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AEMT Lab Manual

AEMT Lab Skills

The following skills are required lab skills needed to successfully complete your AEMT Initial Education Program. Note each skill has a required number of Peer Reviews and 1 Instructor Review. It is encouraged for students to practice the lab skills and utilize the Peer Reviews more than the required minimums to be fully prepared for the Instructor Reviews. When instructors are teaching a skill/procedure to the students, the required 6:1 ratio of students to instructors must be met. Each lab session should have sufficient equipment (and related supplies) available so that each student group (6 or less students) has access to the needed equipment/supplies necessary for the skill(s) they are learning.

| **Page** | **Lab Skill** | **Peer Reviews** | **Instructor Review** | **Total** |
| --- | --- | --- | --- | --- |
|  | *Handwashing* | 2 | 2 | 4 |
| 4 | Supraglottic Airway Insertion & Removal | 5 | 5 | 10 |
| 5 | Tracheal Suctioning | 2 | 2 | 4 |
| 6 | End-Tidal CO2 Waveform Capnography (Side-stream and In-line) | 2 | 2 | 4 |
| 7 | Setting up an IV Fluid Administration Set and Setting the Drip Rate | 2 | 2 | 4 |
| 8 | Establishing Intravenous Access | 4 | 4 | 8 |
| 9 | Establishing Intraosseous Access | 4 | 4 | 8 |
| 10 | Assembling Preloads | 2 | 2 | 4 |
| 11 | Draw from Ampule or Vial | 2 | 2 | 4 |
| 12 | Administering Intranasal Medication | 2 | 2 | 4 |
| 13 | Administering IM Injection | 2 | 2 | 4 |
| 14 | Administering SQ Injection | 2 | 2 | 4 |
| 15 | Administering IV Bolus Medication | 2 | 2 | 4 |

***HANDWASHING***

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |
| Inspect handwashing area for appropriate cleaner, towels & waste container | ✓ | ✓ |  |  | ✓ | ✓ |
| Assess hands for areas that may be heavily soiled and under nails | ✓ | ✓ |  |  | ✓ | ✓ |
| Remove jewelry and pushes watch and sleeves at least one inch above wrist | ✓ | ✓ |  |  | ✓ | ✓ |
| Turn on water and adjust temperature | ✓ | ✓ |  |  | ✓ | ✓ |
| Wet hands thoroughly while keeping hands and forearms down with elbows straight | ✓ | ✓ |  |  | ✓ | ✓ |
| Avoid splashing water on clothing, touching sides of sink or faucet, and leaning on sink or countertop | ✓ | ✓ |  |  | ✓ | ✓ |
| Apply appropriate cleaner to wet hands | ✓ | ✓ |  |  | ✓ | ✓ |
| Wash hands, wrists and one-inch up forearms for no less than 20 seconds   * Laces fingers and thumbs cleaning between the digits. * Rubs palms and back of hands. * Scrubs under nails by rubbing against palms. | ✓ | ✓ |  |  | ✓ | ✓ |
| Rinse thoroughly from wrist down while keeping hands and forearms down and elbows straight | ✓ | ✓ |  |  | ✓ | ✓ |
| Dry arms completely working from fingers up the hands to the wrists and forearms. | ✓ | ✓ |  |  | ✓ | ✓ |
| Dispose of wet towels in appropriate waste container. | ✓ | ✓ |  |  | ✓ | ✓ |
| Use dry towel to turn off water unless faucet has automatic, knee or foot controls. | ✓ | ✓ |  |  | ✓ | ✓ |
| Date: | 6/2/23 | 6/4/23 |  |  | 6/6/23 | 6/8/23 |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |
| Evaluators Signature: | Student #1 | Student #2 |  |  | Instructor | Instructor |

# **SUPRAGLOTTIC AIRWAY INSERTION & REMOVAL**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | **Peer** | **Peer** | **Peer** | **Instr.** | **Instr.** | **Instr.** | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |  |  |
| Direct ventilation of patient with BVM & basic airway adjunct |  |  |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized supraglottic airway device and necessary equipment |  |  |  |  |  |  |  |  |  |  |  |  |
| Check distal and pharyngeal cuffs and prepares device with appropriate lubricant |  |  |  |  |  |  |  |  |  |  |  |  |
| Position head properly and remove basic airway adjunct |  |  |  |  |  |  |  |  |  |  |  |  |
| Insert device gently down the oral cavity stopping when the appropriate depth is reached |  |  |  |  |  |  |  |  |  |  |  |  |
| Inflate cuffs to recommended volume |  |  |  |  |  |  |  |  |  |  |  |  |
| Ventilate with BVM while observing chest rise and auscultating breath sounds and epigastric sounds |  |  |  |  |  |  |  |  |  |  |  |  |
| Secure device after proper placement is confirmed |  |  |  |  |  |  |  |  |  |  |  |  |
| Ventilate patient at appropriate rate/depth depending on patient age |  |  |  |  |  |  |  |  |  |  |  |  |
| Reassess patients skin color, pulse oximetry, ETCO2 & cardiac rhythm (if permitted) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Examiner states, “Patient begins to wake up.”** |  |  |  |  |  |  |  |  |  |  |  |  |
| Identify need for removal and explain procedure to the patient, if needed |  |  |  |  |  |  |  |  |  |  |  |  |
| Ensure suction is available to collect/control vomiting |  |  |  |  |  |  |  |  |  |  |  |  |
| Turn patient to the lateral recumbent position |  |  |  |  |  |  |  |  |  |  |  |  |
| Completely deflates cuffs and remove tube holder |  |  |  |  |  |  |  |  |  |  |  |  |
| Pull tube in a gentle-steady fashion |  |  |  |  |  |  |  |  |  |  |  |  |
| Maintain airway protection while administering high concentration oxygen |  |  |  |  |  |  |  |  |  |  |  |  |
| Reassess patient’s respiratory status/effort, skin color, pulse oximetry, ETCO2 & cardiac rhythm (if permitted) |  |  |  |  |  |  |  |  |  |  |  |  |
| Adjust oxygen therapy as appropriate |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |  |  |

# **TRACHEAL SUCTIONING**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Explain procedure to the patient, if appropriate |  |  |  |  |  |  |  |  |
| Correctly assembles and test suction equipment |  |  |  |  |  |  |  |  |
| Obtain sterile water |  |  |  |  |  |  |  |  |
| Have assistant preoxygenate the patient |  |  |  |  |  |  |  |  |
| Correctly measures suction catheter |  |  |  |  |  |  |  |  |
| Lubricate suction catheter |  |  |  |  |  |  |  |  |
| Insert catheter into tracheal tube |  |  |  |  |  |  |  |  |
| Stops at measured stop on catheter or when coughing or vagal response is observed |  |  |  |  |  |  |  |  |
| Apply suction on the way out while gently twisting catheter |  |  |  |  |  |  |  |  |
| Assess effectiveness of suction |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **END TIDAL CO2 WAVEFORM CAPNOGRAPHY**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Obtain the necessary equipment |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient, if appropriate |  |  |  |  |  |  |  |  |
| Prepare disposable sensor and check end tidal detector |  |  |  |  |  |  |  |  |
| Connect tubing to the device and turn on monitor or attaches end tidal CO2 detection device |  |  |  |  |  |  |  |  |
| Grasp airway tube to stabilize and remove BVM |  |  |  |  |  |  |  |  |
| Insert end tidal CO2 device and reattaches BVM |  |  |  |  |  |  |  |  |
| Monitor readings for correct tube placement and trends |  |  |  |  |  |  |  |  |
| Evaluate patient’s condition and correlation to readings |  |  |  |  |  |  |  |  |
| Adjust interventions based on reassessment |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **SETTING UP AN IV FLUID ADMINISTRATION SET AND SETTING THE DRIP RATE**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Remove fluid bag from the protective wrapping |  |  |  |  |  |  |  |  |
| Inspect the bag; evaluates name of fluid and expiration date, Check for leaks |  |  |  |  |  |  |  |  |
| Inspect fluid for clarity |  |  |  |  |  |  |  |  |
| Select proper administration set |  |  |  |  |  |  |  |  |
| Uncoil tubing and ensure that flow regulator is closed |  |  |  |  |  |  |  |  |
| Remove protective coverings from the fluid bag port and the spike |  |  |  |  |  |  |  |  |
| Properly insert spike into the fluid bag port |  |  |  |  |  |  |  |  |
| Fill the drip chamber to the appropriate level |  |  |  |  |  |  |  |  |
| Open the flow regulator and properly flushes the line |  |  |  |  |  |  |  |  |
| Turn off the flow and verbalizes that the set is ready |  |  |  |  |  |  |  |  |
| Calculate the drip rate based on the orders |  |  |  |  |  |  |  |  |
| Adjust the roller clamp to the calculated drip rate |  |  |  |  |  |  |  |  |
| Complete all steps without compromising the sterility of any components |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ESTABLISHING INTRAVENOUS ACCESS**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | **Peer** | **Peer** | **Instr.** | **Instr.** | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Check selected IV fluid for correct IV fluid, expiration date, and clarity |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized catheter |  |  |  |  |  |  |  |  |  |  |
| Select appropriate IV administration set |  |  |  |  |  |  |  |  |  |  |
| Correctly prepares IV administration set |  |  |  |  |  |  |  |  |  |  |
| Cut or tear tape/op site prior to venipuncture |  |  |  |  |  |  |  |  |  |  |
| Apply constricting band (tourniquet) and Check for a distal pulse |  |  |  |  |  |  |  |  |  |  |
| Palpate suitable vein and cleanses site using aseptic technique |  |  |  |  |  |  |  |  |  |  |
| State “Open Sharp” when catheter is removed from package container |  |  |  |  |  |  |  |  |  |  |
| Apply traction using non-dominant hand to secure the vein at the insertion site |  |  |  |  |  |  |  |  |  |  |
| Advise patient of stick prior to inserting needle |  |  |  |  |  |  |  |  |  |  |
| Insert needle at proper angle and notes flashback |  |  |  |  |  |  |  |  |  |  |
| Lower angle of needle and insert another 2-3 mm |  |  |  |  |  |  |  |  |  |  |
| Advance catheter while maintaining position of the needle |  |  |  |  |  |  |  |  |  |  |
| Take care not to touch/contaminate the catheter during cannulation |  |  |  |  |  |  |  |  |  |  |
| Release tourniquet and occludes vein proximal to the catheter to minimize blood loss from the hub |  |  |  |  |  |  |  |  |  |  |
| Remove needle and disposes needle in sharps container |  |  |  |  |  |  |  |  |  |  |
| Connect IV tubing to catheter and opens roller clamp for a brief period to assure patency |  |  |  |  |  |  |  |  |  |  |
| Secure catheter and IV line |  |  |  |  |  |  |  |  |  |  |
| Check IV site for edema, redness, and pain |  |  |  |  |  |  |  |  |  |  |
| Adjust flow rate as appropriate |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ESTABLISHING INTRAOSSEOUS ACCESS**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |  |  |
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|  | **Peer** | **Peer** | **Peer** | **Peer** | **Instr.** | **Instr.** | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient, if appropriate |  |  |  |  |  |  |  |  |  |  |
| Check IV fluid for proper fluid, clarity, and expiration date |  |  |  |  |  |  |  |  |  |  |
| Select appropriate administration set, IO device, syringe, and other equipment |  |  |  |  |  |  |  |  |  |  |
| Prepare syringe and extension tubing |  |  |  |  |  |  |  |  |  |  |
| Cut or tear tape (prior to IO insertion) |  |  |  |  |  |  |  |  |  |  |
| Identify proper site for IO insertion |  |  |  |  |  |  |  |  |  |  |
| Use aseptic technique to properly cleanse insertion site |  |  |  |  |  |  |  |  |  |  |
| Stabilize site, for tibial site ensure stabilization without cupping |  |  |  |  |  |  |  |  |  |  |
| Insert IO needle at 90-degree angle |  |  |  |  |  |  |  |  |  |  |
| Unscrew and remove stylet from needle |  |  |  |  |  |  |  |  |  |  |
| Dispose of needle in sharps container |  |  |  |  |  |  |  |  |  |  |
| Attache extension set to IO needle and administers approximately 1 mL of saline then aspirates to ensure proper placement |  |  |  |  |  |  |  |  |  |  |
| Slowly injects saline to verify proper placement of needle |  |  |  |  |  |  |  |  |  |  |
| Adjust flow rate as appropriate |  |  |  |  |  |  |  |  |  |  |
| Secure needle with tape and bulky dressing or commercial IO device |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSEMBLING PRELOADS**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Select correct medication |  |  |  |  |  |  |  |  |
| Open medication box on the “OPEN HERE” end |  |  |  |  |  |  |  |  |
| Verify medication is clear, appropriate color, and of proper expiration date |  |  |  |  |  |  |  |  |
| Remove protective caps from both the syringe and preloaded vial |  |  |  |  |  |  |  |  |
| Secure the two parts together by screwing the vial onto the syringe making sure not to expel any medication |  |  |  |  |  |  |  |  |
| Recheck medication and amount expelling any excess air |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **DRAW FROM AMPULE OR VIAL**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMPULE** | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Select filter needle and appropriately sized syringe for type of administration/medication |  |  |  |  |  |  |  |  |
| Select the correct medication ampule and Check for concentration, dose, discoloration, and expiration date |  |  |  |  |  |  |  |  |
| Hold ampule with gauze pad, flicks ampule to send fluid to the base, and breaks ampule upright and away from self |  |  |  |  |  |  |  |  |
| Remove needle cap and insert needle so fluid covers bevel |  |  |  |  |  |  |  |  |
| Pull back on plunger and withdraws the correct amount of medication |  |  |  |  |  |  |  |  |
| Recheck medication and amount expelling any excess air or medication |  |  |  |  |  |  |  |  |
| Remove filter needle and disposes into appropriate sharps container |  |  |  |  |  |  |  |  |
| Select appropriate needle for medication administration and secure to syringe, expel air |  |  |  |  |  |  |  |  |
| **VIAL** |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Select and prepares appropriate needle and syringe for type of administration/medication |  |  |  |  |  |  |  |  |
| Select the correct medication vial and Check concentration, dose, discoloration, humidity damage, and expiration date |  |  |  |  |  |  |  |  |
| Remove protective cap from vial, if present, and cleanses stopper |  |  |  |  |  |  |  |  |
| Remove needle cap and Pull plunger back to same volume to be withdrawn from the vial |  |  |  |  |  |  |  |  |
| Inject the needle through the center of the stopper and insert all the air into the vial |  |  |  |  |  |  |  |  |
| Invert vial so fluid covers the bevel and pull back on the plunger to withdraw the correct amount of medication |  |  |  |  |  |  |  |  |
| Recheck the medication and amount expelling any excess air or medication |  |  |  |  |  |  |  |  |
| Remove current needle and disposes into appropriate sharps container |  |  |  |  |  |  |  |  |
| Secure appropriate needle for medication administration and secure to syringe, expel air |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING INTRANASAL MEDICATION**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Select the correct medication |  |  |  |  |  |  |  |  |
| Check the medication for concentration, expiration date, clarity, and discoloration |  |  |  |  |  |  |  |  |
| Select proper needle and syringe (19-22 ga, 1-2 in long needle) |  |  |  |  |  |  |  |  |
| Prepare correct amount of medication |  |  |  |  |  |  |  |  |
| Dispose of the needle in sharps container |  |  |  |  |  |  |  |  |
| Prepare the atomizer device according to the manufacturer’s guidelines |  |  |  |  |  |  |  |  |
| Insert the tip of the atomizer into the patient’s nostril, directing it towards the septum |  |  |  |  |  |  |  |  |
| Ensure a slow and steady administration, administer the medication |  |  |  |  |  |  |  |  |
| If necessary, assist the patient with proper breathing |  |  |  |  |  |  |  |  |
| Monitor the patient for effects of the medication and adverse reactions |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING IM INJECTION**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Select the correct medication |  |  |  |  |  |  |  |  |
| Check the medication for concentration, expiration date, clarity, and discoloration |  |  |  |  |  |  |  |  |
| Select proper needle and syringe (19-22 ga, 1-2 in long needle) |  |  |  |  |  |  |  |  |
| Prepare correct amount of medication |  |  |  |  |  |  |  |  |
| State “Open Sharps” whenever needle is uncapped |  |  |  |  |  |  |  |  |
| Choose and cleanses injection site appropriately |  |  |  |  |  |  |  |  |
| Confirm correct drug and dose at least twice |  |  |  |  |  |  |  |  |
| Stretch skin for injection |  |  |  |  |  |  |  |  |
| Insert needle at 90 degrees |  |  |  |  |  |  |  |  |
| Aspirate for blood, and if no blood injects medication properly |  |  |  |  |  |  |  |  |
| Remove needle and disposes in sharps container |  |  |  |  |  |  |  |  |
| Cover the site of the injection properly |  |  |  |  |  |  |  |  |
| Monitor patient for effects of medication and adverse reaction |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING SQ INJECTION**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Select the correct medication |  |  |  |  |  |  |  |  |
| Check the medication for concentration, expiration date, clarity, and discoloration |  |  |  |  |  |  |  |  |
| Select proper needle and syringe (23-26 ga, 5/8in long needle) |  |  |  |  |  |  |  |  |
| Prepare correct amount of medication |  |  |  |  |  |  |  |  |
| State “Open Sharps” whenever needle is uncapped |  |  |  |  |  |  |  |  |
| Choose and cleanses injection site appropriately |  |  |  |  |  |  |  |  |
| Confirm correct drug and dose at least twice |  |  |  |  |  |  |  |  |
| Pinch skin for injection |  |  |  |  |  |  |  |  |
| Insert needle at 45 degrees |  |  |  |  |  |  |  |  |
| Aspirate for blood, and if no blood injects medication properly |  |  |  |  |  |  |  |  |
| Remove needle and disposes in sharps container |  |  |  |  |  |  |  |  |
| Cover the site of the injection properly |  |  |  |  |  |  |  |  |
| Monitor patient for effects of medication and adverse reaction |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING IV BOLUS MEDICATION**

For any portion of the skill performed unsuccessfully, mark the column with an (X). The candidate must attempt the entire skill again to ensure competency.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr**. |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Ensure IV is flowing with no signs of infiltration |  |  |  |  |  |  |  |  |
| Obtain patients allergy and medication information |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Select the correct medication |  |  |  |  |  |  |  |  |
| Check selected medication for concentration, discoloration, and expiration date |  |  |  |  |  |  |  |  |
| Calculate the correct amount of volume to be administered |  |  |  |  |  |  |  |  |
| Prepare medication from vial, ampule, or preload appropriately |  |  |  |  |  |  |  |  |
| Assure air is expelled from syringe and correct dose is drawn up |  |  |  |  |  |  |  |  |
| Verbalize a 2nd check of medication for proper medication, concentration, discoloration, and expiration date |  |  |  |  |  |  |  |  |
| Assure aseptic technique when connecting syringe to IV line |  |  |  |  |  |  |  |  |
| Stop IV flow (either by using slide clamp, roller clamp, or by pinching IV tubing proximal to the syringe) |  |  |  |  |  |  |  |  |
| Administer medication at appropriate push rate |  |  |  |  |  |  |  |  |
| Dispose of syringe in proper container |  |  |  |  |  |  |  |  |
| Flush tubing for short period of time to assure medication has cleared IV line |  |  |  |  |  |  |  |  |
| Adjust flow rate as appropriate |  |  |  |  |  |  |  |  |
| Monitor patient for effects of medication and adverse reaction |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |