# Alaska EMS Psychomotor

# Portfolio



# Emergency Medical Technicians-1, 2, 3 and Alaska AEMT

Alaska Council on EMS Committees: EMS Training Committee and Implementation Task Force in cooperation with the State of Alaska Department of Health and Social Services Division of Public Health Section of Rural and Community Health Systems Office of Emergency Medical Services Box 110616 Juneau, AK 99811-0616 (907) 465-3027 http://www.ems.alaska.gov



# INTRODUCTION

#### Acknowledgements:

The Alaska EMS Psychomotor Portfolio was developed through the combined efforts of the State EMS Training Committee, the ACEMS Implementation Task Force, and the Alaska Office of EMS. These groups were charged with operationalizing the updated EMS regulations and scope of practice that was signed into law by Lieutenant Governor, Kevin Meyer, and went into effect October 21, 2019. These regulation changes had been long overdue, and the work needed to bring the new changes to life was extensive. A special thanks goes out to the individuals who dedicated their time, energy, and expertise toward the completion of not only this Alaska EMS Psychomotor Portfolio, but to all of the initiatives that were required to implement the updated regulations and scope of practice.

#### Purpose:

The purpose of the *Alaska EMS Psychomotor Portfolio* is to serve as a means to help ensure a consistent level of baseline competency is achieved throughout the state during all initial EMT level training courses. The portfolio process empowers the Alaska EMS instructor to validate individual skill performance of their students throughout the initial course.

The skill sheets contained within the portfolio strike a similar resemblance to the documents used to evaluate EMT candidates during the State of Alaska EMT Psychomotor Examination. Moving forward, the State of Alaska Office of EMS will be evaluating an EMT candidate's ability to put the skills they have learned throughout their course in a simulated, hands-on, scenario.

#### Instructions:

The portfolio document in its entirety is meant to serve as a tool that must be used throughout the course. Instructors are advised to build a portfolio for each of their EMT students in order to measure and monitor a student's performance. Each individual skill set should be practiced as many times as possible throughout the course.

The lead instructor will use the *Alaska EMS Psychomotor Portfolio Sign-Off page* to attest that the student can successfully perform a given skill. The sign-off page can be used many ways to help track student progress throughout the course. The form contains an area for three separate evaluations signified by initials and date evaluated. The first two columns may be used as a peer-to-peer evaluation tool. The third column must be signed off by either the lead or assistant EMS instructor who are registered with the course. Initials in the third column signifies that the student has proven competency in the given skill.

The skill sheets have both an established point system and critical criteria. When using the skill sheets a student must not perform any critical failures and must have successfully obtained 70% of the available points. Many skills have items that do not apply to all devices or services. In these cases, items may be marked "if applicable," or "if used." If these points are not relevant to the learner's context, omission of the items should not count against the learner. The instructor or peer reviewer is expected to adjust the total points possible accordingly and take the earned point average from that in order to assure a 70% passing rate.

Depending on your student base, an instructor may not find it necessary to perform the recommended 3 step skill validation and may move directly to final validation signified by their initials in the third column. An example of this might be:

• A few of your EMT-I students are certified Health Aides and have demonstrated their competence in 12-lead placement, the use of NRB and Vital signs.

In this case the lead instructor would sign them off in column 3 and potential use them in the course to assist with the evaluation of those areas for the other students where they would initial in either column 1 or 2.

Upon course completion the EMS instructor will upload the *Alaska EMS Psychomotor Portfolio Sign*-Off page into the State License Management System. A copy of this form should be given to the student and kept by the lead instructor for their records.

In addition to the *Alaska EMS Psychomotor Portfolio Sign-Off,* EMT-II and AKAEMT students will require a *Venipuncture Validation* form to be uploaded into the Certification Management System as described above.

#### Closing

As with everything else in EMS, our profession is evolving, and our systems and processes are streamlining and improving. As you work through the portfolio process, keep note of what is working well and ways to improve it for future use. If you as an EMS Instructor have questions and/or suggestions for improvement, please contact the Alaska Office of EMS Training Coordinator.

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# ALASKA EMS PSYCHOMOTOR PORTFOLIO SIGN OFF: EMT-I

Skill Performed	Initials/Date	Initials/Date	Instructor Initials/Date
OPA Insertion- Adult			
OPA Insertion – Infant/Child			
NPA Airway Insertion			
Mouth-to-Mask Ventilation			
Integrated Management of an Apneic Patient			
Pediatric Respiratory Compromise			
Oral Suction			
Oxygen Administration by NRB			
Supraglottic Airway Device			
CPAP			
Blood Pressure, Pulse, Respirations, & Skin			
Patient Assessment-Trauma			
Patient Assessment- Medical			
Neurological Assessment			
Cardiac Arrest Management/AED			
12-Lead Placement			
Emergency Childbirth			
Newborn Management			
Drawing up Medications - Ampules			
Drawing up Medications - Preloads			
Drawing up Medications - Vials			
Med Admin - Oral			
Med Admin – Sublingual			
Med Admin – Metered Dose Inhaler			
Med Admin – Auto-Injector			
Med Admin – Nebulized			
Med Admin - Intramuscular			
Med Admin – Intranasal (Prepared)			
Med Admin – Intranasal (MAD)			
Spinal Motion Restriction- Supine Patient			
Spinal Motion Restriction- Seated Patient			
Spinal Motion Restriction – Vacuum Mattress			
Rapid Extrication			
Long Bone Immobilization			
Joint Immobilization			
Traction Device			

# Student Name:



Bleeding Control/Shock Management		
Tourniquet Application		
Wound Packing		
Watched Testing Video	 	

Instructor Name: \_\_\_\_\_

Course #: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date:



#### **OROPHARYNGEAL AIRWAY INSERTION – ADULT**

**OBJECTIVE**: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA). Student is prepared for the action of suctioning the airway should the patient vomit. **EQUIPMENT**: PPE (Eye Protection/Gloves), airway manikin, tongue depressor, suction device and selection of oropharyngeal airway sizes.

**COMPETENCY**: The student will be able to correctly size and insert an oropharyngeal airway in an adult. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if cervical spine injury is suspected. Verbalize patient has no gag reflex.	1	
Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	1	
Opens the patient's mouth in a manner that prevents the student from being bitten.	1	
<ul> <li>Inserts the airway by:</li> <li>Inserting with the tip towards the hard palate and rotating 180° as the tip passes the soft palate into the pharynx; or</li> <li>Inserting sideways and rotating 90° as the tip passes the soft palate into the pharynx; or</li> <li>Inserting after the tongue is displaced anteriorly with a tongue blade.</li> </ul>	1	
Inserts the airway so that the flange is resting on the lips, gums or teeth.	1	
Actual Time Ended: Total:	6	

#### Critical Criteria:

□ Failure to take standard precautions.

- □ Failure to determine proper size airway.
- $\Box$  Failure to insert airway using the 90° or 180° method.
- $\Box$  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.



#### **OROPHARYNGEAL AIRWAY INSERTION – INFANT/CHILD**

**OBJECTIVE**: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA). Student is prepared for the action of suctioning the airway should the patient vomit. **EQUIPMENT**: PPE (Eye Protection/Gloves), pediatric airway manikin, tongue depressor, suction device and selection of oropharyngeal airways sizes.

**COMPETENCY**: The student will be able to correctly size and insert an oropharyngeal airway in an infant/child.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if cervical spine injury is suspected. Verbalize how to determine presence of gag reflex.	1	
Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	1	
Opens the patient's mouth in a manner that prevents the student from being bitten.	1	
Inserts the airway by displacing the tongue anteriorly with a tongue blade, then bringing the airway over and past the tongue blade.	1	
Inserts the airway so that the flange is resting on the lips, gums, or teeth.	1	
Actual Time Ended: Total:	6	

#### Critical Criteria:

□ Failure to take standard precautions.

□ Failure to determine proper size airway.

- □ 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.



#### NASOPHARYNGEAL AIRWAY INSERTION

**OBJECTIVE**: The student will demonstrate the ability to correctly measure and insert a nasopharyngeal airway (NPA). Student should be prepared for the action of suctioning the airway should the patient vomit.

**EQUIPMENT**: PPE (Eye Protection/Gloves), airway manikin, selection of nasopharyngeal airways, lubricant appropriate for manikin (to represent the need for adequate lubricant) and suction device. **COMPETENCY**: The student will be able to correctly size and insert a nasopharyngeal airway. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Sizes the airway by selecting an airway adjunct that extends from the patient's nostril to the	1	
tip of the earlobe or the angle of the jaw.	1	
The adjunct is lubricated with the appropriate lubricant.	1	
The airway is gently inserted with the bevel towards the nasal septum or floor of nose.	1	
If resistance is met, the airway is removed, and insertion is attempted in the other nostril.	1	
Inserts the airway until the flange rests on the nostril.	1	
Actual Time Ended: Total:	7	

#### Critical Criteria:

 $\Box$  Failure to insert the NPA with bevel toward septum or floor of nose.

□ 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.



#### MOUTH-TO-MASK VENTILATION

**OBJECTIVE**: The student will demonstrate the ability to adequately ventilate a patient using a pocket mask with a one-way valve. Student should be prepared for action of suctioning the airway should the patient vomit. **Note**: The assembly of the oxygen tank and regulator is not a part of this evaluation.

**EQUIPMENT**: PPE (Eye Protection/Gloves), pocket mask with one-way valve (with/without an oxygen port), airway manikin, the correct size of oropharyngeal and/or nasopharyngeal airway, oxygen tank with regulator, suction device and oxygen supplies.

**COMPETENCY**: **Rescue breathing is in progress and is being performed by a citizen responder.** The student will correctly perform mouth-to-mask ventilation for at least two minutes.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Assembles the pocket mask correctly.	1	
Connects the pocket mask to an oxygen source and sets flow of oxygen to 10 to 15 LPM. (If Available)	1	
Effectively opens the patient's airway.	1	
Correctly inserts the oropharyngeal airway (OPA) or nasopharyngeal airway (NPA).	1	
Places the pocket mask over the patient's mouth and nose and ensures a proper seal.	1	
Effectively ventilates the patient, as evidenced by rise and fall of chest, at a rate of 10 to12 times per minute.	1	
Allows for adequate exhalation between ventilations.	1	
Actual Time Ended: Tota	l: 9	

#### Critical Criteria:

- □ Failure to ensure proper seal of pocket mask.
- $\hfill\square$  Failure to effectively ventilate 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.



#### INTEGRATED MANAGEMENT OF AN APNEIC PATIENT

**OBJECTIVE**: The student will demonstrate the ability to correctly insert an OPA, and adequately ventilate a patient with BVM and oxygen. **Note:** The assembly of the oxygen tank and regulator is not a part of this evaluation.

**EQUIPMENT**: PPE (Eye Protection/Gloves), suction unit, correctly sized OPA, airway manikin, Bag-Valve-Mask (BVM), oxygen tank, regulator, oxygen tubing.

**COMPETENCY**: The student will be able to correctly ventilate a patient using a BVM.

**REVISED DATE:** October 2020

		Possible	Awarded
Actual Time Started:		Points	Points
Takes or verbalizes appro	opriate body substance isolation precautions.	1	
Checks responsiveness.	NOTE: After checking responsiveness, breathing and circulation for	1	
Checks breathing.	at least 5 but no more than 10 seconds, examiner informs	1	
Checks pulse.	the candidate, "The patient is unresponsive and apneic, but	1	
	has a weak pulse"		
Requests additional EMS	assistance.	1	
Opens airway properly.		1	
NOTE: The exami	ner must now inform the candidate, "The mouth is full of secretions a	nd vomitus."	
Prepares rigid suction cat	heter.	1	
Turns on power to suction	n device or retrieves manual suction device.	1	
Inserts rigid suction cathe	ter without applying suction.	1	
Suctions the mouth and c	ropharynx.	1	
NOTE: The exami	ner must now inform the candidate, "The mouth and oropharynx are	clear."	
Opens the airway manual	ly.	1	
Inserts oropharyngeal air	way.	1	
NOTE: The exami	ner must now inform the candidate, "No gag reflex is present, and the	e patient acc	epts the
airway adjunct."			
Ventilates the patient us	ing a BVM within 30 seconds of finishing suctioning device.	1	
NOTE: The exami	ner must now inform the candidate that ventilation is being properly	performed w	ithout
difficulty.			
Re-checks pulse for at lea	st 5 but no more than 10 seconds.	1	
Attaches the BVM assem	oly [mask, bag, reservoir] to oxygen [15 L/minute].	1	
Ventilates the patient ade	equately:		
-Proper volume to make		2	
	nute but not to exceed 12/minute] (1 point).		
	t now ask the candidate, "How would you know if you are delivering of	appropriate v	volumes
with each ventilat			
Actual Time Ended:	Tota	l: 17	
		1/	



#### Critical Criteria:

- □ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to suction airway **before** ventilating the patient.
- $\hfill\square$  Suctions the patient for an excessive and prolonged time.
- □ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds.
- $\Box$  Failure to check and recheck pulse for at least 5 seconds but no more than 10 seconds.
- □ 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].
- $\Box$  Insertion or use of any adjunct in a manner dangerous to the patient.
- □ Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### **ORAL SUCTIONING**

**OBJECTIVE**: The student will demonstrate the ability to adequately suction a patient's airway when secretions are present.

**EQUIPMENT**: PPE (Eye Protection/Gloves), suction unit, rigid suction tip, airway manikin.

**COMPETENCY**: The student will be able to correctly suction a patient's airway.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Prepares rigid suction catheter.	1	
Turns on power to suction device or retrieves manual suction device.	1	
Tests the suction device to ensure suction is being provided.	1	
Inserts rigid suction catheter without applying suction.	1	
Suctions the mouth and oropharynx in an efficient and effective manner until clear.	1	
Actual Time Ended: Total:	6	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.

□ Failure to suction patient's airway effectively.

□ 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.



#### OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

**OBJECTIVE:** The student will demonstrate the ability to correctly assemble an oxygen tank and regulator, and apply and deliver oxygen with a non-rebreather mask.

**EQUIPMENT:** PPE (Eye Protection/Gloves), oxygen tank, regulator, non-rebreather mask with tubing, airway manikin.

**COMPETENCY:** The student will be able to correctly deliver oxygen to a patient with a non-rebreather mask. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Gathers appropriate equipment.	1	
Cracks valve on the oxygen tank.	1	
Assembles the regulator to the oxygen tank.	1	
Opens the oxygen tank valve.	1	
Checks oxygen tank pressure.	1	
Checks for leaks.	1	
Attaches non-rebreather mask to correct port of regulator.	1	
Turns on oxygen flow to prefill reservoir bag.	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute.	1	
Attaches mask to patient's face and adjusts to fit snugly.	1	
Actual Time Ended: Total:	11	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.

- $\Box$  Failure to assemble the oxygen tank and regulator without leaks.
- □ Failure to prefill the reservoir bag.
- □ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute.
- □ Failure to assure a tight mask seal to patient's face.
- □ 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.



#### SUPRAGLOTTIC AIRWAY DEVICE

**OBJECTIVE:** The student will demonstrate the ability to insert a supraglottic airway and ventilate an apneic patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted OPAs, assorted supraglottic airways, BVM, oxygen tank with regulator and tubing, airway manikin, lube appropriate for the manikin, stethoscope, SpO2 monitor, colorimetric device, or capnography.

**COMPETENCY:** The student will be able to correctly insert a supraglottic airway and effectively ventilate an apneic patient.

**REVISED DATE:** October 2020

	Possible	Awardeo
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Opens the airway manually.	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now informs candidate no gag reflex is present, and patient accepts adjunct.		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen.	1	
**Ventilates patient with room air.	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and th	at pulse ox	imetry
indicates the patient's blood oxygen saturation is 85%.		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute].	1	
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5-6 seconds) with appropriate volumes.	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bila direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation	-	medical
Checks/prepares supraglottic airway device.	1	
Lubricates distal tip of the device [may be verbalized].	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert devi	ce.	
Positions head properly.	1	
Performs a safe maneuver that repositions tongue and jaw for device insertion.	1	
Inserts device to proper depth and adjusts as needed to optimize chest rise.	1	
Properly secures device per manufacturer's instructions.	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs and over epigastrium.	1	
Adjusts ventilation rate or volume as necessary.	1	
Verifies proper tube placement by a secondary confirmation device (device selection may be dictated by scope of practice).	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appro	priate volui	mes with
each ventilation?"		
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter.	1	
Actual Time Ended: Total:	18	

Student Name:



NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds

#### Critical Criteria:

- □ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- $\Box$  Failure to ventilate the patient at a rate of 10 12/minute.
- □ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- □ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device.
- □ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts.
- □ Failure to inflate cuffs properly and immediately remove the syringe (if indicated).
- □ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium.
- $\Box$  Insertion or use of any 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.



#### CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

**OBJECTIVE:** The student will demonstrate the ability to safely apply CPAP and initiate therapy. **EQUIPMENT:** PPE (Eye Protection/Gloves), blood pressure cuff and stethoscope, CPAP delivery device (may be integrated or separate unit), oxygen cylinder and flowmeter, model or manikin, cannula with capnography attachment if used by agency (EMT II or higher).

**COMPETENCY:** The candidate will be able to verbalize indications and contraindications for CPAP therapy, exhibit therapeutic coaching manner, and properly apply and initiate CPAP therapy with the device used in their agency.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Prepares patient.	1	
Takes or verbalizes appropriate body substance isolation 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		
Chronic Obstructive Pulmonary Disease	2	
Pulmonary edema	2	
Asthma		
Pneumonia		
Assesses patient to identify contraindications for CPAP:		
<ul> <li>Unconscious, unresponsive, inability to protect airway, or inability to speak</li> </ul>		
Inability to sit up		
Respiratory arrest or agonal respirations		
Nausea/ vomiting		
<ul> <li>Hypotension (systolic blood pressure &lt;90mmHg)</li> </ul>	2	
Suspected pneumothorax		
Penetrating chest trauma		
Facial anomalies/trauma/burns		
Closed head injury		
Active upper GI bleed or history of recent gastric surgery		
Selects, checks, and assembles equipment.	1	
Coaches' patient how to breathe through mask.	1	
Connects CPAP mask assembly to suitable oxygen supply.	1	
Connects CPAP mask assembly to additional delivery device (if a separate unit is used).	1	
Turns on oxygen.	1	
Turns on unit power and sets tidal volume per local protocols (if a separate unit is used).	1	
Titrates oxygen to achieve SpO <sub>2</sub> >94%.	1	
Sets pressure relief valve at $4$ cm/H $_2$ O (if used, or based on local protocols).	1	



Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary (if used).	1	
Places mask over mouth and nose (leaves EtCO2 nasal cannula in place).	1	
<ul> <li>Titrates CPAP pressure (based on local protocols/ device dependent):</li> <li>Max 5cmH<sub>2</sub>O for bronchospasm</li> <li>Max 10cmH<sub>2</sub>O for CHF, pulmonary edema, and pneumonia</li> <li>Max 5cmH<sub>2</sub>O for pediatric patients</li> </ul>	1	
Coaches patient to breathe normally and adjust to air pressure.	1	
<ul><li>Frequently assesses patient for desired effects:</li><li>Decreased ventilatory distress</li></ul>		
• SpO <sub>2</sub> >94%	1	
Decreased adventitious lung sounds		
<ul> <li>Absence of complications (barotrauma and pneumothorax)</li> </ul>		
Records settings, readings, and documents appropriately.	1	
Interacts with simulated patient and other personnel in professional manner.	1	
Actual Time Ended: Total:	23	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.

- □ Failure to identify 2 indications.
- □ Failure to identify 2 potential complications.
- $\Box$  Failure to frequently reassess the patient after application of the CPAP device.
- $\Box$  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.).
- $\Box$  Failure to test the pressure relief valve **prior to** application (if included in device).
- Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



# **BLOOD PRESSURE, PULSE, RESPIRATIONS, & SKIN**

**OBJECTIVE**: The student will demonstrate the ability to correctly obtain a blood pressure (BP), and assess a pulse, respirations and the skin.

**EQUIPMENT**: PPE (Eye Protection/Gloves), BP cuff, stethoscope, timekeeping device that displays seconds and a patient.

**COMPETENCY**: **Skills may be performed in any order.** The student will be able to measure a blood pressure, pulse, respirations and skin signs within the degree of accuracy as specified within the applicable section.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
For all Vital Signs		
Takes or verbalizes appropriate body substance isolation precautions.	1	
Seeks permission to perform an assessment and explains procedure to the patient.	1	
Blood Pressure - Auscultation – Steps		
Places a correctly sized BP cuff around the patient's upper arm for the most accurate BP.	1	
Locates the brachial artery by palpation.	1	
Places the diaphragm of the stethoscope over the brachial artery.	1	
Inflates the cuff to approximately 30 mmHg above last pulse heard.	1	
Deflates the cuff slowly.	1	
Reports the obtained measurement (accuracy within 6 mmHg of the measurement obtained by evaluator required).	1	
Blood Pressure – Palpation – Steps		
Places a correctly sized BP cuff around the patient's upper arm for the most accurate BP.	1	
Locates the radial or brachial artery.	1	
Palpates the artery.	1	
Inflates the cuff to approximately 30 mmHg above last pulse felt.	1	
Deflates the cuff slowly.	1	
Reports the obtained systolic measurement (accuracy within 6 mmHg of the measurement obtained by evaluator required).	1	
Pulse Rate – Steps		
Locates a peripheral pulse with at least two fingers.	1	
Counts pulse for at least 30 seconds (doubles that to obtain a pulse per minute number).	1	
Calculates and reports rate per minute (accuracy within 4 beats/minute of rate obtained by evaluator required).	1	
Reports quality (strength) and rhythm (regular, irregular) of pulse.	1	



Respiratory Rate - Steps		
Places hand lightly over patient's diaphragm, observes chest rise or uses other technique to identify a respiration.	1	
Counts respirations for at least 30 seconds (doubles it to obtain breaths per minute).	1	
Calculates the rate per minute appropriately and states within 4 of rate observed by evaluator.	1	
Reports quality (normal, shallow, labored, breathing noisy) and rhythm (regular, irregular) of respirations.	1	
Skin Assessment - Steps		
Observes skin color (normal, pale, cyanotic, jaundiced) appropriately. Student knows where to look.	1	
Feels skin temperature (normal, warm, cool, cold, hot).	1	
Feels for condition of skin (normal, dry, moist, tenting).	1	
Assesses and reports capillary refill; communicates the value in infants and children.	1	
Reports skin color, temperature and condition.	1	
Actual Time Ended: Total:	27	

#### Critical Criteria:

 $\hfill \Box$  Failure to take standard precautions when indicated.

□ Failure to report obtained measurement within 6 mmHg of that measured by evaluator (BP), 4 beats per minute of that measured by evaluator (HR), 4 breaths per minute of that measured by evaluator (breathing rate) or appropriate skin color, temperature and condition (skin).

□ 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.



#### PATIENT ASSESSMENT - TRAUMA

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and transport a trauma patent in a timely manner. **Note:** The primary survey must be completed and transport/treatment decision made within 10 minutes.

EQUIPMENT: PPE (Eye Protection/Gloves), patient

**COMPETENCY:** The student will be able to correctly assess and treat a trauma patient within a timely manner.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
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 EMS assistance if necessary.	1	
Considers stabilization of the spine.	1	
PRIMARY SURVEY/RESUSCITATION	•	•
Verbalizes general impression of the patient. While approaching patient: Greets patient, confirms MOI (1 point) Determines chief complaint/apparent life-threats. (1 point) Assesses patient's overall appearance Work of breathing. (1 point) Reports patient's skin appearance (1 point) Reports patient's LOC (AVPU) (1 point) Airway	5	
-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing-Assess breathing (1 point)-Assures adequate ventilation (1 point)-Initiates appropriate oxygen therapy (1 point)-Manages any injury which maycompromise breathing/ventilation (1 point)	4	
<ul> <li>Circulation</li> <li>-Checks pulse (1point)</li> <li>-Assess skin [either skin color, temperature or condition] (1 point)</li> <li>-Assesses for and controls major bleeding if present (1 point)</li> <li>- Consider shock management and initiate as appropriate [positions patient properly, conserves body heat] (1 point)</li> </ul>	4	
Identifies patient priority based off ABC's(Critical or Stable) and activates trauma alert if needed	1	



SECONDARY ASSESSMENT		
Head		
-Inspects and palpates scalp and ears (1 point) -Assesses eyes (1 point)	3	
-Inspects mouth, nose** and assesses facial area (1 point)		
Neck**		
-Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates	3	
cervical spine (1 point)		
Chest**		
-Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest	3	
(1 point)		
Abdomen/pelvis**		
-Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point)	3	
-Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**	2	
-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)	2	
Posterior thorax, lumbar and buttocks**		
-Inspects and palpates posterior thorax (1 point)	2	
-Inspects and palpates lumbar and buttocks areas (1 point)		
VITAL SIGNS and History Taking		
Obtains baseline vital signs [must include BP, P and R]. (1point)	1	
Attempts to obtain SAMPLE History.	1	
MANAGEMENT OF PATIENT THROUGHOUT CALL		
Manage problems associated with airway, breathing, hemorrhage or shock.	1	
Assess for and provide spinal protection when indicated.	1	
Provides accurate radio report to receiving agency and activate trauma alert if not previously	1	
activated (if needed).	1	
Demonstrates how and when to reassess the patient.	1	
Treats all life threatening and secondary wounds appropriately.	1	
Transports patient to closest appropriate facility.	1	
Actual Time Ended: Total:	48	



#### Critical Criteria:

- □ Failure to initiate or call for transport of the patient within 10-minute time limit.
- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to determine scene safety.
- $\Box$  Failure to assess for and provide spinal protection when indicated.
- $\Box$  Failure to voice and ultimately provide high concentration of oxygen.
- $\Box$  Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- □ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene.
- □ Performs other assessment before assessing/treating threats to airway, breathing and circulation.
- □ Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



#### PATIENT ASSESSMENT – MEDICAL

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and treat a medical patient within a timely manner. **Note:** The student must complete the primary survey and determine transport and treatment within 15 minutes.

**EQUIPMENT:** PPE (Eye Protection/Gloves), patient

**COMPETENCY:** The student will be able to assess and treat a medical patient within a timely manner. **REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
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 EMS assistance if necessary.	1	
Considers stabilization of the spine.	1	
PRIMARY SURVEY/RESUSCITATION	ł	
Verbalizes general impression of the patient. While approaching patient  Greets patient, confirms MOI (1 point)  Determines chief complaint/apparent life-threats. (1 point)  Assesses patient's overall appearance  Work of breathing. (1 point)  Reports patient's skin appearance (1 point)  Reports patient's LOC (AVPU) (1 point)  Assesses airway and breathing  Assesses airway and breathing  Assesses appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority (critical or stable). Consider notify receiving facility of appropriate registry patient (e.g., cardiac patient or activating stroke alert)	2 1	
HISTORY TAKING		
History of the present illnessDetermines signs and symptoms-Onset (1 point)-Quality (1 point)-Provocation (1 point)-Radiation (1 point)-Time (1 point)	9	
-Clarifying questions related to OPQRST (2 points)		



Past medical history		
-Allergies (1 point) -Medications (1 point) -Past pertinent history (1 point)	5	
-Last oral intake (1 point) -Events leading to present illness (1 point)		
SECONDARY ASSESSMENT and PHYSICAL EXAM	·	
Assesses and performs exam based on affected body part/system as necessary (inspect,		
auscultate, & palpate)		
-Cardiovascular: pulse, skin, blood pressure, orthostatic changes, JVD, chest pain.		
-Neurological: stroke scale, pupils, mental status, sensation, movement, strength.		
-Integumentary: skin findings, temperature & color, bruising, petechiae.		
-Reproductive: menstrual findings, genitalia skin rashes, discharge.	5	
-Pulmonary: work of breathing, breath sounds, edema, pulse ox, weight gain.		
-Musculoskeletal: strength, coordination, skin findings, tingling, pain & tenderness.		
-GI/GU: vomiting, distention, rigidity, guarding & bowel/bladder changes.		
-Psychological/Social: drinking, smoking, drug use		
- Endocrine: Breath odors, hunger/thirst, insulin pump, recent illnesses.		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	8	
- BGL (1 point) - Pulse ox (1 point) - Temperature (1 point) - Lung sounds (1 point)	0	
MANAGEMENT OF PATIENT THROUGHOUT		
Demonstrates how and when to reassess the patient to determine changes in condition.	1	
Interventions and treatment appropriate to EMT's level.	1	
Manage problems associated with airway, breathing, hemorrhage or shock.	1	
Assess for and provide spinal protection when indicated.	1	
Provides accurate radio report to receiving agency/facility.	1	
Transports patient to closest appropriate facility or hands off to receiving agency.	1	
Actual Time Ended: Total:	49	



Medical Assessment Ques	•	eses relate to the number of q having completed this step).	uestions which must be asked to
Altered Mental Status	Environmental (3/5)	Syncope (4/7)	Behavioral (3/4)
Altered Mental Status (5/8)         Description of episode         Duration         Onset         Associated symptoms         Evidence of trauma         Interventions         Seizures         Fever         Allergic Reaction (4/6)         History of allergies         Exposed to what?         How exposed?         Effects         Progression         Interventions	Environmental (3/5) Source Environment Duration Loss of consciousness Effects-general or local Cardiac/Respiratory (4/6) Onset Provocation Quality Radiation Severity Radiation Severity Time Acute Abdomen (3/5) Location of pain Bleeding or discharge Orthostatic vital signs Last menstrual period Blood in feces, urine or	Syncope (4/7)  Length of time unconscious  Position  History Blood in vomit or stool Trauma Incontinence Orthostatic vital signs Poisoning & OD (4/6) Substance When exposed/ingested Amount Time period Interventions Estimated weight	<ul> <li>Behavioral (3/4)</li> <li>How do you feel?</li> <li>Determine if suicidal <ul> <li>"Were you trying to hurt yourself?"</li> <li>"Have you been feeling that life is not worth living?"</li> <li>"Have you been feeling like killing yourself?"</li> <li>"Do you have a plan?"</li> </ul> </li> <li>Medical problem <ul> <li>Interventions</li> </ul> </li> <li>Obstetrics (4/6)</li> <li>Are you pregnant?</li> <li>How long?</li> <li>Pain or contraction</li> <li>Bleeding or discharge</li> <li>Do you want to push?</li> <li>Last menstrual period</li> </ul>
Critical Critoria	vomit		

#### Critical Criteria:

- $\Box$  Failure to initiate or call for transport of the patient within 15-minute time limit.
- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- $\hfill \Box$  Failure to determine scene safety before approaching patient.
- □ Failure to voice and ultimately provide appropriate oxygen therapy.
- □ Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- □ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene.
- □ Performs secondary examination before assessing and treating threats to airway, breathing and circulation.
- □ Orders a dangerous or inappropriate intervention.
- $\Box$  Failure to provide accurate report to arriving EMS unit or receiving facility.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



# NEUROLOGICAL ASSESSMENT

**OBJECTIVE:** The student will demonstrate the ability to adequately complete a neurological exam.

**EQUIPMENT:** PPE (Eye Protection/Gloves), pen light, patient.

**COMPETENCY:** The student will be able to correctly assess patient's neurological state.

**REVISED DATE:** October 2020

			Р	ossible	Awarde
Actual Time Started:			Р	oints	Points
Takes or verbalizes appropria	te body sub	stance isolation precautions.		1	
Explains the procedure to the	e patient.			1	
Assesses Level of Consciousne	ess:				
Alert - awake, eyes open; or,					
Verbal – responds, appropria	-			1	
•		mands, but responds to painful stimulus			
Unresponsive – no response					
Assesses and identifies Glasge	ow Coma So	cale Score*:			
Adult/Child		Infant			
Eye	Opening				
Spontaneous	4	Spontaneous			
To Voice	3	To speech			
To Pain	2	To pain			
None	1	No response			
Verb	al Response	2			
Oriented	5	Coos, babbles			
Confused	4	Irritable, cries			
Inappropriate	3	Cries to pain		3	
Incomprehensible	2	Moans, grunts			
No response	1	No response			
Mot	or Respons	e			
Obey commands	6	Spontaneous			
Localized pain	5	Localizes pain			
Withdraws	4	Withdraws			
Flexion	3	Flexion			
Extension	2	Extension			
No response	1	No response			
То	tal Points:	3 to 15			
Assesses pupil equality, size,	and reactio	n to light.		1	
Assesses motor and sensory f	unction in a	all four extremities.		1	
Actual Time Ended:			Total:	8	

Student Name:



#### Critical Criteria:

□Failure to complete neurological assessment as shown above.

- $\Box$  Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



### CARDIAC ARREST MANAGEMENT/AED

**OBJECTIVE:** The student will demonstrate the ability to adequately determine the need for and perform CPR and use an AED on a patient. **EQUIPMENT:** PPE (Gloves), AED, CPR manikin **COMPETENCY:** The student will be able to correctly perform CPR and use an AED on an apneic and pulseless patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Attempts to question bystanders about arrest events.	1	
Checks patient responsiveness.	1	
NOTE: The examiner must now inform the candidate, "The patient is unresponsive."		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing. (gasping or agonal respirations)].	1	
NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The pate agonal respirations."	ient has gas	ping,
Checks carotid pulse [no more than 10 seconds].	1	
NOTE: The examiner must now inform the candidate, "The patient is pulseless."		•
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely].	1	
Requests additional EMS response if needed.	1	
<ul> <li>Performs 2 minutes of high quality, 1-rescuer adult CPR</li> <li>Adequate depth and rate (1 point)</li> <li>Correct compression-to ventilation ratio (1 point)</li> <li>Allows full chest recoil</li> <li>Adequate volumes for each breath (1 point)</li> <li>Minimal interruptions of less than 10 seconds throughout (1 point)</li> </ul>	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compress candidate operates AED.	sions while	
Turns on power to AED.	1	
Follows prompts and correctly attaches AED to patient.	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis.	1	
Ensures that all individuals are clear of the patient and delivers shock from AED.	1	
Immediately directs rescuer to resume chest compressions.	1	
Actual Time Ended: TOTAL:	18	



#### Critical Criteria:

 $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.

- □ Failure to immediately begin chest compressions as soon as pulselessness is confirmed.
- $\Box$  Interrupts CPR for more than 10 seconds at any point.
- $\hfill\square$  Failure to correctly attach the AED to the patient.
- $\hfill\square$  Failure to operate the AED properly.
- □ Failure to deliver shock in a timely manner.
- □ Failure to assure that all individuals are clear of patient during rhythm analysis **and** before delivering shock [verbalizes "All clear" and observes].
- $\Box$  Failure to immediately resume compressions after shock delivered.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



### **12-LEAD PLACEMENT**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret tracing quality of a 12-lead ECG in order to give appropriate treatment to a patient.

EQUIPMENT: PPE (Eye Protection/Gloves), monitor with four and 12-lead capabilities, razor, manikin,

**COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret tracing quality of a 12-lead ECG on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient.	1	
Prepares the patient (shaving and cleansing as needed).	1	
Places limb and precordial leads in the proper positions		
Limb leads (placement may be device-specific).	1	
V1 – attaches positive electrode to the right of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V2 – attaches positive electrode to the left of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V4 – attaches positive electrode at the midclavicular line 5 <sup>th</sup> intercostal space.	1	
V3 – attaches positive electrode in line between V2 & V4.	1	
V5 – attaches positive electrode at the anterior axillary line 5 <sup>th</sup> intercostal space.	1	
V6 attaches positive electrode to the midaxillary line 5 <sup>th</sup> intercostal space.	1	
Places patient in the appropriate semi-fowler position.	1	
Instructs patient to breath normal, lay still, and not talk.	1	
Turns on ECG machine.	1	
Obtains the 12-Lead ECG recording.	1	
Examines the tracing for acceptable quality.	1	
Transmits 12-Lead to the receiving facility.	1	
Actual Time Ended: TOTAL:	16	

#### Critical Criteria:

□ Failure to take standard precautions.

□ Failure to obtain a legible 12-lead ECG recording.

□ 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.



#### **EMERGENCY CHILDBIRTH**

**OBJECTIVE**: The student will demonstrate the ability to correctly assist the mother in a spontaneous uncomplicated birth and provide appropriate postnatal care.

**EQUIPMENT**: PPE: (Eye Protection/Gloves); gown, OB manikin with neonate, OB kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, receiving blanket, bulb syringe, plastic bags, and OB pad), and one trained assistant.

**COMPETENCY**: The student will be presented with a patient in the second stage of labor. The student will demonstrate the proper delivery of the infant and appropriate care for the mother and infant. **REVISED DATE:** October 2020

Actual Time Started:		Possible Points	Awarded Points
Verbalizes consideration of standard precauti	ons or takes standard precautions.	1	
<ul> <li>Obtains and records the following information</li> <li>Due date?</li> <li>Are you expecting twins?</li> <li>Last menstrual period?</li> <li>Bleeding or discharge?</li> <li>Has the bag of waters broken? [Stained water?]</li> <li>Having pain or contractions? How far apart?</li> </ul>	<ul> <li>h during patient history:</li> <li>How many times have you been pregnant?</li> <li>How many times have and given birth to?</li> <li>Any pregnancy complications?</li> <li>How long are your contractions? How far apart?</li> <li>Any drug use within the last 12 hours?</li> <li>Do you feel a need to push or move your bowels?</li> </ul>	12	
Explains the necessity of examining the patier	nt for crowning.	1	
Drapes the patient for examination; unless bit	th is imminent.	1	
Places patient in a position that facilitates eas	e of delivery.	1	
Observes for crowning or any presenting part		1	
Places a hand on the infant's head to prevent	explosive delivery.	1	
Inspects for umbilical cord wrapped around ir	fant's neck. Slips cord over the head if found.	1	
	an cloth. Suctions mouth and then nose with a erved. (Expels air from the bulb syringe prior to	1	
Holds infant securely, supporting the head an clamped.	d body. Keeps infant level with vagina until cord is	1	
Stimulates infant by drying and wrapping in cl	ean, dry, warm blanket as soon as possible.	1	
After 30 to 60 seconds, or after cord pulsatior approximately 7 inches and approximately 10		1	
Cuts the cord <b>between</b> the clamps with a <b>ster</b>	ile scalpel or scissors.	1	
Provides additional tactile stimulation if infan	t is blue, limp, or not breathing.	1	
Evaluates respirations, heart rate, and color		1	

Student Name:



Critical Criteria:		
Actual Time Ended: Total:	34	
Records time of delivery and APGAR scores.	1	
Applies OB pad and instructs mother to hold her legs together. Provides assistance to the mother as needed.	1	
breastfeed at this time.		
assists the mother with uterine massage. The mother should be encouraged to attempt to	1	
Massages the abdomen over the mother's uterus until it shrinks to a firm, hard consistency, or		
Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	1	
e. <b>Respirations:</b> Apneic (absent) = <b>0</b> ; Slow or irregular = <b>1</b> ; Good Crying = <b>2</b>		
<ul> <li>c. Grimace: (irritability) No Response = 0; Grimace = 1; sneezing, coughing, moves = 2</li> <li>d. Appearance: (skin color): Cyanotic, pale = 0; Normal trunk color = 1; Normal extremities = 2</li> </ul>		
b. <b>Pulse:</b> Absent = <b>0</b> ; If HR is leaser than 100/min = <b>1</b> ; If HR is greater than 100/min = <b>2</b>	5	
a. Activity: (muscle tone): Absent = 0; Arm and Legs Flexed = 1; Active Movement = 2	_	
assessed		
APGAR (Activity, Pulse, Grimace, Appearance, Respiration): 1 point for each item correctly		

□ Failure to take or verbalize appropriate body substance isolation precautions.

□ Failure to attempt removal of umbilical cord from around infant's neck.

- $\Box$  Cuts cord in location not between clamps.
- □ Failure to state evaluation of newborn (APGAR).
- □ 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.


### NEWBORN MANAGEMENT

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and care for a newborn. **EQUIPMENT:** PPE (Eye Protection, Gloves), bulb syringe, blanket, oxygen with regulator, non-rebreather mask, infant BVM, newborn manikin.

**COMPETENCY:** The student will be able to correctly assess and care for a newborn. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
If needed, clears the infant's airway by wiping with a clean cloth. <i>Suctions mouth and then</i>		
nose with a bulb syringe ONLY if obvious obstruction is observed. (Expels air from the	1	
bulb syringe prior to insertion.)		
Dries infant and wraps in clean, dry, warm blanket, ensuring that head is covered.	1	
If infant is blue, limp, or not breathing, provides additional tactile stimulation.	1	
Evaluates respirations, heart rate and color:		
a. If HR is greater than 100 and baby is pink, gives supportive care.		
b. If apneic or heart rate is less than 100, provides bag-valve-mask ventilations with room air at the rate of 30 breaths per minute.		
c. After one minute of ventilations, assesses heart rate. If heart rate is less than 60, provides chest compressions and bag-valve-mask ventilations. Give one breath after every three compressions.	1	
<ul> <li>After all other measures, if signs of hypoxia present (cyanosis, flaccidity, lethargy, etc) or if pulse oximetry* indicates, administers supplemental oxygen by connecting oxygen to BVM.</li> </ul>		
For infants not requiring life support interventions, assesses an APGAR score at one minute and five minutes post-delivery, if possible.	1	
Continues to maintain the infant's body temperature.	1	
Actual Time Ended: Total:	7	

Note: If using pulse oximetry, see Neonatal Resuscitation Program (NRP) Guidelines on probe placement and oxygen saturation targets.

- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to correctly evaluate respirations, heart rate, and color.
- □ Failure to perform appropriate resuscitative measures.
- □ 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.



### **DRAWING UP MEDICATIONS - AMPULES**

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from an ampule. **EQUIPMENT:** PPE (Eye Protection/Gloves), medication in ampule, syringe, filter straw, assorted needles, gauze or ampule tool, sharps container.

**COMPETENCY:** The student will be able to correctly draw up a medication from an ampule. **REVISED DATE:** October 2020

Possible Awarded Points Points Actual Time Started: Take or verbalizes appropriate body substance isolation precautions. 1 Ask patient for known allergies. 1 Assembles necessary equipment. 1 Checks the name and concentration of the medication. 1 1 Checks medication for clarity. Checks medication for expiration date. 1 Confirms the correct dose. 1 Ensures all medication is at bottom of ampule. 1 Wraps ampule in gauze or uses commercially available ampule tool and breaks off top of 1 ampule. Attaches a filter straw or filter needle to the syringe. 1 EMTs may choose to flip ampule upside down. 1 1 Draws up desired dose. Removes filter needle and disposes of it in sharps container. 1 Attaches appropriate needle or needleless adapter to syringe. 1 Expels air from syringe and confirms desired dose. 1 Disposes of sharps properly. 1 Actual Time Ended: \_\_\_\_\_ Total: 16

#### Critical Criteria:

□ Failure to check medication for expiration date.

 $\Box$  Failure to check the name and concentration of the medication.

□ Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

Exhibits unacceptable affect with patient or other personnel.



### **DRAWING UP MEDICATIONS - PRELOADS**

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare a medication from a preloaded syringe.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication in preloaded syringe.

**COMPETENCY:** The student will be able to correctly assemble a medication in a preloaded syringe.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Start Time:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Assembles prefilled syringe and expels air. Some preloaded systems require the needle cover be removed or the needle depressed before air can be expelled.	1	
Disposes of sharps properly after use or administration.	1	
Actual Time Ended: Total:	9	

#### Critical Criteria:

 $\Box$  Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### DRAWING UP MEDICATIONS - VIALS

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from a vial. **EQUIPMENT:** PPE (Eye Protection/Gloves), vial of medication, assorted gauge needles, syringe appropriate to volume needed, SHARPS container.

**COMPETENCY:** The student will be able to correctly draw up a medication from a vial. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Checks for allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Opens vial, maintaining sterility of the top or cleanses top with alcohol prep if vial already open.	1	
Uses syringe size that allows filling with more than the dose so that dose will be correct when air is expelled.	1	
Injects same amount of air into vial as fluid to be drawn out.	1	
Draws up desired dose or slightly more than desired dose.	1	
Expels air from syringe and confirms desired dose.	1	
Disposes of sharps properly.	1	
Actual Time Ended: Total	: 13	

#### **Critical Criteria**

 $\Box$  Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### **MEDICATION ADMINISTRATION - ORAL**

**OBJECTIVE:** The student will demonstrate the ability to adequately determine and administer an oral medication in accordance with scope of practice

**EQUIPMENT:** PPE (Eye Protection/Gloves), simulated medication, stethoscope, BP cuff, patient or manikin.

**COMPETENCY:** The candidate will correctly administer the appropriate oral medication to the patient **REVISED DATE:** October 2020

	Poss	ible	Awarded
Actual Time Started:	Poin	ts	Points
Takes or verbalizes appropriate body substance isolation precautions.		1	
Assures the medication is indicated for the patient.		1	
Selects the appropriate medication.		1	
Contacts Medical Direction for authorization in medication is not covered in standing orders.		1	
Checks medication for expiration date.		1	
Establishes the patient is not allergic to the drug.		1	
Confirms medication has not been administered to patient within dosing window.		1	
Checks for relevant contraindications.		1	
Ensures patient can safely swallow.		1	
Administers medication dose within therapeutic and indicated range.		1	
Oral Glucose	<u>.</u>		
Apply oral glucose to tongue depressor and place between cheek and gum.		1	
Records administration of medication.		1	
Reassesses the patient for desired effects, possible side effects, and adverse reactions.		1	
Actual Time Ended: To	otal:	13	

### **Critical Criteria**

□ Failure to take of verbalize appropriate PPE.

□ Failure to ensure patient is not allergic to medication.

 $\Box$  Failure to give medication using the correct route of administration.

 $\Box$  Failure to identify the correct medication for the patient.

□ Administers an unsafe dose of medication.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with the patient or other personnel.



### **MEDICATION ADMINISTRATION - SUBLINGUAL**

**OBJECTIVE:** The student will demonstrate the ability to adequately determine and administer a sublingual medication in accordance with scope of practice

**EQUIPMENT:** PPE (Eye Protection/Gloves), simulated medication, stethoscope, BP cuff, patient or manikin.

**COMPETENCY:** The candidate will correctly administer the appropriate oral medication to the patient **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Assures the medication is indicated for the patient.	1	
Selects the appropriate medication.	1	
Contacts Medical Direction for authorization in medication is not covered in standing orders.	1	
Checks medication for expiration date.	1	
Establishes the patient is not allergic to the drug.	1	
Confirms medication has not been administered to patient within dosing window.	1	
Checks for relevant contraindications.	1	
Must ask if the patient is taking a phosphodiesterase inhibitor (commonly prescribed for	erectile dysfun	ction or
pulmonary hypertension). Patient must also have a systolic >100mmH	g.	
Instructs patient not to swallow the tablet, but to let it dissolve under their tongue.	1	
Administers medication by spray or tab under the patient's tongue.	1	
Records administration of medication.	1	
Reassesses the patient for desired effects, possible side effects, and adverse reactions.	1	
May repeat nitroglycerine every 3 -5 minutes if pain persists and systolic B/P >100 mmHg.	1	
Actual Time Ended: Tot	al: 13	

#### Critical Criteria

□ Failure to take of verbalize appropriate PPE.

- $\Box$  Failure to ensure patient is not allergic to medication.
- $\Box$  Failure to give medication using the correct route of administration.
- $\Box$  Failure to identify the correct medication for the patient.
- □ Administers an unsafe dose of medication.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with the patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION - MERTERED DOSE INHALER

**OBJECTIVE:** The student will demonstrate the ability to adequately assist with the patient's prescribed medication.

**EQUIPMENT:** PPE (Gloves), simulated medication, BP cuff, stethoscope, patient or manikin.

**COMPETENCY:** The student will be able to correctly assist in administering a patient's medication. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Obtains the patient's prescribed medication.	1	
Establishes that the patient is not allergic to the drug.	1	
Contacts medical direction for authorization if administration is not covered in standing orders.	1	
Assures the medication is prescribed and indicated for the patient.	1	
Determines if the patient has taken any prescribed dose(s).	1	
Checks the medication for expiration date.	1	
Assesses breathing and listens to lung sounds.	1	
Directs patient to exhale completely.	1	
Places the mouthpiece of the inhaler into the patient's mouth between closed lips, depresses the canister while the patient inhales deeply.	1	
Directs patient to hold breath for as long as comfortable.	1	
Reassess patients breathing lung sounds.	1	
Administers up to maximum dose.	1	
Actual Time Ended: Total:	13	

### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  Failure to ensure the medication is prescribed to the patient.
- □ Failure to ensure patient is not allergic to medication.
- $\hfill \Box$  Failure to give medication using the correct route of administration.
- □ 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.



### MEDICATION ADMINISTRATION – AUTO INJECTOR

**OBJECTIVE:** The student will demonstrate the ability to adequately assist with the patient's prescribed medication.

EQUIPMENT: PPE (Gloves), simulated medication, BP cuff, stethoscope, patient or manikin.

**COMPETENCY:** The student will be able to correctly assist in administering a patient's medication. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Obtains the medication.	1	
Establishes that the patient is not allergic to the drug.	1	
Contacts medical direction for authorization if administration is not covered in standing orders.	1	
Determines if the patient has taken any prescribed dose(s).	1	
Checks the medication for expiration date.	1	
Obtains auto injector.	1	
Checks medication for clarity.	1	
Removes safety cap from auto injector.	1	
Ensures no objects are present on the patients clothing that would be in the way of injection.	1	
Pushes injector firmly against lateral thigh and holds for 10 seconds.	1	
Discards auto injector in sharps container.	1	
Reassesses patient for changes in their status.	1	
Actual Time Ended: Total:	13	

### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- □ If administering a prescribed medication, failure to ensure the medication is prescribed to the patient.
- $\Box$  Failure to ensure patient is not allergic to medication.
- $\square$  Failure to give medication using the correct route of administration.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION - NEBULIZED

**OBJECTIVE:** The student will demonstrate the ability to prepare and administer nebulized medication via inhalation.

**EQUIPMENT:** PPE (Eye Protection/Gloves/N95 mask), small volume nebulizer, oxygen cylinder and regulator, 3ml vial of normal saline for inhalation, patient.

**COMPETENCY:** The candidate will correctly prepare and administer medication through a small volume nebulizer.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Identifies indications for nebulized bronchodilator (Dyspnea/Wheezing/Adequate breathing).	1	
Ensures patient is not allergic to medication being delivered.	1	
Explains procedure to patient.	1	
Ensures oxygen cylinder and regulator are ready to use.	1	
Partially assembles nebulizer and attaches oxygen tubing to regulator.	1	
Selects appropriate medication and checks: - Label; - Expiration date; - Color & Clarity; - Dose.	1	
Fills nebulizer chamber without oxygen running.	1	
Completes assembly of nebulizer.	1	
Initiates oxygen flow as needed to create a steady mist, generally 6-8 lpm.	1	
Ensures mist is emanating from nebulizer.	1	
Instructs patient to hold mouthpiece in mouth or applies mask to face.	1	
Continues treatment until no medication remains in the chamber.	1	
Removes device from patient and discontinues oxygen flow.	1	
Reassesses patient for changes.	1	
Considers repeat dosing as needed/directed.	1	
Documents date, medication, dose, time, route, who administered, reassessment.	1	
Actual Time Ended: Total:	18	

### Critical Criteria

□ Failure to take standard precautions.

□ Failure to select appropriate mediation or dose.

□ Failure to ensure patient is not allergic to medication being delivered.

□ Applies nebulizer in a manner that directs medication toward eyes.

□ Failure to deliver medication as indicated.

Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION - INTRAMUSCULAR

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an intramuscular medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IM administration, assorted gauge needles, 1mL syringes, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IM medication to a patient. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Selects 19-25g 1 ½" needle and up to 3 ml syringe.	1	
Identifies injection site.	1	
Cleanses puncture site using aseptic technique.	1	
Holds skin taut at injection site.	1	
Inserts needle at 90° angle in one quick motion.	1	
Aspirates for blood return:		
<ul> <li>If no blood return, smoothly and gently injects medication.</li> </ul>	1	
<ul> <li>If blood returns, withdraws needle, discards, and starts over at another site.</li> </ul>		
Withdraws needle and applies direct pressure to injection site.	1	
Disposes of all sharps in a sharps container.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Documents medication administration and response to intervention(s).	1	
Actual Time Ended: Total:	15	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

 $\hfill \square$  Failure to assure medication is indicated for the patient.

□ Failure to determine patient is not allergic to medication.

□ Failure to dispose of all sharps in a sharps container.

□ Failure to re-assesses patient for desired effect and possible adverse effects.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION – INTRANASAL PREPARED

**OBJECTIVE:** The student will demonstrate the ability to adequately administer a prepared intranasal medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IN administration, manikin or patient. **COMPETENCY:** The student will be able to correctly administer an IN medication. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Removes nasal spray device from its packaging. Holds the device with the thumb on the bottom	1	
of the plunger and the first and middle fingers on either side of the nozzle.	L T	
Tilts patient's head back and supports behind the neck.	1	
Inserts tip of nozzle into one nostril until your fingers on either side are touching the nose.	1	
Presses plunger firmly until it stops, remove device from nostril	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	10	

### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

 $\Box$  Failure to assure medication is indicated for the patient.

□ Failure to determine patient is not allergic to medication.

 $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION - INTRANASAL MAD

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an intranasal medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IN administration, 1mL syringes, mucosal administration device (MAD), manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IN medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication name and concentration.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms correct medication dose.	1	
Removes and discards the green vial adapter cap. Pierces the medication vial with the syringe	1	
vial adapter.	1	
Aspirates the proper volume of medication required to treat the patient (an extra 0.1 mL of	1	
medication should be drawn up to account for the dead space in the device).	1	
Removes (twist off) the syringe from the vial adapter.	1	
Attaches the MAD Nasal™ Device to the syringe via the luer lock connection.	1	
Tilts patient's head back and supports behind the neck. Places the tip of the MAD Nasal™ Device	1	
snugly against the nostril aiming slightly up and outward (toward the top of the ear).		
Briskly compresses the syringe plunger to deliver half of the medication into the nostril.	1	
Moves the device over to the opposite nostril and administers the remaining medication into	1	
the nostril if indicated.		
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	16	

### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\hfill \square$  Failure to assure medication is indicated for the patient.
- $\hfill \Box$  Failure to determine patient is not allergic to medication.
- $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.
- □ 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.



### SPINAL MOTION RESTRICTION SUPINE

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and stabilize a patient with a possible spinal injury to an immobilization device.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted cervical collars, back board with straps, padding, patient, EMT/ETT trained assistants.

**COMPETENCY:** The student will be able to correctly secure a patient with possible spinal injury to a backboard or other appropriate device.

**REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Directs assistant to place/maintain spine in the neutral, in-line position.	1	
Explains the procedure to the patient.	1	
Assesses motor, sensory and circulatory function in each extremity.	1	
Selects a cervical immobilization device, and, as needed, adjusts size according to the manufacturer's instructions.	1	
Ensures that no bulky jewelry or clothing is between the cervical immobilization device and the patient's skin.	1	
Cervical immobilization device is applied and secured without excessive movement or compromise to the patient's airway or blood vessels of the neck.	1	
Positions the spinal column stabilization device appropriately.	1	
Directs movement of the patient onto the device without compromising the integrity of the spine.	1	
Applies padding to voids beneath the torso and adjusts the device as necessary.	1	
Secures the patient to the device.	1	
Secures the patient's legs to the device.	1	
Immobilizes the patient's head to the device.	1	
Secures the patient's arms to the device (if needed).	1	
Reassesses motor, sensory and circulatory function in each extremity.	1	
Actual Time Ended: Total:	14	



- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- $\Box$  Did not immediately direct or take manual stabilization of the head.
- □ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization.
- □ Released or ordered release of manual stabilization before it was maintained mechanically.
- □ Manipulated or moved the patient excessively causing potential for spinal compromise.
- $\Box$  Head immobilized to the device **before** device sufficiently secured to the torso.
- □ Patient moves excessively up, down, left or right on the device.
- $\Box$  Head immobilization allows for excessive movement.
- □ Upon completion of immobilization, spinal column is not in a neutral, in-line position.
- □ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### SPINAL MOTION RESTRICTION SEATED

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and secure a seated patient with a possible spinal injury to a splinting device.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted cervical collars, KED with straps or other seated splinting device, patient, EMT/ETT trained assistant.

**COMPETENCY:** The student will be able to correctly assess and secure a seated patient with possible spinal injury to a splinting device.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Directs assistant to place/maintain head in the neutral, in-line position.	1	
Assesses motor, sensory and circulatory functions in each extremity.	1	
Applies appropriately sized cervical collar.	1	
Positions the splinting device behind the patient.	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	
Verbalizes moving the patient to a long backboard.	1	
Reassesses motor, sensory and circulatory function in each extremity.	1	
Actual Time Ended: Tot	al: 12	

- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Did not immediately direct or take manual stabilization of the head.
- □ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization.
- □ Released or ordered release of manual stabilization before it was maintained mechanically.
- □ Manipulated or moved patient excessively causing potential spinal compromise.
- $\Box$  Head immobilized to the device before device sufficiently secured to the torso.
- Device moves excessively up, down, left or right on the patient's torso.
- □ Head splinting allows for excessive movement.
- □ Torso fixation inhibits chest rise, resulting in respiratory compromise.
- Upon completion of splinting, head is not in a neutral, in-line position.
- □ Did not reassess motor, sensory and circulatory functions in each extremity after voicing splinting to the long backboard.
- □ 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



### SPINAL MOTION RESTRICTION VACUUM MATTRESS

**OBJECTIVE:** The candidate will demonstrate proper technique for placing the patient onto the vacuum mattress and securing the patient to the vacuum mattress.

**EQUIPMENT:** Vacuum mattress, vacuum pump or suction unit, straps, 2"-3" tape, patient, three EMT/ETT training assistants.

**COMPETENCY:** The candidate will be presented with a patient with a suspected spinal injury. They should appropriately stabilize the patient's spine, maintaining axial alignment, using the correct equipment. **REVISED:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Directs assistant to place/maintain head in the neutral, in-line position.	1	
Assesses motor, sensory and circulatory function in each extremity.	1	
Directs assistants through procedure.	1	
Prepares and positions the vacuum mattress appropriately.	1	
Removes any sharp or bulky items from patient.	1	
Evenly distributes mattress filling and evacuates air from the vacuum mattress until it is semi-rigid.	1	
Directs movement of the patient onto the device while maintaining spinal alignment.	1	
The patient's posterior is evaluated before securing to device.	1	
Positions vacuum device appropriately.	1	
While maintaining spinal alignment, the candidate directs assistants to log roll or beam raise the	1	
patient onto the vacuum mattress on command of the EMT maintaining the cervical spine.	Ť	
Centers the patient on the vacuum mattress as a unit, either supine or lying on the side.	1	
Opens the vacuum mattress valve and allows air to return to the device.	1	
Conforms the vacuum mattress around the contour of the patient, starting at the head.	1	
Secures the patient to the vacuum mattress with straps securing the chest, hips, and legs.	1	
Evacuates air from the vacuum mattress until it becomes rigid.	1	
Disconnects the vacuum pump and ensures the valve is closed or secured.	1	
Reassesses and adjusts straps around the chest, hips, and legs.	1	
The head is stabilized in a neutral position and secured to the vacuum mattress last.	1	
Reassesses motor, sensory and circulatory function in each extremity.	1	
The patient is secured to the vacuum mattress without excessive movement.	1	
Actual Time Ended:   Total:	21	



- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- $\Box$  Did not immediately direct or take manual stabilization of the head.
- □ Released or ordered release of manual stabilization before it was maintained mechanically.
- □ Manipulated or moved patient excessively causing potential spinal compromise.
- □ Upon completion of stabilization, head is not in a neutral, in-line position.
- □ Did not reassess motor, sensory and circulatory functions in each extremity after securing patient to the vacuum mattress.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **RAPID EXTRICATION**

**OBJECTIVE:** The student will demonstrate the ability to rapidly extricate a patient without excessive movement of the spine.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted cervical collars, backboard with straps, patient, 3 or more EMT/ETT trained assistants.

**COMPETENCY:** The student will be able to correctly extricate a patient without excessive movement of the spine.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Directs an assistant to maintain stabilization of the patient's head in a neutral, in-line position	1	
from behind the seat in which the patient is located.	1	
Explains the procedure to the patient (If applicable).	1	
Correctly sizes and securely applies cervical collar.	1	
Stabilizes and supports the torso/spine.	1	
Directs another assistant to free the patient's legs from the pedals and move the legs together	1	
without moving the pelvis or spine.	1	
Using short, coordinated moves, the patient is rotated as a unit.	1	
Backboard or other device positioned under patient in manner that does not compromising	1	
spinal or pelvic alignment.	1	
Lowers the patient, with minimal moving or twisting of the spinal column, onto the extrication	1	
device.	1	
Maintains or transfers stabilization of the patient's head as the patient is pivoted. Maintains		
alignment and stabilization until the patient's head and cervical spine are secured to the	1	
backboard.		
Slides the patient fully onto the extrication device without compromising patient's spinal or	1	
pelvic alignment.		
Safely moves patient away from vehicle.	1	
Secures the patient onto the backboard.	1	
Actual Time Ended: Total:	13	

- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to maintain stabilization of the patient's head in a neutral, in-line position from behind the seat in which the patient is located.
- □ Correctly sizes and securely applies cervical collar.
- □ Performs skill in a manner that is unsafe for patient or providers.
- □ 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.



### LONG BONE IMMOBILIZATION

**OBJECTIVE:** The student will demonstrate the ability to adequately immobilize a long bone. **EQUIPMENT:** PPE (Eye Protection/Gloves), splinting material, patient. **COMPETENCY:** The student will be able to correctly splint a long bone. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Directs application of manual stabilization of the injury.	1	
Exposes the injured extremity.	1	
Removes jewelry from injured extremity.	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present an	d normal."	
If severe deformity is present, or extremity is cyanotic or pulseless, applies gentle traction to	1	
align bone.	1 I	
Selects an appropriate splint and applied padding if necessary.	1	
Immobilizes the joint above the injury site.	1	
Immobilizes the joint below the injury site.	1	
Secures the entire injured extremity.	1	
Immobilizes the hand/foot in the position of function.	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present an	d normal."	
Actual Time Ended: Total	: 13	

#### Critical Criteria:

□ 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.
- $\Box$  Did not immobilize the hand or foot in a position of function.
- □ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting.
- □ 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.



### JOINT IMMOBILIZATION

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and immobilize an unstable extremity.

**EQUIPMENT:** PPE (Eye Protection/Gloves), splinting material, patient, EMT/ETT trained assistant (optional). **COMPETENCY:** The student will be able to correctly assess and immobilize an unstable extremity. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Removes jewelry from the injured extremity.	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and	d normal."	
Instructs the patient or assistant to hold the injured extremity in a position of comfort.	1	
Places the middle of the longest side of the triangular bandage under the hand with the ends over opposite shoulder.	1	
Ties the ends together behind the patient's neck.	1	
Brings the remaining point of the triangular bandage around the elbow and secures with a safety pin or knot.	1	
Secures the entire injured arm to the body by wrapping with roller bandage or triangular bandages. The injured arm should be immobilized against the thorax.	1	
Places padding as indicated to improve patient comfort.	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and	d normal."	
Actual Time Ended: Total:	11	

- □ Failure to take or verbalize appropriate body substance isolation precautions.
- □ Did not immediately stabilize the extremity manually.
- $\Box$  Grossly moves the injured extremity.
- $\hfill\square$  Did not immobilize the bone above and below the injury site.
- □ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting.
- □ 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.



## TRACTION SPLINTING (GENERIC STYLE)

**OBJECTIVE:** The student will demonstrate the ability to adequately apply a traction splint to a patient's leg. **EQUIPMENT:** PPE (Eye Protection/Gloves), traction splint device, backboard with straps (optional),

EMT/ETT trained assistant, patient.

**COMPETENCY:** The student will be able to correctly apply a traction splint device to a patient's leg. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Directs the assistant to stabilize the injured leg.	1	
Exposes the injured extremity.	1	
Removes shoe and sock on injured leg.	1	
Checks motor, sensory and circulatory function distal to the injury before moving leg or applying	1	
traction.		
Measures and adjusts the splint.	1	
Applies the proximal anchor.	1	
Applies ankle hitch or distal anchor.	1	
Applies traction to one of the following endpoints:		
• Reduction of angulation, or	1	
• Reduction of pain.		
Secures the splint without applying pressure to the fracture site.	1	
Rechecks motor, sensory and circulatory function distal to the injury.	1	
Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already	1	
in place.	-	
Re-assesses traction during transport.	1	
Actual Time Ended: Total:	14	

### Critical Criteria:

□ Failure to take or verbalize appropriate body substance isolation precautions.

- □ Failure to check circulation, sensation, and motor function distal to the injury before moving leg or applying traction.
- $\Box$  Failure to recheck motor, sensory and circulatory function distal to the injury.
- □ 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.



### **TRACTION SPLINTING (SAGER)**

**OBJECTIVE:** The student will demonstrate the ability to adequately apply a Sager traction splint to a patient's leg.

**EQUIPMENT:** PPE (Eye Protection/Gloves), Sager traction splint, backboard with straps (optional), EMT/ETT trained assistant, patient.

**COMPETENCY:** The student will be able to correctly apply a Sager traction splint device to a patient's leg. **REVISED DATE:** October 2020

	Possible	Possible
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Directs the assistant to stabilize the injured leg.	1	
Exposes the injured extremity.	1	
Removes shoe and sock on injured leg.	1	
Checks motor, sensory and circulatory function distal to the injury before moving leg or applying traction.	1	
Places the splint between patient's legs, resting the cushion against the groin and applies the groin strap.	1	
Folds the pads on the ankle hitch as needed to fit the patient. Applies and secures under the foot.	1	
Extends the splint, providing approximately 10% of the patient's body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	1	
Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg.	1	
Applies the foot strap or cravat around both feet to prevent rotation.	1	
Rechecks motor, sensory and circulatory function distal to the injury.	1	
Splints the fracture without excessive motion of the leg.	1	
Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.	1	
Re-assesses traction during transport.	1	
Actual Time Ended: Total:	15	

- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to check motor, sensory and circulatory function distal to the injury before moving leg or applying traction.
- □ Failure to recheck motor, sensory and circulatory function distal to the injury.
- $\Box$  Splints the fracture without excessive motion of the leg.
- □ 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.



### **TRACTION SPLINTING (HARE)**

**OBJECTIVE**: The student will demonstrate the ability to adequately apply a Hare traction splint to a patient's leg.

**EQUIPMENT:** PPE (Eye Protection/Gloves), Hare traction splint, backboard with straps (optional), EMT/ETT trained assistant, patient.

**COMPETENCY:** The student will be able to correctly apply to Hare traction splint to a patient's leg. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Directs the assistant to stabilize the injured leg.	1	
Exposes the injured extremity.	1	
Removes shoe and sock on injured leg.	1	
Checks motor, sensory and circulatory function distal to the injury before moving leg or applying traction.	1	
Positions the splint parallel to the uninjured leg and adjusts the length to 10 inches beyond the foot.	1	
Spaces the straps to support the upper and lower leg.	1	
Applies the foot strap to the injured leg.	1	
While supporting the fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction.	1	
Positions the splint under the injured leg with the top portion firmly against the ischium.	1	
Directs the assistant to lower the leg onto the device while maintaining traction.	1	
Secures the groin strap prior to application of mechanical traction.	1	
Attaches the foot strap rings to winch and twists knob to apply mechanical traction.	1	
Releases manual traction after the mechanical traction is applied.	1	
Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee.	1	
Rechecks motor, sensory and circulatory function distal to the injury.	1	
Splints the fracture without excessive motion of the leg.	1	
Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.	1	
Re-assesses traction during transport.	1	
Actual Time Ended: Total:	20	



- $\hfill\square$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to check motor, sensory and circulatory function distal to the injury before moving leg or applying traction.
- $\Box$  Failure to recheck motor, sensory and circulatory function distal to the injury.
- $\hfill\square$  Failure to splint the fracture without excessive motion of the leg.
- $\hfill\square$  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.



## TRACTION SPLINTING (HARE COMPACT)

**OBJECTIVE:** The student will demonstrate the ability to adequately apply a Hare Compact style traction splint to a patient's leg.

**EQUIPMENT:** PPE (Eye Protection/Gloves), Hare Compact style traction splint, backboard with straps (optional), EMT/ETT trained assistant, patient.

**COMPETENCY:** The student will be able to correctly apply a Hare Compact style traction splint to a patient's leg.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Directs the assistant to stabilize the injured leg.	1	
Exposes the injured extremity.	1	
Removes shoe and sock on injured leg.	1	
Checks motor, sensory and circulatory function distal to the injury before moving leg or applying traction.	1	
Positions splint between patient's legs, resting the cushion against the groin. Extends splint 1-2 inches beyond end of the foot of the injured leg.	1	
Applies ankle strap around ankle with webbing on the inside between the ankle and the splint.	1	
Slides the longest and widest strap under both legs and secures snugly as close to the groin pad as possible.	1	
Applies traction by turning ratchet knob until:		
<ul> <li>reduction of angulation</li> <li>reduction of pain</li> <li>ratchet cannot be easily turned</li> </ul>	1	
Secures remaining straps, one over both knees and one over both ankles.	1	
Rechecks circulation, sensation, and motor function distal to the injury.	1	
Splints the fracture without excessive motion of the leg.	1	
Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.	1	
Re-assesses traction during transport.	1	
Actual Time Ended: Total:	15	



- $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.
- □ Failure to check circulation, sensation, and motor function distal to the injury before moving leg or applying traction.
- $\Box$  Failure to splint the fracture without excessive motion of the leg.
- $\Box$  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.



### BLEEDING CONTROL/SHOCK MANAGEMENT

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, tourniquet, oxygen tank with regulator, non-rebreather mask, blanket.

**COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
If wound is located in a junction and unable to tourniquet, then pack the wound and continues	1	
direct pressure over the packed wound.		
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symp	otoms of	
hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	8	

### Critical Criteria:

□ Did not take or verbalize appropriate body substance isolation precautions.

- □ Did not apply high concentration of oxygen.
- □ Unable to control hemorrhage using correct procedures in a timely manner.
- $\Box$  Did not indicate the need for immediate transportation.
- □ 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.



## COMBAT APPLICATION TOURNIQUET (C-A-T)

**OBJECTIVE:** Demonstrate bleeding control using proper application of a Combat Application Tourniquet (C-A-T) or comparable Combat Application Tourniquet(s) in less than 60 seconds.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, moulaged manikin/patient, tourniquet (C-A-T) [(Blue = Trainer Tourniquet]

**COMPETENCY:** The student will demonstrate correct steps to stop uncontrolled hemorrhage using a C-A-T type tourniquet.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Slides the wounded extremity through the loop of the Self-Adhering Band or wraps around extremity.	1	
Positions the C-A-T above simulated wound site; leaving at least 2 inches (if possible) of uninjured skin between the C-A-T and the wound site.	1	
Twists the windlass rod until the distal pulse is no longer palpable	1	
Locks the rod in place with the windlass clip.	1	
Grasps the windlass strap, pulls it tight and adheres it to the Velcro on the windlass clip	1	
Verbalizes using a marker to draw a "T" on the Patient's forehead and records the date and time the C-A-T was applied.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs		
and symptoms of hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total	: 12	

### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

 $\Box$  Unable to control hemorrhage using correct procedures in a timely manner.

- $\hfill\square$  Did not indicate the need for immediate transportation.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.



### WOUND PACKING / PRESSURE BANDAGE

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), bleeding mannequin or training tool, wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket. **COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Exposes the injury.	1	
Packs the gauze into the wound focusing where the bleeding is heaviest.	1	
Hold pressure for three (3) minutes.	1	
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	11	

#### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

□ Unable to control hemorrhage using correct procedures in a timely manner.

 $\hfill\square$  Did not indicate the need for immediate transportation.

□ Failure to manage the patient as a competent EMT.

# ALASKA EMS PSYCHOMOTOR PORTFOLIO SIGN OFF: EMT-II

(\*)Highlights are required for pre-2019/out of state EMT-I student base

Skill Performed	Initials/Date	Initials/Date	Instructor Initials/Date
Supraglottic Airway Device			
*CPAP			
End-Tidal Capnography			
*12-Lead Placement			
Advanced Patient Assessment & Management- Medical			
Advanced Patient Assessment & Management-Trauma			
EMT-II Cardiac Arrest Management			
Intravenous Therapy			
Obtaining Blood for Laboratory Analysis			
Intraosseous Infusion - Pediatric			
Intraosseous Infusion - Adult			
Med Admin - Lidocaine for intraosseous pain			
*Med Admin – Oral			
*Med Admin – Sublingual			
*Med Admin – Metered Dose Inhaler			
*Med Admin – Auto-Injector			
*Med Admin – Nebulized			
*Med Admin - Intramuscular			
Med Admin Subcutaneous			
*Med Admin – Intranasal Prepared			
*Med Admin – Intranasal MAD			
Med Admin - Intravenous Bolus			
Med Admin - Intravenous Infusion (Drip)			
*Drawing up medications - Ampules			
*Drawing up medications - Preloads			
*Drawing up medications - Vials			
*Tourniquet application			
*Wound Packing			
Watched Testing Video			

Instructor Name:

Course #:

Instructor Signature:

Date:



### SUPRAGLOTTIC AIRWAY DEVICE

**OBJECTIVE:** The student will demonstrate the ability to insert a supraglottic airway and ventilate an apneic patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), assorted OPAs, assorted supraglottic airways, BVM, oxygen tank with regulator and tubing, airway manikin, lube appropriate for the manikin, stethoscope, SpO2 monitor, colorimetric device, or capnography.

**COMPETENCY:** The student will be able to correctly insert a supraglottic airway and effectively ventilate an apneic patient.

**REVISED DATE:** October 2020

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Opens the airway manually.	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now informs candidate no gag reflex is present, and patient accepts adjunct.		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen.	1	
**Ventilates patient with room air.	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and th	at pulse oxi	imetry
indicates the patient's blood oxygen saturation is 85%.		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute].	1	
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5-6 seconds) with appropriate volumes.	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilat	erally and r	medical
direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation	on.	
Checks/prepares supraglottic airway device.	1	
Lubricates distal tip of the device [may be verbalized].	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device	е.	
Positions head properly.	1	
Performs a safe maneuver that repositions the tongue and jaw for device insertion.	1	
Inserts device to proper depth and adjusts as needed to optimize chest rise.	1	
Properly secures device per manufacturer's instructions.	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs, over epigastrium.	1	
Adjusts ventilation rate or volume as necessary.	1	
Verifies proper tube placement by a secondary confirmation device.	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appro-	priate volur	nes with
each ventilation?"		
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter.	1	
Actual Time Ended: Total:	18	



- □ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- $\Box$  Failure to ventilate the patient at a rate of 10 12/minute.
- □ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- □ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device.
- □ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts.
- □ Failure to inflate cuffs properly and immediately remove the syringe (if indicated).
- □ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium.
- $\Box$  Insertion or use of any adjunct in a manner dangerous to the patient.
- □ Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

**OBJECTIVE:** The student will demonstrate the ability to safely apply CPAP and initiate therapy. **EQUIPMENT:** PPE (Eye Protection/Gloves), blood pressure cuff and stethoscope, CPAP delivery device (may be integrated or separate unit), oxygen cylinder and flowmeter, model or manikin, cannula with capnography attachment if used by agency (EMT II or higher).

**COMPETENCY:** The candidate will be able to verbalize indications and contraindications for CPAP therapy, exhibit therapeutic coaching manner, and properly apply and initiate CPAP therapy with the device used in their agency.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Prepares patient.	1	
Takes or verbalizes appropriate body substance isolation 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		
Chronic Obstructive Pulmonary Disease		
Pulmonary edema	2	
Asthma		
Pneumonia		
Assesses patient to identify contraindications for CPAP:		
<ul> <li>Unconscious, unresponsive, inability to protect airway, or inability to speak</li> </ul>		
Inability to sit up		
Respiratory arrest or agonal respirations		
Nausea/ vomiting		
<ul> <li>Hypotension (systolic blood pressure &lt;90mmHg)</li> </ul>	2	
Suspected pneumothorax		
Penetrating chest trauma		
Facial anomalies/trauma/burns		
Closed head injury		
<ul> <li>Active upper GI bleed or history of recent gastric surgery</li> </ul>		
Selects, checks, and assembles equipment.	1	
Coaches' patient how to breathe through mask.	1	
Connects CPAP mask assembly to suitable oxygen supply.	1	
Connects CPAP mask assembly to additional delivery device (if a separate unit is used).	1	
Turns on oxygen.	1	
Turns on unit power and sets tidal volume per local protocols (if a separate unit is used).	1	
Titrates oxygen to achieve SpO <sub>2</sub> >94%.	1	
Sets pressure relief valve at $4$ cm/H <sub>2</sub> O (if used, or based on local protocols).	1	
Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary (if used).	1	

Student Name:



Places mask over mouth and nose (leaves EtCO2 nasal cannula in place).	1	
Titrates CPAP pressure (based on local protocols/ device dependent):		
<ul> <li>Max 5cmH<sub>2</sub>O for bronchospasm</li> </ul>	1	
<ul> <li>Max 10cmH<sub>2</sub>O for CHF, pulmonary edema, and pneumonia</li> </ul>	T	
<ul> <li>Max 5cmH<sub>2</sub>O for pediatric patients</li> </ul>		
Coaches patient to breathe normally and adjust to air pressure.	1	
Frequently assesses patient for desired effects:		
Decreased ventilatory distress		
• SpO <sub>2</sub> >94%	1	
Decreased adventitious lung sounds		
<ul> <li>Absence of complications (barotrauma and pneumothorax)</li> </ul>		
Records settings, readings, and documents appropriately.	1	
Interacts with simulated patient and other personnel in professional manner.	1	
Actual Time Ended: Total:	23	

- □ Failure to take or verbalize appropriate body substance isolation precautions.
- $\Box$  Failure to identify 2 indications.
- $\Box$  Failure to identify 2 potential complications.
- $\Box$  Failure to frequently reassess the patient after application of the CPAP device.
- $\Box$  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.).
- $\Box$  Failure to test the pressure relief valve **prior to** application (if included in device).
- □ Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### **END-TIDAL CAPNOGRAPHY**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret end-tidal capnography in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with end-tidal capabilities, equipment needed to apply end-tidal for mainstream OR side-stream capnography.

**COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret end-tidal capnography on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Explains procedure to the patient (when appropriate).	1	
Activate ETCO2 unit and allow to warm up (if necessary).	1	
Zero machine (if not done automatically).	1	
Mainstream:		
Attach disposable ETCO2 sensor to cable		
Mainstream sensor applied to bag-mask device, or applied to a bag connected to an ETT	1	
Side-stream:		
<ul> <li>Connect tubing to port on capnography unit</li> </ul>		
<ul> <li>Side-stream device may be incorporated into a special nasal cannula</li> </ul>		
Apply device to patient's oxygen delivery system.	1	
Utilize oxygenation and ventilatory devices in normal fashion.	1	
Monitor ETCO2 on display screen.	1	
Record unit reading (normal range 35-45 mm Hg).	1	
Evaluate curve shape (normal is squared off).	1	
Set alarm parameters to desired limits (minimum and maximum desired ETCO2 levels).	1	
Adjust oxygen concentration and or ventilatory rate as applicable (based on local protocols).	1	
Monitor patient status and reassess following any changes in O2 concentration or ventilatory	1	
rate.	1	
Actual Time Ended: Total:	13	
	10	

#### Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

 $\Box$  Failure to allow unit to warm up and zero out before use if necessary.

□ Failure to incorporate CO2 measurements into treatment.

□ Failure to manage the patient as a competent EMT.

 $\Box$  Exhibits unacceptable affect with patient or other personnel.



### **12-LEAD PLACEMENT**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret quality of an 12-lead ECG tracing.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with four and 12-lead capabilities, razor, manikin, **COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret tracing quality of a 12-lead ECG on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient	1	
Prepares the patient (shaving and cleansing as needed).	1	
Places limb and precordial leads in the proper positions		
Limb leads	1	
V1- attaches positive electrode to the right of the sternum at the 4 <sup>th</sup> intercostal space	1	
V2 – attaches positive electrode to the left of the sternum at the 4 <sup>th</sup> intercostal space	1	
V4 – attaches positive electrode at the midclavicular line 5 <sup>th</sup> intercostal space	1	
V3 – attaches positive electrode in line between V2 & V4	1	
V5 – attaches positive electrode at the anterior axillary line 5 <sup>th</sup> intercostal space	1	
V6 attaches positive electrode to the midaxillary line 5 <sup>th</sup> intercostal space	1	
Places patient in the appropriate semi-fowler position	1	
Instructs patient to breath normal, lay still, and not talk	1	
Turns on ECG machine	1	
Obtains the 12-Lead ECG recording	1	
Examines the tracing for acceptable quality	1	
Transmits 12-Lead to the receiving facility	1	
Actual Time Ended: TOTAL:	16	
Critical Criteria:		

Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

□ Failure to obtain a legible 12-lead ECG recording

 $\Box$  Failure to correctly interpret 12-lead ECG recording

□ Failure to manage the patient as a competent EMT.

 $\Box$  Exhibits unacceptable affect with patient or other personnel.


### ADVANCED PATIENT ASSESSMENT & MANAGEMENT – MEDICAL

**OBJECTIVE:** The student will demonstrate the ability to assess and manage a patient with a medical complaint. Student will also guide team members to simultaneously perform skills and treatments and interventions as needed. Dosing for medications should follow NASEMSO model EMS clinical guidelines or as approved by service Medical Director.

**EQUIPMENT:** PPE (Eye Protection/Gloves), oxygen, assorted oxygen delivery devices, BP cuff or device, stethoscope, SpO2 monitor, medication kit as appropriate for EMT-2 level of care.

**COMPETENCY:** The candidate will be able to safely and correctly approach patient, assess their complaints, devise and implement a plan to treat and/or stabilize patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions. (1 point)	1	
Sizes up scene for safety. (1 point)	1	
Requests additional resources if needed. (1 point)	1	
Approaches patient		
Greets patient, determines nature of illness. (1 point)		
<ul> <li>Assesses patient's overall appearance and work of breathing.</li> </ul>	3	
<ul> <li>Reports patient's skin color (1 point)</li> </ul>	5	
<ul> <li>Reports patient's LOC (AVPU) (1 point)</li> </ul>		
Initial Assessment		
Assess airway patency. (1 point)		
Assess work of breathing. (1 point)		
<ul> <li>Listens to lung sounds. (1 point)</li> </ul>	5	
Assures patient has adequate circulation		
<ul> <li>Takes manual pulse. (1 point)</li> </ul>		
<ul> <li>Reports skin temperature, color, or condition. (1 point)</li> </ul>		
Directs treatment for immediate life threats. (3 points)	3	
Determines chief complaint or apparent life threats. (3 points)	3	
History Taking		
History of present illness		
- Onset (1 point) - Quality (1 point) - Severity (1 point)		
<ul> <li>Provocation (1 point)</li> <li>Radiation (1 point)</li> <li>Time (1 point)</li> </ul>	8	
- Clarifying questions regarding associated signs/symptoms related to OPQRST. (2		
Points)		
Past medical history		
- Allergies (1 point) - Past pertinent history (1 point)		
- Events leading to present illness (1 point)		
- Medications (1 point) - Last oral intake (1 point)	5	



Secondary Assessment		
Assesses affected body part/system		
- Cardiovascular - Neurological - Integumentary - Reproductive	5	
- Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		
Vital Signs		
- Blood Pressure (1 point) - Pulse (1 point) - Respiratory rate and quality (1 point)	3	
States field impression of patient. (5 points)	5	
Interventions are appropriate for patient's condition. (IV, O2, Medications) (5 points)	5	
Prompt and appropriate transport. (Scene time normally less than 15 minutes) (1 point)	1	
Reassessment		
Demonstrates how and when to determine changes in patient condition. (1 point)	1	
Provides accurate verbal report to receiving facility or personnel. (1 point)	1	
Actual Time Ended: TOTAL:	51	

### Critical Criteria:

- □ Failure to initiate or call for transport of the patient within 15-minute time limit (if no complications present).
- $\hfill\square$  Failure to take or verbalize appropriate PPE precautions.
- $\hfill \Box$  Failure to determine scene safety before approaching patient.
- $\Box$  Failure to voice and ultimately provide appropriate oxygen therapy.
- $\Box$  Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- $\Box$  Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene.
- □ Performs secondary examination before assessing and treating threats to airway, breathing and circulation.
- □ Orders a dangerous or inappropriate intervention.
- $\Box$  Failure to provide accurate report to arriving EMS unit or to receiving facility.
- $\Box$  Failure to manage the patient as a competent EMT-2.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



### ADVANCED PATIENT ASSESSMENT & MANAGEMENT - TRAUMA

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and transport a trauma patient in a safe and timely manner.

**Note:** The patient must be packaged for transport within 10 minutes (this may be in an ambulance or for transfer to next level of care)

**EQUIPMENT:** PPE (Eye Protection/Gloves); patient, spinal motion restriction equipment (e.g., vacuum mattress or spine board, patient securement system, cervical collar and head blocks); IV supplies (including TXA); hemorrhage control supplies (e.g., tourniquet, packing gauze, bulky gauze, bandaging material, pelvic binding equipment); airway management equipment (including suction, BVM, adjuncts, and commercial confirmation device); oxygen administration supplies (including cylinder, regulator, nasal cannula, and non-rebreather mask); occlusive chest dressing; blankets or other warm patient packaging; patient assessment supplies (e.g., pen light, stethoscope, BP cuff, and shears); splinting materials. **COMPETENCY:** The student will be able to correctly assess and treat a trauma patient within a timely manner.

**NOTE:** Any assessments may be integrated within sequence of Primary Survey, so long as it does not delay treatment of Primary Survey problems.

**REVISED DATE:** October 2020

	Possible	Awarde
Actual Time Started:	Points	Points
Dispatch and Scene Size-up		
Takes or verbalizes appropriate body substance isolation precautions.	1	
Takes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Interacts with other rescuers in a mutually respectful manner; directs other rescuers to perform tasks.	1	
Determines the mechanism of injury/nature of illness.	1	
Determines the number of patients.	1	
Requests additional resources (e.g., hazmat, heavy rescue, power company, bystanders, historians, air medical).	1	
Considers stabilization of the spine.	1	
Primary Survey (may be performed in any order within this category)		
Verbalizes general impression of the patient.	1	
Determines responsiveness/level of consciousness.	1	
Determines chief complaint/apparent life-threats.	1	
Assesses for and controls major bleeding if present (e.g., tourniquets, wound packing, direct pressure).	1	
Airway		
Opens and assesses airway		
<ul> <li>Manages compromised airway in timely manner (suction, jaw thrust, places adjunct)</li> </ul>	2	

Awardad

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Breathing		
Assess breathing		
Assures adequate ventilation		
Initiates appropriate oxygen therapy	4	
Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or		
occlusive chest dressing)		
Circulation		
Checks pulse		
Assess skin (skin color, temperature, and condition)	4	
<ul> <li>Initiates shock management (e.g., stop bleeding)</li> </ul>		
Anticipates need for pelvic binder		
Identifies patient priority and makes treatment/transport decision (based on established trauma	1	
triage guidelines, such as CDC).		
History Taking/ Vitals		
Attempts to obtain SAMPLE history.	1	
Obtains, or directs assistant to obtain, baseline vital signs.	1	
Secondary Survey/ Assessment		
Head		
<ul> <li>Inspects mouth, nose, and assesses facial area</li> </ul>		
Inspects and palpates scalp and ears	3	
Assesses eyes for PERRL		
Neck		
<ul> <li>Inspects neck, including position of trachea and condition of jugular veins</li> </ul>	2	
Palpates cervical spine		
Chest		
Inspects chest		
Auscultates lung sounds	3	
Palpates chest		
Abdomen/pelvis		
Inspects and palpates abdomen		
Assesses pelvis	3	
<ul> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> </ul>		
Lower extremities		
<ul> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> </ul>	2	
Upper extremities		
<ul> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> </ul>	2	
Assesses posterior thorax, lumbar and sacral spine, and buttocks.	1	
Management of Patient (Throughout Care)		
Manages injuries and wounds appropriately.	1	
Secures patent airway with C-spine consideration if needed.	1	
Applies spinal protection as indicated.	1	

## Student Name:



Actual Time Ended: TOTAL:	51	
Delivers report to receiving facility.	1	
Demonstrates how and when to reassess interventions.	1	
Demonstrates how and when to reassess patient condition.	1	
Considers TXA administration based on events and presentation.	1	
Places and secures IV/IO access and administers IV fluid as indicated.	1	
Provides adequate oxygenation and ventilation.	1	
Manages shock with thermal protection, positioning and/or IV's for fluid replacement as required.	1	

#### Critical Criteria:

- $\Box$  Failure to initiate or call for transport of the patient within 10-minute time limit.
- $\hfill \Box$  Failure to take appropriate body substance isolation precautions.
- $\Box$  Failure to determine (or provide for) scene safety.
- $\hfill \Box$  Failure to assess for, and provide, spinal protection when indicated.
- $\hfill\square$  Failure to provide adequate oxygen delivery.
- $\Box$  Failure to assess/provide adequate ventilation.
- $\Box$  Failure to find or appropriately manage problems associated with airway, breathing, bleeding, or shock.
- □ Failure to differentiate patient's need for immediate transport versus continued assessment/ treatment at the scene.
- □ Performs secondary assessments/ treatments before assessing/treating threats to airway, breathing and circulation.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### EMT-II CARDIAC ARREST MANAGEMENT

**OBJECTIVE:** The student will demonstrate the ability to adequately coordinate resuscitative measures for a patient in cardiac arrest, correctly identify a shockable rhythm when announced by an AED, perform defibrillation, perform or delegate other appropriate interventions, and correctly administer indicated medications for the given condition. References for dosing should follow the current NASEMSO Model EMS Clinical Guidelines or as approved by service Medical Director.

**EQUIPMENT AND ASSISTANTS:** PPE (Eye Protection/Gloves), defibrillation manikin, AED trainer or cardiac monitor with AED mode, defibrillation pads, dysrhythmia simulator (if needed for cardiac monitor or manikin), at least 2 assistants (trained to a minimum of healthcare provider CPR), IV/IO equipment and supplies, multiple doses of epinephrine 0.1mg/ml (1mg/ 10ml), additional medications, and airway care equipment and supplies, including supraglottic airway adjunct(s).

**COMPETENCY:** The candidate will be able to correctly coordinate and perform resuscitative measures for a patient in cardiac arrest.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Awarded Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Checks for responsiveness and absence of breathing.	1	
Checks for a pulse and/ or signs of life for no more than 10 seconds and directs assistants to start CPR (compressions and ventilations) as indicated.	1	
Powers on AED and applies defibrillation pads to patient.	1	
Stops CPR, if needed, to analyze rhythm.	1	
Follows AED prompts.	1	
<ul> <li>If shock is indicated:</li> <li>Ensures defibrillator is charged <ul> <li>Compressions may continue during defibrillator charging</li> </ul> </li> <li>States "CLEAR," and visually checks that other rescuers are clear of patient</li> <li>Delivers shock to patient with minimal interruption of CPR.</li> <li>Immediately directs assistant to resume compressions</li> </ul> <li>If no shock is indicated <ul> <li>Immediately directs assistant to resume compressions.</li> </ul> </li> <li>Assesses and ensures the adequacy of compressions and ventilations (to include rotating</li>	1	
compressors at least every two minutes).	1	
Uses or directs use of appropriate airway adjunct or device as needed.	1	
Obtains IV/IO access (this may happen any time after the first AED analysis and shock delivery if indicated).	1	
Every two minutes (or 5 cycles of CPR), repeats rhythm analysis and follows AED prompts (management of AED may be delegated after first AED analysis).	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of epinephrine 0.1mg/1ml (1mg/10ml) concentration IV/IO.	1	
Inserts and secures supraglottic airway with two techniques for confirmation of placement and no interruption in compressions (this may happen any time after the first AED analysis and shock	1	



delivery if indicated).			
Repeats administration of epinephrine 0.1mg/1ml (1mg/10ml) concentration IV/IO.		1	
Performs continuous CPR throughout with no breaks exceeding 10 seconds.		1	
Actual Time Ended:	TOTAL:	17	

### Critical Criteria:

 $\Box$  Failure to take standard precautions.

- $\Box$  Failure to complete any of the above.
- $\Box$  Allowing compressors to perform more than 2 minutes of CPR at a time.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### **INTRAVENOUS THERAPY**

**OBJECTIVE:** The student will demonstrate the ability to adequately perform venipuncture and begin intravenous therapy. **NOTE:** There is a 6-minute time limit to establishing the IV. The IV must also be established within 3 attempts.

**EQUIPMENT:** PPE (Eye Protection/Gloves), IV fluid, assorted catheters, administration set, tape, tourniquet, SHARPS container, IV manikin, gauze, alcohol or iodine swabs.

**COMPETENCY:** The student will be able to correctly perform venipuncture and begin intravenous therapy.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance Isolation precautions.	1	
Checks selected IV fluid for:		
-Proper fluid (1 point)	3	
-Clarity (1 point)	5	
-Expiration date (1 point)		
Selects appropriate catheter.	1	
Selects proper administration set.	1	
Connects IV tubing to the IV bag.	1	
Prepares administration set [fills drip chamber and flushes tubing].	1	
Cuts or tears tape [at any time before venipuncture].	1	
Applies tourniquet.	1	
Palpates suitable vein.	1	
Cleanses site appropriately.	1	
Performs venipuncture		
-Inserts stylet (1 point)		
-Notes or verbalizes flashback (1 point)	5	
-Occludes vein proximal to catheter (1 point)	5	
-Removes stylet (1 point)		
-Connects IV tubing to catheter (1 point)		
Disposes/verbalizes proper disposal of needle in proper container.	1	
Releases tourniquet.	1	
Runs IV for a brief period to assure patent line.	1	
Secures catheter [tapes securely or verbalizes].	1	
Adjusts flow rate as appropriate.	1	
Actual Time Ended: Total:	22	

**NOTE:** Check here  $\Box$  if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not evaluate the candidate in IV Bolus Medications.



### Critical Criteria:

 $\square$  Failure to establish a patent and properly adjusted IV within 6-minute time limit.

□ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture.

 $\hfill\square$  Contaminates equipment or site without appropriately correcting the situation.

□ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism.

 $\square$  Failure to successfully establish IV within 3 attempts during 6-minute time limit.

□ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use.

- $\hfill\square$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **OBTAINING BLOOD FOR LABORATORY ANALYSIS**

**OBJECTIVE:** The student will demonstrate the ability to adequately perform venipuncture and withdraw samples for laboratory analysis with clean technique.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted phlebotomy needles, blood collection tubes compatible with needles, phlebotomy needle holders as needed, syringes for collection (if used) and transfer needles, tape, tourniquet, sharps container, IV manikin, gauze, alcohol or chlorhexidine swabs. **COMPETENCY:** The candidate will be able to correctly perform venipuncture and withdraw blood sample(s).

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions [prior to venipuncture].	1	
Selects appropriate phlebotomy needle and supplies.	1	
Selects proper blood collection tubes.	1	
Prepares tape or adhesive bandage [at any time before venipuncture].	1	
Applies tourniquet.	1	
Palpates suitable vein.	1	
Cleanses site appropriately.	1	
Performs venipuncture:		
Inserts needle		
<ul> <li>Notes or verbalizes pop or flashback (1 point)</li> </ul>		
<ul> <li>Connects collection system without dislodging needle (1 point)</li> </ul>	5	
<ul> <li>Fills blood collection tubes to appropriate fill requirements (1 point)</li> </ul>		
Removes tourniquet (1 point)		
<ul> <li>Removes needle and engages safety device (1 point)</li> </ul>		
Disposes/verbalizes proper disposal of needle in proper container.	1	
If using syringe, transfers blood to blood collection tubes in safe manner.	1	
Applies direct pressure and covers site.	1	
Labels blood collection tubes with patient name, date, time, and initials of collector.	1	
Assures tourniquet is not applied to patient for longer than two minutes throughout procedure.	1	
Handles tubes according to manufacturer recommendation (inversion, for example).	1	
Actual Time Ended: Tot	al: 18	•



### Critical Criteria:

- □ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, nerve damage, or undue injury.
- □ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **INTRAOSSEOUS INFUSION – PEDIATRIC**

**OBJECTIVE**: The student will demonstrate the ability to adequately insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

**EQUIPMENT**: PPE (Eye Protection/Gloves), Intraosseous needle, IO manikin or other simulated pediatric tibia, gauze roller bandage, IV fluids, IV administration set, 10 ml syringe (or larger), E-Z IO device if available., sharps container.

**COMPETENCY**: The student will be able to insert an intraosseous needle and begin intraosseous fluid therapy.

**REVISED DATE**: October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Explains the procedure to the patient's parent or guardian, if present.	1	
Assembles equipment and fills syringe with appropriate fluid.	1	
Exposes and selects proper anatomical site for IO infusion (see manufacture's recommendations).	1	
Cleans IO site using aseptic technique.	1	
Selects appropriately sized needle for anatomical site.	1	
Inserts device at a 90° angle to the bony landmark and away from epiphyseal plate.	1	
<ul> <li>Uses device appropriately:</li> <li>Bone marrow aspiration needle penetrates the bone with firm pressure and a rotary ("screwdriver") motion. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>Bone Injection Gun ® (BIG) needle penetrates the bone with firm pressure delivered by spring-loaded device. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>E-Z IO ® or Drill-assisted or similar mechanical application device: Inserts needle under skin and verbalizes contact with bone. Using drill or device without undue force, penetrates the bone and promptly stops while noting a "pop" and sudden lack of resistance, signaling entry into the marrow cavity.</li> <li>Or, in accordance with manufacturer's recommendation if different from above.</li> </ul>	1	
Manually stabilizes device.	1	
Removes stylet (if applicable) and places in sharps container.	1	
Attaches syringe and aspirates for marrow contents (if appropriate for device).	1	
Flushes the device and observes site for infiltration.	1	
Attaches IV administration set and administers proper fluid.	1	
Secures device.	1	
Checks administration rate and IO site for infiltration.	1	
Disposes of sharps appropriately.	1	
Actual Time Ended: Total:	16	



#### Critical Criteria:

- $\hfill\square$  Failure to take or verbalize body substance isolation precautions.
- $\Box$  Failure to expose and select proper anatomical site.
- $\Box$  Failure to insert device at 90° angle and away from the epiphyseal plate.
- $\Box$  Failure to remove stylet and place in sharps container.
- $\hfill \Box$  Failure to flush device and observe for infiltration.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **INTRAOSSEOUS INFUSION – ADULT**

**OBJECTIVE**: The student will demonstrate the ability to correctly insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

**EQUIPMENT**: PPE (Eye Protection/Gloves), Intraosseous needle, IO manikin or other simulated adult IO site, gauze roller bandage, IV fluids, IV administration set, 10 ml syringe (or larger), E-Z IO device if available., sharps container.

**COMPETENCY**: The student will be able to insert an IO in an adult and begin intraosseous therapies. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Explains the procedure to the patient, if conscious.	1	
Assembles equipment and fills syringe with appropriate fluid.	1	
Exposes and selects proper anatomical site for IO infusion.	1	
Cleans IO site using aseptic technique.	1	
Chooses appropriately sized needle for anatomical site.	1	
Inserts device at a 90° angle to the bony landmark.	1	
<ul> <li>Uses device appropriately:</li> <li>Bone marrow aspiration needle penetrates the bone with firm pressure and a rotary ("screwdriver") motion. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>Bone Injection Gun <sup>®</sup> (BIG) needle penetrates the bone with firm pressure delivered by spring-loaded device. A "pop" and sudden lack of resistance signals entry into the marrow cavity</li> <li>E-Z IO <sup>®</sup> or Drill-assisted or similar mechanical application device: Inserts needle under skin and verbalizes contact with bone. Using drill or device without undue force, penetrates the bone and promptly stops while noting a "pop" and sudden lack of resistance, signaling entry into the marrow cavity</li> <li>Or, in accordance with manufacturer's recommendation if different from above.</li> </ul>	1	
Manually stabilizes device.	1	
Removes sharp and places in sharps container.	1	
Attaches syringe according to manufacturer's instructions and aspirates bone marrow if indicated.	1	
Slowly pushes fluid and observes site for infiltration.	1	
Attaches IV administration set and administers proper fluid.	1	
Secures device.	1	
Checks administration rate and IO site for infiltration.	1	
Actual Time Ended: Total:	15	



#### Critical Criteria:

- $\hfill\square$  Failure to take or verbalize body substance isolation precautions.
- $\hfill \Box$  Failure to expose and select proper anatomical site for infusion.
- $\Box$  Failure to insert device at 90° angle according to manufacturer's instructions.
- $\hfill \Box$  Failure to remove sharp and place in sharps container.
- $\hfill \Box$  Failure to slowly push fluid and observe site for infiltration.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION - LIDOCAINE FOR INTRAOSSEOUS PAIN

**OBJECTIVE:** The student will demonstrate the ability to correctly administer lidocaine for intraosseous infusion pain management.

**EQUIPMENT:** PPE (Eye Protection/Gloves), PPE (Eye Protection/Gloves), IO simulator, IO Needle, IO tubing, 2% lidocaine or simulator, flush syringe.

**COMPETENCY:** The candidate will be able to administer lidocaine for management of intraosseous infusion pain.

**REVISED DATE:** October 2020

Possible Awarded Actual Time Started: Points Points Takes or verbalizes appropriate body substance isolation precautions. 1 Confirms lidocaine dose per institutional protocol: Adults: Typical initial dose is 40 mg 1 Infant/Child: Typical initial dose is 0.5 mg/kg, NOT to exceed 40 mg Primes extension set with lidocaine 1 (Note that the priming volume of the EZ-Connect<sup>®</sup> extension set is approximately 1 mL). Slowly infuses lidocaine IO over 120 seconds. 1 Allows lidocaine to dwell in IO space 60 seconds. 1 Flushes with normal saline: Adults: 5 to 10 ml 1 Infant/Child: 2 to 5 ml Slowly administers an additional dose of lidocaine IO over 60 seconds. Repeat as indicated. 1 Actual Time Ended: Total: 15

#### Critical Criteria:

 $\Box$  Failure to take standard precautions.

 $\hfill \Box$  Failure to determine and deliver proper dose at proper rate.

- $\hfill\square$  Breach of aseptic technique.
- $\hfill\square$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **MEDICATION ADMINISTRATION - ORAL**

**OBJECTIVE:** The student will demonstrate the ability to adequately determine and administer an oral medication in accordance with scope of practice.

**EQUIPMENT:** PPE (Eye Protection/Gloves), simulated medication, stethoscope, BP cuff, patient or manikin.

**COMPETENCY:** The candidate will correctly administer the appropriate oral medication to the patient. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Assures the medication is indicated for the patient.	1	
Selects the appropriate medication.	1	
Contacts Medical Direction for authorization in medication is not covered in standing orders.	1	
Checks medication for expiration date.	1	
Establishes the patient is not allergic to the drug.	1	
Confirms medication has not been administered to patient within dosing window.	1	
Checks for relevant contraindications.	1	
Ensures patient can safely swallow.	1	
Administers medication dose within therapeutic and indicated range.	1	
Oral Glucose	·	
Apply oral glucose to tongue depressor and place between cheek and gum	1	
Records administration of medication.	1	
Reassesses the patient for desired effects, possible side effects, and adverse reactions.	1	
Actual Time Ended: Tot	tal: 13	

#### Critical Criteria

□ Failure to take of verbalize appropriate PPE.

□ Failure to ensure patient is not allergic to medication.

□ Failure to give medication using the correct route of administration.

 $\Box$  Failure to identify the correct medication for the patient.

□ Administers an unsafe dose of medication.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with the patient or other personnel.



### **MEDICATION ADMINISTRATION - SUBLINGUAL**

**OBJECTIVE:** The student will demonstrate the ability to adequately determine and administer a sublingual medication in accordance with scope of practice

**EQUIPMENT:** PPE (Eye Protection/Gloves), simulated medication, stethoscope, BP cuff, patient or manikin.

**COMPETENCY:** The candidate will correctly administer the appropriate oral medication to the patient **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Assures the medication is indicated for the patient.	1	
Selects the appropriate medication.	1	
Contacts Medical Direction for authorization in medication is not covered in standing orders.	1	
Checks medication for expiration date.	1	
Establishes the patient is not allergic to the drug.	1	
Confirms medication has not been administered to patient within dosing window.	1	
Checks for relevant contraindications.	1	
Must ask if the patient is taking a phosphodiesterase inhibitor )commonly prescribed for	erectile dysfun	ction or
pulmonary hypertension). Patient must also have a systolic >100mmH	lg.	
Instructs patient not to swallow the tablet, but to let it dissolve under their tongue.	1	
Administers medication by spray or tab under the patient's tongue.	1	
Records administration of medication.	1	
Reassesses the patient for desired effects, possible side effects, and adverse reactions.	1	
May repeat nitroglycerine every 3 -5 minutes if pain persists and systolic B/P >100 mmHg.	1	
Actual Time Ended: Tot	al: 13	

#### Critical Criteria

- $\Box$  Failure to take of verbalize appropriate PPE.
- $\Box$  Failure to ensure patient is not allergic to medication.
- $\Box$  Failure to give medication using the correct route of administration.
- □ Failure to identify the correct medication for the patient.
- □ Administers an unsafe dose of medication.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with the patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION – METERED-DOSE INHALER

**OBJECTIVE:** The student will demonstrate the ability to adequately assist with the patient's prescribed inhaled, metered-dose medication.

EQUIPMENT: PPE (Gloves), simulated medication, BP cuff, stethoscope, patient or manikin.

**COMPETENCY:** The student will be able to correctly assist in administering a patient's medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Obtains the patient's prescribed medication.	1	
Establishes that the patient is not allergic to the drug.	1	
Contacts medical direction for authorization if administration is not covered in standing orders.	1	
Assures the medication is prescribed and indicated for the patient.	1	
Determines if the patient has taken any prescribed dose(s).	1	
Checks the medication for expiration date.	1	
Assesses breathing and listens to lung sounds.	1	
Directs patient to exhale completely.	1	
Places the mouthpiece of the inhaler into the patient's mouth between closed lips, depresses the canister while the patient inhales deeply.	1	
Directs patient to hold breath for as long as comfortable.	1	
Reassess patients breathing lung sounds.	1	
Administers up to maximum dose.	1	
Actual Time Ended:	13	
Total:	13	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  Failure to ensure the medication is prescribed to the patient.
- □ Failure to ensure patient is not allergic to medication.
- $\hfill \square$  Failure to give medication using the correct route of administration.
- □ 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.



### MEDICATION ADMINISTRATION – AUTO INJECTOR

**OBJECTIVE:** The student will demonstrate the ability to adequately assist with the patient's prescribed medication.

EQUIPMENT: PPE (Gloves), simulated medication, BP cuff, stethoscope, patient or manikin.

**COMPETENCY:** The student will be able to correctly assist in administering a patient's medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Obtains the medication.	1	
Establishes that the patient is not allergic to the drug.	1	
Contacts medical direction for authorization if administration is not covered in standing orders.	1	
Determines if the patient has taken any prescribed dose(s).	1	
Checks the medication for expiration date.	1	
Obtains auto injector.	1	
Checks medication for clarity.	1	
Removes safety cap from auto injector.	1	
Ensures no objects are present on the patients clothing that would be in the way of injection.	1	
Pushes injector firmly against lateral thigh and holds for 10 seconds.	1	
Discards auto injector in sharps container.	1	
Reassesses patient for changes in their status.	1	
Actual Time Ended: Total:	13	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  If a prescription medication, failure to ensure the medication is prescribed to the patient.
- □ Failure to ensure patient is not allergic to medication.
- $\Box$  Failure to give medication using the correct route of administration.
- □ 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.



### MEDICATION ADMINISTRATION - NEBULIZED

**OBJECTIVE:** The student will demonstrate the ability to prepare and administer nebulized medication via inhalation

**EQUIPMENT:** PPE (Eye Protection/Gloves/N95 mask), small volume nebulizer, oxygen cylinder and regulator, 3ml vial of normal saline for inhalation, patient.

**COMPETENCY:** The candidate will correctly prepare and administer medication through a small volume nebulizer.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Identifies indications for nebulized bronchodilator (Dyspnea/Wheezing/Adequate	1	
breathing).	1	
Ensures patient is not allergic to medication being delivered.	1	
Explains procedure to patient.	1	
Ensures oxygen cylinder and regulator are ready to use.	1	
Partially assembles nebulizer and attaches oxygen tubing to regulator.	1	
Selects appropriate medication and checks: - Label; - Expiration date; - Color & Clarity; -	1	
Dose.	T	
Fills nebulizer chamber without oxygen running.	1	
Completes assembly of nebulizer.	1	
Initiates oxygen flow as needed to create a steady mist, generally 6-8 lpm.	1	
Ensures mist is emanating from nebulizer.	1	
Instructs patient to hold mouthpiece in mouth or applies mask to face.	1	
Continues treatment until no medication remains in the chamber.	1	
Removes device from patient and discontinues oxygen flow.	1	
Reassesses patient for changes.	1	
Considers repeat dosing as needed/directed.	1	
Documents date, medication, dose, time, route, who administered, reassessment.	1	
Actual Time Ended: Total:	18	
	L	

#### Critical Criteria

□ Failure to take standard precautions.

□ Failure to select appropriate mediation or dose.

 $\Box$  Failure to ensure patient is not allergic to medication being delivered.

- $\Box$  Applies nebulizer in a manner that directs medication toward eyes.
- □ Failure to deliver medication as indicated.
- □ Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention



### MEDICATION ADMINISTRATION - INTRAMUSCULAR

**OBJECTIVE:** The student will demonstrate the ability to adequately administer a medication by intramuscular injection to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IM administration, assorted gauge needles, 1-3mL syringes, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IM medication to a patient. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Selects 19-25g 1 1/2" needle and up to 3 ml syringe.	1	
Identifies injection site.	1	
Cleanses puncture site using aseptic technique.	1	
Holds skin taut at injection site.	1	
Inserts needle at 90° angle in one quick motion.	1	
Aspirates for blood return:		
<ul> <li>If no blood return, smoothly and gently injects medication.</li> </ul>	1	
<ul> <li>If blood returns, withdraws needle, discards, and starts over at another site.</li> </ul>		
Withdraws needle and applies direct pressure to injection site.	1	
Disposes of all sharps in a sharps container.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Documents medication administration and response to intervention(s).	1	
Actual Time Ended: Tota	al: 15	

#### Critical Criteria:

 $\hfill \Box$  Failure to take or verbalize body substance isolation precautions.

□ Failure to assure medication is indicated for the patient.

□ Failure to determine patient is not allergic to medication.

□ Failure to dispose of all sharps in a sharps container.

 $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION – SUBCUTANEOUS

**OBJECTIVE:** The student will demonstrate the ability to adequately administer a medication by subcutaneous injection to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for administration, assorted gauge needles, 1mL syringes, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IM medication to a patient. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Selects 25-28g, <1" needle and 1 ml syringe.	1	
Identifies injection site.	1	
Cleanses puncture site using aseptic technique.	1	
Pinches skin at injection site.	1	
Inserts needle at 45° angle while maintaining sterility.	1	
Withdraws needle and applies direct pressure to injection site.	1	
Disposes of all sharps in a sharps container.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Documents medication administration and response to intervention(s).	1	
Actual Time Ended: Total:	15	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  Failure to assure medication is indicated for the patient.
- □ Failure to determine patient is not allergic to medication.
- □ Failure to dispose of all sharps in a sharps container.
- □ Failure to re-assesses patient for desired effect and possible adverse effects.
- □ 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.



### MEDICATION ADMINISTRATION - INTRANASAL PREPARED

**OBJECTIVE:** The student will demonstrate the ability to adequately administer a prepared intranasal medication to a patient.

EQUIPMENT: PPE (Eye Protection/Gloves), medication for IN administration, manikin or patient.

**COMPETENCY:** The student will be able to correctly administer an IN medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Removes nasal spray device from its packaging. Holds the device with the thumb on the bottom	1	
of the plunger and the first and middle fingers on either side of the nozzle.	1	
Tilts patient's head back and supports behind the neck.	1	
Inserts tip of nozzle into one nostril until your fingers on either side are touching the nose.	1	
Presses plunger firmly until it stops, remove device from nostril.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	10	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

□ Failure to assure medication is indicated for the patient.

□ Failure to determine patient is not allergic to medication.

- $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION - INTRANASAL MAD

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an intranasal medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IN administration, 1mL syringes, mucosal administration device, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IN medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication name and concentration	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms correct medication dose.	1	
Removes and discards the green vial adapter cap. Pierces the medication vial with the syringe	1	
vial adapter.		
Aspirates the proper volume of medication required to treat the patient (an extra 0.1 mL of	1	
medication should be drawn up to account for the dead space in the device).	-	
Removes (twist off) the syringe from the vial adapter.	1	
Attaches the MAD Nasal™ Device to the syringe via the luerlock connection.	1	
Tilts patient's head back and supports behind the neck. Places the tip of the MAD Nasal™ Device	1	
snugly against the nostril aiming slightly up and outward (toward the top of the ear).	L 1	
Briskly compresses the syringe plunger to deliver half of the medication into the nostril	1	
Moves the device over to the opposite nostril and administers the remaining medication into	1	
the nostril if indicated.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	16	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  Failure to assure medication is indicated for the patient.
- □ Failure to determine patient is not allergic to medication.
- $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.
- □ 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.



### MEDICATION ADMINISTRATION INTRAVENOUS BOLUS

**OBJECTIVE:** The student will demonstrate the ability to adequately perform intravenous bolus medication therapy.

**EQUIPMENT:** PPE (Eye Protection/Gloves), IV bolus medication, SHARPS container, IV manikin, established IV with tubing and IV fluid, alcohol swab.

**COMPETENCY:** The student will be able to correctly administer IV bolus medications.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Selects correct medication. Selects appropriate medication from available supply.	1	
Assures correct concentration of medication.	1	
Checks medication expiration date.	1	
Checks medication for clarity.	1	
Confirms correct dose.	1	
Assembles prefilled syringe correctly and dispels air.	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub].	1	
Reaffirms medication.	1	
Stops IV flow.	1	
Administers correct dose at proper push rate.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Turns IV on and adjusts drip rate to TKO/KVO or to previous drip rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Actual Time Ended: Total:	15	

#### **Critical Criteria:**

- $\square$  Failure to continue to take or verbalize appropriate body substance isolation precautions.
- $\Box$  Failure to begin administration of medication within 3-minute time limit.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Failure to adequately dispel air resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate].
- $\hfill\square$  Failure to turn-on IV after injecting medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- □ Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION INTRAVENOUS INFUSION

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare an admix medication and initiate infusion therapy at recommended rate.

**NOTE:** There is a 7-minute time limit to connect the medication for infusion to the simulated patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), 50ml-100ml IV fluid, assorted syringes for withdrawing and admixing medication, administration set, tape, SHARPS container, IV manikin, gauze, alcohol or chlorhexidine swabs, "medication added" labels and marker/pen.

**COMPETENCY:** The candidate will be able to correctly perform and label the admix medication and begin intravenous therapy at a recommended rate.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Asks patient for known allergies.	1	
Assures no contraindications for administration are present.	1	
Selects correct medication (including concentration).	1	
Selects correct IV infusion diluent and volume.	1	
Checks medication and IV bag for expiration date.	1	
Withdraws indicated amount of medication, or slightly more than indicated and expels excess.	1	
Continues to take or verbalize appropriate PPE precautions.	1	
Cleanse port on IV bag or removes protective seal and maintains clean surface.	1	
Injects entirety of medication and gently mixes contents of IV bag.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Spikes bag with new IV tubing with clean technique.	1	
Primes (flushes) IV tubing to clear air in tubing, with minimal loss of fluid.	1	
Stops IV flow of primary line (if primary line remains connected to patient) or initiates therapy in separate patent IV site.	1	
Turns on IV flow of secondary line and adjusts to proper infusion rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Verbalizes need to advise receiving facility or team of medication administration.	1	
Actual Time Ended: Tota	al: 17	7



#### Critical Criteria:

- $\Box$  Failure to continue to take or verbalize appropriate PPE precautions.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- $\Box$  Failure to adequately dispel air in IV tubing, resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or infuses at inappropriate rate].
- $\hfill\square$  Failure to label medication with name and dose of medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- $\hfill\square$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **DRAWING UP MEDICATIONS - AMPULES**

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from an ampule. **EQUIPMENT:** PPE (Eye Protection/Gloves), medication in ampule, syringe, filter straw, assorted needles, gauze or ampule tool, sharps container.

**COMPETENCY:** The student will be able to correctly draw up a medication from an ampule. **REVISED DATE:** October 2020

Possible Awarded Points Points Actual Time Started: Take or verbalizes appropriate body substance isolation precautions. 1 Ask patient for known allergies. 1 Assembles necessary equipment. 1 Checks the name and concentration of the medication. 1 1 Checks medication for clarity. Checks medication for expiration date. 1 Confirms the correct dose. 1 Ensures all medication is at bottom of ampule. 1 Wraps ampule in gauze or uses commercially available ampule tool and breaks off top of 1 ampule. Attaches a filter straw or filter needle to the syringe. 1 EMTs may choose to flip ampule upside down. 1 1 Draws up desired dose. Removes filter needle and disposes of it in sharps container. 1 Attaches appropriate needle or needleless adapter to syringe. 1 Expels air from syringe and confirms desired dose. 1 Disposes of sharps properly. 1 Actual Time Ended: \_\_\_\_\_ Total: 16

#### Critical Criteria:

□ Failure to check medication for expiration date.

 $\Box$  Failure to check the name and concentration of the medication.

□ Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

Exhibits unacceptable affect with patient or other personnel.



### **DRAWING UP MEDICATIONS - PRELOADS**

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare a medication from a preloaded syringe.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication in preloaded syringe.

**COMPETENCY:** The student will be able to correctly assemble a medication in a preloaded syringe.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Start Time:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Assembles prefilled syringe and expels air. Some preloaded systems require the needle cover be removed or the needle depressed before air can be expelled.	1	
Disposes of sharps properly after use or administration.	1	
Actual Time Ended: Total:	9	

#### Critical Criteria:

 $\Box$  Failure to check medication for expiration date.

 $\hfill\square$  Failure to check the name and concentration of the medication.

□ Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### DRAWING UP MEDICATIONS - VIALS

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from a vial. **EQUIPMENT:** PPE (Eye Protection/Gloves), vial of medication, assorted gauge needles, syringe appropriate to volume needed, SHARPS container.

**COMPETENCY:** The student will be able to correctly draw up a medication from a vial. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Checks for allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Opens vial, maintaining sterility of the top or cleanses top with alcohol prep if vial already open.	1	
Uses syringe size that allows filling with more than the dose so that dose will be correct when air is expelled.	1	
Injects same amount of air into vial as fluid to be drawn out.	1	
Draws up desired dose or slightly more than desired dose.	1	
Expels air from syringe and confirms desired dose.	1	
Disposes of sharps properly.	1	
Actual Time Ended: Total:	13	

#### **Critical Criteria**

 $\Box$  Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### COMBAT APPLICATION TOURNIQUET (C-A-T)

**OBJECTIVE:** Demonstrate bleeding control using proper application of a Combat Application Tourniquet (C-A-T) or comparable Combat Application Tourniquet(s) in less than 60 seconds.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, moulaged manikin/patient, tourniquet (C-A-T) [(Blue = Trainer Tourniquet]

**COMPETENCY:** The student will demonstrate correct steps to stop uncontrolled hemorrhage using a C-A-T type tourniquet.

**REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Slides the wounded extremity through the loop of the Self-Adhering Band or wraps around extremity.	1	
Positions the C-A-T above simulated wound site; leaving at least 2 inches (if possible) of uninjured skin between the C-A-T and the wound site.	1	
Twists the windlass rod until the distal pulse is no longer palpable	1	
Locks the rod in place with the windlass clip.	1	
Grasps the windlass strap, pulls it tight and adheres it to the Velcro on the windlass clip	1	
Verbalizes using a marker to draw a "T" on the Patient's forehead and records the date and time the C-A-T was applied.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs		
and symptoms of hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Tota	l: 12	

#### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

□ Unable to control hemorrhage using correct procedures in a timely manner.

- $\Box$  Did not indicate the need for immediate transportation.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.



### WOUND PACKING / PRESSURE BANDAGE

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), bleeding mannequin or training tool, wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket. **COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Exposes the injury.	1	
Packs the gauze into the wound focusing where the bleeding is heaviest.	1	
Hold pressure for three (3) minutes.	1	
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	11	

#### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

□ Unable to control hemorrhage using correct procedures in a timely manner.

 $\hfill\square$  Did not indicate the need for immediate transportation.

□ Failure to manage the patient as a competent EMT.



### **EMT-II Venipuncture Verification Form**

**Instructions:** The applicant for EMT-II certification should complete all blocks in section A. Each line in Section B should be completed by the individual who witnessed the venipuncture. The witness must be an individual certified at the EMT-II level, or above, who is certified or licensed to perform venipunctures. The applicant must have completed the 10 required venipunctures, eight of which must have been with catheter covered needles, within 30 days after completion of the EMT-II course. A copy of the completed form must be uploaded onto the State EMS Office License Management System and a second copy should be retained by the applicant for EMT-II certification. **Applicants who do not complete the 10 venipunctures within the 30 days following successful course completion will not be eligible for EMT-II certification.** 

Section A, Applicant Information						
Name of Applicant: Mailing Address:			Alaska EMT-I Certification Number: Name of EMT-II Course Instructor & Course Number:			
Date:	Witness' Signature & Level of Training	Catheter Covered Needle	Other Type of Needle (Specify)	Venipuncture Site	Name of Recipient	

## ALASKA EMS PSYCHOMOTOR PORTFOLIO SIGN OFF: EMT-III

## (\*)Highlights are required for pre 2019 EMT-II student base

Skill Performed	Initials/Date	Initials/Date	Instructor Initials/Date
*Supraglottic Airway Device			
*CPAP			
*End-Tidal Capnography			
12-lead Placement & Interpretation			
Advanced Patient Assessment & Management- Medical			
Advanced Patient Assessment & Management-Trauma			
Advanced Cardiac Arrest Management			
Dynamic Cardiology			
Defibrillation Manual			
Defibrillation- Manual			
Synchronized Cardioversion			
Transcutaneous Pacing			
Med Admin - Intravenous Bolus			
Med Admin - Intravenous Infusion			
*Med Admin – Nebulized			
*Tourniquet Application			
*Wound Packing			
Watched Testing Video			

Instructor Name:	
برجاج بالباج مرا	

Course #: \_\_\_\_\_

Instructor Signature: Date:

\_\_\_\_\_



### SUPRAGLOTTIC AIRWAY DEVICE

**OBJECTIVE:** The student will demonstrate the ability to insert a supraglottic airway and ventilate an apneic patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), assorted OPAs, assorted supraglottic airways, BVM, oxygen tank with regulator and tubing, airway manikin, lube appropriate for the manikin, stethoscope, SpO2 monitor, colorimetric device, or capnography.

**COMPETENCY:** The student will be able to correctly insert a supraglottic airway and effectively ventilate an apneic patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Opens the airway manually.	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now informs candidate no gag reflex is present, and patient accepts adjunct.		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen.	1	
**Ventilates patient with room air.	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and th	at pulse ox	imetry
indicates the patient's blood oxygen saturation is 85%.		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute].	1	
Ventilates patient at a rate of $10 - 12$ /minute (1 ventilation every 5-6 seconds) with appropriate volumes.	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bila	terally and	medical
direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation		
Checks/prepares supraglottic airway device.	1	
Lubricates distal tip of the device [may be verbalized].	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert devia	ce.	
Positions head properly.	1	
Performs a safe maneuver that repositions tongue and jaw for device insertion.	1	
Inserts device to proper depth and adjusts as needed to optimize chest rise.	1	
Properly secures device per manufacturer's instructions.	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs, over epigastrium.	1	
Adjusts ventilation rate or volume as necessary.	1	
Verifies proper tube placement by a secondary confirmation device.	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appro	priate volu	mes with
each ventilation?"		
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter.	1	
Actual Time Ended: Total:	18	




NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds

- $\square$  Failure to initiate ventilations within 30 seconds after taking body substance isolation
- precautions or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- $\Box$  Failure to ventilate the patient at a rate of 10 12/minute.
- □ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- □ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device.
- □ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts.
- □ Failure to inflate cuffs properly and immediately remove the syringe (if applicable).
- □ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium.
- $\Box$  Insertion or use of any 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.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

**OBJECTIVE:** The student will demonstrate the ability to safely apply CPAP and initiate therapy. **EQUIPMENT:** PPE (Eye Protection/Gloves), blood pressure cuff and stethoscope, CPAP delivery device (may be integrated or separate unit), oxygen cylinder and flowmeter, model or manikin, cannula with capnography attachment if used by agency (EMT II or higher).

**COMPETENCY:** The candidate will be able to verbalize indications and contraindications for CPAP therapy, exhibit therapeutic coaching manner, and properly apply and initiate CPAP therapy with the device used in their agency.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Prepares patient.	1	
Takes or verbalizes appropriate body substance isolation precautions.	1	
Assures adequate blood pressure.	1	
Positions patient in a position that will optimize ease of ventilation (High Fowler's).	1	
<ul><li>Assesses patient to identify indications for CPAP:</li><li>Congestive Heart Failure</li></ul>		
Chronic Obstructive Pulmonary Disease	2	
Pulmonary edema	Z	
Asthma		
Pneumonia		
<ul> <li>Assesses patient to identify contraindications for CPAP:</li> <li>Unconscious, unresponsive, inability to protect airway, or inability to speak</li> <li>Inability to sit up</li> <li>Respiratory arrest or agonal respirations</li> <li>Nausea/ vomiting</li> <li>Hypotension (systolic blood pressure &lt;90mmHg)</li> <li>Suspected pneumothorax</li> <li>Penetrating chest trauma</li> <li>Facial anomalies/trauma/burns</li> <li>Closed head injury</li> <li>Active upper GI bleed or history of recent gastric surgery</li> </ul>	2	
Selects, checks, and assembles equipment.	1	
Coaches' patient how to breathe through mask.	1	
Connects CPAP mask assembly to suitable oxygen supply.	1	
Connects CPAP mask assembly to additional delivery device (if a separate unit is used).	1	
Turns on oxygen.	1	
Turns on unit power and sets tidal volume per local protocols (if a separate unit is used).	1	
Titrates oxygen to achieve SpO <sub>2</sub> >94%.	1	
Sets pressure relief valve at $4$ cm/H $_2$ O (if used, or based on local protocols).	1	

Student Name:



Actual Time Ended:	Total: 23	
Interacts with simulated patient and other personnel in professional manner.	1	
Records settings, readings, and documents appropriately.	1	
Absence of complications (barotrauma and pneumothorax)		
Decreased adventitious lung sounds		
• SpO <sub>2</sub> >94%	1	
Decreased ventilatory distress		
Frequently assesses patient for desired effects:		
Coaches patient to breathe normally and adjust to air pressure.	1	
Max 5cmH <sub>2</sub> O for pediatric patients		
<ul> <li>Max 10cmH<sub>2</sub>O for CHF, pulmonary edema, and pneumonia</li> </ul>	1	
<ul> <li>Max 5cmH<sub>2</sub>O for bronchospasm</li> </ul>	1	
Titrates CPAP pressure (based on local protocols/ device dependent):		
Places mask over mouth and nose (leaves EtCO2 nasal cannula in place).	1	
as necessary (if used).	L L	
Occludes tubing to test for peak pressure required to activate pressure relief valve and	adjusts 1	

- □ Failure to take or verbalize appropriate body substance isolation precautions.
- $\Box$  Failure to identify 2 indications.
- □ Failure to identify 2 potential complications.
- $\Box$  Failure to frequently reassess the patient after application of the CPAP device.
- $\Box$  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 (if included in device).
- □ Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### **END-TIDAL CAPNOGRAPHY**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret End-tidal Capnography in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with end-tidal capabilities, equipment needed to apply end-tidal for mainstream and side-stream capnography.

**COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret end-tidal capnography on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Explains procedure to the patient (when appropriate).	1	
Activate EtCO <sub>2</sub> unit and allow to warm up (if necessary).	1	
Zero machine (if not done automatically).	1	
Mainstream		
<ul> <li>Attach disposable EtCO<sub>2</sub> sensor to cable</li> </ul>		
Mainstream sensor applied to bag-mask device, or applied to a bag connected to an ETT	1	
Side-stream		
Connect tubing to port on capnography unit		
<ul> <li>Side-stream device may be incorporated into a special nasal cannula</li> </ul>		
Apply device to patient's oxygen delivery system.	1	
Utilize oxygenation and ventilatory devices in normal fashion.	1	
Monitor EtCO <sub>2</sub> on display screen.	1	
Record unit reading (normal range 35-45 mmHg).	1	
Evaluate curve shape (normal is squared off).	1	
Set alarm parameters to desired limits (minimum and maximum desired EtCO <sub>2</sub> levels).	1	
Adjust oxygen concentration and or ventilatory rate as applicable (based on local protocols).	1	
Monitor patient status and reassess following any changes in O <sub>2</sub> concentration or ventilatory	1	
rate.	1	
Actual Time Ended: Total:	13	

#### Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

- $\hfill\square$  Failure to allow unit to warm up and zero out before use if necessary.
- $\Box$  Failure to incorporate CO2 measurements into treatment.
- □ Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### **12-LEAD PLACEMENT & INTERPRETATION**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret 12-lead ECG in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with four and 12-lead capabilities, razor, manikin, **COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret a 12-lead ECG on a simulated patient.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Awarded Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient.	1	
Prepares the patient (shaving and cleansing as needed).	1	
Places limb and precordial leads in the proper positions		
Limb leads (placement may vary by device manufacturer).	1	
V1 – attaches positive electrode to the right of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V2 – attaches positive electrode to the left of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V4 – attaches positive electrode at the midclavicular line 5 <sup>th</sup> intercostal space.	1	
V3 – attaches positive electrode in line between V2 & V4.	1	
V5 – attaches positive electrode at the anterior axillary line 5 <sup>th</sup> intercostal space.	1	
V6 attaches positive electrode to the midaxillary line 5 <sup>th</sup> intercostal space.	1	
Places patient in the appropriate semi-fowler position.	1	
Instructs patient to breath normal, lay still, and not talk.	1	
Turns on ECG machine.	1	
Obtains the 12-Lead ECG recording.	1	
Examines the tracing for acceptable quality.	1	
Transmits 12-Lead to the receiving facility.	1	
EMT III/AEMT Additional		
Interprets 12-Lead ECG to local standard and reports findings as needed.	1	
Voices repeating 12-Lead ECG every 5 – 10 minutes in high risk patients and post	1	
treatment.	1	
Actual Time Ended: TOTAL:	18	
Critical Criteria:		

□ Failure to take standard precautions.

 $\Box$  Failure to obtain a legible 12-lead ECG recording.

 $\Box$  Failure to correctly interpret 12-lead ECG recording.

□ Failure to manage the patient as a competent EMT.

 $\Box$  Exhibits unacceptable affect with patient or other personnel.

 $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### ADVANCED PATIENT ASSESSMENT & MANAGEMENT – MEDICAL

**OBJECTIVE:** The student will demonstrate the ability to assess and manage a patient with a medical complaint. Student will also guide team members to simultaneously perform skills and treatments and interventions as needed. Dosing for medications should follow NASEMSO model EMS clinical guidelines or as approved by service Medical Director.

**EQUIPMENT:** PPE (Eye Protection/Gloves), oxygen, assorted oxygen delivery devices, BP cuff or device, stethoscope, SpO2 monitor, medication kit as appropriate for EMT-III level of care.

**COMPETENCY:** The candidate will be able to safely and correctly approach patient, assess their complaints, devise and implement a plan to treat and/or stabilize patient. **REVISED DATE:** October 2020

Possible Awarded Actual Time Started: Points Points Takes or verbalizes appropriate body substance isolation precautions. (1 point) 1 1 Sizes up scene for safety. (1 point) Requests additional resources if needed. (1 point) 1 Approaches patient Greets patient, determines nature of illness. (1 point) Assesses patient's overall appearance and work of breathing. 3 Reports patient's skin color (1 point) • Reports patient's LOC (AVPU) (1 point) **Initial Assessment** Assess airway patency. (1 point) Assess work of breathing. (1 point) Listens to lung sounds. (1 point) 5 Assures patient has adequate circulation • Takes manual pulse. (1 point) • Reports skin temperature, color, or condition. (1 point) Directs treatment for immediate life threats. (3 points) 3 Determines chief complaint or apparent life threats. (3 points) 3 History Taking History of present illness Onset (1 point) Quality (1 point) - Severity (1 point) Provocation (1 point) - Radiation (1 point) - Time (1 point) 8 Clarifying questions regarding associated signs/symptoms related to OPQRST. (2 Points) Past medical history Allergies (1 point) Past pertinent history (1 point) Events leading to present illness (1 point) -5 Medications (1 point) - Last oral intake (1 point)



Secondary Assessment		
Assesses affected body part/system		
- Cardiovascular - Neurological - Integumentary - Reproductive	5	
- Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		
Vital Signs		
- Blood Pressure (1 point) - Pulse (1 point) - Respiratory rate and quality (1 point)	3	
States field impression of patient. (5 points)	5	
Interventions are appropriate for patient's condition. (IV, O2, Medications) (5 points)	5	
Prompt and appropriate transport. (Scene time normally less than 15 minutes) (1 point)	1	
Reassessment		
Demonstrates how and when to determine changes in patient condition. (1 point)	1	
Provides accurate verbal report to receiving facility or personnel. (1 point)	1	
Actual Time Ended: TOTAL:	51	

- □ Failure to initiate or call for transport of the patient within 15-minute time limit. (If no complications present).
- $\hfill\square$  Failure to take or verbalize appropriate PPE precautions.
- $\Box$  Failure to determine scene safety before approaching patient.
- $\Box$  Failure to voice and ultimately provide appropriate oxygen therapy.
- $\Box$  Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- □ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene.
- □ Performs secondary examination before assessing and treating threats to airway, breathing and circulation.
- □ Orders a dangerous or inappropriate intervention.
- $\Box$  Failure to provide accurate report to arriving EMS unit or to receiving facility.
- □ Failure to manage the patient as a competent EMT-III.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



#### ADVANCED PATIENT ASSESSMENT & MANAGEMENT – TRAUMA

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and transport a trauma patient in a safe and timely manner.

**Note:** The patient must be packaged for transport within 10 minutes (this may be in an ambulance or for transfer to next level of care)

**EQUIPMENT:** PPE (Eye Protection/Gloves); patient, spinal motion restriction equipment (e.g., vacuum mattress or spine board, patient securement system, cervical collar and head blocks); IV supplies (including TXA); hemorrhage control supplies (e.g., tourniquet, packing gauze, bulky gauze, bandaging material, pelvic binding equipment); airway management equipment (including suction, BVM, adjuncts, and commercial confirmation device); oxygen administration supplies (including cylinder, regulator, nasal cannula, and non-rebreather mask); occlusive chest dressing; blankets or other warm patient packaging; patient assessment supplies (e.g., pen light, stethoscope, BP cuff, and shears); splinting materials.

**COMPETENCY:** The student will be able to correctly assess and treat a trauma patient within a timely manner.

**NOTE:** Any assessments may be integrated within sequence of Primary Survey, so long as it does not delay treatment of Primary Survey problems.

	Possible	Awarded
Actual Time Started:	Points	Points
Dispatch and Scene Size-up		
Takes or verbalizes appropriate body substance isolation precautions.	1	
Takes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Interacts with other rescuers in a mutually respectful manner; directs other rescuers to perform tasks.	1	
Determines the mechanism of injury/nature of illness.	1	
Determines the number of patients.	1	
Requests additional resources (e.g., hazmat, heavy rescue, power company, bystanders, historians,	1	
air medical).		
Considers stabilization of the spine.	1	
Primary Survey (may be performed in any order within this category)		
Verbalizes general impression of the patient.	1	
Determines responsiveness/level of consciousness.	1	
Determines chief complaint/apparent life-threats.	1	
Assesses for and controls major bleeding if present (e.g., tourniquets, wound packing, direct pressure).	1	
Airway		
Opens and assesses airway		
• Manages compromised airway in timely manner (suction, jaw thrust, places adjunct)	2	



Breatning       Assess breathing         Assess breathing       Assess breathing         Assess breathing       4         Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or occlusive chest dressing)       4         Circulation       1         • Checks pulse       4         • Assess skin (skin color, temperature, and condition)       4         • Initiates shock management (e.g., stop bleeding)       4         • Anticipates need for pelvic binder       1         Identifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).       1         Mistory Taking/ Vitals       1         Secondary Survey/ Assessment       1         Head       1         • Inspects mouth, nose, and assesse facial area       3         • Inspects and palpates scalp and ears       3         • Inspects neck, including position of trachea and condition of jugular veins       2         • Palpates cervical spline       3         • Inspects neck, including position of trachea and condition of jugular veins       3         • Auscultates lung sounds       3         • Auscultates lung sounds       3         • Palpates chest       3         • Auscultates lung sounds       3	alth and <sup>2</sup>		
<ul> <li>Assures adequate ventilation</li> <li>Initiates appropriate oxygen therapy</li> <li>Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or occlusive chest dressing)</li> <li>Circulation</li> <li>Checks pulse</li> <li>Assess skin (skin color, temperature, and condition)</li> <li>Anticipates need for pelvic binder</li> <li>Initiates shock management (e.g., stop bleeding)</li> <li>Anticipates need for pelvic binder</li> <li>Identifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).</li> <li>History Taking/ Vitals</li> <li>Attempts to obtain SAMPLE history.</li> <li>I</li> <li>Secondary Survey/ Assessment</li> <li>Inspects assistant to obtain, baseline vital signs.</li> <li>Inspects and palpates scalp and ears</li> <li>Inspects and palpates scalp and ears</li> <li>Assesses eyes for PERRL</li> <li>Neck</li> <li>Inspects neck, including position of trachea and condition of jugular veins</li> <li>Palpates cervical spine</li> <li>Inspects and palpates addomen</li> <li>Auscultates lung sounds</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects and palpates addomen</li> <li>Assesses pelvis</li> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> <li>Uver attremities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesse</li></ul>	Breathing		
<ul> <li>Initiates appropriate oxygen therapy</li> <li>Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or occlusive chest dressing)</li> <li>Circulation</li> <li>Checks pulse</li> <li>Assess skin (skin color, temperature, and condition)</li> <li>Initiates shock management (e.g., stop bleeding)</li> <li>Anticipates need for pelvic binder</li> <li>Identifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).</li> <li>History Taking/ Vitals</li> <li>Attempts to obtain SAMPLE history.</li> <li>Obtains, or directs assistant to obtain, baseline vital signs.</li> <li>Secondary Survey/ Assessment</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects nouth, nose, and assesses facial area</li> <li>Inspects neck, including position of trachea and condition of jugular veins</li> <li>Palpates cervical spine</li> <li>Palpates cervical spine</li> <li>Abdomen/pelvis</li> <li>Inspects and palpates abdomen</li> <li>Assesses pelvis</li> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> <li>Lower extremities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li></li></ul>	Assess breathing		
<ul> <li>Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or occlusive chest dressing)</li> <li>Circulation</li> <li>Checks pulse</li> <li>Assess skin (skin color, temperature, and condition)</li> <li>Initiates shock management (e.g., stop bleeding)</li> <li>Anticipates need for pelvic binder</li> <li>Identifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).</li> <li>History Taking/ Vitals</li> <li>Attempts to obtain SAMPLE history.</li> <li>Obtains, or directs assistant to obtain, baseline vital signs.</li> <li>Secondary Survey/ Assessment</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects and palpates scalp and ears</li> <li>Assesses eyes for PERL</li> <li>Neck</li> <li>Inspects neck, including position of trachea and condition of jugular veins</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects hest</li> <li>Auscultates lung sounds</li> <li>Palpates scalp and palpates abdomen</li> <li>Assesses pelvis</li> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> <li>Lower extremities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects and palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects and wounds</li></ul>	Assures adequate ventilation		
occlusive chest dressing)Image: sharp of the second se	Initiates appropriate oxygen therapy	4	
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Manages injuries and wounds appropriately. 1	Assesses posterior thorax, lumbar and sacral spine, and buttocks.	1	
	Management of Patient (Throughout Care)		
Secures patent airway with C-spine consideration if needed. 1	Manages injuries and wounds appropriately.	1	
	Secures patent airway with C-spine consideration if needed.	1	



Applies spinal protection as indicated.	1	
Manages shock with thermal protection, positioning and/or IVs for fluid replacement as required.	1	
Provides adequate oxygenation and ventilation.	1	
Places and secures IV/IO access and administers IV fluid as indicated.	1	
Considers TXA administration based on events and presentation.	1	
Demonstrates how and when to reassess patient condition.	1	
Demonstrates how and when to reassess interventions.	1	
Delivers report to receiving facility.	1	
Actual Time Ended: TOTAL	.: 51	

#### Critical Criteria:

 $\Box$  Failure to initiate or call for transport of the patient within 10-minute time limit.

 $\hfill \Box$  Failure to take appropriate body substance isolation precautions.

 $\Box$  Failure to determine (or provide for) scene safety.

- $\hfill \Box$  Failure to assess for, and provide, spinal protection when indicated.
- $\Box$  Failure to provide adequate oxygen delivery.
- □\_Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, bleeding, or shock.

□ Failure to differentiate patient's need for immediate transport versus continued assessment/ treatment at the scene.

- □ Performs secondary assessments/ treatments before assessing/treating threats to airway, breathing and circulation.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### ADVANCED CARDIAC ARREST MANAGEMENT

**OBJECTIVE**: The student will demonstrate the ability to adequately coordinate resuscitative measures for a patient in cardiac arrest, correctly identify a shockable rhythm, perform defibrillation, verbalize other appropriate interventions, and correctly state medications and dosages for given rhythm.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, 2 CPR-trained assistants, IV equipment and supplies, airway care equipment and supplies, and appropriate medications.

**COMPETENCY**: The student will be able to correctly coordinate and perform resuscitative measures for a patient in cardiac arrest.

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Checks for responsiveness and normal breathing.	1	
Checks for a pulse for no more than 10 seconds. If no pulse, directs assistants to start CPR.	1	
Applies paddles/attaches pads to patient.	1	
Stops CPR if needed to analyze rhythm.	1	
Recognizes shockable rhythm, charges defibrillator to manufacturers recommended energy level.	2	
States "CLEAR," and visually checks that other rescuers are clear of patient.	1	
Defibrillates patient at appropriate energy level. (360 J monophasic or appropriate biphasic setting) with minimal interruption of CPR.	1	
Immediately directs assistants to resume CPR for 5 cycles.	1	
Assesses the adequacy of compressions and ventilations; uses appropriate airway adjunct or device as needed.	1	
Obtains IV/IO access. Epinephrine may be given at this point.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of epinephrine 1 mg IV/IO (0.1mg/1ml) while circulating medication with CPR, if not done already.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of lidocaine 1 to 1.5 mg/kg IV/IO* while circulating medication with CPR. *Or appropriate dose of alternate antiarrhythmic approved by department and current guidelines	1	
Repeats epinephrine 1 mg (0.1mg/1ml) every 3 – 5 minutes.	1	
Repeats antiarrhythmic as indicated.	1	
Repeats defibrillations at appropriate intervals.	1	
Performs continuous CPR throughout with no breaks exceeding 10 seconds.	1	
Actual Time Ended: Total:	22	



- $\Box$  Failure to complete any of the above.
- □ Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### DYNAMIC CARDIOLOGY

**OBJECTIVE:** The student will demonstrate the ability to coordinate and perform resuscitative measures in the patient with a potentially lethal dysrhythmia; including airway management, intravenous therapy, and administration of medications.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia generator, EMT/ETT trained assistants, IV equipment and supplies, ALS airway equipment, oxygen, BVM, and medications.

**COMPETENCY**: The student will be able to coordinate and perform resuscitative measures for a patient with a potentially lethal dysrhythmia.

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Checks patient responsiveness.	1	
Checks ABCs [responsive patient] – or – checks breathing and pulse [unresponsive patient].	1	
Initiates CPR if appropriate [verbally].	1	
Attaches ECG monitor in a timely fashion [patches, pads, or paddles].	1	
Correctly interprets initial rhythm.	1	
Appropriately manages initial rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets second rhythm.	1	
Appropriately manages second rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets third rhythm.	1	
Appropriately manages third rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets fourth rhythm.	1	
Appropriately manages fourth rhythm.	2	
Orders high percentages of supplemental oxygen at proper times.	1	
Actual Time Ended: Total:	24	



- □ Failure to deliver first shock in a timely manner.
- $\Box$  Failure to verify rhythm before delivering each shock.
- $\Box$  Failure to ensure the safety of self and others [verbalizes "All clear" and observes].
- $\Box$  Inability to deliver DC shock [does not use machine properly].
- $\hfill\square$  Failure to demonstrate acceptable shock sequence.
- $\Box$  Failure to order initiation or resumption of CPR when appropriate.
- □ Failure to order correct management of airway [ET when appropriate].
- □ Failure to order administration of appropriate oxygen at proper time.
- $\Box$  Failure to diagnose or treat 2 or more rhythms correctly.
- $\Box$  Orders administration of an inappropriate drug or lethal dosage.
- $\Box$  Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole.
- □ Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



#### MANUAL DEFIBRILLATION

**OBJECTIVE:** The student will demonstrate the ability to recognize the need for electrical cardiac therapy and properly perform defibrillation on an unmonitored cardiac arrest patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, CPR trained assistant.

**COMPETENCY:** The student will be able to correctly recognize the need for electrical cardiac therapy and perform defibrillation on an unmonitored cardiac arrest patient.

**REVISED DATE:** October 2020

	Possi	ble	Awarded
Actual Time Started:	Poir	nts	Points
Takes or verbalizes body substance isolation precautions.	1		
Turns on monitor/defibrillator and selects paddles or pads.	1		
Perform skin preparation (drying chest, shaving chest, applying conductive medium, removing medication patches, etc. if necessary).	<sup>g</sup> 1		
Places pads or paddles correctly and demonstrates or verbalizes application of firm pressure i using paddles.	f 1		
Verbalizes identification of ventricular fibrillation or ventricular tachycardia on monitor.	1		
Sets appropriate defibrillator energy level.	1		
Charges defibrillator.	1		
Says "CLEAR" and visually checks that other rescuers are clear of patient.	1		
Delivers shock.	1		
Immediately directs assistants to resume CPR.	1		
Actual Time Ended:	Total: 10	)	

- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to identify V-fib or V-Tach.
- □ Failure to select appropriate defibrillator energy level.
- □ Failure to "Clear" patient.
- $\Box$  Failure to deliver Shock.
- $\hfill\square$  Failure to immediately direct assistants to resume CPR.
- $\hfill \Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### SYNCHONIZED CARDIOVERSION

**OBJECTIVE:** The student will demonstrate the ability to correctly administer a synchronized cardioversion shock for unstable tachycardia.

**EQUIPMENT:** PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting a synchronized cardioversion, cardiac monitor capable of synchronized cardioversion.

**COMPETENCY:** The candidate will be able to administer a synchronized shock for unstable tachycardia. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with tachycardia:		
Rate is over 150 bpm, and		
• Patient has any of the following: altered mental status, hypotension, shock, ischemic	1	
chest discomfort, or acute heart failure.		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Explains procedure to patient.	1	
Engages synchronization mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead.	1	
Selects appropriate energy level (A Fib - 120-200 J, mono VT – 100 J, A Flutter/SVT - 50-100	1	
J)(or as directed by manufacturer).	1	
Charges defibrillator.	1	
Loudly states "Clear patient, I am going to shock on three" and counts out loud to three.	1	
Confirms all personnel are clear of patient.	1	
Loudly states "I am clear to shock-Shocking now" and counts out loud to three.	1	
Presses and holds shock button until shock is delivered.	1	
Reassesses rhythm and patient.	1	
If indicated, escalates energy (in stepwise fashion as directed by manufacturer) and delivers	1	
another synchronized shock following above procedure.		
Re-synchronizes before every shock.	1	
Actual Time Ended: Total:	16	



- $\Box$  Failure to take standard precautions.
- $\Box$  Failure to confirm unstable patient.
- □ Failure to apply monitoring cables and therapy cables.
- $\Box$  Failure to synchronize before every shock.
- $\Box$  Failure to select appropriate energy level for rhythm.
- □ Failure to deliver shock.
- $\hfill \Box$  Failure to reassess patient and or deliver repeat shock as needed.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### TRANSCUTANEOUS PACING

**OBJECTIVE:** The student will demonstrate the ability to correctly apply a transcutaneous pacing device to a patient with unstable bradycardia.

EQUIPMENT: PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting

transcutaneous pacing, cardiac monitor capable of transcutaneous pacing.

**COMPETENCY:** The candidate will be able to administer transcutaneous pacing.

**REVISED DATE:** October 2020

Possible Awarded

Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with bradycardia:		
Rate is under 50 bpm, and	1	
Patient has any of the following: altered mental status, hypotension, shock, ischemic chest	1	
discomfort, or acute heart failure.		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Explains procedure to patient.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Engages pacing mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead.	1	
Sets pacing rate to 80 bpm.	1	
Engages pacer.	1	
Increases current (mA) output until consistent capture is achieved as evidenced by a pacing spike		
followed by a wide QRS and broad T wave.	1	
Confirms palpated pulse corresponds with paced rate.	1	
Reassesses patient.	1	
Considers analgesia.	1	
Actual Time Ended: Total	: 14	

- $\Box$  Failure to take standard precautions.
- $\Box$  Failure to confirm unstable patient.
- □ Failure to apply monitoring cables and therapy cables.
- □ Failure to select appropriate energy level for rhythm.
- □ Failure to deliver shock.
- $\hfill\square$  Failure to reassess patient and or deliver repeat shock as needed.



#### MEDICATION ADMINISTRATION INTRAVENOUS BOLUS

**OBJECTIVE:** The student will demonstrate the ability to adequately perform intravenous bolus medication therapy.

EQUIPMENT: PPE (Eye Protection/Gloves), IV bolus medication, SHARPS container, IV manikin,

established IV with tubing and IV fluid, alcohol swab.

**COMPETENCY:** The student will be able to correctly administer IV bolus medications.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Selects correct medication. Selects appropriate medication from available supply.	1	
Assures correct concentration of medication.	1	
Checks medication expiration date.	1	
Checks medication for clarity.	1	
Confirms correct dose.	1	
Assembles prefilled syringe correctly and dispels air.	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub].	1	
Reaffirms medication.	1	
Stops IV flow.	1	
Administers correct dose at proper push rate.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Turns IV on and adjusts drip rate to TKO/KVO or to previous drip rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Actual Time Ended: Tota	al: 15	

#### **Critical Criteria:**

 $\Box$  Failure to continue to take or verbalize appropriate body substance isolation precautions.

- $\Box$  Failure to begin administration of medication within 3-minute time limit.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- $\Box$  Failure to adequately dispel air resulting in potential for air embolism.

□ Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate].

□ Failure to turn-on IV after injecting medication.

□ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.

 $\Box$  Failure to manage the patient as a competent EMT.

- □ Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



#### MEDICATION ADMINISTRATION INTRAVENOUS INFUSION

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare an admix medication and initiate infusion therapy at recommended rate.

**NOTE:** There is a 7-minute time limit to connect the medication for infusion to the simulated patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), 50ml-100ml IV fluid, assorted syringes for withdrawing and admixing medication, administration set, tape, SHARPS container, IV manikin, gauze, alcohol or chlorhexidine swabs, "medication added" labels and marker/pen.

**COMPETENCY:** The candidate will be able to correctly perform and label the admix medication and begin intravenous therapy at a recommended rate.

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Asks patient for known allergies.	1	
Assures no contraindications for administration are present.	1	
Selects correct medication (including concentration).	1	
Selects correct IV infusion diluent and volume.	1	
Checks medication and IV bag for expiration date.	1	
Withdraws indicated amount of medication, or slightly more than indicated and expels excess.	1	
Continues to take or verbalize appropriate PPE precautions.	1	
Cleanse port on IV bag or removes protective seal and maintains clean surface.	1	
Injects entirety of medication and gently mixes contents of IV bag.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Spikes bag with new IV tubing with clean technique.	1	
Primes (flushes) IV tubing to clear air in tubing, with minimal loss of fluid.	1	
Stops IV flow of primary line (if primary line remains connected to patient) or initiates therapy in separate patent IV site.	1	
Turns on IV flow of secondary line and adjusts to proper infusion rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	_	
	1	
Verbalizes need to advise receiving facility or team of medication administration.	1	
Actual Time Ended: Total:	17	



- $\Box$  Failure to continue to take or verbalize appropriate PPE precautions.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Failure to adequately dispel air in IV tubing, resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or infuses at inappropriate rate].
- $\hfill\square$  Failure to label medication with name and dose of medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- □ 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.



#### MEDICATION ADMINISTRATION - NEBULIZED

**OBJECTIVE:** The student will demonstrate the ability to prepare and administer medication via nebulizer. **EQUIPMENT:** PPE (Eye Protection/Gloves/N95 mask), small volume nebulizer, oxygen cylinder and regulator, 3ml vial of normal saline for inhalation, patient.

**COMPETENCY:** The candidate will correctly prepare and administer medication through a small volume nebulizer.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Identifies indications for nebulized bronchodilator (Dyspnea/Wheezing/Adequate breathing).	1	
Ensures patient is not allergic to medication being delivered.	1	
Explains procedure to patient.	1	
Ensures oxygen cylinder and regulator are ready to use.	1	
Partially assembles nebulizer and attaches oxygen tubing to regulator.	1	
Selects appropriate medication and checks: - Label; - Expiration date; - Color & Clarity; - Dose.	1	
Fills nebulizer chamber without oxygen running.	1	
Completes assembly of nebulizer.	1	
Initiates oxygen flow as needed to create a steady mist, generally 6-8 lpm.	1	
Ensures mist is emanating from nebulizer.	1	
Instructs patient to hold mouthpiece in mouth or applies mask to face.	1	
Continues treatment until no medication remains in the chamber.	1	
Removes device from patient and discontinues oxygen flow.	1	
Reassesses patient for changes.	1	
Considers repeat dosing as needed/directed.	1	
Documents date, medication, dose, time, route, who administered, reassessment.	1	
Actual Time Ended: Total:	18	

#### **Critical Criteria**

□ Failure to take standard precautions.

- □ Failure to select appropriate mediation or dose.
- $\Box$  Failure to ensure patient is not allergic to medication being delivered.
- □ Applies nebulizer in a manner that directs medication toward eyes.
- □ Failure to deliver medication as indicated.
- □ Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### COMBAT APPLICATION TOURNIQUET (C-A-T)

**OBJECTIVE:** Demonstrate bleeding control using proper application of a Combat Application Tourniquet (C-A-T) or comparable Combat Application Tourniquet(s) in less than 60 seconds.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, moulaged manikin/patient, Tourniquet (C-A-T) [(Blue = Trainer Tourniquet].

**COMPETENCY:** The student will demonstrate correct steps to stop uncontrolled hemorrhage using a C-A-T type tourniquet.

**REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Slides the wounded extremity through the loop of the Self-Adhering Band or wraps around extremity.	1	
Positions the C-A-T above simulated wound site; leaving at least 2 inches (if possible) of uninjured skin between the C-A-T and the wound site.	1	
Twists the Windlass Rod until the distal pulse is no longer palpable.	1	
Locks the rod in place with the Windlass clip.	1	
Grasps the Windlass Strap, pulls it tight and adheres it to the Velcro on the Windlass clip	1	
Verbalizes using a marker to draw a "T" on the Patient's forehead and records the date and time the C-A-T was applied.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total	: 12	

#### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

 $\Box$  Unable to control hemorrhage using correct procedures in a timely manner.

 $\hfill\square$  Did not indicate the need for immediate transportation.

- □ 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.



#### WOUND PACKING / PRESSURE BANDAGE

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket.

**COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Exposes the injury.	1	
Pack the gauze into the wound focusing where the bleeding is heaviest.	1	
Hold pressure for three (3) minutes.	1	
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	11	

- □ Did not take or verbalize appropriate body substance isolation precautions.
- □ Unable to control hemorrhage using correct procedures in a timely manner.
- $\hfill\square$  Did not indicate the need for immediate transportation.
- $\hfill\square$  Failure to manage the patient as a competent EMT.

# ALASKA EMS PSYCHOMOTOR PORTFOLIO SIGN OFF: ALASKA AEMT

## (\*)Highlights are required for pre 2019 EMT-I student base

Skill Performed	Initials/Date	Initials/Date	Instructor Initials/Date
*Supraglottic Airway Device			
*CPAP			
End-Tidal Capnography			
12-Lead Placement & Interpretation			
Advanced Patient Assessment & Management- Medical			
Advanced Patient Assessment & Management-Trauma			
Advanced Cardiac Arrest Management			
Dynamic Cardiology			
Defibrillation- Manual			
Synchronized cardioversion			
Transcutaneous Pacing			
Intravenous Therapy			
*Drawing up Medications - Ampules			
*Drawing up Medications - Preloads			
*Drawing up Medications - Vials			
Intraosseous Infusion - Pediatric			
Intraosseous Infusion - Adult			
Med Admin - Lidocaine for Intraosseous Infusion Pain			
*Med Admin – Nebulized			
*Med Admin - Intramuscular			
Med Admin Subcutaneous			
*Med Admin – Intranasal Prepared			
*Med Admin – Intranasal MAD			
Med Admin - Intravenous Bolus			
Med Admin - Intravenous Infusion (Drip)			
*Tourniquet Application			
*Wound Packing			
Watched Testing Video			

Instructor Name:	Course #:	
Instructor Signature:	Date:	



### SUPRAGLOTTIC AIRWAY DEVICE

**OBJECTIVE:** The student will demonstrate the ability to insert a supraglottic airway and ventilate an apneic patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), assorted OPAs, assorted supraglottic airways, BVM, oxygen tank with regulator and tubing, airway manikin, lube appropriate for the manikin, stethoscope, SpO2 monitor, colorimetric device, or capnography.

**COMPETENCY:** The student will be able to correctly insert a supraglottic airway and effectively ventilate an apneic patient.

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Opens the airway manually.	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now informs candidate no gag reflex is present, and patient accepts adjunct.		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen.	1	
**Ventilates patient with room air.	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and the	at pulse oxime	try
indicates the patient's blood oxygen saturation is 85%.		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute].	1	
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5-6 seconds) with appropriate volumes.	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilat	erally and med	lical
direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilatio	n.	
Checks/prepares supraglottic airway device.	1	
Lubricates distal tip of the device [may be verbalized].	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert devic	е.	
Positions head properly.	1	
Performs a safe maneuver that repositions tongue and jaw for device insertion.	1	
Inserts device to proper depth and adjusts as needed to optimize chest rise.	1	
Properly secures device per manufacturer's instructions.	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs, over epigastrium.	1	
Adjusts ventilation rate and volume as necessary.	1	
Verifies proper tube placement by a secondary confirmation device.	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropression ventilation?"	oriate volumes	with each
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter.	1	
Actual Time Ended: Total:	18	



# NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds

- □ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- $\Box$  Failure to ventilate the patient at a rate of 10 12/minute.
- □ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- □ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device.
- □ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts.
- □ Failure to inflate cuffs properly and immediately remove the syringe (if applicable).
- □ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium.
- $\Box$  Insertion or use of any adjunct in a manner dangerous to the patient.
- □ Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

**OBJECTIVE:** The student will demonstrate the ability to safely apply CPAP and initiate therapy. **EQUIPMENT:** PPE (Eye Protection/Gloves), blood pressure cuff and stethoscope, CPAP delivery device (may be integrated or separate unit), oxygen cylinder and flowmeter, model or manikin, cannula with capnography attachment if used by agency (EMT II or higher).

**COMPETENCY:** The candidate will be able to verbalize indications and contraindications for CPAP therapy, exhibit therapeutic coaching manner, and properly apply and initiate CPAP therapy with the device used in their agency.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Prepares patient.	1	
Takes or verbalizes appropriate body substance isolation 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: <ul> <li>Congestive Heart Failure</li> </ul>		
Chronic Obstructive Pulmonary Disease	2	
Pulmonary edema	2	
Asthma		
Pneumonia		
Assesses patient to identify contraindications for CPAP: Unconscious, unresponsive, inability to protect airway, or inability to speak Inability to sit up Respiratory arrest or agonal respirations Nausea/ vomiting Hypotension (systolic blood pressure <90mmHg) Suspected pneumothorax Penetrating chest trauma Facial anomalies/trauma/burns Closed head injury Active upper GI bleed or history of recent gastric surgery	2	
Selects, checks, and assembles equipment.	1	
Coaches' patient how to breathe through mask.	1	
Connects CPAP mask assembly to suitable oxygen supply.	1	
Connects CPAP mask assembly to additional delivery device (if a separate unit is used).	1	
Turns on oxygen.	1	
Turns on unit power and sets tidal volume per local protocols (if a separate unit is used).	1	
Titrates oxygen to achieve SpO <sub>2</sub> >94%.	1	
Sets pressure relief valve at 4cm/H <sub>2</sub> O (if used, or based on local protocols).	1	

Student Name:



Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary (if used).	1	
Places mask over mouth and nose (leaves EtCO2 nasal cannula in place).	1	
<ul> <li>Titrates CPAP pressure (based on local protocols/ device dependent):</li> <li>Max 5cmH<sub>2</sub>O for bronchospasm</li> <li>Max 10cmH<sub>2</sub>O for CHF, pulmonary edema, and pneumonia</li> <li>Max 5cmH<sub>2</sub>O for pediatric patients</li> </ul>	1	
Coaches patient to breathe normally and adjust to air pressure.	1	
<ul> <li>Frequently assesses patient for desired effects:</li> <li>Decreased ventilatory distress</li> <li>SpO<sub>2</sub> &gt;94%</li> <li>Decreased adventitious lung sounds</li> <li>Absence of complications (barotrauma and pneumothorax)</li> </ul>	1	
Records settings, readings, and documents appropriately.	1	
Interacts with simulated patient and other personnel in professional manner.	1	
Actual Time Ended: Total:	23	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize appropriate body substance isolation precautions.

- $\Box$  Failure to identify 2 indications.
- $\Box$  Failure to identify 2 potential complications.
- $\Box$  Failure to frequently reassess the patient after application of the CPAP device.
- $\Box$  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.).
- $\Box$  Failure to test the pressure relief valve **prior to** application (if included in device).
- □ Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



#### **END-TIDAL CAPNOGRAPHY**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret end-tidal Capnography in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with end-tidal capabilities, equipment needed to

apply end-tidal for mainstream and side-stream capnography.

**COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret end-tidal capnography on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awardeo
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Explains procedure to the patient (when appropriate).	1	
Activate EtCO <sub>2</sub> unit and allow to warm up (if necessary).	1	
Zero machine (if not done automatically).	1	
<ul> <li>Mainstream</li> <li>Attach disposable EtCO<sub>2</sub> sensor to cable</li> <li>Mainstream sensor applied to bag-mask device, or applied to a bag connected to an ETT</li> </ul>	1	
<ul> <li>Side-stream</li> <li>Connect tubing to port on capnography unit</li> <li>Side-stream device may be incorporated into a special nasal cannula</li> </ul>		
Apply device to patient's oxygen delivery system.	1	
Utilize oxygenation and ventilatory devices in normal fashion.	1	
Monitor EtCO <sub>2</sub> on display screen.	1	
Record unit reading (normal range 35-45 mm Hg).	1	
Evaluate curve shape (normal is squared off).	1	
Set alarm parameters to desired limits (minimum and maximum desired EtCO <sub>2</sub> levels).	1	
Adjust oxygen concentration and or ventilatory rate as applicable (based on local protocols).	1	
Monitor patient status and reassess following any changes in O <sub>2</sub> concentration or ventilatory rate.	1	
Actual Time Ended: Total:	13	

#### Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

 $\Box$  Failure to allow unit to warm up and zero out before use if necessary.

 $\Box$  Failure to incorporate CO2 measurements into treatment.

□ 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.



#### **12-LEAD PLACEMENT & INTERPRETATION**

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret 12-lead ECG in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with four and 12-lead capabilities, razor, manikin, **COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret a 12-lead ECG on a simulated patient.

Actual Time Started:	Possible Points	Awarded Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient.	1	
Prepares the patient (shaving and cleansing as needed).	1	
Places limb and precordial leads in the proper positions		
Limb leads (placement may vary due to device manufacturer)	1	
V1 – attaches positive electrode to the right of the sternum at the $4^{th}$ intercostal space.	1	
V2 – attaches positive electrode to the left of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V4 – attaches positive electrode at the midclavicular line 5 <sup>th</sup> intercostal space.	1	
V3 – attaches positive electrode in line between V2 & V4.	1	
V5 – attaches positive electrode at the anterior axillary line 5 <sup>th</sup> intercostal space.	1	
V6 attaches positive electrode to the midaxillary line 5 <sup>th</sup> intercostal space.	1	
Places patient in the appropriate semi-fowler position.	1	
Instructs patient to breath normal, lay still, and not talk.	1	
Turns on ECG machine.	1	
Obtains the 12-Lead ECG recording.	1	
Examines the tracing for acceptable quality.	1	
Transmits 12-Lead to the receiving facility.	1	
EMT III/AEMT Additional		
Interprets 12-Lead ECG to local standard and reports findings as needed.	1	
Voices repeating 12-Lead ECG every 5 – 10 minutes in high risk patients and post treatment.	1	
Actual Time Ended: TOTAL:	18	



#### Critical Criteria:

□ Failure to take standard precautions.

 $\Box$  Failure to obtain a legible 12-lead ECG recording.

 $\hfill\square$  Failure to correctly interpret 12-lead ECG recording.

 $\hfill \Box$  Failure to manage the patient as a competent EMT.

 $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.

□ Uses or orders a dangerous or inappropriate intervention.



#### ADVANCED PATIENT ASSESSMENT & MANAGEMENT – MEDICAL

**OBJECTIVE:** The student will demonstrate the ability to assess and manage a patient with a medical complaint. Student will also guide team members to simultaneously perform skills and treatments and interventions as needed. Dosing for medications should follow NASEMSO model EMS clinical guidelines or as approved by service Medical Director.

**EQUIPMENT:** PPE (Eye Protection/Gloves), oxygen, assorted oxygen delivery devices, BP cuff or device, stethoscope, SpO2 monitor, medication kit as appropriate for AEMT level of care.

**COMPETENCY:** The candidate will be able to safely and correctly approach patient, assess their complaints, devise and implement a plan to treat and/or stabilize patient.

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions. (1 point)	1	
Sizes up scene for safety. (1 point)	1	
Requests additional resources if needed. (1 point)	1	
Approaches patient		
<ul> <li>Greets patient, determines nature of illness. (1 point)</li> </ul>		
<ul> <li>Assesses patient's overall appearance and work of breathing.</li> </ul>	3	
<ul> <li>Reports patient's skin color (1 point)</li> </ul>	5	
<ul> <li>Reports patient's LOC (AVPU) (1 point)</li> </ul>		
Initial Assessment		
Assess airway patency. (1 point)		
Assess work of breathing. (1 point)		
<ul> <li>Listens to lung sounds. (1 point)</li> </ul>	5	
Assures patient has adequate circulation		
<ul> <li>Takes manual pulse. (1 point)</li> </ul>		
<ul> <li>Reports skin temperature, color, or condition. (1 point)</li> </ul>		
Directs treatment for immediate life threats. (3 points)	3	
Determines chief complaint or apparent life threats. (3 points)	3	
History Taking		
History of present illness		
- Onset (1 point) - Quality (1 point) - Severity (1 point)		
<ul> <li>Provocation (1 point)</li> <li>Radiation (1 point)</li> <li>Time (1 point)</li> </ul>	8	
- Clarifying questions regarding associated signs/symptoms related to OPQRST. (2		
Points)		
Past medical history		
<ul> <li>Allergies (1 point)</li> <li>Past pertinent history (1 point)</li> </ul>		
- Events leading to present illness (1 point)		
- Medications (1 point) - Last oral intake (1 point)	5	



Secondary Assessment		
Assesses affected body part/system		
- Cardiovascular - Neurological - Integumentary - Reproductive	5	
- Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		
Vital Signs		
- Blood Pressure (1 point) - Pulse (1 point) - Respiratory rate and quality (1 point)	3	
States field impression of patient. (5 points)	5	
Interventions are appropriate for patient's condition. (IV, O2, Medications) (5 points)	5	
Prompt and appropriate transport. (Scene time normally less than 15 minutes) (1 point)	1	
Reassessment		
Demonstrates how and when to determine changes in patient condition. (1 point)	1	
Provides accurate verbal report to receiving facility or personnel. (1 point)	1	
Actual Time Ended: TOTAL:	51	

- □ Failure to initiate or call for transport of the patient within 15-minute time limit. (If no complications present)
- □ Failure to take or verbalize appropriate PPE precautions.
- □ Failure to determine scene safety before approaching patient.
- □ Failure to voice and ultimately provide appropriate oxygen therapy.
- □ Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- □ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene.
- □ Performs secondary examination before assessing and treating threats to airway, breathing and circulation.
- □ Orders a dangerous or inappropriate intervention.
- □ Failure to provide accurate report to arriving EMS unit or to receiving facility.
- $\Box$  Failure to manage the patient as a competent AEMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



#### ADVANCED PATIENT ASSESSMENT & MANAGEMENT - TRAUMA

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and transport a trauma patient in a safe and timely manner.

**Note:** The patient must be packaged for transport within 10 minutes (this may be in an ambulance or for transfer to next level of care).

**EQUIPMENT:** PPE (Eye Protection/Gloves); patient, spinal motion restriction equipment (e.g., vacuum mattress or spine board, patient securement system, cervical collar and head blocks); IV supplies (including TXA); hemorrhage control supplies (e.g., tourniquet, packing gauze, bulky gauze, bandaging material, pelvic binding equipment); airway management equipment (including suction, BVM, adjuncts, and commercial confirmation device); oxygen administration supplies (including cylinder, regulator, nasal cannula, and non-rebreather mask); occlusive chest dressing; blankets or other warm patient packaging; patient assessment supplies (e.g., pen light, stethoscope, BP cuff, and shears); splinting materials. **COMPETENCY:** The student will be able to correctly assess and treat a trauma patient within a timely manner.

**NOTE:** Any assessments may be integrated within sequence of Primary Survey, so long as it does not delay treatment of Primary Survey problems.

	Possible	Awarded
Actual Time Started:	Points	Points
Dispatch and Scene Size-up		
Takes or verbalizes appropriate body substance isolation precautions.	1	
Takes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Interacts with other rescuers in a mutually respectful manner; directs other rescuers to perform tasks.	1	
Determines the mechanism of injury/nature of illness.	1	
Determines the number of patients	1	
Requests additional resources (e.g., hazmat, heavy rescue, power company, bystanders,	1	
historians, air medical).		
Considers stabilization of the spine.	1	
Primary Survey (may be performed in any order within this category)		
Verbalizes general impression of the patient.	1	
Determines responsiveness/level of consciousness.	1	
Determines chief complaint/apparent life-threats.	1	
Assesses for and controls major bleeding if present (e.g., tourniquets, wound packing, direct	1	
pressure).		
Airway		
Opens and assesses airway		
• Manages compromised airway in timely manner (suction, jaw thrust, places adjunct)	2	



Breathing		
Assess breathing		
Assures adequate ventilation		
<ul> <li>Initiates appropriate oxygen therapy</li> </ul>	4	
<ul> <li>Manages any injury which may compromise breathing/ventilation (e.g., ventilation</li> </ul>		
and/or occlusive chest dressing)		
Circulation		
Checks pulse		
<ul> <li>Assess skin (skin color, temperature, and condition)</li> </ul>	4	
<ul> <li>Initiates shock management (e.g., stop bleeding)</li> </ul>		
Anticipates need for pelvic binder		
Identifies patient priority and makes treatment/transport decision (based on established	1	
trauma triage guidelines, such as CDC).		
History Taking/ Vitals		
Attempts to obtain SAMPLE history.	1	
Obtains, or directs assistant to obtain, baseline vital signs.	1	
Secondary Survey/ Assessment		
Head		
<ul> <li>Inspects mouth, nose, and assesses facial area</li> </ul>		
<ul> <li>Inspects and palpates scalp and ears</li> </ul>	3	
Assesses eyes for PERRL		
Neck		
<ul> <li>Inspects neck, including position of trachea and condition of jugular veins</li> </ul>	2	
Palpates cervical spine		
Chest		
Inspects chest		
Auscultates lung sounds	3	
<ul> <li>Palpates chest</li> </ul>		
Abdomen/pelvis		
<ul> <li>Inspects and palpates abdomen</li> </ul>		
<ul> <li>Assesses pelvis</li> </ul>	3	
<ul> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> </ul>		
Lower extremities		
<ul> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> </ul>	2	
Upper extremities		
<ul> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> </ul>	2	
Assesses posterior thorax, lumbar and sacral spine, and buttocks	1	
Management of Patient (Throughout Care)		
Manages injuries and wounds appropriately.	1	
Secures patent airway with C-spine consideration if needed.	1	
Secures patent all way with C-spine consideration in needed.	1	


Applies spinal protection as indicated.	1	
Manages shock with thermal protection, positioning and/or IV's for fluid replacement as	1	
required.		
Provides adequate oxygenation and ventilation.	1	
Places and secures IV/IO access and administers IV fluid as indicated.	1	
Considers TXA administration based on events and presentation.	1	
Demonstrates how and when to reassess patient condition.	1	
Demonstrates how and when to reassess interventions.	1	
Delivers report to receiving facility.	1	
Actual Time Ended: TOTAL	: 51	

### Critical Criteria:

 $\Box$  Failure to initiate or call for transport of the patient within 10-minute time limit.

- $\Box$  Failure to take appropriate body substance isolation precautions.
- □\_Failure to determine (or provide for) scene safety.
- $\Box$  Failure to assess for, and provide, spinal protection when indicated.
- □ Failure to provide adequate oxygen delivery.
- **\_**Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, bleeding, or shock.
- □ Failure to differentiate patient's need for immediate transport versus continued assessment/ treatment at the scene.
- □ Performs secondary assessments/ treatments before assessing/treating threats to airway, breathing and circulation.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



## ADVANCED CARDIAC ARREST MANAGEMENT

**OBJECTIVE**: The student will demonstrate the ability to adequately coordinate resuscitative measures for a patient in cardiac arrest, correctly identify a shockable rhythm, perform defibrillation, verbalize other appropriate interventions, and correctly state medications and dosages for given rhythm.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, 2 CPR-trained assistants, IV equipment and supplies, airway care equipment and supplies, and appropriate medications.

**COMPETENCY**: The student will be able to correctly coordinate and perform resuscitative measures for a patient in cardiac arrest.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Checks for responsiveness and normal breathing.	1	
Checks for a pulse for no more than 10 seconds. If no pulse, directs assistants to start CPR.	1	
Applies paddles/attaches pads to patient.	1	
Stops CPR if needed to analyze rhythm.	1	
Recognizes shockable rhythm, charges defibrillator to manufacturers recommended energy level.	2	
States "CLEAR," and visually checks that other rescuers are clear of patient.	1	
Defibrillates patient at appropriate energy level. (360 J monophasic or appropriate biphasic setting) with minimal interruption of CPR.	1	
Immediately directs assistants to resume CPR for 5 cycles.	1	
Assesses the adequacy of compressions and ventilations; uses appropriate airway adjunct or device as needed.	1	
Obtains IV/IO access. Epinephrine may be given at this point.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of epinephrine 1 mg IV/IO (0.1mg/1ml) while circulating medication with CPR, if not done already.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of lidocaine 1 to 1.5 mg/kg IV/IO* while circulating medication with CPR. *Or appropriate dose of alternate antiarrhythmic approved by department and current guidelines	1	
Repeats epinephrine 1 mg (0.1mg/1ml) every 3 – 5 minutes.	1	
Repeats antiarrhythmic as indicated.	1	
Repeats defibrillations at appropriate intervals.	1	
Performs continuous CPR throughout with no breaks exceeding 10 seconds.	1	
Actual Time Ended: Total:	22	



- $\Box$  Failure to complete any of the above.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



## DYNAMIC CARDIOLOGY

**OBJECTIVE:** The student will demonstrate the ability to coordinate and perform resuscitative measures in the patient with a potentially lethal dysrhythmia; including airway management, intravenous therapy, and administration of medications.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia generator, EMT/ETT trained assistants, IV equipment and supplies, ALS airway equipment, oxygen, BVM, and medications.

**COMPETENCY**: The student will be able to coordinate and perform resuscitative measures for a patient with a potentially lethal dysrhythmia.

**REVISED DATE**: October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Checks patient responsiveness.	1	
Checks ABCs [responsive patient] – or – checks breathing and pulse [unresponsive patient].	1	
Initiates CPR if appropriate [verbally].	1	
Attaches ECG monitor in a timely fashion [patches, pads, or paddles].	1	
Correctly interprets initial rhythm.	1	
Appropriately manages initial rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets second rhythm.	1	
Appropriately manages second rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets third rhythm.	1	
Appropriately manages third rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets fourth rhythm.	1	
Appropriately manages fourth rhythm.	2	
Orders high percentages of supplemental oxygen at proper times.	1	
Actual Time Ended: Total	24	

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- $\hfill\square$  Failure to deliver first shock in a timely manner.
- $\Box$  Failure to verify rhythm before delivering each shock.
- $\Box$  Failure to ensure the safety of self and others [verbalizes "All clear" and observes].
- □ Inability to deliver DC shock [does not use machine properly].
- $\hfill \Box$  Failure to demonstrate acceptable shock sequence.
- $\Box$  Failure to order initiation or resumption of CPR when appropriate.
- $\Box$  Failure to order correct management of airway [ET when appropriate].
- □ Failure to order administration of appropriate oxygen at proper time.
- □ Failure to diagnose or treat 2 or more rhythms correctly.
- □ Orders administration of an inappropriate drug or lethal dosage.
- $\Box$  Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



## MANUAL DEFIBRILLATION

**OBJECTIVE:** The student will demonstrate the ability to recognize the need for electrical cardiac therapy and properly perform defibrillation on an unmonitored cardiac arrest patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, CPR-trained assistant.

**COMPETENCY:** The student will be able to correctly recognize the need for electrical cardiac therapy and perform defibrillation on an unmonitored cardiac arrest patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Turns on monitor/defibrillator and selects paddles or pads.	1	
Perform skin preparation (drying chest, shaving chest, applying conductive medium, removing medication patches, etc. if necessary).	1	
Places pads or paddles correctly and demonstrates or verbalizes application of firm pressure if using paddles.	1	
Verbalizes identification of ventricular fibrillation or ventricular tachycardia on monitor.	1	
Sets appropriate defibrillator energy level.	1	
Charges defibrillator.	1	
Says "CLEAR" and visually checks that other rescuers are clear of patient.	1	
Delivers shock.	1	
Immediately directs assistants to resume CPR.	1	
Actual Time Ended: Tot	al: 10	

- $\hfill\square$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to identify V-fib or V-Tach.
- □ Failure to select appropriate defibrillator energy level.
- $\hfill\square$  Failure to "Clear" patient.
- □ Failure to deliver Shock.
- $\Box$  Failure to immediately direct assistants to resume CPR.
- $\hfill \Box$  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.



### SYNCHONIZED CARDIOVERSION

**OBJECTIVE:** The student will demonstrate the ability to correctly administer a synchronized cardioversion shock for unstable tachycardia.

**EQUIPMENT:** PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting a synchronized cardioversion, cardiac monitor capable of synchronized cardioversion.

**COMPETENCY:** The candidate will be able to administer a synchronized shock for unstable tachycardia **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with tachycardia:		
Rate is over 150 bpm, and		
Patient has any of the following: altered mental status, hypotension, shock,	1	
ischemic chest discomfort, or acute heart failure.		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Explains procedure to patient.	1	
Engages synchronization mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead.	1	
Selects appropriate energy level (AFib - 120-200 J, mono VT – 100 J, A Flutter/SVT - 50-100 J)	1	
(or as directed by manufacturer).	T	
Charges defibrillator.	1	
Loudly states "Clear patient, I am going to shock on three" and counts out loud to three.	1	
Confirms all personnel are clear of patient	1	
Loudly states "I am clear to shock-Shocking now" and counts out loud to three.	1	
Presses and holds shock button until shock is delivered.	1	
Reassesses rhythm and patient.	1	
If indicated, escalates energy (in stepwise fashion as directed by manufacturer) and delivers	1	
another synchronized shock following above procedure.		
Re-synchronizes before every shock.	1	
Actual Time Ended: Total:	16	



### Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

- $\hfill\square$  Failure to confirm unstable patient.
- $\hfill\square$  Failure to apply monitoring cables and therapy cables.
- $\Box$  Failure to synchronize before every shock.
- $\hfill \Box$  Failure to select appropriate energy level for rhythm.
- $\Box$  Failure to deliver shock.
- $\Box$  Failure to reassess patient and or deliver repeat shock as needed.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



### TRANSCUTANEOUS PACING

**OBJECTIVE:** The student will demonstrate the ability to correctly apply a transcutaneous pacing device to a patient with unstable bradycardia.

**EQUIPMENT:** PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting transcutaneous pacing, cardiac monitor capable of transcutaneous pacing.

**COMPETENCY:** The candidate will be able to administer transcutaneous pacing.

**REVISED DATE:** October 2020

#### Possible Awarded

	1 0001010	/
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with bradycardia:		
Rate is under 50 bpm, and	1	
Patient has any of the following: altered mental status, hypotension, shock, ischemic chest	1	
discomfort, or acute heart failure.		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Explains procedure to patient.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Engages pacing mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead.	1	
Sets pacing rate to 80 bpm.	1	
Engages pacer.	1	
Increases current (mA) output until consistent capture is achieved as evidenced by a pacing spike		
followed by a wide QRS and broad T wave.	1	
Confirms palpated pulse corresponds with paced rate.	1	
Reassesses patient.	1	
Considers analgesia.	1	
Actual Time Ended: Tota	l: 14	

- $\Box$  Failure to take standard precautions.
- $\Box$  Failure to confirm unstable patient.
- $\Box$  Failure to apply monitoring cables and therapy cables.
- $\Box$  Failure to select appropriate energy level for rhythm.
- $\Box$  Failure to deliver shock.
- $\hfill\square$  Failure to reassess patient and or deliver repeat shock as needed.



### **INTRAVENOUS THERAPY**

**OBJECTIVE:** The student will demonstrate the ability to adequately perform venipuncture and begin intravenous therapy. **NOTE:** There is a 6-minute time limit to establishing the IV. The IV must also be established within 3 attempts.

EQUIPMENT: PPE (Eye Protection/Gloves), IV fluid, assorted catheters, administration set, tape,

tourniquet, SHARPS container, IV manikin, gauze, alcohol or iodine swabs.

**COMPETENCY:** The student will be able to correctly perform venipuncture and begin intravenous therapy.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance Isolation precautions.	1	
Checks selected IV fluid for:		
-Proper fluid (1 point)	3	
-Clarity (1 point)	5	
-Expiration date (1 point)		
Selects appropriate catheter.	1	
Selects proper administration set.	1	
Connects IV tubing to the IV bag.	1	
Prepares administration set [fills drip chamber and flushes tubing].	1	
Cuts or tears tape [at any time before venipuncture].	1	
Applies tourniquet.	1	
Palpates suitable vein.	1	
Cleanses site appropriately.	1	
Performs venipuncture		
-Inserts stylet (1 point)		
-Notes or verbalizes flashback (1 point)	5	
-Occludes vein proximal to catheter (1 point)	5	
-Removes stylet (1 point)		
-Connects IV tubing to catheter (1 point)		
Disposes/verbalizes proper disposal of needle in proper container.	1	
Releases tourniquet.	1	
Runs IV for a brief period to assure patent line.	1	
Secures catheter [tapes securely or verbalizes].	1	
Adjusts flow rate as appropriate.	1	
Actual Time Ended: Total:	22	



- $\Box$  Failure to establish a patent and properly adjusted IV within 6-minute time limit.
- □ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism.
- $\square$  Failure to successfully establish IV within 3 attempts during 6-minute time limit.
- □ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use.
- $\Box$  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.



### **OBTAINING BLOOD FOR LABORATORY ANALYSIS**

**OBJECTIVE:** The student will demonstrate the ability to adequately perform venipuncture and withdraw samples for laboratory analysis with clean technique.

**EQUIPMENT:** PPE (Eye Protection/Gloves), assorted phlebotomy needles, blood collection tubes compatible with needles, phlebotomy needle holders as needed, syringes for collection (if used) and transfer needles, tape, tourniquet, sharps container, IV manikin, gauze, alcohol or chlorhexidine swabs. **COMPETENCY:** The candidate will be able to correctly perform venipuncture and withdraw blood sample(s).

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions [prior to venipuncture].	1	
Selects appropriate phlebotomy needle and supplies.	1	
Selects proper blood collection tubes.	1	
Prepares tape or adhesive bandage [at any time before venipuncture].	1	
Applies tourniquet.	1	
Palpates suitable vein.	1	
Cleanses site appropriately.	1	
Performs venipuncture:		
Inserts needle		
<ul> <li>Notes or verbalizes pop or flashback (1 point)</li> </ul>		
<ul> <li>Connects collection system without dislodging needle (1 point)</li> </ul>	5	
<ul> <li>Fills blood collection tubes to appropriate fill requirements (1 point)</li> </ul>		
Removes tourniquet (1 point)		
<ul> <li>Removes needle and engages safety device (1 point)</li> </ul>		
Disposes/verbalizes proper disposal of needle in proper container.	1	
If using syringe, transfers blood to blood collection tubes in safe manner.	1	
Applies direct pressure and covers site.	1	
Labels blood collection tubes with patient name, date, time, and initials of collector.	1	
Assures tourniquet is not applied to patient for longer than two minutes throughout procedure.	1	
Handles tubes according to manufacturer recommendation (inversion, for example).	1	
Actual Time Ended: Tot	al: 18	



- □ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, nerve damage, or undue injury.
- □ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use.
- $\hfill\square$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **INTRAOSSEOUS INFUSION – PEDIATRIC**

**OBJECTIVE**: The student will demonstrate the ability to adequately insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

**EQUIPMENT**: PPE (Eye Protection/Gloves), Intraosseous needle, IO manikin or other simulated pediatric tibia, gauze roller bandage, IV fluids, IV administration set, 10 ml syringe (or larger), E-Z IO device if available., sharps container.

**COMPETENCY**: The student will be able to insert an intraosseous needle and begin intraosseous fluid therapy.

**REVISED DATE**: October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Explains the procedure to the patient's parent or guardian, if present.	1	
Assembles equipment and fills syringe with appropriate fluid.	1	
Exposes and selects proper anatomical site for IO infusion (see manufacture's	1	
recommendations).		
Cleans IO site using aseptic technique.	1	
Selects appropriately sized needle for anatomical site.	1	
Inserts device at a 90° angle to the bony landmark and away from epiphyseal plate.	1	
<ul> <li>Uses device appropriately:</li> <li>Bone marrow aspiration needle penetrates the bone with firm pressure and a rotary ("screwdriver") motion. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>Bone Injection Gun <sup>®</sup> (BIG) needle penetrates the bone with firm pressure delivered by spring-loaded device. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>E-Z IO <sup>®</sup> or Drill-assisted or similar mechanical application device: Inserts needle under skin and verbalizes contact with bone. Using drill or device without undue force, penetrates the bone and promptly stops while noting a "pop" and sudden lack of resistance, signaling entry into the marrow cavity.</li> <li>Or, in accordance with manufacturer's recommendation if different from above.</li> </ul>	1	
Manually stabilizes device.	1	
Removes stylet (if applicable) and places in sharps container.	1	
Attaches syringe and aspirates for marrow contents (if appropriate for device).	1	
Flushes the device and observes site for infiltration.	1	
Attaches IV administration set and administers proper fluid.	1	
Secures device.	1	
Checks administration rate and IO site for infiltration.	1	
Disposes of sharps appropriately.	1	
Actual Time Ended: Total:	16	



- $\square$  Failure to take or verbalize body substance isolation precautions.
- $\hfill\square$  Failure to expose and select proper anatomical site.
- $\Box$  Failure to insert device at 90° angle and away from the epiphyseal plate.
- $\hfill\square$  Failure to remove stylet and place in sharps container.
- $\hfill \Box$  Failure to flush device and observe for infiltration.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### INTRAOSSEOUS INFUSION – ADULT

**OBJECTIVE**: The student will demonstrate the ability to correctly insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

**EQUIPMENT**: PPE (Eye Protection/Gloves), Intraosseous needle, IO manikin or other simulated adult IO site, gauze roller bandage, IV fluids, IV administration set, 10 ml syringe (or larger), E-Z IO device if available., sharps container

**COMPETENCY**: The student will be able to insert an IO in an adult and begin intraosseous therapies. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Explains the procedure to the patient, if conscious.	1	
Assembles equipment and fills syringe with appropriate fluid.	1	
Exposes and selects proper anatomical site for IO infusion.	1	
Cleans IO site using aseptic technique.	1	
Chooses appropriately sized needle for anatomical site.	1	
Inserts device at a 90° angle to the bony landmark.	1	
<ul> <li>Uses device appropriately:</li> <li>Bone marrow aspiration needle penetrates the bone with firm pressure and a rotary ("screwdriver") motion. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>Bone Injection Gun <sup>®</sup> (BIG) needle penetrates the bone with firm pressure delivered by spring-loaded device. A "pop" and sudden lack of resistance signals entry into the marrow cavity.</li> <li>E-Z IO <sup>®</sup> or Drill-assisted or similar mechanical application device: Inserts needle under skin and verbalizes contact with bone. Using drill or device without undue force, penetrates the bone and promptly stops while noting a "pop" and sudden lack of resistance, signaling entry into the marrow cavity.</li> <li>Or, in accordance with manufacturer's recommendation if different from above.</li> </ul>	1	
Manually stabilizes device.	1	
Removes sharp and places in sharps container.	1	
Attaches syringe according to manufacturer's instructions and aspirates bone marrow if indicated.	1	
Slowly pushes fluid and observes site for infiltration.	1	
Attaches IV administration set and administers proper fluid.	1	
Secures device.	1	
Checks administration rate and IO site for infiltration.	1	
Actual Time Ended: Total:	15	



- $\hfill\square$  Failure to take or verbalize body substance isolation precautions.
- $\hfill \Box$  Failure to expose and select proper anatomical site for infusion.
- $\Box$  Failure to insert device at 90° angle according to manufacturer's instructions.
- $\hfill \Box$  Failure to remove sharp and place in sharps container.
- $\hfill \Box$  Failure to slowly push fluid and observe site for infiltration.
- $\hfill \Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### MEDICATION ADMINISTRATION - LIDOCAINE FOR INTRAOSSEOUS PAIN

**OBJECTIVE:** The student will demonstrate the ability to correctly administer lidocaine for intraosseous infusion pain management.

**EQUIPMENT:** PPE (Eye Protection/Gloves), PPE (Eye Protection/Gloves), IO simulator, IO Needle, IO tubing, 2% lidocaine or simulator, flush syringe.

**COMPETENCY:** The candidate will be able to administer lidocaine for management of intraosseous infusion pain

**REVISED DATE:** October 2020

	Р	ossible	Awarded
Actual Time Started:	P	oints	Points
Takes or verbalizes appropriate body substance isolation precautions.		1	
Confirms lidocaine dose per institutional protocol:			
Adults: Typical initial dose is 40 mg		1	
<ul> <li>Infant/Child: Typical initial dose is 0.5 mg/kg, NOT to exceed 40 mg</li> </ul>			
Primes extension set with lidocaine		1	
(Note that the priming volume of the EZ-Connect® extension set is approximately 1mL).		T	
Slowly infuses lidocaine IO over 120 seconds.		1	
Allows lidocaine to dwell in IO space 60 seconds.		1	
Flushes with normal saline:			
Adults: 5 to 10 ml		1	
Infant/Child: 2 to 5 ml			
Slowly administers an additional dose of lidocaine IO over 60 seconds. Repeat as indicated.		1	
Actual Time Ended:	Total:	15	

#### Critical Criteria:

 $\Box$  Failure to take standard precautions.

 $\hfill \Box$  Failure to determine and deliver proper dose at proper rate.

- $\Box$  Breach of aseptic technique.
- $\Box$  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.



### MEDICATION ADMINISTRATION - NEBULIZED

**OBJECTIVE:** The student will demonstrate the ability to prepare and administer inhaled medication via nebulizer.

**EQUIPMENT:** PPE (Eye Protection/Gloves/N95 mask), small volume nebulizer, oxygen cylinder and regulator, 3ml vial of normal saline for inhalation, patient.

**COMPETENCY:** The candidate will correctly prepare and administer medication through a small volume nebulizer.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Identifies indications for nebulized bronchodilator (Dyspnea/Wheezing/Adequate	1	
breathing).	1	
Ensures patient is not allergic to medication being delivered.	1	
Explains procedure to patient.	1	
Ensures oxygen cylinder and regulator are ready to use.	1	
Partially assembles nebulizer and attaches oxygen tubing to regulator.	1	
Selects appropriate medication and checks: - Label; - Expiration date; - Color & Clarity; -	1	
Dose.	1	
Fills nebulizer chamber without oxygen running.	1	
Completes assembly of nebulizer.	1	
Initiates oxygen flow as needed to create a steady mist, generally 6-8 lpm.	1	
Ensures mist is emanating from nebulizer.	1	
Instructs patient to hold mouthpiece in mouth or applies mask to face.	1	
Continues treatment until no medication remains in the chamber.	1	
Removes device from patient and discontinues oxygen flow.	1	
Reassesses patient for changes.	1	
Considers repeat dosing as needed/directed.	1	
Documents date, medication, dose, time, route, who administered, reassessment.	1	
Actual Time Ended: Total:	18	

#### Critical Criteria

□ Failure to take standard precautions.

□ Failure to select appropriate mediation or dose.

- □ Failure to ensure patient is not allergic to medication being delivered.
- □ Applies nebulizer in a manner that directs medication toward eyes.
- □ Failure to deliver medication as indicated.
- □ Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention



### MEDICATION ADMINISTRATION – INTRAMUSCULAR

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an intramuscular medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IM administration, assorted gauge needles, 1mL syringes, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IM medication to a patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Selects 19-25g 1 ½" needle and up to 3 ml syringe.	1	
Identifies injection site.	1	
Cleanses puncture site using aseptic technique.	1	
Holds skin taut at injection site.	1	
Inserts needle at 90° angle in one quick motion.	1	
Aspirates for blood return:		
<ul> <li>If no blood return, smoothly and gently injects medication.</li> </ul>	1	
<ul> <li>If blood returns, withdraws needle, discards, and starts over at another site.</li> </ul>		
Withdraws needle and applies direct pressure to injection site.	1	
Disposes of all sharps in a sharps container.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Documents medication administration and response to intervention(s).	1	
Actual Time Ended: Total:	15	

### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

 $\Box$  Failure to assure medication is indicated for the patient.

 $\hfill \Box$  Failure to determine patient is not allergic to medication.

□ Failure to dispose of all sharps in a sharps container.

 $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION - SUBCUTANEOUS

**OBJECTIVE:** The student will demonstrate the ability to adequately administer a medication by subcutaneous injection to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for SQ administration, assorted gauge needles, 1mL syringes, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IM medication to a patient. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Selects 25-28g <1" needle and 1 ml syringes.	1	
Identifies injection site.	1	
Cleanses puncture site using aseptic technique.	1	
Pinches skin at injection site.	1	
Inserts needle at 45° angle while maintaining sterility.	1	
Withdraws needle and applies direct pressure to injection site.	1	
Disposes of all sharps in a sharps container.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Documents medication administration and response to intervention(s).	1	
Actual Time Ended: Total:	15	

- $\Box$  Failure to take or verbalize body substance isolation precautions.
- $\Box$  Failure to assure medication is indicated for the patient.
- □ Failure to determine patient is not allergic to medication.
- $\Box$  Failure to dispose of all sharps in a sharps container.
- □ Failure to re-assesses patient for desired effect and possible adverse effects.
- □ 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.



### MEDICATION ADMINISTRATION – INTRANASAL PREPARED

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an prepared intranasal medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IN administration, manikin or patient.

**COMPETENCY:** The student will be able to correctly administer an IN medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication for expiration date.	1	
Removes nasal spray device from its packaging. Holds the device with the thumb on the bottom	1	
of the plunger and the first and middle fingers on either side of the nozzle.	1	
Tilts patient's head back and supports behind the neck.	1	
Inserts tip of nozzle into one nostril until your fingers on either side are touching the nose.	1	
Presses plunger firmly until it stops, remove device from nostril.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	10	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

□ Failure to assure medication is indicated for the patient.

□ Failure to determine patient is not allergic to medication.

- $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.
- □ Failure to manage the patient as a competent EMT.
- □ Exhibits unacceptable affect with patient or other personnel.



### MEDICATION ADMINISTRATION – INTRANASAL MAD

**OBJECTIVE:** The student will demonstrate the ability to adequately administer an intranasal medication to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication for IN administration, 1mL syringes, mucosal administration device, manikin or patient, SHARPS container.

**COMPETENCY:** The student will be able to correctly administer an IN medication.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Assures medication is indicated for the patient.	1	
Assembles necessary equipment.	1	
Determines patient is not allergic to medication.	1	
Checks medication name and concentration.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms correct medication dose.	1	
Removes and discards the green vial adapter cap. Pierces the medication vial with the syringe	1	
vial adapter.		
Aspirates the proper volume of medication required to treat the patient (an extra 0.1 mL of	1	
medication should be drawn up to account for the dead space in the device).	-	
Removes (twist off) the syringe from the vial adapter.	1	
Attaches the MAD Nasal™ Device to the syringe via the luer lock connection.	1	
Tilts patient's head back and supports behind the neck. Places the tip of the MAD Nasal <sup>™</sup> Device	1	
snugly against the nostril aiming slightly up and outward (toward the top of the ear).	L L	
Briskly compresses the syringe plunger to deliver half of the medication into the nostril.	1	
Moves the device over to the opposite nostril and administers the remaining medication into	1	
the nostril if indicated.	1	
Re-assesses patient for desired effect and possible adverse effects.	1	
Actual Time Ended: Total:	16	

#### Critical Criteria:

 $\Box$  Failure to take or verbalize body substance isolation precautions.

- $\Box$  Failure to assure medication is indicated for the patient.
- □ Failure to determine patient is not allergic to medication.
- $\Box$  Failure to re-assesses patient for desired effect and possible adverse effects.
- □ 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.



### MEDICATION ADMINISTRATION INTRAVENOUS BOLUS

**OBJECTIVE:** The student will demonstrate the ability to adequately perform intravenous bolus medication therapy.

**EQUIPMENT:** PPE (Eye Protection/Gloves), IV bolus medication, SHARPS container, IV manikin, established IV with tubing and IV fluid, alcohol swab.

**COMPETENCY:** The student will be able to correctly administer IV bolus medications.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Selects correct medication. Selects appropriate medication from available supply.	1	
Assures correct concentration of medication.	1	
Checks medication expiration date.	1	
Checks medication for clarity.	1	
Confirms correct dose.	1	
Assembles prefilled syringe correctly and dispels air.	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub].	1	
Reaffirms medication.	1	
Stops IV flow.	1	
Administers correct dose at proper push rate.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Turns IV on and adjusts drip rate to TKO/KVO or to previous drip rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Actual Time Ended: Tota	ıl: 15	

#### **Critical Criteria:**

 $\Box$  Failure to continue to take or verbalize appropriate body substance isolation precautions.

- $\Box$  Failure to begin administration of medication within 3-minute time limit.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Failure to adequately dispel air resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate].
- □ Failure to turn-on IV after injecting medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- $\Box$  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.



### MEDICATION ADMINISTRATION INTRAVENOUS INFUSION

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare an admix medication and initiate infusion therapy at recommended rate.

**NOTE:** There is a 7-minute time limit to connect the medication for infusion to the simulated patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), 50ml-100ml IV fluid, assorted syringes for withdrawing and admixing medication, administration set, tape, SHARPS container, IV manikin, gauze, alcohol or chlorhexidine swabs, "medication added" labels and marker/pen.

**COMPETENCY:** The candidate will be able to correctly perform and label the admix medication and begin intravenous therapy at a recommended rate.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Asks patient for known allergies.	1	
Assures no contraindications for administration are present.	1	
Selects correct medication (including concentration).	1	
Selects correct IV infusion diluent and volume.	1	
Checks medication and IV bag for expiration date.	1	
Withdraws indicated amount of medication, or slightly more than indicated and expels excess.	1	
Continues to take or verbalize appropriate PPE precautions.	1	
Cleanse port on IV bag or removes protective seal and maintains clean surface.	1	
Injects entirety of medication and gently mixes contents of IV bag.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Spikes bag with new IV tubing with clean technique.	1	
Primes (flushes) IV tubing to clear air in tubing, with minimal loss of fluid.	1	
Stops IV flow of primary line (if primary line remains connected to patient) or initiates therapy in separate patent IV site.	1	
Turns on IV flow of secondary line and adjusts to proper infusion rate.	1	1
Verbalizes need to observe patient for desired effect and adverse side effects.	1	1
Verbalizes need to advise receiving facility or team of medication administration.	1	1
Actual Time Ended: Tota	al: 17	/

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- $\Box$  Failure to continue to take or verbalize appropriate PPE precautions.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- $\Box$  Failure to adequately dispel air in IV tubing, resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or infuses at inappropriate rate].
- $\hfill\square$  Failure to label medication with name and dose of medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### **DRAWING UP MEDICATIONS - AMPULES**

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from an ampule. **EQUIPMENT:** PPE (Eye Protection/Gloves), medication in ampule, syringe, filter straw, assorted needles, gauze or ampule tool, sharps container.

**COMPETENCY:** The student will be able to correctly draw up a medication from an ampule. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Take or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Ensures all medication is at bottom of ampule.	1	
Wraps ampule in gauze or uses commercially available ampule tool and breaks off top of ampule.	1	
Attaches a filter straw or filter needle to the syringe.	1	
EMTs may choose to flip ampule upside down.	1	
Draws up desired dose.	1	
Removes filter needle and disposes of it in sharps container.	1	
Attaches appropriate needle or needleless adapter to syringe.	1	
Expels air from syringe and confirms desired dose.	1	
Disposes of sharps properly.	1	
Actual Time Ended: Tota	: 16	

#### Critical Criteria:

 $\Box$  Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



## **DRAWING UP MEDICATIONS - PRELOADS**

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare a medication from a preloaded syringe.

**EQUIPMENT:** PPE (Eye Protection/Gloves), medication in preloaded syringe.

**COMPETENCY:** The student will be able to correctly assemble a medication in a preloaded syringe.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Start Time:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Assembles prefilled syringe and expels air. Some preloaded systems require the needle cover be	1	
removed or the needle depressed before air can be expelled.	1	
Disposes of sharps properly after use or administration.	1	
Actual Time Ended: Total:	9	

#### Critical Criteria:

□ Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



### DRAWING UP MEDICATIONS - VIALS

**OBJECTIVE:** The student will demonstrate the ability to adequately draw up a medication from a vial. **EQUIPMENT:** PPE (Eye Protection/Gloves), vial of medication, assorted gauge needles, syringe appropriate to volume needed, SHARPS container.

**COMPETENCY:** The student will be able to correctly draw up a medication from a vial. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Checks for allergies.	1	
Assembles necessary equipment.	1	
Checks the name and concentration of the medication.	1	
Checks medication for clarity.	1	
Checks medication for expiration date.	1	
Confirms the correct dose.	1	
Opens vial, maintaining sterility of the top or cleanses top with alcohol prep if vial already	1	
open.		
Uses syringe size that allows filling with more than the dose so that dose will be correct when air is expelled.	1	
Injects same amount of air into vial as fluid to be drawn out.	1	
Draws up desired dose or slightly more than desired dose.	1	
Expels air from syringe and confirms desired dose.	1	
Disposes of sharps properly.	1	
Actual Time Ended: Total:	13	

#### **Critical Criteria**

 $\Box$  Failure to check medication for expiration date.

 $\hfill \Box$  Failure to check the name and concentration of the medication.

 $\Box$  Failure to confirm the correct dose.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.



## COMBAT APPLICATION TOURNIQUET (C-A-T)

**OBJECTIVE:** Demonstrate bleeding control using proper application of a Combat Application Tourniquet (C-A-T) or comparable Combat Application Tourniquet(s) in less than 60 seconds.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, moulaged manikin/patient, Tourniquet (C-A-T) [(Blue = Trainer Tourniquet]

**COMPETENCY:** The student will demonstrate correct steps to stop uncontrolled hemorrhage using a C-A-T type tourniquet.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Slides the wounded extremity through the loop of the self-adhering band or wraps around extremity.	1	
Positions the C-A-T above simulated wound site; leaving at least 2 inches (if possible) of uninjured skin between the C-A-T and the wound site.	1	
Twists the windlass rod until the distal pulse is no longer palpable	1	
Locks the rod in place with the windlass clip.	1	
Grasps the windlass strap, pulls it tight and adheres it to the Velcro on the windlass clip	1	
Verbalizes using a marker to draw a "T" on the Patient's forehead and records the date and time the C-A-T was applied.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs		
and symptoms of hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Tota	al: 12	

- $\Box$  Did not take or verbalize appropriate body substance isolation precautions.
- $\Box$  Unable to control hemorrhage using correct procedures in a timely manner.
- $\Box$  Did not indicate the need for immediate transportation.
- □ 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.



### WOUND PACKING / PRESSURE BANDAGE

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket.

**COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Exposes the injury.	1	
Pack the gauze into the wound focusing where the bleeding is heaviest.	1	
Hold pressure for three (3) minutes.	1	
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	11	

- $\Box$  Did not take or verbalize appropriate body substance isolation precautions.
- □ Unable to control hemorrhage using correct procedures in a timely manner.
- $\hfill\square$  Did not indicate the need for immediate transportation.
- $\hfill\square$  Failure to manage the patient as a competent EMT.



## Training Skill Sheet ALASKA AEMT AKAEMT Venipuncture Verification Form

**Instructions:** The applicant for AKAEMT certification should complete all blocks in section A. Each line in Section B should be completed by the individual who witnessed the venipuncture. The witness must be an individual certified at the EMT-II level, or above, who is certified or licensed to perform venipunctures. The applicant must have completed the 10 required venipunctures, eight of which must have been with catheter covered needles, within 30 days after completion of the AKAEMT course. A copy of the completed form must be uploaded onto the State EMS Office License Management System and a second copy should be retained by the applicant for EMT-II certification. **Applicants who do not complete the 10 venipunctures within the 30 days following successful course completion will not be eligible for AKAEMT certification.** 

Section A, Applicant Information						
Name of Applicant:			Alaska EMT-I Certification Number:			
Mailing Address:			Name of AKAEMT Course Instructor & Course Number:			
		Section B, V	Veni	puncture Informat	ion	
Date:	Witness' Signature & Level of Training	Catheter Covered Nee		Other Type of Needle (Specify)	Venipuncture Site	Name of Recipient

Student Name:

# ALASKA EMS PSYCHOMOTOR PORTFOLIO SIGN OFF: NREMT-AEMT TO AKAEMT

Skill Performed	Initials/Date	Initials/Date	Instructor Initials/Date
Supraglottic Airway Device			
12-Lead Placement & Interpretation			
Advanced Patient Assessment &			
Management- Medical			
Advanced Patient Assessment &			
Management-Trauma			
Advanced Cardiac Arrest Management			
Dynamic Cardiology			
Defibrillation- Manual			
Synchronized Cardioversion			
Transcutaneous Pacing			
Med Admin - Intravenous Bolus			
Med Admin - Intravenous Infusion			
*Tourniquet Application			
*Wound Packing			
Watched Testing Video			

## (\*)Highlights are required for pre 2019 EMT-II student base

Instructor Name:	Course #:	
Instructor	Date:	
Signature:		



# Training Skill Sheet NREMT-AEMT TO ALASKA AEMT

### SUPRAGLOTTIC AIRWAY DEVICE

**OBJECTIVE:** The student will demonstrate the ability to insert a supraglottic airway and ventilate an apneic patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), assorted OPAs, assorted supraglottic airways, BVM, oxygen tank with regulator and tubing, airway manikin, lube appropriate for the manikin, stethoscope, SpO2 monitor, colorimetric device, or capnography.

**COMPETENCY:** The student will be able to correctly insert a supraglottic airway and effectively ventilate an apneic patient.

REVISED DATE: October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate PPE precautions.	1	
Opens the airway manually.	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now informs candidate no gag reflex is present, and patient accepts adjunct.		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen.	1	
**Ventilates patient with room air.	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and th	at pulse ox	imetry
indicates the patient's blood oxygen saturation is 85%.		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute].	1	
Ventilates patient at a rate of $10 - 12$ /minute (1 ventilation every 5-6 seconds) with appropriate volumes.	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bila	terally and	medical
direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation		
Checks/prepares supraglottic airway device.	1	
Lubricates distal tip of the device [may be verbalized].	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device	ce.	
Positions head properly.	1	
Performs a safe maneuver that repositions tongue and jaw for device insertion.	1	
Inserts device to proper depth and adjusts as needed to optimize chest rise.	1	
Properly secures device per manufacturer's instructions.	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs, over epigastrium.	1	
Adjusts ventilation rate and volume as necessary.	1	
Verifies proper tube placement by a secondary confirmation device.	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appro	priate volu	mes with
each ventilation?"		
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter.	1	
Actual Time Ended: Total:	18	



# Training Skill Sheet NREMT-AEMT TO ALASKA AEMT

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds

- $\square$  Failure to initiate ventilations within 30 seconds after taking body substance isolation
- precautions or interrupts ventilations for greater than 30 seconds at any time.
- $\Box$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- $\Box$  Failure to ventilate the patient at a rate of 10 12/minute.
- □ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- □ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device.
- □ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts.
- □ Failure to inflate cuffs properly and immediately remove the syringe (if applicable).
- □ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium.
- $\Box$  Insertion or use of any adjunct in a manner dangerous to the patient.
- □ Failure to manage the patient as a competent EMT.
- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



# Training Skill Sheet NREMT-AEMT TO ALASKA AEMT

**12-LEAD PLACEMENT & INTERPRETATION** 

**OBJECTIVE:** The student will demonstrate the ability to set up, apply, monitor, and interpret 12-lead ECG in order to give appropriate treatment to a patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), monitor with four and 12-lead capabilities, razor, manikin, **COMPETENCY:** The candidate will be able to correctly set up, apply, and interpret a 12-lead ECG on a simulated patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient.		
Prepares the patient (shaving and cleansing as needed).	1	
Places limb and precordial leads in the proper positions		
Limb leads (placement may vary due to device manufacturer).	1	
V1 – attaches positive electrode to the right of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V2 – attaches positive electrode to the left of the sternum at the 4 <sup>th</sup> intercostal space.	1	
V4 – attaches positive electrode at the midclavicular line 5 <sup>th</sup> intercostal space.	1	
V3 – attaches positive electrode in line between V2 & V4.	1	
V5 – attaches positive electrode at the anterior axillary line 5 <sup>th</sup> intercostal space.	1	
V6 attaches positive electrode to the midaxillary line 5 <sup>th</sup> intercostal space.	1	
Places patient in the appropriate semi-fowler position.	1	
Instructs patient to breath normal, lay still, and not talk.	1	
Turns on ECG machine.	1	
Obtains the 12-Lead ECG recording.	1	
Examines the tracing for acceptable quality.	1	
Transmits 12-Lead to the receiving facility.	1	
EMT III/AEMT Additional		
Interprets 12-Lead ECG to local standard and reports findings as needed.	1	
oices repeating 12-Lead ECG every 5 – 10 minutes in high risk patients and post		
treatment.	1	
Actual Time Ended: TOTAL:	18	
Critical Criteria:	L	

 $\Box$  Failure to take standard precautions.

 $\Box$  Failure to obtain a legible 12-lead ECG recording.

 $\Box$  Failure to correctly interpret 12-lead ECG recording.

□ Failure to manage the patient as a competent EMT.

□ Exhibits unacceptable affect with patient or other personnel.


ADVANCED PATIENT ASSESSMENT & MANAGEMENT – MEDICAL

**OBJECTIVE:** The student will demonstrate the ability to assess and manage a patient with a medical complaint. Student will also guide team members to simultaneously perform skills and treatments and interventions as needed. Dosing for medications should follow NASEMSO model EMS clinical guidelines or as approved by service Medical Director.

**EQUIPMENT:** PPE (Eye Protection/Gloves), oxygen, assorted oxygen delivery devices, BP cuff or device, stethoscope, SpO2 monitor, medication kit as appropriate for AEMT level of care.

**COMPETENCY:** The candidate will be able to safely and correctly approach patient, assess their complaints, devise and implement a plan to treat and/or stabilize patient. **REVISED DATE:** October 2020

Possible Awarded Actual Time Started: Points Points Takes or verbalizes appropriate body substance isolation precautions. (1 point) 1 1 Sizes up scene for safety. (1 point) Requests additional resources if needed. (1 point) 1 Approaches patient Greets patient, determines nature of illness. (1 point) Assesses patient's overall appearance and work of breathing. 3 Reports patient's skin color (1 point) • Reports patient's LOC (AVPU) (1 point) **Initial Assessment** Assess airway patency. (1 point) Assess work of breathing. (1 point) Listens to lung sounds. (1 point) 5 Assures patient has adequate circulation • Takes manual pulse. (1 point) • Reports skin temperature, color, or condition. (1 point) Directs treatment for immediate life threats. (3 points) 3 Determines chief complaint or apparent life threats. (3 points) 3 History Taking History of present illness Onset (1 point) Quality (1 point) - Severity (1 point) Provocation (1 point) - Radiation (1 point) - Time (1 point) 8 Clarifying questions regarding associated signs/symptoms related to OPQRST. (2 Points) Past medical history Allergies (1 point) Past pertinent history (1 point) Events leading to present illness (1 point) -5 Medications (1 point) - Last oral intake (1 point)



Secondary Assessment		
Assesses affected body part/system		
- Cardiovascular - Neurological - Integumentary - Reproductive	5	
- Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		
Vital Signs		
- Blood Pressure (1 point) - Pulse (1 point) - Respiratory rate and quality (1 point)	3	
States field impression of patient. (5 points)	5	
Interventions are appropriate for patient's condition. (IV, O2, Medications) (5 points)	5	
Prompt and appropriate transport. (Scene time normally less than 15 minutes) (1 point)	1	
Reassessment		
Demonstrates how and when to determine changes in patient condition. (1 point)	1	
Provides accurate verbal report to receiving facility or personnel. (1 point)	1	
Actual Time Ended: TOTAL:	51	

- □ Failure to initiate or call for transport of the patient within 15-minute time limit. (If no complications present)
- $\Box$  Failure to take or verbalize appropriate PPE precautions.
- $\Box$  Failure to determine scene safety before approaching patient.
- $\Box$  Failure to voice and ultimately provide appropriate oxygen therapy.
- □ Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
- □ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene.
- □ Performs secondary examination before assessing and treating threats to airway, breathing and circulation.
- $\Box$  Orders a dangerous or inappropriate intervention.
- $\Box$  Failure to provide accurate report to arriving EMS unit or to receiving facility.
- $\Box$  Failure to manage the patient as a competent AEMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- □ Uses or orders a dangerous or inappropriate intervention.



ADVANCED PATIENT ASSESSMENT & MANAGEMENT – TRAUMA

**OBJECTIVE:** The student will demonstrate the ability to adequately assess and transport a trauma patient in a safe and timely manner.

**Note:** The patient must be packaged for transport within 10 minutes (this may be in an ambulance or for transfer to next level of care).

**EQUIPMENT:** PPE (Eye Protection/Gloves); patient, spinal motion restriction equipment (e.g., vacuum mattress or spine board, patient securement system, cervical collar and head blocks); IV supplies (including TXA); hemorrhage control supplies (e.g., tourniquet, packing gauze, bulky gauze, bandaging material, pelvic binding equipment); airway management equipment (including suction, BVM, adjuncts, and commercial confirmation device); oxygen administration supplies (including cylinder, regulator, nasal cannula, and non-rebreather mask); occlusive chest dressing; blankets or other warm patient packaging; patient assessment supplies (e.g., pen light, stethoscope, BP cuff, and shears); splinting materials.

**COMPETENCY:** The student will be able to correctly assess and treat a trauma patient within a timely manner.

**NOTE:** Any assessments may be integrated within sequence of Primary Survey, so long as it does not delay treatment of Primary Survey problems.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Awarded Points
Dispatch and Scene Size-up	Points	
Takes or verbalizes appropriate body substance isolation precautions.	1	
Takes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Interacts with other rescuers in a mutually respectful manner; directs other rescuers to perform tasks.	1	
Determines the mechanism of injury/nature of illness.	1	
Determines the number of patients.	1	
Requests additional resources (e.g., hazmat, heavy rescue, power company, bystanders, historians, air medical).	1	
Considers stabilization of the spine.	1	
Primary Survey (may be performed in any order within this category)		
Verbalizes general impression of the patient.	1	
Determines responsiveness/level of consciousness.	1	
Determines chief complaint/apparent life-threats.	1	
Assesses for and controls major bleeding if present (e.g., tourniquets, wound packing, direct pressure).	1	
Airway		
Opens and assesses airway		
• Manages compromised airway in timely manner (suction, jaw thrust, places adjunct)	2	
Breathing		
Assess breathing		

Student Name:



<ul> <li>Assures adequate ventilation</li> <li>Initiates appropriate oxygen therapy</li> <li>Manages any injury which may compromise breathing/ventilation (e.g., ventilation and/or occlusive chest dressing)</li> <li>Circulation</li> <li>Checks pulse</li> <li>Assess skin (skin color, temperature, and condition)</li> <li>Initiates shock management (e.g., stop bleeding)</li> <li>Anticipates need for pelvic binder</li> <li>Identifies patient priority and makes treatment/transport decision (based on established trauma 1</li> <li>Itage guidelines, such as CO.)</li> <li>History Taking/ Vitals</li> <li>Attempts to obtain SAMPLE history.</li> <li>Obtains, or directs assistant to obtain, baseline vital signs.</li> <li>Secondary Survey/ Assessment</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects negligible</li> <li>Assesse eyes for PERRL</li> <li>Neck</li> <li>Inspects negligible</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects logible</li> <li>Inspects hand palpates scalp and ears</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects and palpates addomen</li> <li>Assesses pelvis</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects and palpates addomen</li> <li>Assesses pelvis</li> <li>Palpates chest</li> <li>Inspects and palpates addomen</li> <li>Assesses pelvis</li> <li>Verbalizes assessment of genitalia/ perineum as indicated</li> <li>Upper extremities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Zassesse polities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Chest and palpates addomen</li> <li>Assesses posterior thorax, lumbar and sacral spine, and buttocks.</li> <li>Manageen injuries and wounds appropritately.</li>     &lt;</ul>	Treath and		
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<ul> <li>Initiates shock management (e.g., stop bleeding)</li> <li>Anticipates need for pelvic binder</li> <li>Identifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).</li> <li>Mistory Taking/ Vitals</li> <li>Attempts to obtain SAMPLE history.</li> <li>Obtains, or directs assistant to obtain, baseline vital signs.</li> <li>Secondary Survey/ Assessment</li> <li>Head</li> <li>Inspects mouth, nose, and assesses facial area</li> <li>Inspects and palpates scalp and ears</li> <li>Assesses eyes for PERRL</li> <li>Neck</li> <li>Inspects neck, including position of trachea and condition of jugular veins</li> <li>Palpates cervical spine</li> <li>Chest</li> <li>Inspects and palpates addomen</li> <li>Auscultates lung sounds</li> <li>Palpates chest</li> <li>Abdomen/pelvis</li> <li>Inspects and palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Upper extremities</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</li> <li>Assesses posterior thorax, lumbar and sacral spine, and buttocks.</li> <li>Inspects and wounds appropriately.</li> <li>Amagement of Patient (Throughout Care)</li> <li>Manages injuries and wounds appropriately.</li> <li>Secures patent airway with C-spine consideration if needed.</li> <li>Applies spinal protection as indicated.</li> </ul>	Checks pulse		
Anticipates need for pelvic binderIIdentifies patient priority and makes treatment/transport decision (based on established trauma triage guidelines, such as CDC).1History Taking/ Vitals1Attempts to obtain SAMPLE history.1Obtains, or directs assistant to obtain, baseline vital signs.1Secondary Survey/ Assessment1Head1Inspects mouth, nose, and assesses facial area3Inspects and palpates scalp and ears3Assesses eyes for PERRL2Neck1Inspects neck, including position of trachea and condition of jugular veins2Palpates cervical spine3Chest3Auscultates lung sounds3Palpates chest3Abdomen/pelvis3Inspects and palpates abdomen3Assesses pelvis3Verbalizes assessment of genitalia/ perineum as indicated2Lower extremities2Inspects, palpates, and assesses motor, sensory, and distal circulatory functions2Assesses polytin thorar, lumbar and sacral spine, and buttocks.1Managerent of Patient (Throughout Care)1Manages injuries and wounds appropriately.1Secures patent airway with C-spine consideration if needed.1Applies spinal protection as indicated.1	<ul> <li>Assess skin (skin color, temperature, and condition)</li> </ul>	4	
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History Taking/ Vitals       1         Attempts to obtain SAMPLE history.       1         Obtains, or directs assistant to obtain, baseline vital signs.       1         Secondary Survey/ Assessment       1         Head       1         • Inspects mouth, nose, and assesses facial area       3         • Inspects and palpates scalp and ears       3         • Assesses eyes for PERRL       2         Neck       1         • Inspects neck, including position of trachea and condition of jugular veins       2         • Palpates cervical spine       2         Chest       3         • Auscultates lung sounds       3         • Palpates chest       3         • Abdomen/pelvis       3         • Inspects and palpates abdomen       3         • Assesses pelvis       3         • Urbalizes assesment of genitalia/ perineum as indicated       3         Lower extremities       1         • Inspects, palpates, and assesses motor, sensory, and distal circulatory functions       2         Upper extremities       1         • Inspects, palpates, and assesses motor, sensory, and distal circulatory functions       2         Upper extremities       1         • Inspects, palpates, and assesses motor, sensory, and distal circul	Identifies patient priority and makes treatment/transport decision (based on established trauma	1	
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Applies spinal protection as indicated. 1	Manages injuries and wounds appropriately.	1	
	Secures patent airway with C-spine consideration if needed.	1	
	Applies spinal protection as indicated.	1	
		1	

Student Name:



Provides adequate oxygenation and ventilation.	1	
Places and secures IV/IO access and administers IV fluid as indicated.	1	
Considers TXA administration based on events and presentation.	1	
Demonstrates how and when to reassess patient condition.	1	
Demonstrates how and when to reassess interventions.	1	
Delivers report to receiving facility.	1	
Actual Time Ended: TOTAL	51	

- $\Box$  Failure to initiate or call for transport of the patient within 10-minute time limit.
- $\Box$  Failure to take appropriate body substance isolation precautions.
- $\Box$  Failure to determine (or provide for) scene safety.
- $\Box$  Failure to assess for, and provide, spinal protection when indicated.
- □ Failure to provide adequate oxygen delivery.
- □\_Failure to assess/provide adequate ventilation.
- □ Failure to find or appropriately manage problems associated with airway, breathing, bleeding, or shock.
- □ Failure to differentiate patient's need for immediate transport versus continued assessment/ treatment at the scene.
- □ Performs secondary assessments/ treatments before assessing/treating threats to airway, breathing and circulation.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### ADVANCED CARDIAC ARREST MANAGEMENT

**OBJECTIVE**: The student will demonstrate the ability to adequately coordinate resuscitative measures for a patient in cardiac arrest, correctly identify a shockable rhythm, perform defibrillation, verbalize other appropriate interventions, and correctly state medications and dosages for given rhythm.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, 2 CPR trained assistants, IV equipment and supplies, airway care equipment and supplies, and appropriate medications.

**COMPETENCY**: The student will be able to correctly coordinate and perform resuscitative measures for a patient in cardiac arrest.

**REVISED DATE:** October 2020

Actual Time Started:	Possible Points	Awarded Points
Takes or verbalizes body substance isolation precautions.	1	
Checks for responsiveness and normal breathing.	1	
Checks for a pulse for no more than 10 seconds. If no pulse, directs assistants to start CPR.	1	
Applies paddles/attaches pads to patient.	1	
Stops CPR if needed to analyze rhythm.	1	
Recognizes shockable rhythm, charges defibrillator to manufacturers recommended energy level.	2	-
States "CLEAR," and visually checks that other rescuers are clear of patient.	1	
Defibrillates patient at appropriate energy level. (360 J monophasic or appropriate biphasic setting) with minimal interruption of CPR.	1	-
Immediately directs assistants to resume CPR for 5 cycles.	1	
Assesses the adequacy of compressions and ventilations; uses appropriate airway adjunct or device as needed.	1	
Obtains IV/IO access. Epinephrine may be given at this point.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of epinephrine 1 mg IV/IO (0.1mg/1ml) while circulating medication with CPR, if not done already.	1	
Repeats above steps of rhythm evaluation and defibrillation if needed.	1	
Immediately directs assistants to resume CPR.	1	
Administers or directs administration of lidocaine 1 to 1.5 mg/kg IV/IO* while circulating medication with CPR. *Or appropriate dose of alternate antiarrhythmic approved by department and current guidelines	1	
Repeats epinephrine 1 mg (0.1mg/1ml) every 3 – 5 minutes.	1	+
Repeats antiarrhythmic as indicated	1	1
Repeats defibrillations at appropriate intervals.	1	1
Performs continuous CPR throughout with no breaks exceeding 10 seconds.	1	
Actual Time Ended: Total:	22	



- $\Box$  Failure to complete any of the above.
- $\Box$  Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### DYNAMIC CARDIOLOGY

**OBJECTIVE:** The student will demonstrate the ability to coordinate and perform resuscitative measures in the patient with a potentially lethal dysrhythmia; including airway management, intravenous therapy, and administration of medications.

**EQUIPMENT**: PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia generator, EMT/ETT trained assistants, IV equipment and supplies, ALS airway equipment, oxygen, BVM, and medications.

**COMPETENCY**: The student will be able to coordinate and perform resuscitative measures for a patient with a potentially lethal dysrhythmia.

**REVISED DATE**: October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Checks patient responsiveness.	1	
Checks ABCs [responsive patient] – or – checks breathing and pulse [unresponsive patient].	1	
Initiates CPR if appropriate [verbally].	1	
Attaches ECG monitor in a timely fashion [patches, pads, or paddles].	1	
Correctly interprets initial rhythm.	1	
Appropriately manages initial rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets second rhythm.	1	
Appropriately manages second rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets third rhythm.	1	
Appropriately manages third rhythm.	2	
Notes change in rhythm.	1	
Checks patient condition to include pulse and, if appropriate, BP.	1	
Correctly interprets fourth rhythm.	1	
Appropriately manages fourth rhythm.	2	
Orders high percentages of supplemental oxygen at proper times.	1	
Actual Time Ended: Total:	24	



- $\Box$  Failure to deliver first shock in a timely manner.
- $\Box$  Failure to verify rhythm before delivering each shock.
- □ Failure to ensure the safety of self and others [verbalizes "All clear" and observes].
- $\Box$  Inability to deliver DC shock [does not use machine properly].
- $\hfill\square$  Failure to demonstrate acceptable shock sequence.
- $\Box$  Failure to order initiation or resumption of CPR when appropriate.
- □ Failure to order correct management of airway [ET when appropriate].
- □ Failure to order administration of appropriate oxygen at proper time.
- □ Failure to diagnose or treat 2 or more rhythms correctly.
- $\Box$  Orders administration of an inappropriate drug or lethal dosage.
- $\Box$  Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole.
- □ Failure to manage the patient as a competent EMT.
- $\hfill\square$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



### MANUAL DEFIBRILLATION

**OBJECTIVE:** The student will demonstrate the ability to recognize the need for electrical cardiac therapy and properly perform defibrillation on an unmonitored cardiac arrest patient.

**EQUIPMENT:** PPE (Eye Protection/Gloves), defibrillation manikin, monitor/defibrillator, conductive medium (if required), dysrhythmia simulator, CPR trained assistant.

**COMPETENCY:** The student will be able to correctly recognize the need for electrical cardiac therapy and perform defibrillation on an unmonitored cardiac arrest patient.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes body substance isolation precautions.	1	
Turns on monitor/defibrillator and selects paddles or pads.	1	
Perform skin preparation (drying chest, shaving chest, applying conductive medium, removing medication patches, etc. if necessary).	1	
Places pads or paddles correctly and demonstrates or verbalizes application of firm pressure if using paddles.	1	
Verbalizes identification of ventricular fibrillation or ventricular tachycardia on monitor.	1	
Sets appropriate defibrillator energy level.	1	
Charges defibrillator.	1	
Says "CLEAR" and visually checks that other rescuers are clear of patient.	1	
Delivers shock.	1	
Immediately directs assistants to resume CPR.	1	
Actual Time Ended: Tot	al: 10	

- $\hfill\square$  Failure to take or verbalize body substance isolation precautions.
- □ Failure to identify V-fib or V-Tach.
- □ Failure to select appropriate defibrillator energy level.
- □ Failure to "Clear" patient.
- □ Failure to deliver Shock.
- □ Failure to immediately direct assistants to resume CPR.
- $\Box$  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.



SYNCHONIZED CARDIOVERSION

**OBJECTIVE:** The student will demonstrate the ability to correctly administer a synchronized cardioversion shock for unstable tachycardia.

**EQUIPMENT:** PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting a synchronized cardioversion, cardiac monitor capable of synchronized cardioversion.

**COMPETENCY:** The candidate will be able to administer a synchronized shock for unstable tachycardia. **REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with tachycardia:		
Rate is over 150 bpm, and	4	
• Patient has any of the following: altered mental status, hypotension, shock,	1	
ischemic chest discomfort, or acute heart failure		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Explains procedure to patient.	1	
Engages synchronization mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead	1	
Selects appropriate energy level (AFib - 120-200 J, mono VT – 100 J, A Flutter/SVT - 50-100 J)	4	
(or as directed by manufacturer).	1	
Charges defibrillator.	1	
Loudly states "Clear patient, I am going to shock on three" and counts out loud to three.	1	
Confirms all personnel are clear of patient.	1	
Loudly states "I am clear to shock-Shocking now" and counts out loud to three.	1	
Presses and holds shock button until shock is delivered.	1	
Reassesses rhythm and patient.	1	
If indicated, escalates energy (in stepwise fashion as directed by manufacturer) and delivers	1	
another synchronized shock following above procedure.		
Re-synchronizes before every shock.	1	
Actual Time Ended: Total:	16	



### Critical Criteria:

 $\hfill\square$  Failure to take standard precautions.

- $\Box$  Failure to confirm unstable patient.
- □ Failure to apply monitoring cables and therapy cables.
- $\Box$  Failure to synchronize before every shock.
- $\Box$  Failure to select appropriate energy level for rhythm.
- □ Failure to deliver shock.
- $\hfill\square$  Failure to reassess patient and or deliver repeat shock as needed.
- □ Exhibits unacceptable affect with patient or other personnel.
- $\Box$  Uses or orders a dangerous or inappropriate intervention.



### TRANSCUTANEOUS PACING

**OBJECTIVE:** The student will demonstrate the ability to correctly apply a transcutaneous pacing device to a patient with unstable bradycardia.

**EQUIPMENT:** PPE (Eye Protection/Gloves), ECG simulator/manikin capable of simulating and accepting

transcutaneous pacing, cardiac monitor capable of transcutaneous pacing.

**COMPETENCY:** The candidate will be able to administer transcutaneous pacing.

**REVISED DATE:** October 2020

Possible Awarded

Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Confirm patient is unstable with bradycardia:		
Rate is under 50 bpm, and	1	
Patient has any of the following: altered mental status, hypotension, shock, ischemic chest	1	
discomfort, or acute heart failure.		
Attaches 3 or 4 lead monitoring cables to patient and selects lead I, II or III.	1	
Explains procedure to patient.	1	
Attaches therapy cable/pads to patient (AA or AP as directed by manufacturer).	1	
Engages pacing mode.	1	
Confirms "flag" on R waves and/or adjusts amplitude until flags appear, and/or changes lead.	1	
Sets pacing rate to 80 bpm.	1	
Engages pacer.	1	
Increases current (mA) output until consistent capture is achieved as evidenced by a pacing spike	4	
followed by a wide QRS and broad T wave.	1	
Confirms palpated pulse corresponds with paced rate.	1	
Reassesses patient.	1	
Considers analgesia.	1	
Actual Time Ended: Total	: 14	

- $\Box$  Failure to take standard precautions.
- $\Box$  Failure to confirm unstable patient.
- □ Failure to apply monitoring cables and therapy cables.
- □ Failure to select appropriate energy level for rhythm.
- $\Box$  Failure to deliver shock.
- $\hfill\square$  Failure to reassess patient and or deliver repeat shock as needed



MEDICATION ADMINISTRATION INTRAVENOUS BOLUS

**OBJECTIVE:** The student will demonstrate the ability to adequately perform intravenous bolus medication therapy.

EQUIPMENT: PPE (Eye Protection/Gloves), IV bolus medication, SHARPS container, IV manikin,

established IV with tubing and IV fluid, alcohol swab.

**COMPETENCY:** The student will be able to correctly administer IV bolus medications.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Ask patient for known allergies.	1	
Selects correct medication. Selects appropriate medication from available supply.	1	
Assures correct concentration of medication.	1	
Checks medication expiration date.	1	
Checks medication for clarity.	1	
Confirms correct dose.	1	
Assembles prefilled syringe correctly and dispels air.	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub].	1	
Reaffirms medication.	1	
Stops IV flow.	1	
Administers correct dose at proper push rate.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Turns IV on and adjusts drip rate to TKO/KVO or to previous drip rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Actual Time Ended: Tota	l: 15	

#### **Critical Criteria:**

 $\Box$  Failure to continue to take or verbalize appropriate body substance isolation precautions.

- $\Box$  Failure to begin administration of medication within 3-minute time limit.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- $\Box$  Failure to adequately dispel air resulting in potential for air embolism.

□ Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate].

□ Failure to turn-on IV after injecting medication.

□ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.

 $\Box$  Failure to manage the patient as a competent EMT.

- $\Box$  Exhibits unacceptable affect with patient or other personnel.
- $\hfill\square$  Uses or orders a dangerous or inappropriate intervention.



MEDICATION ADMINISTRATION INTRAVENOUS INFUSION

**OBJECTIVE:** The student will demonstrate the ability to adequately prepare an admix medication and initiate infusion therapy at recommended rate.

**NOTE:** There is a 7-minute time limit to connect the medication for infusion to the simulated patient. **EQUIPMENT:** PPE (Eye Protection/Gloves), 50ml-100ml IV fluid, assorted syringes for withdrawing and admixing medication, administration set, tape, SHARPS container, IV manikin, gauze, alcohol or chlorhexidine swabs, "medication added" labels and marker/pen.

**COMPETENCY:** The candidate will be able to correctly perform and label the admix medication and begin intravenous therapy at a recommended rate.

**REVISED DATE:** October 2020

	Possible	Awarded
Actual Time Started:	Points	Points
Takes or verbalizes appropriate body substance isolation precautions.	1	
Asks patient for known allergies.	1	
Assures no contraindications for administration are present.	1	
Selects correct medication (including concentration).	1	
Selects correct IV infusion diluent and volume.	1	
Checks medication and IV bag for expiration date.	1	
Withdraws indicated amount of medication, or slightly more than indicated and expels excess.	1	
Continues to take or verbalize appropriate PPE precautions.	1	
Cleanse port on IV bag or removes protective seal and maintains clean surface.	1	
Injects entirety of medication and gently mixes contents of IV bag.	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container.	1	
Spikes bag with new IV tubing with clean technique.	1	
Primes (flushes) IV tubing to clear air in tubing, with minimal loss of fluid.	1	
Stops IV flow of primary line (if primary line remains connected to patient) or initiates therapy in	1	
separate patent IV site.		
Turns on IV flow of secondary line and adjusts to proper infusion rate.	1	
Verbalizes need to observe patient for desired effect and adverse side effects.	1	
Verbalizes need to advise receiving facility or team of medication administration.	1	
Actual Time Ended: Total:	17	



- $\Box$  Failure to continue to take or verbalize appropriate PPE precautions.
- $\Box$  Contaminates equipment or site without appropriately correcting the situation.
- □ Failure to adequately dispel air in IV tubing, resulting in potential for air embolism.
- □ Injects improper medication or dosage [wrong medication, incorrect amount, or infuses at inappropriate rate].
- $\hfill\square$  Failure to label medication with name and dose of medication.
- □ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container.
- □ 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.



COMBAT APPLICATION TOURNIQUET (C-A-T)

**OBJECTIVE:** Demonstrate bleeding control using proper application of a Combat Application Tourniquet (C-A-T) or comparable Combat Application Tourniquet(s) in less than 60 seconds.

**EQUIPMENT:** PPE (Eye Protection/Gloves), gauze, moulaged manikin/patient, Tourniquet (C-A-T) [(Blue = Trainer Tourniquet]

**COMPETENCY:** The student will demonstrate correct steps to stop uncontrolled hemorrhage using a C-A-T type tourniquet.

**REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Slides the wounded extremity through the loop of the self-adhering band or wraps around extremity.	1	
Positions the C-A-T above simulated wound site; leaving at least 2 inches (if possible) of uninjured skin between the C-A-T and the wound site.	1	
Twists the windlass rod until the distal pulse is no longer palpable.	1	
Locks the rod in place with the Windlass clip.	1	
Grasps the windlass strap, pulls it tight and adheres it to the Velcro on the windlass clip.	1	
Verbalizes using a marker to draw a "T" on the Patient's forehead and records the date and time the C-A-T was applied.	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total	: 12	

#### Critical Criteria:

 $\Box$  Did not take or verbalize appropriate body substance isolation precautions.

 $\Box$  Unable to control hemorrhage using correct procedures in a timely manner.

 $\hfill\square$  Did not indicate the need for immediate transportation.

- □ 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.



WOUND PACKING / PRESSURE BANDAGE

**OBJECTIVE:** The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

**EQUIPMENT:** PPE (Eye Protection/Gloves), wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket.

**COMPETENCY:** The student will be able to correctly stop uncontrolled hemorrhage and treat for shock. **REVISED DATE:** October 2020

	Possible	Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Exposes the injury.	1	
Pack the gauze into the wound focusing where the bleeding is heaviest.	1	
Hold pressure for three (3) minutes.	1	
Properly positions the patient.	1	
Administers high concentration oxygen.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates the need for immediate transportation.	1	
Actual Time Ended: Total:	11	

- □ Did not take or verbalize appropriate body substance isolation precautions.
- $\Box$  Unable to control hemorrhage using correct procedures in a timely manner.
- $\hfill\square$  Did not indicate the need for immediate transportation.
- $\hfill\square$  Failure to manage the patient as a competent EMT.



Training Skill Sheet

# **PROGRESS NOTES**

STRENGTHS	WEAKNESS

Student Name: