
Color	1
Closed wounds	1
Open wounds	1
Pulses	
Femoral	1
Popliteal	1
Dorsalis pedis	1
Arms and hands	
Symmetry	1
Range of motion	1
Deformity	1
Skin	
Color	1

Closed wounds	1	-
Open wounds	1	
Pulses		
Brachial	1	
Radial	1	
Affective	1	
Accepts evaluation and criticism professionally	1	
Shows willingness to learn	1	
Interacts with simulated patient and other personnel in professional manner, i.e. uses		
appropriate name, explains procedures, maintains modesty	1	
Actual Time Ended:		
TOTAL	97	/97
Critical Criteria		
Critical Criteria		
Failure to take or verbalize appropriate PPE precautions		
Failure to adequately assess airway, breathing or circulation		
Performs assessment in a disorganized manner		
Failure to assess the patient as a competent EMT		
Exhibits unacceptable affect with patient or other personnel		
Performs assessment inappropriately resulting in potential injury to the patient		
Failure to receive a total score of 68 (toddler)/73 (school-aged) or greater		
Tundre to receive a total score of oo (totaler)//2 (school agea) of greater		
Comments:		
		-
		-
		-
		-
		-
		-
		-
		-
		-

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

FORMATIVE TEAM MEMBER EVALUATION – SCENARIO LAB

Student Name: Date:	
Instructor Evaluator: Signature Student Evaluator: Signature	
SCORING N/A Not applicable for this patient Unsuccessful; required critical or excessive prompting; inconsistent; not yet compe Successful; competent; no prompting necessary	tent
Actual Time Started:	SCORE
Assures scene and crew safety by following instructions of Team Leader or suggesting corrective action as needed	1
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	1
Performs tasks correctly when directed by Team Leader Performs all skills in an acceptable manner based on related skill evaluation instruments	1
Demonstrates respect for position as a team member by not interfering with Team Leader's assessment or management plan unless dangerous, speaking up only when spoken to, etc.	1
Immediately suggests correct management if Team Leader errs in a manner which could cause harm to the patient	1
Communicates clearly and professionally with Team Leader, crew, bystanders and others Maintains professionalism and demonstrates appropriate affect toward patient and other team members	1 1
Actual Time Ended: TOTAL	8 /8
Critical Criteria Failure to recognize life-threatening injuries or illness Failure to take or verbalize appropriate PPE precautions Failure to address safety concerns Failure to correct any dangerous or inappropriate intervention Performs any action or uses any equipment in a dangerous or inappropriate manner Failure to suggest corrective action if a harmful intervention is ordered/performed by others Failure to function as a competent EMT Exhibits unacceptable affect with patient or other personnel Failure to receive a total score of 6 or greater	3
Comments (CONTINUED ON BACK):	

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful

FORMATIVE TEAM LEADER EVALUATION – SCENARIO LAB

Student Name: Date:	
Instructor Evaluator: Student Evaluator:	
Signature Signature	
SCORING	
N/A Not applicable for this patient	
0 Unsuccessful; required critical or excessive prompting; inconsistent; not yet compe	etent
1 Successful; competent; no prompting necessary	
Actual Time Started:	SCORE
SCENE SIZE-UP	
Took appropriate safety precautions and began to manage scene by delegating tasks and	1
requesting necessary resources	
Critical Prompts by team: \square Safety \square PPE \square Number of patients \square Additional resources	
PATIENT ASSESSMENT AND MANAGEMENT	
PRIMARY SURVEY/RESUSCITATION (3 minutes to complete)	
Addresses spinal stabilization; airway, ventilation, oxygenation, circulation and	1
hemorrhage management	
Critical Prompts by team: \Box AVPU \Box Airway/Reposition/Adjunct	
Breathing/ $O_2/BVM \square Pulse \ check/CPR \ start$	
HISTORY TAKING	1
Determines chief complaint, mechanism of injury, associated symptoms	I
SECONDARY ASSESSMENT	1
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis,	'
extremities, posterior body; identifies pertinent negatives	
Critical Prompts by team: \Box BP, P, R \Box SpO ₂ \Box Lung sounds \Box ECG \Box 12-lead	
PERTINENT PAST MEDICAL HISTORY	1
Obtains pertinent SAMPLE/OPQRST history	<u> </u>
FIELD IMPRESSION AND TREATMENT PLAN	
DIFFERENTIAL DIAGNOSIS Creates an appropriate list of differential diagnoses	1
Critical Prompts by team: Critical Differential (specify in comments)	
ACUITY	
Makes accurate clinical judgments about patient acuity	1
Critical Prompts by team: Critical Not Critical (specify in comments)	
THERAPEUTIC INTERVENTIONS AND MONITORING	4
Develops treatment plan and implements appropriate treatments based on history,	1
physical exam and monitoring devices	
Critical Prompts by team: □ Treatment (specify in comments)	
LEADERSHIP	
COORDINATION OF TREATMENT	1
Directs team members to perform tasks with appropriate timeliness,	•
prioritization/sequence	

Critical Prompts by team: □ Timeliness □ Sequence □ Transport decision

(specify in comments)

	т —	
FLEXIBILITY	1	
Adapts treatment plan and sequence as information becomes available, listens to		
teammates		
Critical Prompts by team: Timeliness Sequence Transport decision		
(specify in comments)	+	
COMMUNICATION AND DOCUMENTATION	1	
Communicates with team members by using closed loop communication and		
appreciative inquiry; encourages feedback; provides succinct and accurate verbal report	₩	
AFFECT	1	
Establishes basic rapport with the patient and interacts professionally with all on scene		
Critical Prompts by team: □ Uses Pt's name □ Eye contact □ Introduces self	<u> </u>	
Actual Time Ended:		
TOTAL	12	/12
Critical Criteria		
Failure to recognize life-threatening injuries or illness		
Failure to take or verbalize appropriate PPE precautions		
Failure to address safety concerns		
 Failure to provide spinal precautions when indicated Failure to assess or appropriately manage problems with airway, breathing, oxygenation or 		
ventilation		
Failure to complete management of the patient within the given time limit		
Failure to initiate transport within 10 minutes for trauma patients		
Exhibits unacceptable affect with patient or other personnel		
Uses or orders a dangerous or inappropriate intervention		
Requires excessive prompting or a single critical prompt by team members		
Failure to receive a total score of 9 or greater		
C (COMPINITED ON MENT DAGE)		
Comments (CONTINUED ON NEXT PAGE):		

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)
Were you successful or unsuccessful in this skill? Successful Unsuccessful