Logo, icon

Description automatically generated

EMT Lab Manual

EMT Lab Skills

The following skills are all lab skills, including required and optional, needed to successfully complete your EMT 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 Apply 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 |
| 7 | Donning and Doffing of PPE Gown, Gloves, Mask and Goggles/Face Shield | 2 | 2 | 4 |
| 9 | Long Spine Board Diamond Carry | 1 | 2 | 3 |
| 10 | Direct Ground Lift | 1 | 2 | 3 |
| 11 | Scoop Stretcher | 2 | 2 | 4 |
| 12 | Stair Chair | 2 | 2 | 4 |
| 13 | Stretcher Operations Manual/Automatic | 4 | 2 | 6 |
| 14 | **Lifting and Transferring a Patient to a Stretcher** | 4 | 2 | 6 |
| 15 | Powerlift | 2 | 2 | 3 |
| 16 | Moving a Patient using a Drawsheet Method | 4 | 2 | 6 |
| 17 | Transfer a Patient to a Hospital Stretcher | 4 | 2 | 6 |
| 18 | Positioning Patient from Prone to Supine | 4 | 2 | 6 |
| 19 | Basic Airway Maneuvers (Head-Tilt, Chin Lift and Jaw-Thrust) | 4 | 2 | 6 |
| 20 | **Inserting an OPA** | 4 | 2 | 6 |
| 21 | **Inserting an NPA** | 4 | 2 | 6 |
| 22 | **Performing Oral Suctioning** | 4 | 2 | 6 |
| 23 | Performing Nasal Suctioning | 4 | 2 | 6 |
| 24 | **Performing FBAO: Adult** | 4 | 2 | 6 |
| 25 | Mouth to Mask Ventilation | 2 | 2 | 6 |
| 26 | Mask to Stoma Ventilation | 2 | 2 | 6 |
| 27 | **Ventilating an Adult Patient with BVM** | 4 | 2 | 6 |
| 28 | Ventilating an Adult Patient with BVM (Two-Rescuer) | 4 | 2 | 6 |
| 29 | FROPVD Ventilation | 2 | 2 | 6 |
| 30 | **Application of Automatic Transport Ventilator** | 4 | 2 | 6 |
| 31 | **Application of CPAP** | 4 | 2 | 6 |
| 32 | Administration of Humidified Oxygen | 2 | 2 | 4 |
| 33 | **Initiating Oxygen Administration via Nasal Cannula** | 4 | 2 | 6 |
| 34 | **Initiating Oxygen Administration via Non-Rebreather** | 4 | 2 | 6 |
| 35 | Initiating Oxygen Administration via Partial-Rebreather | 2 | 2 | 4 |
| 36 | Initiating Oxygen Administration via Venturi Mask | 2 | 2 | 4 |
| 37 | Assessment of Breathing and Breath Sounds | 4 | 2 | 6 |
| 38 | Assessment of Pulses | 4 | 2 | 6 |
| 39 | Assessment of Skin Signs | 4 | 2 | 6 |
| 40 | Assessment of Capillary Refill | 4 | 2 | 6 |
| 41 | Application of Cardiac Monitor | 4 | 2 | 6 |
| 42 | **Cardiac Monitoring: 12-lead ECG Acquisition and Transmission** | 4 | 2 | 6 |
| 43 | Assessment of Pulse Oximetry | 4 | 2 | 6 |
| 44 | Assessment of Pupillary Status | 4 | 2 | 6 |
| 45 | Assessing Blood Pressure by Auscultation | 4 | 2 | 6 |
| 46 | Assessing Blood Pressure by Palpation | 4 | 2 | 6 |
| 47 | Assessment of Blood Glucose Levels | 4 | 2 | 6 |
| 48 | Rapid Primary Assessment | 2 | 2 | 4 |
| 49 | Adult/Geriatric Medical Patient Assessment | 4 | 2 | 6 |
| 50 | Adult/Geriatric Trauma Patient Assessment | 4 | 2 | 6 |
| 51 | **Performing a Comprehensive Physical Assessment (Vitals, SPO2, Glucose)** | 2 | 2 | 4 |
| 52 | Radio Transmission | 2 | 2 | 4 |
| 53 | Administering Sublingual/Mucosal Medication | 4 | 2 | 6 |
| 54 | Administering Medication Via Metered-Dose Inhaler | 4 | 2 | 6 |
| 55 | Administering Medication Via Metered-Dose Inhaler with a Spacer | 4 | 2 | 6 |
| 56 | Administering Nebulized Medications | 4 | 2 | 6 |
| 57 | Administering Approved OTC Medications | 4 | 2 | 6 |
| 58 | Administering Oral Glucose | 4 | 2 | 6 |
| 59 | Administering EpiPen | 4 | 2 | 6 |
| 60 | Administering Prefilled Intranasal Medication | 4 | 2 | 6 |
| 61 | Administering Naloxone | 4 | 2 | 6 |
| 62 | Management of Difficulty Breathing | 4 | 2 | 6 |
| 63 | Managing an Allergic Reaction | 4 | 2 | 6 |
| 64 | Managing Chest Pain | 4 | 2 | 6 |
| 65 | **Performing CPR: Adult** | 4 | 2 | 6 |
| 66 | **Mechanical CPR Device** | 2 | 2 | 4 |
| 67 | **Defibrillation: Automated and Semi-Automated** | 2 | 2 | 4 |
| 68 | Management of Diabetic Emergency | 4 | 2 | 6 |
| 69 | **Mechanical Patient Restraint** | 2 | 2 | 4 |
| 70 | **Performing Complicated/Uncomplicated Childbirth** | 2 | 2 | 4 |
| 71 | **Ventilating a Pediatric Patient with a BVM** | 4 | 2 | 6 |
| 72 | **Ventilating a Neonatal Patient with a BVM** | 4 | 2 | 6 |
| 73 | **Performing CPR: Pediatric** | 4 | 2 | 6 |
| 74 | **Performing CPR: Neonate** | 4 | 2 | 6 |
| 75 | **Performing FBAO: Infant** | 4 | 2 | 6 |
| 76 | Pediatric Trauma Assessment | 4 | 2 | 6 |
| 77 | Pediatric Medical Assessment | 4 | 2 | 6 |
| 78 | Pediatric Patient: Inserting an OPA | 4 | 2 | 6 |
| 79 | Pediatric Patient: Inserting an NPA | 4 | 2 | 6 |
| 80 | Pediatric Respiratory Compromise | 2 | 2 | 4 |
| 81 | Pediatric Ventilatory Management | 2 | 2 | 4 |
| 82 | **Pediatric Restraining System for Stretcher** | 2 | 2 | 4 |
| 83 | **Applying a Cervical Collar and LSB** | 4 | 2 | 6 |
| 84 | **Performing Spinal Motion Restriction** | 4 | 2 | 6 |
| 85 | Immobilization of a Seated Patient with a KED | 2 | 2 | 4 |
| 86 | Immobilizing a Standing Patient-3 Rescuer | 2 | 2 | 4 |
| 87 | Rapid Extrication | 2 | 2 | 4 |
| 88 | Selective Spinal Immobilization | 2 | 2 | 4 |
| 89 | **Hemorrhage Control and Shock Management** | 4 | 2 | 6 |
| 90 | **Dressing and Bandaging a Soft Tissue Injury** | 4 | 2 | 6 |
| 91 | **Packing a Bleeding Wound** | 4 | 2 | 6 |
| 92 | Managing Burns | 2 | 2 | 4 |
| 93 | Electrical Burns and Lightening Injuries | 2 | 2 | 4 |
| 94 | Applying a Dressing to an Abdominal Evisceration | 2 | 2 | 4 |
| 95 | **Applying an Occlusive Dressing to an Open Wound to the Thorax** | 2 | 2 | 4 |
| 96 | **Stabilizing an Impaled Object** | 2 | 2 | 4 |
| 97 | Impaled Object in the Eye | 2 | 2 | 4 |
| 98 | **Eye Irrigation** | 2 | 2 | 4 |
| 99 | **Splinting a Suspected Long Bone Injury** | 2 | 2 | 4 |
| 100 | **Splinting a Suspected Joint Injury** | 2 | 2 | 4 |
| 101 | Immobilized Knee injury in Straight Position | 2 | 2 | 4 |
| 102 | Rigid Splint for Hip Injury | 2 | 2 | 4 |
| 103 | **Application of Traction Splint** | 2 | 2 | 4 |
| 104 | Partial Face Helmet Removal | 1 | 2 | 3 |
| 105 | Full Face Helmet Removal | 1 | 2 | 3 |

# ***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 and waste container | ✓ | ✓ |  |  | ✓ | ✓ |
| Assess hands for areas that may be heavily soiled and under nails | ✓ | ✓ |  |  | ✓ | ✓ |
| Remove jewelry and push 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   * Lace fingers and thumbs cleaning between the digits. * Rub palms and back of hands. * Scrub 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 |

# **DONNING AND DOFFING PPE GOWN, GLOVES, MASK and GOGGLES/FACE SHIELD**

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.** |  |  |
| Select appropriate size and type of PPE gown, gloves, mask and goggles/face shield |  |  |  |  |  |  |  |  |
| **Donning of Gown** |  |  |  |  |  |  |  |  |
| Open gown and unfolds gown |  |  |  |  |  |  |  |  |
| Facing the back opening of the gown place arms through each sleeve |  |  |  |  |  |  |  |  |
| Fasten the neck opening |  |  |  |  |  |  |  |  |
| Secure gown at waist ensuring the back of clothing is covered |  |  |  |  |  |  |  |  |
| **Donning of Mask** |  |  |  |  |  |  |  |  |
| Secure ties or elastic bands at middle of head and neck |  |  |  |  |  |  |  |  |
| Adjust flexible band to nose bridge |  |  |  |  |  |  |  |  |
| Ensure snug fit to face and below chin |  |  |  |  |  |  |  |  |
| **Donning of Goggles/Face Shield** |  |  |  |  |  |  |  |  |
| Apply to face and adjust to fit |  |  |  |  |  |  |  |  |
| **Donning of Gloves** |  |  |  |  |  |  |  |  |
| Examine hands for jewelry or nails that may damage examination gloves |  |  |  |  |  |  |  |  |
| Pull gloves on each hand one at a time ensuring they extend above the cuff of the gown |  |  |  |  |  |  |  |  |
| Identify appropriate waste container |  |  |  |  |  |  |  |  |
| **Removal of Gloves** |  |  |  |  |  |  |  |  |
| Grasp the palm of one gloved hand with the other gloved hand |  |  |  |  |  |  |  |  |
| Remove first glove by peeling down into palm of other gloved hand |  |  |  |  |  |  |  |  |
| Hold removed glove in palm of gloved hand |  |  |  |  |  |  |  |  |
| Slide fingers under cuff of remaining glove at the wrist being careful not to touch the outside of the glove |  |  |  |  |  |  |  |  |
| Peel the remaining glove off and over the first glove |  |  |  |  |  |  |  |  |
| Properly disposes of gloves in appropriate waste container |  |  |  |  |  |  |  |  |
| **Removal of Goggles/Face Shield** |  |  |  |  |  |  |  |  |
| Be cautious as not to touch the outside of goggles or face shield |  |  |  |  |  |  |  |  |
| Properly dispose of goggles/face shield in appropriate waste container |  |  |  |  |  |  |  |  |
| **Removal of Gown** |  |  |  |  |  |  |  |  |
| Unfasten gown at neck and waist |  |  |  |  |  |  |  |  |
| Remove gown by turning it inward while holding it away from self, keeping it from touching the floor, ensuring the outside of the gown is not touched |  |  |  |  |  |  |  |  |
| Dispose of inside out gown in appropriate waste container |  |  |  |  |  |  |  |  |
| **Removal of Mask** |  |  |  |  |  |  |  |  |
| Ensure that student does not touch the front of the mask |  |  |  |  |  |  |  |  |
| After removal of gloves, grasp only bottom then top ties/elastic bands and remove |  |  |  |  |  |  |  |  |
| Properly dispose of mask in appropriate waste container |  |  |  |  |  |  |  |  |
| Immediately wash hands or use alcohol-based hand sanitizer if handwashing not immediately available. |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **LONG SPINE BOARD DIAMOND CARRY**

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 |  |  |  |  |  |  |  |  |
| Position the providers with one at the head, one at the foot, and one on each side of the patient |  |  |  |  |  |  |  |  |
| In unison, grasp the LSB and lift the patient |  |  |  |  |  |  |  |  |
| The providers on each side turn to face the patient’s feet while grasping the LSB in one hand |  |  |  |  |  |  |  |  |
| The provider at the foot turn around grasping the LSB from behind |  |  |  |  |  |  |  |  |
| All providers should be facing forward in the same direction |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **DIRECT GROUND LIFT**

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 |  |  |  |  |  |  |  |  |
| Kneel appropriately next to the patient |  |  |  |  |  |  |  |  |
| Ensure that all providers have hands positioned evenly under the patient |  |  |  |  |  |  |  |  |
| Ensure that patient’s head is cradled |  |  |  |  |  |  |  |  |
| Lift the patient to the rescuer’s knees and roll towards chest |  |  |  |  |  |  |  |  |
| In unison, lift patient up and to carrying device |  |  |  |  |  |  |  |  |
| Ensure that patient is lifted smoothly and evenly |  |  |  |  |  |  |  |  |
| Communicate effectively with other providers to ensure smooth movements |  |  |  |  |  |  |  |  |
| Apply proper body mechanics at all times during move |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **SCOOP STRETCHER**

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 |  |  |  |  |  |  |  |  |
| With another provider, separate the scoop stretcher creating two halves |  |  |  |  |  |  |  |  |
| Position one side of the stretcher by slightly lifting the patient’s side and sliding the stretcher under the patient |  |  |  |  |  |  |  |  |
| Position the other side by slightly lifting the patient and sliding the stretcher into place |  |  |  |  |  |  |  |  |
| Lock both ends together, ensuring you do not pinch the patient; Reposition the patient as needed |  |  |  |  |  |  |  |  |
| Apply and tighten straps across the patient |  |  |  |  |  |  |  |  |
| Using proper body mechanics, in unison, lift the scoop stretcher and secure on the wheeled stretcher |  |  |  |  |  |  |  |  |
| Communicate effectively with the other provider to ensure smooth movement of patient |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **STAIR CHAIR**

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 |  |  |  |  |  |  |  |  |
| Place the stair chair beside the patient, ensuring the wheels are locked |  |  |  |  |  |  |  |  |
| Using an appropriate lift, move the patient to the stair chair |  |  |  |  |  |  |  |  |
| Secure the patient to the stair chair per the manufacture’s guidelines |  |  |  |  |  |  |  |  |
| Unlock the wheels to guide the patient across flat surfaces |  |  |  |  |  |  |  |  |
| **Evaluator states, “demonstrate how you would transport a patient down stairs”** |  |  |  |  |  |  |  |  |
| Position one provider at the head end and open provider at the foot end, identify the lifting handles in each location |  |  |  |  |  |  |  |  |
| Using proper body techniques, in unison, lift the chair and slowly carry the chair down the stairs |  |  |  |  |  |  |  |  |
| Communicate effectively with the other provider to ensure smooth movement of patient |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **STRETCHER OPERATIONS MANUAL/AUTOMATIC**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply proper PPE |  |  |  |  |  |  |  |  |  |  |
| Position the stretcher next to the patient, ensuring that it is stable and secure |  |  |  |  |  |  |  |  |  |  |
| Lower the stretcher to the proper height to load the patient |  |  |  |  |  |  |  |  |  |  |
| Position the patient on the stretcher, ensuring their head is at the top and their feet are at the bottom |  |  |  |  |  |  |  |  |  |  |
| Secure the patient to the stretcher using patient straps, ensuring they are snug but not too tight |  |  |  |  |  |  |  |  |  |  |
| Lift the stretcher to the desired height, ensuring it is level and stable |  |  |  |  |  |  |  |  |  |  |
| Move the stretcher to the ambulance, ensuring it is moved smoothly and without jarring the stretcher |  |  |  |  |  |  |  |  |  |  |
| *If resources allow:* Load the stretcher into the ambulance, ensuring it is secure and not moving during transport |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **LIFTING AND TRANSFERRING A PATIENT TO A STRETCHER**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Position the stretcher and lower to the proper height of the transfer |  |  |  |  |  |  |  |  |  |  |
| Ensure the stretcher is stable and wheels are locked |  |  |  |  |  |  |  |  |  |  |
| Obtain appropriate tools to assist with lift and transfer |  |  |  |  |  |  |  |  |  |  |
| Communicate lifting plan with other personnel to ensure smooth movements |  |  |  |  |  |  |  |  |  |  |
| Ensure that patient is supported appropriately |  |  |  |  |  |  |  |  |  |  |
| Using proper lifting techniques, lift the patient onto the stretcher |  |  |  |  |  |  |  |  |  |  |
| Ensure the patients head is at the top and feet at the bottom of the stretcher |  |  |  |  |  |  |  |  |  |  |
| Secure the patient to the stretcher using patient straps, ensuring they are snug but not too tight |  |  |  |  |  |  |  |  |  |  |
| Check patient’s comfort and stability adjusting when necessary |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **POWERLIFT**

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 |  |  |  |  |  |  |  |  |
| Position body properly with feet shoulder-width apart, turned slightly out, and flat on the ground |  |  |  |  |  |  |  |  |
| Keep back locked and lowers to the weight by bending knees |  |  |  |  |  |  |  |  |
| Keep back locked and feet flat while lifting with legs |  |  |  |  |  |  |  |  |
| Return to standing position with back locked and straight |  |  |  |  |  |  |  |  |
| Communicate effectively with other rescuer to ensure smooth movements |  |  |  |  |  |  |  |  |
| Apply proper body mechanics at all times during move |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **MOVING A PATIENT USING THE DRAWSHEET METHOD**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Log roll patient onto drawsheet |  |  |  |  |  |  |  |  |  |  |
| Position stretcher in the lowest position, ensuring wheels are locked |  |  |  |  |  |  |  |  |  |  |
| In unison, both providers grasp the drawsheet and lift the patient moving towards the stretcher |  |  |  |  |  |  |  |  |  |  |
| Communicate effectively with other rescuer to ensure smooth movements |  |  |  |  |  |  |  |  |  |  |
| Ensure patient is in position of comfort for transport, adjust as necessary |  |  |  |  |  |  |  |  |  |  |
| Apply proper body mechanics at all times during move |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **TRANSFER A PATIENT TO A HOSPITAL STRETCHER**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Position raised ambulance cot next to hospital stretcher |  |  |  |  |  |  |  |  |  |  |
| Gather the sheets on either side of patient; pulls sheet taut (instruct others) |  |  |  |  |  |  |  |  |  |  |
| Ensure that patient is supported at shoulders, mid-torso, hips, and knees |  |  |  |  |  |  |  |  |  |  |
| Gently slide the patient to the hospital stretcher; ensuring patient is centered and that rails are raised |  |  |  |  |  |  |  |  |  |  |
| Communicate effectively with other lifting personnel to ensure smooth movements |  |  |  |  |  |  |  |  |  |  |
| Apply proper body mechanics at all times during move |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **POSITIONING PATIENT FROM PRONE TO SUPINE**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Straighten patient’s legs and position closet arm above patient’s head |  |  |  |  |  |  |  |  |  |  |
| Grasp under patient’s far armpit |  |  |  |  |  |  |  |  |  |  |
| Cradle patient’s head and neck while moving patient onto side |  |  |  |  |  |  |  |  |  |  |
| Move patient onto back and reposition extended arm |  |  |  |  |  |  |  |  |  |  |
| Demonstrate safe lifting technique (proper body mechanics) |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **BASIC AIRWAY MANEUVERS**

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 | Peer | **Instr.** | **Instr.** |  |  |
| **Head-Tilt, Chin-Lift Maneuver** |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Place one hand on patient’s forehead |  |  |  |  |  |  |  |  |  |  |
| Properly place fingertips of other hand on patient’s lower jaw |  |  |  |  |  |  |  |  |  |  |
| Appropriately tilt patient’s head and open airway |  |  |  |  |  |  |  |  |  |  |
| Do not compress soft tissue under patient’s chin |  |  |  |  |  |  |  |  |  |  |
| Do not close patient’s mouth |  |  |  |  |  |  |  |  |  |  |
| **Jaw-Thrust Maneuver** |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Kneel above the patient’s head |  |  |  |  |  |  |  |  |  |  |
| Place hands appropriately on each side of the patient’s head |  |  |  |  |  |  |  |  |  |  |
| Stabilize patient head with forearms |  |  |  |  |  |  |  |  |  |  |
| Use index fingers to push patient’s lower jaw forward |  |  |  |  |  |  |  |  |  |  |
| Maintain alignment of the patient’s head, neck and spine at all times |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **INSERTING AN OPA**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized airway |  |  |  |  |  |  |  |  |  |  |
| Measure airway |  |  |  |  |  |  |  |  |  |  |
| Insert the airway without pushing the tongue posteriorly |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises “the patient is gagging and becoming conscious”** |  |  |  |  |  |  |  |  |  |  |
| Remove the oropharyngeal airway |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **INSERTING AN NPA**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized airway |  |  |  |  |  |  |  |  |  |  |
| Measure airway |  |  |  |  |  |  |  |  |  |  |
| Verbalize lubrication of the nasal airway |  |  |  |  |  |  |  |  |  |  |
| Fully insert the airway with the bevel facing the septum |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING ORAL 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** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Turn on/prepare suction device |  |  |  |  |  |  |  |  |  |  |
| Ensure presence of mechanical suction |  |  |  |  |  |  |  |  |  |  |
| Insert the suction tip without suction |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate suction to the oropharynx while withdrawing the suction tip |  |  |  |  |  |  |  |  |  |  |
| Ensure that suction is only applied to the areas visible to the provider |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING NASAL 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** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to the patient if appropriate |  |  |  |  |  |  |  |  |  |  |
| Correctly assemble and test suction equipment |  |  |  |  |  |  |  |  |  |  |
| Obtain sterile water |  |  |  |  |  |  |  |  |  |  |
| Have assistant pre-oxygenate the patient if appropriate |  |  |  |  |  |  |  |  |  |  |
| Correctly measure suction catheter (nose to earlobe) |  |  |  |  |  |  |  |  |  |  |
| Lubricate suction catheter if needed |  |  |  |  |  |  |  |  |  |  |
| Insert catheter into nare properly and without excessive force |  |  |  |  |  |  |  |  |  |  |
| Apply suction for no longer than 15 seconds on the way out while gently twisting catheter |  |  |  |  |  |  |  |  |  |  |
| Assess effectiveness of suction and monitor for vomiting |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING FBAO: ADULT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Determine scene safety |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Briefly question patient/bystanders about event |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| Ask patient if they can speak/cough forcefully |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is unable to speak and/or has a weak cough/absent cough”** |  |  |  |  |  |  |  |  |  |  |
| Request ALS Unit if not previously done |  |  |  |  |  |  |  |  |  |  |
| Student properly perform abdominal thrusts with proper hand placement and technique |  |  |  |  |  |  |  |  |  |  |
| **Evaluator asks, “When would you discontinue the abdominal thrusts?”** |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MOUTH TO MASK VENTILATION**

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 |  |  |  |  |  |  |  |  |
| Assess ventilator status |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |
| Properly position mask |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate if available |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **MASK TO STOMA VENTILATION**

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 |  |  |  |  |  |  |  |  |
| Assess ventilatory status |  |  |  |  |  |  |  |  |
| Verify patient is full stoma breather or is prepared to close the upper airway |  |  |  |  |  |  |  |  |
| Inspect stoma for foreign material |  |  |  |  |  |  |  |  |
| Clear airway, if needed |  |  |  |  |  |  |  |  |
| Select an appropriate mask (Infant or Seal Easy “Blob”) |  |  |  |  |  |  |  |  |
| Attach mask to appropriate bag-valve device |  |  |  |  |  |  |  |  |
| Create a tight mask seal around stoma without causing vagal or carotid stimulus |  |  |  |  |  |  |  |  |
| Obtain adequate ventilations in less than 30 seconds |  |  |  |  |  |  |  |  |
| Observe for chest rise and fall and evaluate compliance |  |  |  |  |  |  |  |  |
| Provide adequate tidal volume |  |  |  |  |  |  |  |  |
| Ventilate patient at appropriate rate |  |  |  |  |  |  |  |  |
| Listen to lung sounds |  |  |  |  |  |  |  |  |
| Reassess patient’s response to ventilation |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **VENTILATING AN ADULT PATIENT WITH BVM**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess ventilator status |  |  |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to appropriately sized BVM |  |  |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |  |  |
| Reassess and monitors patient’s response to ventilations |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **VENTILATING AN ADULT PATIENT WITH BVM (TWO RESCUER)**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess ventilatory status |  |  |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to appropriately sized BVM |  |  |  |  |  |  |  |  |  |  |
| Second rescuer create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **FROPVD VENTILATION**

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 |  |  |  |  |  |  |  |  |
| Assess ventilatory status |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to FROPVD |  |  |  |  |  |  |  |  |
| Verbalize triggering ventilation device until chest rise is visible |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Reassess and monitors patient’s response to ventilations |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **APPLICATION OF AUTOMATIC TRANSPORT VENTILATOR**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select proper equipment |  |  |  |  |  |  |  |  |  |  |
| Connect patient circuit to ventilator |  |  |  |  |  |  |  |  |  |  |
| Check connection of oxygen hoses and tubing |  |  |  |  |  |  |  |  |  |  |
| Turn on oxygen tank and check for leaks |  |  |  |  |  |  |  |  |  |  |
| Select appropriate rate and volume settings for Adult/Pediatric patient (6-7 ml/kg) |  |  |  |  |  |  |  |  |  |  |
| Verify oxygen is being delivered through patient circuit and check high pressure alarm |  |  |  |  |  |  |  |  |  |  |
| Attach patient circuit to ET tube or mask |  |  |  |  |  |  |  |  |  |  |
| Observe chest rise |  |  |  |  |  |  |  |  |  |  |
| Auscultate breath sounds over all lung fields and epigastrium |  |  |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to the ventilator |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **APPLICATION OF CPAP**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess patient and determine appropriateness for CPAP |  |  |  |  |  |  |  |  |  |  |
| Explain device to patient and the potential for initial discomfort |  |  |  |  |  |  |  |  |  |  |
| Apply mask and continue to calm and reassure patient |  |  |  |  |  |  |  |  |  |  |
| Ensure proper oxygen settings *(follow local protocols)* |  |  |  |  |  |  |  |  |  |  |
| Reassess patient |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the patient is not tolerating the CPAP and breathing has become inadequate.”** |  |  |  |  |  |  |  |  |  |  |
| Discontinue CPAP by removing the mask and ventilating the patient with a BVM on supplemental oxygen |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTRATION OF HUMIDIFIED OXYGEN**

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 |  |  |  |  |  |  |  |  |
| Attach flow regulator with oxygen humidifier adapter to wall mount or large oxygen tank |  |  |  |  |  |  |  |  |
| Open humidifier bottle package and check for color, clarity, and expiration date |  |  |  |  |  |  |  |  |
| Properly screw humidifier bottle onto flow regulator |  |  |  |  |  |  |  |  |
| Appropriately adjust flow meter for oxygen delivery device being used |  |  |  |  |  |  |  |  |
| Apply oxygen delivery device to the patient |  |  |  |  |  |  |  |  |
| Appropriately reassess the patient |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING OXYGEN BY NASAL CANNULA**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select proper equipment |  |  |  |  |  |  |  |  |  |  |
| Assemble the regulator to the tank |  |  |  |  |  |  |  |  |  |  |
| Open the tank |  |  |  |  |  |  |  |  |  |  |
| Check for leaks |  |  |  |  |  |  |  |  |  |  |
| Check tank pressure |  |  |  |  |  |  |  |  |  |  |
| Attach nasal cannula to oxygen tank |  |  |  |  |  |  |  |  |  |  |
| Adjust liter flow to 6 LPM or less |  |  |  |  |  |  |  |  |  |  |
| Properly place nasal cannula on patient |  |  |  |  |  |  |  |  |  |  |
| Reassess patient’s respiratory status, mental status, respiratory rate, respiratory effort, breath sounds, skin color, and pulse oximetry |  |  |  |  |  |  |  |  |  |  |
| Adjust oxygen flow as needed based on reassessment |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING OXYGEN BY NON-REBREATHER**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select proper equipment |  |  |  |  |  |  |  |  |  |  |
| Assemble the regulator to the tank |  |  |  |  |  |  |  |  |  |  |
| Open the tank |  |  |  |  |  |  |  |  |  |  |
| Check for leaks |  |  |  |  |  |  |  |  |  |  |
| Check tank pressure |  |  |  |  |  |  |  |  |  |  |
| Attach non-rebreather to oxygen tank |  |  |  |  |  |  |  |  |  |  |
| Adjust liter flow to 10-15 LPM |  |  |  |  |  |  |  |  |  |  |
| Allow reservoir bag to completely fill |  |  |  |  |  |  |  |  |  |  |
| Properly place non-rebreather mask on patient |  |  |  |  |  |  |  |  |  |  |
| Reassess patient’s respiratory status, mental status, respiratory rate, respiratory effort, breath sounds, skin color, and pulse oximetry |  |  |  |  |  |  |  |  |  |  |
| Adjust oxygen flow as needed based on reassessment |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING OXYGEN BY PARTIAL-REBREATHER**

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 proper equipment |  |  |  |  |  |  |  |  |
| Assemble the regulator to the tank |  |  |  |  |  |  |  |  |
| Open the tank |  |  |  |  |  |  |  |  |
| Check for leaks |  |  |  |  |  |  |  |  |
| Check tank pressure |  |  |  |  |  |  |  |  |
| Attach partial rebreather to oxygen tank |  |  |  |  |  |  |  |  |
| Adjust liter flow to 9-10 LPM |  |  |  |  |  |  |  |  |
| Allow reservoir bag to completely fill |  |  |  |  |  |  |  |  |
| Properly place partial rebreather mask on patient |  |  |  |  |  |  |  |  |
| Reassess patient’s respiratory status, mental status, respiratory rate, respiratory effort, breath sounds, skin color, and pulse oximetry |  |  |  |  |  |  |  |  |
| Adjust oxygen flow as needed based on reassessment |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADMINISTERING OXYGEN BY VENTURI MASK**

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 proper equipment |  |  |  |  |  |  |  |  |
| Assemble the regulator to the tank |  |  |  |  |  |  |  |  |
| Open the tank |  |  |  |  |  |  |  |  |
| Check for leaks |  |  |  |  |  |  |  |  |
| Check tank pressure |  |  |  |  |  |  |  |  |
| Attach venturi mask to oxygen tank |  |  |  |  |  |  |  |  |
| Adjust liter flow based upon percentage of oxygen desired (FiO2) |  |  |  |  |  |  |  |  |
| Properly place venturi mask on patient |  |  |  |  |  |  |  |  |
| Reassess patient’s respiratory status, mental status, respiratory rate, respiratory effort, breath sounds, skin color, and pulse oximetry |  |  |  |  |  |  |  |  |
| Adjust oxygen flow as needed based on reassessment |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF BREATHING AND BREATH SOUNDS**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient, if appropriate |  |  |  |  |  |  |  |  |  |  |
| Accurately assess respiratory rate (within 3 bpm) |  |  |  |  |  |  |  |  |  |  |
| Adequately assess chest rise and tidal volume |  |  |  |  |  |  |  |  |  |  |
| Assess equality of chest rise |  |  |  |  |  |  |  |  |  |  |
| Assess for respiratory distress or increased work of breathing |  |  |  |  |  |  |  |  |  |  |
| Instruct the patient to open their mouth and take slow, deep breaths after each placement of the stethoscope |  |  |  |  |  |  |  |  |  |  |
| Identify the 16 points of auscultation |  |  |  |  |  |  |  |  |  |  |
| Determine if patient has adequate or inadequate breathing |  |  |  |  |  |  |  |  |  |  |
| Verbalize the proper management of patient based upon assessment findings |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF PULSES**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient, if appropriate |  |  |  |  |  |  |  |  |  |  |
| Locate at least 2 pulse points |  |  |  |  |  |  |  |  |  |  |
| Accurately calculate pulse rate within 8 bpm |  |  |  |  |  |  |  |  |  |  |
| Properly describe pulse quality |  |  |  |  |  |  |  |  |  |  |
| Properly describe pulse regularity |  |  |  |  |  |  |  |  |  |  |
| Able to locate pulse in all extremities |  |  |  |  |  |  |  |  |  |  |
| **Evaluator asks, “Where would a pulse check be performed in an unresponsive patient?”** |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF SKIN SIGNS**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient, if appropriate |  |  |  |  |  |  |  |  |  |  |
| Assess skin for any color changes (cyanosis, mottling, redness, paleness) |  |  |  |  |  |  |  |  |  |  |
| Assess skin for moisture (dry, moist, diaphoretic) |  |  |  |  |  |  |  |  |  |  |
| Assess skin turgor |  |  |  |  |  |  |  |  |  |  |
| Assess skin for integrity |  |  |  |  |  |  |  |  |  |  |
| Assess capillary refill |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF CAPILLARY REFILL**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient if appropriate |  |  |  |  |  |  |  |  |  |  |
| Depress skin over finger or other capillary bed |  |  |  |  |  |  |  |  |  |  |
| Remove pressure and counts the number of seconds for return of color |  |  |  |  |  |  |  |  |  |  |
| **Evaluator asks:**   * **“What is amount of time is considered normal for capillary refill?”** * **“What age group is capillary refill more accurate?”** * **“What can delay in capillary refill indicate?”** |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **APPLICATION OF CARDIAC MONITOR**

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 | Peer | **Instr.** | **Instr**. |  |  |
| Explain procedure to the patient | |  |  |  |  |  |  |  |  |  |  |
| Expose the patient’s chest as appropriate | |  |  |  |  |  |  |  |  |  |  |
| Prepare patient’s chest for application of electrodes (cleanses and shaves as needed) | |  |  |  |  |  |  |  |  |  |  |
| Correctly place limb leads in appropriate locations | **White/RA-** place electrode on right wrist or upper shoulder |  |  |  |  |  |  |  |  |  |  |
| **Black/LA-** place electrode on left wrist or upper shoulder |  |  |  |  |  |  |  |  |  |  |
| **Red/LL-** place electrode on left ankle or upper leg |  |  |  |  |  |  |  |  |  |  |
| **Green/RL-** place electrode on right ankle or upper leg |  |  |  |  |  |  |  |  |  |  |
| Power on the ECG Monitor | |  |  |  |  |  |  |  |  |  |  |
| Check all leads for connection and no error message noted on ECG machine | |  |  |  |  |  |  |  |  |  |  |
| Obtain ECG strip of at least 6 seconds | |  |  |  |  |  |  |  |  |  |  |
| Examine ECG for quality of reading | |  |  |  |  |  |  |  |  |  |  |
| Report findings per protocol | |  |  |  |  |  |  |  |  |  |  |
| Verbalize continuous monitoring of ECG | |  |  |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): | |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: | |  |  |  |  |  |  |  |  |  |  |

# **CARDIAC MONITORING: 12-LEAD ECG ACQUISTION AND TRANSMISSION**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Explain procedure to the patient | |  |  |  |  |  |  |  |  |  |  |
| Expose the patient’s chest as and prepare skin for application of electrodes (cleanse and shave as needed) | |  |  |  |  |  |  |  |  |  |  |
| Place patient in supine position unless patient is experiencing respiratory distress at which time the patient may be in semi-fowler’s position | |  |  |  |  |  |  |  |  |  |  |
| Correctly place limb leads in appropriate locations | |  |  |  |  |  |  |  |  |  |  |
| Correctly place precordial leads in appropriate locations | **V1 -** attach V1 electrode to the right of the sternum at the 4th intercostal space |  |  |  |  |  |  |  |  |  |  |
| **V2 -** attach V2 electrode to the left of the sternum at the 4th intercostal space |  |  |  |  |  |  |  |  |  |  |
| **V4 -** attach V4 electrode at the midclavicular line at the 5th intercostal space |  |  |  |  |  |  |  |  |  |  |
| **V3 -** attach V3 electrode at the midway line between V2 and V4 |  |  |  |  |  |  |  |  |  |  |
| **V5 -** attach V5 electrode at the anterior axillary line at the same level as V4 |  |  |  |  |  |  |  |  |  |  |
| **V6 -** attach V6 electrode at the midaxillary line at the same level as V4 |  |  |  |  |  |  |  |  |  |  |
| Advise the patient to lie still, breath normally and not to talk | |  |  |  |  |  |  |  |  |  |  |
| Power on the ECG | |  |  |  |  |  |  |  |  |  |  |
| Check all leads for connection and no error message noted on ECG machine | |  |  |  |  |  |  |  |  |  |  |
| Obtain 12 lead ECG and examine for quality of reading | |  |  |  |  |  |  |  |  |  |  |
| Verbalize repeating of 12-Lead ECG every 5-10 minutes in high-risk patients and as part of reassessment after treatment | |  |  |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): | |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: | |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF PULSE OXIMETRY**

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 | Peer | **Instr.** | **Instr**. |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Turn pulse oximetry device on |  |  |  |  |  |  |  |  |  |  |
| Properly attach device to the patient |  |  |  |  |  |  |  |  |  |  |
| Verbalize the oximetry reading |  |  |  |  |  |  |  |  |  |  |
| Verbalize initiating appropriate oxygen therapy |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF PUPILLARY STATUS**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Explain procedure to patient if appropriate |  |  |  |  |  |  |  |  |  |  |
| Assess eye for signs of trauma or foreign objects |  |  |  |  |  |  |  |  |  |  |
| Assess for equality and movement of the eyes |  |  |  |  |  |  |  |  |  |  |
| Assess size of pupils |  |  |  |  |  |  |  |  |  |  |
| Direct light in one eye while observing pupillary response in both eyes |  |  |  |  |  |  |  |  |  |  |
| Repeat procedure in the other eye |  |  |  |  |  |  |  |  |  |  |
| Recognize significance of constricted or dilated pupils |  |  |  |  |  |  |  |  |  |  |
| Document findings |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSING BLOOD PRESSURE BY ASCULTATION**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Properly apply the cuff |  |  |  |  |  |  |  |  |  |  |
| Palpate the brachial artery |  |  |  |  |  |  |  |  |  |  |
| Close the valve and pumps the cuff until the radial pulse is no longer felt |  |  |  |  |  |  |  |  |  |  |
| Place the stethoscope over the brachial artery and pumps the cuff an additional 30 mmHg |  |  |  |  |  |  |  |  |  |  |
| Slowly release the pressure from the cuff |  |  |  |  |  |  |  |  |  |  |
| Obtain accurate systolic and diastolic pressures |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSING BLOOD PRESSURE BY PALPATION**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Properly apply the cuff |  |  |  |  |  |  |  |  |  |  |
| Palpate the brachial artery |  |  |  |  |  |  |  |  |  |  |
| Close the valve and pumps the cuff until the radial pulse is no longer felt |  |  |  |  |  |  |  |  |  |  |
| Pump the cuff an additional 30 mmHg |  |  |  |  |  |  |  |  |  |  |
| Slowly release the pressure from the cuff while palpating for a radial pulse |  |  |  |  |  |  |  |  |  |  |
| Obtain accurate systolic pressure |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ASSESSMENT OF BLOOD GLUCOSE LEVELS**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Prepare the device |  |  |  |  |  |  |  |  |  |  |
| Clean the area of skin to be tested |  |  |  |  |  |  |  |  |  |  |
| Perform skin stick |  |  |  |  |  |  |  |  |  |  |
| Place the first drop of blood onto a gauze pad and place the second onto the test strip |  |  |  |  |  |  |  |  |  |  |
| Verbalize the blood glucose value appearing on the screen |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **RAPID PRIMARY ASSESSMENT**

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.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assess the scene safety/hazards/condition of home |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |
| Determine need of additional resources |  |  |  |  |  |  |  |  |
| Determine chief complaint/obvious life threats |  |  |  |  |  |  |  |  |
| Assess airway, breathing and circulation in proper order based upon responsiveness/signs of lifelessness |  |  |  |  |  |  |  |  |
| Identify patient priority |  |  |  |  |  |  |  |  |
| Obtain vital signs accurately |  |  |  |  |  |  |  |  |
| Provides brief report to responding ALS unit |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ADULT/GERIATRIC MEDICAL PATIENT ASSESSMENT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assess the scene safety/hazards/condition of home |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Determine number of patients |  |  |  |  |  |  |  |  |  |  |
| Determine nature of illness and rules out need for C-spine |  |  |  |  |  |  |  |  |  |  |
| Determine need of additional resources |  |  |  |  |  |  |  |  |  |  |
| Assess general impression/notes medical equipment/medications |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| Determine chief complaint/obvious life threats |  |  |  |  |  |  |  |  |  |  |
| Assess airway, breathing and circulation in proper order based upon responsiveness/signs of lifelessness |  |  |  |  |  |  |  |  |  |  |
| Identify patient priority |  |  |  |  |  |  |  |  |  |  |
| Obtain SAMPLE history |  |  |  |  |  |  |  |  |  |  |
| Obtain focused history (OPQRST) based on condition and chief complaint |  |  |  |  |  |  |  |  |  |  |
| Obtain vital signs accurately |  |  |  |  |  |  |  |  |  |  |
| Perform appropriate secondary assessment |  |  |  |  |  |  |  |  |  |  |
| Provide appropriate treatment at the appropriate time |  |  |  |  |  |  |  |  |  |  |
| Monitor and reassess patient after providing treatment |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADULT/GERIATRIC TRAUMA PATIENT ASSESSMENT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assess the scene safety/hazards/condition of home |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Determine number of patients |  |  |  |  |  |  |  |  |  |  |
| Determine mechanism of injury and stabilizes C-Spine, if indicated |  |  |  |  |  |  |  |  |  |  |
| Determine need of additional resources |  |  |  |  |  |  |  |  |  |  |
| Assess general impression and manages obvious life-threatening injuries |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| Determine chief complaint/obvious life threats |  |  |  |  |  |  |  |  |  |  |
| Assess airway, breathing and circulation in proper order based upon responsiveness/signs of lifelessness |  |  |  |  |  |  |  |  |  |  |
| Identify patient priority |  |  |  |  |  |  |  |  |  |  |
| Obtain SAMPLE history |  |  |  |  |  |  |  |  |  |  |
| Obtain vital signs accurately |  |  |  |  |  |  |  |  |  |  |
| Perform appropriate secondary assessment, as appropriate |  |  |  |  |  |  |  |  |  |  |
| Provides appropriate treatment |  |  |  |  |  |  |  |  |  |  |
| Prioritizes the treatment properly |  |  |  |  |  |  |  |  |  |  |
| Monitors and reassess patient after providing treatment |  |  |  |  |  |  |  |  |  |  |
| Provides additional treatment as needed |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING A COMPREHENSIVE PHYSICIAL ASSESSMENT**

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.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assess the scene safety/hazards/condition of home | |  |  |  |  |  |  |  |  |
| Apply appropriate PPE | |  |  |  |  |  |  |  |  |
| Perform thorough rapid primary assessment | |  |  |  |  |  |  |  |  |
| Identify patient priority | |  |  |  |  |  |  |  |  |
| Head-to-toe assessment, systematically assessing each body system | Skin: assess color, temperature, moisture, any abnormalities |  |  |  |  |  |  |  |  |
| Head: inspect scalp, face, eyes, ears, nose, mouth, neck |  |  |  |  |  |  |  |  |
| Chest and Lungs: inspect chest, auscultate lungs |  |  |  |  |  |  |  |  |
| Heart: auscultate heart sounds, assess for irregular rhythms |  |  |  |  |  |  |  |  |
| Abdomen: Palpate for tenderness, assess for distention |  |  |  |  |  |  |  |  |
| Extremities: assess for pulses, motor function, sensation |  |  |  |  |  |  |  |  |
| Back: assess for deformities, tenderness, sensation |  |  |  |  |  |  |  |  |
| Neurological: assess level of consciousness, pupils, movement, sensation |  |  |  |  |  |  |  |  |
| Musculoskeletal: assess for fractures, deformities, range of motion |  |  |  |  |  |  |  |  |
| Obtain vital signs accurately (pulse, respirations, blood pressure, SPO2, BGL) | |  |  |  |  |  |  |  |  |
| Perform appropriate secondary assessment, as appropriate | |  |  |  |  |  |  |  |  |
| Provide appropriate treatment | |  |  |  |  |  |  |  |  |
| Prioritize the treatment properly | |  |  |  |  |  |  |  |  |
| Monitor and reassess patient after providing treatment | |  |  |  |  |  |  |  |  |
| Provide additional treatment as needed | |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): | |  |  |  |  |  |  |  |  |
| Evaluators Signature: | |  |  |  |  |  |  |  |  |

# **RADIO TRANSMISSION**

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.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identify the hospital and unit number and request to give a radio report | |  |  |  |  |  |  |  |  |
| Components of a radio report | Level of service (ALS or BLS) |  |  |  |  |  |  |  |  |
| Patient’s age and gender |  |  |  |  |  |  |  |  |
| Estimated time of arrival (ETA) |  |  |  |  |  |  |  |  |
| Chief complaint and history of *present* illness |  |  |  |  |  |  |  |  |
| Pertinent scene assessment findings and mechanism of illness |  |  |  |  |  |  |  |  |
| Pertinent past medical history (major past illness) |  |  |  |  |  |  |  |  |
| Patient’s mental status |  |  |  |  |  |  |  |  |
| Pertinent findings of the physical exam |  |  |  |  |  |  |  |  |
| Baseline vital signs |  |  |  |  |  |  |  |  |
| Interventions and treatment |  |  |  |  |  |  |  |  |
| Response to treatment |  |  |  |  |  |  |  |  |
| Ensure report is less than 30 seconds | |  |  |  |  |  |  |  |  |
| Ensure report is clear and concise | |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): | |  |  |  |  |  |  |  |  |
| Evaluators Signature: | |  |  |  |  |  |  |  |  |

# **ADMINISTERING SUBLINGUAL/MUCOSAL 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** | 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 |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check medication for dose and expiration date |  |  |  |  |  |  |  |  |  |  |
| Direct patient to open mouth and lift tongue |  |  |  |  |  |  |  |  |  |  |
| Place medication under tongue |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to close mouth and not to swallow |  |  |  |  |  |  |  |  |  |  |
| Observe for effects of medication and document medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING MEDICATION VIA METERED-DOSE INHALER**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Shake metered-dose inhaler for 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to inhale slowly and deeply |  |  |  |  |  |  |  |  |  |  |
| Trigger device as patient inhales |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to hold breath for 10 seconds |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to exhale slowly through pursed lips |  |  |  |  |  |  |  |  |  |  |
| Continue oxygen therapy while reassessing breathing status and vital signs |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING MEDICATION VIA METERED-DOSE INHALER WITH A SPACER**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Shake metered-dose inhaler for 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Remove cap from space and attach spacer to the inhaler mouthpiece |  |  |  |  |  |  |  |  |  |  |
| Trigger device to fill spacer with medication |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to inhale slowly and deeply |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to hold breath for 10 seconds |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to exhale slowly through pursed lips |  |  |  |  |  |  |  |  |  |  |
| Continue oxygen therapy while reassessing breathing status and vital signs |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

**ADMINISTERING A NEBULIZED 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** | 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 |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check medication for concentration, expiration date, clarity, and discoloration |  |  |  |  |  |  |  |  |  |  |
| Adds medication to the nebulizer chamber |  |  |  |  |  |  |  |  |  |  |
| Assemble the nebulizer device and attach oxygen |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to breathe slowly and deeply using the mouthpiece or mask until the medication is gone |  |  |  |  |  |  |  |  |  |  |
| Reassess patient pulse rate and breath sounds |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING APPROVED OTC 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** | 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 |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check the medication for concentration and expiration date |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to take medication orally with water or another suitable liquid |  |  |  |  |  |  |  |  |  |  |
| Observe for effects of medication and correctly document medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING ORAL GLUCOSE**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check the medication for concentration and expiration date |  |  |  |  |  |  |  |  |  |  |
| Prepare medication and hands it to the patient |  |  |  |  |  |  |  |  |  |  |
| Instruct the patient to squeeze and appropriate amount into their mouth and swallow |  |  |  |  |  |  |  |  |  |  |
| Observe for effects of medication and correctly document medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING EPIPEN**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Obtain patient allergy and medication information |  |  |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check the medication for concentration and expiration date |  |  |  |  |  |  |  |  |  |  |
| Ensure injection site is accessible and clean with an alcohol swab, if available |  |  |  |  |  |  |  |  |  |  |
| Remove safety cap from EpiPen |  |  |  |  |  |  |  |  |  |  |
| Instruct the patient to hold the EpiPen with the tip pointing downward |  |  |  |  |  |  |  |  |  |  |
| Firmly press the tip against the injection site until the needle activates with an audible “click” and hold for a few seconds |  |  |  |  |  |  |  |  |  |  |
| Observe for effects of medication and correctly document medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING PREFILLED 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** | 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 |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Obtain proper equipment |  |  |  |  |  |  |  |  |  |  |
| Check medication for concentration, dose, and expiration date |  |  |  |  |  |  |  |  |  |  |
| Prepare correct amount of medication |  |  |  |  |  |  |  |  |  |  |
| Place nasal spray or nasal administration device in larger nostril |  |  |  |  |  |  |  |  |  |  |
| Instruct patient to forcefully exhale then inhale deeply if appropriate |  |  |  |  |  |  |  |  |  |  |
| As patient inhales, press open nostril closed and squeeze nasal spray into the other nostril |  |  |  |  |  |  |  |  |  |  |
| Unblock closed nostril and hold medicated nostril shut |  |  |  |  |  |  |  |  |  |  |
| Hold medicated nostril shut until patient can tolerate medication or has patient sniff |  |  |  |  |  |  |  |  |  |  |
| Observe for effects of medication and correctly document medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **ADMINISTERING NALAXONE**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Confirm patient’s signs and symptoms indicate medication administration |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction and select correct medication |  |  |  |  |  |  |  |  |  |  |
| Check medication for concentration, dose, and expiration date |  |  |  |  |  |  |  |  |  |  |
| Consider restraining patient before administration |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |
| Verbalize transporting the patient |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MANAGEMENT OF DIFFICULTY BREATHING**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Determine if patient is breathing normally, has mild respiratory distress, or is experiencing respiratory failure |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is exhibiting signs of respiratory distress”** |  |  |  |  |  |  |  |  |  |  |
| Initiate oxygen therapy with a nonrebreather mask and high concentration of oxygen |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is in respiratory failure and is unresponsive”** |  |  |  |  |  |  |  |  |  |  |
| Open the airway and insert airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized mask |  |  |  |  |  |  |  |  |  |  |
| Create a proper mask-to-face seal |  |  |  |  |  |  |  |  |  |  |
| Immediately ventilate patient at proper rate and volume  (**Evaluator must witness for at least 30 seconds**) |  |  |  |  |  |  |  |  |  |  |
| Connect reservoir and oxygen |  |  |  |  |  |  |  |  |  |  |
| Adjust liter flow to 15 lpm or greater |  |  |  |  |  |  |  |  |  |  |
| Do not interrupt ventilations for more than 20 seconds |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “second rescuer has arrived”** |  |  |  |  |  |  |  |  |  |  |
| Instruct second rescuer to ventilate the patient while the provider controls the mask and airway. |  |  |  |  |  |  |  |  |  |  |
| Ensure the airway remains open |  |  |  |  |  |  |  |  |  |  |
| Create a proper mask-to-face seal |  |  |  |  |  |  |  |  |  |  |
| Instruct second rescuer to ventilate patient at the proper rate and volume  (**Evaluator must witness for at least 30 seconds**) |  |  |  |  |  |  |  |  |  |  |
| Ensure adequate exhalations |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MANAGING AN ALLERGIC REACTION**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Perform primary assessment |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is presenting with signs and symptoms of severe allergic reaction”** |  |  |  |  |  |  |  |  |  |  |
| Initiate high-concentration oxygen therapy |  |  |  |  |  |  |  |  |  |  |
| Perform a secondary assessment; Obtain a SAMPLE history and vital signs |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient possesses a prescribed epinephrine auto-injector”** |  |  |  |  |  |  |  |  |  |  |
| Check expiration date and clarity of liquid |  |  |  |  |  |  |  |  |  |  |
| Verbalize contacting medical direction |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “medical direction requests use of auto-injector”** |  |  |  |  |  |  |  |  |  |  |
| Properly administers epinephrine; Hold device in place for 10 seconds |  |  |  |  |  |  |  |  |  |  |
| Properly disposes of auto-injector |  |  |  |  |  |  |  |  |  |  |
| Check for response to the medication |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient appears to be improving”** |  |  |  |  |  |  |  |  |  |  |
| Reassess patient; Specifically checking ABCs and obtaining a second set of vital signs |  |  |  |  |  |  |  |  |  |  |
| Verbalize transporting patient |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MANAGING CHEST PAIN**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Perform primary assessment |  |  |  |  |  |  |  |  |  |  |
| Initiate oxygen therapy, if necessary |  |  |  |  |  |  |  |  |  |  |
| Perform secondary assessment; Obtain SAMPLE history |  |  |  |  |  |  |  |  |  |  |
| Obtain vital signs |  |  |  |  |  |  |  |  |  |  |
| Identify signs and symptoms of chest pain |  |  |  |  |  |  |  |  |  |  |
| Obtain medical direction |  |  |  |  |  |  |  |  |  |  |
| Select correct medication and verify 6 rights of medication administration |  |  |  |  |  |  |  |  |  |  |
| Correctly administers appropriate medication |  |  |  |  |  |  |  |  |  |  |
| Reassess patient and document blood pressure |  |  |  |  |  |  |  |  |  |  |
| Replaced oxygen mask immediately following the medication administration |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING CPR: ADULT**

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 |  |  |  |  |  |  |  |  |
| Check responsiveness |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is not moving and does not respond”** |  |  |  |  |  |  |  |  |
| Request ALS unit |  |  |  |  |  |  |  |  |
| Perform visual survey while opening the airway |  |  |  |  |  |  |  |  |
| Simultaneously check for a breathing and a pulse for at least 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is pulseless and apneic”** |  |  |  |  |  |  |  |  |
| Request an AED |  |  |  |  |  |  |  |  |
| If applicable, move the patient to a firm, flat surface |  |  |  |  |  |  |  |  |
| Immediately begin chest compressions at 30:2, ensure proper hand placement and body position |  |  |  |  |  |  |  |  |
| Compress the chest to a depth of at least 2 inches (5cm) at a rate of 100 to 120 compressions per minute |  |  |  |  |  |  |  |  |
| Allow the chest to fully recoil after each compression |  |  |  |  |  |  |  |  |
| Direct partner to provide two ventilations with a BVM |  |  |  |  |  |  |  |  |
| Resume compressions at 30:2 ratio for 5 cycles |  |  |  |  |  |  |  |  |
| Recheck pulse for at least 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |
| **Evaluator asks,**   * **When should rescuers “switch” place?** * **When should CPR discontinue?** * **When should the AED be placed on the patient?** |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **MECHANICAL CPR DEVICE**

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 |  |  |  |  |  |  |  |  |
| Determine scene/situation is safe |  |  |  |  |  |  |  |  |
| Attempt to question bystanders about arrest event |  |  |  |  |  |  |  |  |
| Check responsiveness |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is not moving and does not respond”** |  |  |  |  |  |  |  |  |
| Request ALS unit |  |  |  |  |  |  |  |  |
| Simultaneously check for a breathing and a pulse for at least 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is pulseless and apenic”** |  |  |  |  |  |  |  |  |
| Immediately begins chest compressions at appropriate rate and depth |  |  |  |  |  |  |  |  |
| Request AED and mechanical CPR device |  |  |  |  |  |  |  |  |
| Attach AED and follow prompts as soon as the AED arrives |  |  |  |  |  |  |  |  |
| Position the device over the patient’s chest according to manufactures guidelines |  |  |  |  |  |  |  |  |
| Secure device in place |  |  |  |  |  |  |  |  |
| Turn on the device to start compressions according to manufactures guidelines |  |  |  |  |  |  |  |  |
| Monitor display to ensure it is functioning correctly |  |  |  |  |  |  |  |  |
| Continuously monitor the patient’s response to treatment |  |  |  |  |  |  |  |  |
| Be prepared to make adjustments as necessary |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **DEFIBRILLATION: AUTOMATED AND SEMI-AUTOMATED**

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 |  |  |  |  |  |  |  |  |
| Determine scene/situation is safe |  |  |  |  |  |  |  |  |
| Attempt to question bystanders about arrest event |  |  |  |  |  |  |  |  |
| Check responsiveness |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is not moving and does not respond”** |  |  |  |  |  |  |  |  |
| Request ALS Unit and AED |  |  |  |  |  |  |  |  |
| Simultaneously check for a breathing and a pulse for at least 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is pulseless and apenic”** |  |  |  |  |  |  |  |  |
| Immediately begins chest compressions at appropriate rate and depth |  |  |  |  |  |  |  |  |
| Direct partner to begin chest compressions as soon as they arrive with the AED |  |  |  |  |  |  |  |  |
| Power on AED and follows prompts |  |  |  |  |  |  |  |  |
| Attach pads to the patient |  |  |  |  |  |  |  |  |
| Following prompts, direct partner to stop compressions and clear patient for analysis |  |  |  |  |  |  |  |  |
| Verbalize “all clear” and visually ensure that all individuals are clear of the patient |  |  |  |  |  |  |  |  |
| Deliver shock |  |  |  |  |  |  |  |  |
| Immediately resume chest compressions |  |  |  |  |  |  |  |  |
| Gather additional information about the arrest event |  |  |  |  |  |  |  |  |
| Confirm effectiveness of compressions and switch roles every 2 minutes with AED analysis |  |  |  |  |  |  |  |  |
| Deliver report to arriving ALS Unit |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **MANAGEMENT OF A DIABETIC EMERGENCY**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Perform primary assessment |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient has an altered mental status”** |  |  |  |  |  |  |  |  |  |  |
| Perform secondary assessment and Obtain vital signs |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient has a history of diabetes and is exhibiting the signs of hypoglycemia”** |  |  |  |  |  |  |  |  |  |  |
| Check the patient’s blood glucose level with glucometer (*if local protocols allow*) |  |  |  |  |  |  |  |  |  |  |
| Determine if the patient can swallow and assists with the administration of oral glucose |  |  |  |  |  |  |  |  |  |  |
| Reassess the patient |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient’s mental status is improving”** |  |  |  |  |  |  |  |  |  |  |
| Verbalize reassessment and preparation for transport |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MECHANICAL PATIENT RESTRAINT**

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 that other rescuers are present before approaching a potentially combative patient |  |  |  |  |  |  |  |
| Develop a clear plan with the other rescuers should restraint be needed |  |  |  |  |  |  |  |
| Introduce self to the patient and clearly advise expectations |  |  |  |  |  |  |  |
| **Evaluator advises, “the patient must be restrained”** |  |  |  |  |  |  |  |
| Direct rescuers to control each of the patient’s extremities |  |  |  |  |  |  |  |
| Direct placement of the patient onto stretcher in a supine position |  |  |  |  |  |  |  |
| Properly secure the patient’s ankles and wrists to the stretcher |  |  |  |  |  |  |  |
| Ensure that restraints are secure enough to hold the patient while not causing injury |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |

# **PERFORMING COMPLICATED/UNCOMPLICATED CHILDBIRTH**

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.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Try to ensure patient privacy from bystanders |  |  |  |  |  |  |  |  |
| Determine patient’s medical/childbirth history while visually assessing for crowning |  |  |  |  |  |  |  |  |
| **Evaluator advises, “birth is imminent”** |  |  |  |  |  |  |  |  |
| Encourage and calms patient |  |  |  |  |  |  |  |  |
| Properly drape patient with sterile sheets |  |  |  |  |  |  |  |  |
| Place gloved hand on baby’s head and apply gentle pressure to prevent explosive birth |  |  |  |  |  |  |  |  |
| Rupture amniotic sac with fingers, if necessary |  |  |  |  |  |  |  |  |
| Support baby’s head as it delivers, avoiding pressing on fontanel |  |  |  |  |  |  |  |  |
| Ensure that umbilical cord is not around baby’s neck |  |  |  |  |  |  |  |  |
| Clear baby’s mouth and nose with bulb syringe, depressing the bulb prior to insertion, if necessary |  |  |  |  |  |  |  |  |
| Support head and shoulders as delivery continue |  |  |  |  |  |  |  |  |
| Properly warm, dry, stimulate, and position newborn |  |  |  |  |  |  |  |  |
| Cut umbilical cord |  |  |  |  |  |  |  |  |
| Deliver placenta |  |  |  |  |  |  |  |  |
| Document time of baby and placenta delivery |  |  |  |  |  |  |  |  |
| Transport mother, baby, and entire placenta |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **VENTILATING A PEDIATRIC PATIENT WITH A BVM**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess ventilator status |  |  |  |  |  |  |  |  |  |  |
| Pad under the shoulders for a neutral position |  |  |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to appropriately sized BVM |  |  |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **VENTILATING A NEONATE PATIENT WITH A BVM**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess ventilator status |  |  |  |  |  |  |  |  |  |  |
| Pad under the shoulders for a neutral position |  |  |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to appropriately sized BVM |  |  |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING CPR: PEDIATRIC**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Determine scene safety |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Briefly questions bystanders/family about event |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “child is unresponsive”** |  |  |  |  |  |  |  |  |  |  |
| Request ALS Unit if not previously done |  |  |  |  |  |  |  |  |  |  |
| Simultaneously check for breathing and a pulse for 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “child is pulseless and apneic”** |  |  |  |  |  |  |  |  |  |  |
| Request AED |  |  |  |  |  |  |  |  |  |  |
| Immediately begin chest compressions at 30:2 ratio, ensure proper hand placement and body position |  |  |  |  |  |  |  |  |  |  |
| Compress the chest to a proper depth and rate |  |  |  |  |  |  |  |  |  |  |
| Allow the chest to fully recoil after each compression |  |  |  |  |  |  |  |  |  |  |
| Direct partner to provide two ventilations with a BVM |  |  |  |  |  |  |  |  |  |  |
| Attach AED follow prompts |  |  |  |  |  |  |  |  |  |  |
| Resume compressions at 15:2 ratio |  |  |  |  |  |  |  |  |  |  |
| Confirm effectiveness of compressions and switch roles every 2 minutes with AED analysis |  |  |  |  |  |  |  |  |  |  |
| Deliver report to arriving ALS Unit |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING CPR: NEONATE**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Determine scene safety |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Briefly question bystanders/family about event |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “neonate was delivered 3 minutes prior to EMS arrival.”** |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “neonate is unresponsive”** |  |  |  |  |  |  |  |  |  |  |
| Request ALS Unit if not previously done |  |  |  |  |  |  |  |  |  |  |
| Simultaneously check for breathing and a pulse for 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “neonate pulse is 40 beats per minute.”** |  |  |  |  |  |  |  |  |  |  |
| Initiate CPR with chest compressions at 3:1 ratio |  |  |  |  |  |  |  |  |  |  |
| Pad shoulders to assist with opening the airway |  |  |  |  |  |  |  |  |  |  |
| Ventilation administered with infant BVM |  |  |  |  |  |  |  |  |  |  |
| Attach oxygen at 15 LPM |  |  |  |  |  |  |  |  |  |  |
| Continue until ALS Unit arrives |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING FBAO: INFANT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Determine scene safety |  |  |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Briefly question bystanders/family about event |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the infant was eating and suddenly started coughing and experiencing respiratory distress”** |  |  |  |  |  |  |  |  |  |  |
| Determine level of consciousness |  |  |  |  |  |  |  |  |  |  |
| Confirm airway obstruction (Infant unable to cry/cough, decreased air movement) |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “patient is not crying and has no air movement”** |  |  |  |  |  |  |  |  |  |  |
| Request ALS Unit if not previously done |  |  |  |  |  |  |  |  |  |  |
| Initiate 5 back slaps while supporting the infant with head down |  |  |  |  |  |  |  |  |  |  |
| Flip infant and give 5 chest thrusts |  |  |  |  |  |  |  |  |  |  |
| Alternate between back slaps and chest thrusts until FBAO is dislodged or patient becomes unresponsive |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “infant is unresponsive”** |  |  |  |  |  |  |  |  |  |  |
| Initiate CPR with chest compressions at 30:2 |  |  |  |  |  |  |  |  |  |  |
| Check mouth for foreign object/perform finger sweep only if object is seen |  |  |  |  |  |  |  |  |  |  |
| Attempt ventilation |  |  |  |  |  |  |  |  |  |  |
| Resume CPR with chest compressions at 30:2 |  |  |  |  |  |  |  |  |  |  |
| Continue until ALS Unit arrives |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

**PEDIATRIC TRAUMA ASSESSMENT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| **Scalp and skull:** Inspect for bruising, blood or fluid draining from ears or nose, spongy areas or skull deformity, and crepitus. Assess fontanels for infant |  |  |  |  |  |  |  |  |  |  |
| **Face:** Inspect and palpate the face, ears, and mouth. Assess airway for risks to patency. Assess pupils for equality and reactivity to light |  |  |  |  |  |  |  |  |  |  |
| **Neck:** Inspect for tracheal deviation, tracheal tugging, or swollen neck veins. Palpate anterior and posterior of neck for stiffness, tenderness, or crepitus |  |  |  |  |  |  |  |  |  |  |
| **Chest:** Inspect and palpate for bruising, crepitus, and equal chest rise and fall. Inspect for signs of breathing difficulty. Auscultate lungs at apical, axillary, and posterior sites |  |  |  |  |  |  |  |  |  |  |
| **Abdomen:** Inspect and palpate for bruising, distention, guarding, and rigidity. Correctly identify the major organs and structures in each quadrant. |  |  |  |  |  |  |  |  |  |  |
| **Pelvis:** Inspect and palpate for bruising, tenderness, swelling, or crepitus |  |  |  |  |  |  |  |  |  |  |
| **Upper extremities:** Assess motor, sensory, and circulation function |  |  |  |  |  |  |  |  |  |  |
| **Lower extremities:** Assess motor, sensory, and circulatory function |  |  |  |  |  |  |  |  |  |  |
| **Posterior:** Inspect and palpate for tenderness, bruising, and crepitus |  |  |  |  |  |  |  |  |  |  |
| Manage injuries/wounds appropriately |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PEDIATRIC MEDICAL ASSESSMENT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE | |  |  |  |  |  |  |  |  |  |  |
| Form General Impression | ***Appearance***   * Tone * Interactivity/Irritability * Consolability * Look/Gaze * Speech/Cry |  |  |  |  |  |  |  |  |  |  |
| ***Work of Breathing***   * Abnormal Sounds * Abnormal Posture/Position * Retractions * Nasal Flaring * Head Bobbing |  |  |  |  |  |  |  |  |  |  |
| ***Circulation***   * Pallor * Mottling * Cyanosis * Petechiae |  |  |  |  |  |  |  |  |  |  |
| Assess patient’s responsiveness/level of consciousness (AVPU) | |  |  |  |  |  |  |  |  |  |  |
| Assess airway, breathing, and circulation | |  |  |  |  |  |  |  |  |  |  |
| Determine priority for transport | |  |  |  |  |  |  |  |  |  |  |
| Date: | |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): | |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: | |  |  |  |  |  |  |  |  |  |  |

# **PEDIATRIC PATIENT: INSERTING AN OPA**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized airway |  |  |  |  |  |  |  |  |  |  |
| Measure airway |  |  |  |  |  |  |  |  |  |  |
| Insert the airway by pressing tongue with tongue depressor |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the patient is gagging and becoming conscious”** |  |  |  |  |  |  |  |  |  |  |
| Remove the oropharyngeal airway |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PEDIATRIC PATIENT: INSERTING AN NPA**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized airway |  |  |  |  |  |  |  |  |  |  |
| Measure airway |  |  |  |  |  |  |  |  |  |  |
| Verbalize lubrication of the nasal airway |  |  |  |  |  |  |  |  |  |  |
| Retract tip of the patient’s nose to allow insertion of device with bevel towards the septum |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **PEDIATRIC RESPIRATORY COMPROMISE**

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 |  |  |  |  |  |  |  |  |
| Apply pediatric assessment triangle to form general impression prior to touching child |  |  |  |  |  |  |  |  |
| Assess Airway |  |  |  |  |  |  |  |  |
| Assess Breathing |  |  |  |  |  |  |  |  |
| Attach Pulse Oximeter and evaluate SpO2 reading |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the pulse oximeter displays a saturation of 83%”** |  |  |  |  |  |  |  |  |
| Select proper delivery device |  |  |  |  |  |  |  |  |
| Administer oxygen at proper flow rate |  |  |  |  |  |  |  |  |
| Assess pulse |  |  |  |  |  |  |  |  |
| Evaluate perfusion |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Obtain baseline vital signs |  |  |  |  |  |  |  |  |
| Obtain SAMPLE history |  |  |  |  |  |  |  |  |
| Perform appropriate secondary assessment |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to oxygen therapy |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

**PEDIATRIC VENTILATORY MANAGEMENT**

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 |  |  |  |  |  |  |  |  |
| Assess ventilatory status |  |  |  |  |  |  |  |  |
| Manually open the airway |  |  |  |  |  |  |  |  |
| Inspect mouth for foreign material |  |  |  |  |  |  |  |  |
| Pads appropriately under shoulders and torso to maintain sniffing position |  |  |  |  |  |  |  |  |
| Properly insert basic airway adjunct |  |  |  |  |  |  |  |  |
| Fit appropriately sized mask to appropriately sized BVM |  |  |  |  |  |  |  |  |
| Create a tight mask to face seal without closing the airway |  |  |  |  |  |  |  |  |
| Obtain adequate ventilation within 30 seconds |  |  |  |  |  |  |  |  |
| Observe for chest rise/fall and evaluate compliance |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute and tidal volume |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Reassess and monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **PEDIATRIC RESTRAINING SYSTEM FOR STRETCHER**

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 |  |  |  |  |  |  |  |  |
| Assess the pediatric patient’s size and condition |  |  |  |  |  |  |  |  |
| Choose the appropriate restraining system for your patient |  |  |  |  |  |  |  |  |
| Place any necessary padding on the stretcher for comfort and support |  |  |  |  |  |  |  |  |
| Position the stretcher at a safe and accessible height for transfer |  |  |  |  |  |  |  |  |
| Ensure system of properly secured to the stretcher per manufacture guidelines |  |  |  |  |  |  |  |  |
| Gently transfer the patient onto the stretcher, ensuring proper alignment and positioning |  |  |  |  |  |  |  |  |
| Using the securing straps, gently but securely restrain the patient |  |  |  |  |  |  |  |  |
| Ensure straps are snug but not overly tight, allowing for adequate circulation and comfort |  |  |  |  |  |  |  |  |
| Reassess all straps to ensure device is secure and comfortable prior to moving stretcher |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **APPLYING A CERVICAL COLLAR AND LSB**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Direct assistant to place/maintain immobilization of the head in a neutral, in-line position |  |  |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |  |  |
| Select and measures appropriate cervical collar |  |  |  |  |  |  |  |  |  |  |
| Properly place and secure cervical collar with Velcro strap |  |  |  |  |  |  |  |  |  |  |
| Position the immobilization device parallel to the patient |  |  |  |  |  |  |  |  |  |  |
| Ensure that assistant at the patient’s head direct the rolling of the patient onto side without compromising the integrity of the spine |  |  |  |  |  |  |  |  |  |  |
| Place device against the patient |  |  |  |  |  |  |  |  |  |  |
| Ensure that assistant at the patient’s head direct the rolling of patient onto the device without compromising the integrity of the spine |  |  |  |  |  |  |  |  |  |  |
| Apply padding to the voids between the patient’s torso and the board as necessary |  |  |  |  |  |  |  |  |  |  |
| Immobilize the patient’s torso to the device |  |  |  |  |  |  |  |  |  |  |
| Immobilize the patient’s head to the device only after torso is secure |  |  |  |  |  |  |  |  |  |  |
| Immobilize the patient’s legs to the device |  |  |  |  |  |  |  |  |  |  |
| Immobilize the patient’s arms to the device |  |  |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

**PERFORMING SPINAL MO1TION RESTRICTION**

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 | Peer | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Perform rapid primary assessment |  |  |  |  |  |  |  |  |  |  |
| Explain the procedure |  |  |  |  |  |  |  |  |  |  |
| Maintain manual stabilization of the cervical spine in a neutral in-line position |  |  |  |  |  |  |  |  |  |  |
| Assess pulse, motor, and sensation in all extremities |  |  |  |  |  |  |  |  |  |  |
| Apply appropriately sized extrication collar |  |  |  |  |  |  |  |  |  |  |
| Limit movement during extrication |  |  |  |  |  |  |  |  |  |  |
| Coordinate as a team to ensure smooth movement of patient |  |  |  |  |  |  |  |  |  |  |
| Continuously monitor patient’s condition |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **IMMOBILIZATION OF A SEATED PATIENT WITH A KED**

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 |  |  |  |  |  |  |  |  |
| Direct assistant to place/maintain the head in a neutral, in-line position |  |  |  |  |  |  |  |  |
| Direct assistant to maintain manual immobilization of the head |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Apply appropriately sized extrication collar |  |  |  |  |  |  |  |  |
| Position the device behind the patient |  |  |  |  |  |  |  |  |
| Secure the device to the patient’s torso without restricting respirations or excessively moving the patient |  |  |  |  |  |  |  |  |
| Evaluate torso fixation and adjust as necessary |  |  |  |  |  |  |  |  |
| Evaluate and pads behind the patient’s head as necessary |  |  |  |  |  |  |  |  |
| Properly secure the patient’s head to the device after the torso is complete |  |  |  |  |  |  |  |  |
| Verbalize moving the patient to a long backboard |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **IMMOBILIZING A STANDING PATIENT – 3 RESCUER**

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 |  |  |  |  |  |  |  |  |
| Direct assistant to stand behind patient and place/maintain the head in a neutral, in-line position |  |  |  |  |  |  |  |  |
| Direct assistant to maintain manual immobilization of the head |  |  |  |  |  |  |  |  |
| Apply appropriately sized extrication collar |  |  |  |  |  |  |  |  |
| Position the backboard behind the patient |  |  |  |  |  |  |  |  |
| Properly hold the device using one hand under the patient’s arm, ensuring other assistant does the same |  |  |  |  |  |  |  |  |
| Direct the assistant immobilizing the patient’s head to coordinate lowering the patient to the ground |  |  |  |  |  |  |  |  |
| Lower patient to the ground |  |  |  |  |  |  |  |  |
| Properly secure patient to backboard |  |  |  |  |  |  |  |  |
| Apply proper body mechanics during entire procedure |  |  |  |  |  |  |  |  |
| Ensure that move is completed without compromising the integrity of the patient’s spine |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **RAPID EXTRICATION**

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 |  |  |  |  |  |  |  |  |
| Direct assistant to place/maintain the head in a neutral, in-line position |  |  |  |  |  |  |  |  |
| Direct assistant to maintain manual immobilization of the head |  |  |  |  |  |  |  |  |
| Perform primary assessment |  |  |  |  |  |  |  |  |
| Perform rapid physical exam |  |  |  |  |  |  |  |  |
| Apply appropriately sized extrication collar |  |  |  |  |  |  |  |  |
| Rotate patient so that back faces open door; direct assistant to simultaneously move patient’s legs and feet onto car seat to maintain spinal alignment |  |  |  |  |  |  |  |  |
| Direct placement of end of long backboard against patient’s buttocks |  |  |  |  |  |  |  |  |
| Direct placement of collapsed stretcher under backboard |  |  |  |  |  |  |  |  |
| Lower patient onto the backboard without compromising the integrity of the patient’s spine |  |  |  |  |  |  |  |  |
| Position patient properly on the backboard |  |  |  |  |  |  |  |  |
| Apply proper straps to secure the patient to the backboard |  |  |  |  |  |  |  |  |
| Apply proper straps to secure the patient to the stretcher |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **SELECTIVE SPINAL IMMOBILIZATION**

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 |  |  |  |  |  |  |  |  |
| Assess mechanism of injury |  |  |  |  |  |  |  |  |
| Assess patient’s mental status |  |  |  |  |  |  |  |  |
| Assess for midline spinal tenderness |  |  |  |  |  |  |  |  |
| Assess for neurological deficits |  |  |  |  |  |  |  |  |
| Assess for distracting injuries |  |  |  |  |  |  |  |  |
| Properly immobilize patient if there is any evidence of spinal injury or neurological deficits |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **HEMORRHAGE CONTROL AND SHOCK MANAGEMENT**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE; Looks for hazards |  |  |  |  |  |  |  |  |  |  |
| Apply direct pressure to the bleeding; Instruct other rescuer to administer oxygen |  |  |  |  |  |  |  |  |  |  |
| Apply hemostatic dressing to stop bleeding |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the wound continue to bleed”** |  |  |  |  |  |  |  |  |  |  |
| Apply tourniquet |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the wound has stopped bleeding. The patient is experiencing signs of hypoperfusion”** |  |  |  |  |  |  |  |  |  |  |
| Administer high concentration oxygen |  |  |  |  |  |  |  |  |  |  |
| Properly moves the patient onto a spine board |  |  |  |  |  |  |  |  |  |  |
| Initiate steps to prevent heat loss from the patient |  |  |  |  |  |  |  |  |  |  |
| Indicate the need for immediate transport |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **DRESSING AND BANDAGING A SOFT TISSUE INJURY**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Covers wound with sterile dressing |  |  |  |  |  |  |  |  |  |  |
| Secure the bandage with several wraps overlaying the dressing |  |  |  |  |  |  |  |  |  |  |
| Overlap the bandage properly, ensuring that it is snug |  |  |  |  |  |  |  |  |  |  |
| Secure the bandage in place |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

**PACKING A BLEEDING WOUND**

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 | Peer | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |  |  |
| Assess the wound to determine the extent of the bleeding and need for wound packing |  |  |  |  |  |  |  |  |  |  |
| Apply direct pressure to the wound with sterile dressing |  |  |  |  |  |  |  |  |  |  |
| **Evaluator advises, “wound continue to bleed”** |  |  |  |  |  |  |  |  |  |  |
| Gather wound packing gauze |  |  |  |  |  |  |  |  |  |  |
| Open wound packing gauze using sterile technique |  |  |  |  |  |  |  |  |  |  |
| Gently insert gauze into the wound using a twisting or packing motion |  |  |  |  |  |  |  |  |  |  |
| Apply gentle pressure to the packed wound to encourage clotting |  |  |  |  |  |  |  |  |  |  |
| Secure packed wound in place using bandage |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |  |  |

# **MANAGING BURNS**

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 scene safety |  |  |  |  |  |  |  |  |
| Remove the patient from the burn source |  |  |  |  |  |  |  |  |
| Stop the burning process and removes affected clothing |  |  |  |  |  |  |  |  |
| Ensure airway patency and adequate breathing |  |  |  |  |  |  |  |  |
| Correctly identify the burn severity and advises priority for transport |  |  |  |  |  |  |  |  |
| Place dry, sterile dressings onto the burn injury |  |  |  |  |  |  |  |  |
| Maintain patient warmth |  |  |  |  |  |  |  |  |
| Transport patient |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **ELECTRICAL BURNS AND LIGHTENING INJURIES**

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 scene safety |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the patient is no longer in contact with the power source and is breathing”** |  |  |  |  |  |  |  |  |
| Ensure airway patency and administers high concentration of oxygen |  |  |  |  |  |  |  |  |
| Verbalize monitoring for cardiac arrest |  |  |  |  |  |  |  |  |
| Ensure that AED is present |  |  |  |  |  |  |  |  |
| Assess for muscle tenderness |  |  |  |  |  |  |  |  |
| Assess for entry and exit burns |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the patient has an entry burn on the right palm and an exit burn on the left shoulder”** |  |  |  |  |  |  |  |  |
| Apply dry, sterile dressings to both burns |  |  |  |  |  |  |  |  |
| Transport as soon as possible |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **APPLYING A DRESSING TO AN ABDOMINAL EVISCERATION**

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 |  |  |  |  |  |  |  |  |
| Determine if spinal immobilization is required |  |  |  |  |  |  |  |  |
| Initiate high-concentration oxygen therapy |  |  |  |  |  |  |  |  |
| Direct assistant to prop the patient’s knees in flexed position |  |  |  |  |  |  |  |  |
| Place appropriate dressing over wound |  |  |  |  |  |  |  |  |
| Secure dressing in place without replacing intestines into abdomen |  |  |  |  |  |  |  |  |
| Apply occlusive covering and secure appropriately |  |  |  |  |  |  |  |  |
| Verbalize immediate transport and care for shock |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **APPLYING AN OCCLUSIVE DRESSING TO AN OPEN WOUND TO THE THORAX**

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 |  |  |  |  |  |  |  |  |
| Determine if spinal immobilization is required |  |  |  |  |  |  |  |  |
| Identify the location and severity of the wound |  |  |  |  |  |  |  |  |
| Place a sterile gauze over the wound and apply gentle pressure |  |  |  |  |  |  |  |  |
| Apply and occlusive dressing over the wound and secure all side |  |  |  |  |  |  |  |  |
| Ensure the seal remains airtight and does not shift during movement |  |  |  |  |  |  |  |  |
| Continuously monitor the patients breathing and signs of distress |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **STABILIZING AN IMPALED OBJECT**

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 |  |  |  |  |  |  |  |  |
| Cut clothing away to expose injury site |  |  |  |  |  |  |  |  |
| Place stabilizing material around impaled object |  |  |  |  |  |  |  |  |
| Securely bandage the object and the stabilizing material |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **IMPALED OBJECT IN THE EYE**

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 |  |  |  |  |  |  |  |  |
| Pads around object with sterile material |  |  |  |  |  |  |  |  |
| Stabilizes and protect the object with a Styrofoam or paper cup |  |  |  |  |  |  |  |  |
| Bandages the cup securely in place |  |  |  |  |  |  |  |  |
| Verbalize immediate transport of the patient |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **EYE IRRIGATION**

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 |  |  |  |  |  |  |  |  |
| Question patient and bystander regarding mechanism and/or exposure |  |  |  |  |  |  |  |  |
| Assess for pain, loss of vision, and eye muscle function |  |  |  |  |  |  |  |  |
| Remove contact lenses if present |  |  |  |  |  |  |  |  |
| If single eye is involved, ensure water does not run into unaffected eye |  |  |  |  |  |  |  |  |
| Irrigate eyes with copious amounts of water, approximately 20 minutes |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **SPLINTING A SUSPECTED LONG BONE INJURY**

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 |  |  |  |  |  |  |  |  |
| Direct manual stabilization of the injury |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Measure a splint |  |  |  |  |  |  |  |  |
| Apply a splint |  |  |  |  |  |  |  |  |
| Immobilize the joint above the injury site |  |  |  |  |  |  |  |  |
| Immobilize the joint below the injury site |  |  |  |  |  |  |  |  |
| Secure the entire injured extremity |  |  |  |  |  |  |  |  |
| Immobilize the hand/foot in the position of function |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **SPLINTING A SUSPECTED JOINT INJURY**

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 |  |  |  |  |  |  |  |  |
| Direct manual stabilization of the injury |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Measures a splint |  |  |  |  |  |  |  |  |
| Apply a splint |  |  |  |  |  |  |  |  |
| Immobilize the joint above the injury site |  |  |  |  |  |  |  |  |
| Immobilize the joint below the injury site |  |  |  |  |  |  |  |  |
| Secure the entire injured extremity |  |  |  |  |  |  |  |  |
| Immobilize the hand/foot in the position of function |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **IMMOBILIZING A KNEE INJURY IN A STRAIGHT POSITION**

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 |  |  |  |  |  |  |  |  |
| Direct manual stabilization of the injured extremity |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function in the injured extremity |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Select proper splinting material |  |  |  |  |  |  |  |  |
| Immobilize the site of the injury |  |  |  |  |  |  |  |  |
| Immobilize the bone above the injured knee |  |  |  |  |  |  |  |  |
| Immobilize the bone below the injured knee |  |  |  |  |  |  |  |  |
| Secure both legs together |  |  |  |  |  |  |  |  |
| Secure patient to the backboard |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **RIGID SPLINT FOR HIP INJURY**

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 |  |  |  |  |  |  |  |  |
| Assess the patient’s hip for deformity, pain, and mechanism of injury |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Choose the appropriate rigid splint for the hip injury |  |  |  |  |  |  |  |  |
| Place padding material under and around the injured hip to provide comfort and support |  |  |  |  |  |  |  |  |
| Gently place the splint in place ensuring it supports the entire hip and extends beyond it |  |  |  |  |  |  |  |  |
| Secure the splint in place with appropriate straps |  |  |  |  |  |  |  |  |
| Fasten straps snugly but not excessively tight |  |  |  |  |  |  |  |  |
| Check patient’s extremities for circulation, movement, and sensation |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **APPLYING A TRACTION SPLINT**

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 |  |  |  |  |  |  |  |  |
| Direct application of manual stabilization of the injured leg |  |  |  |  |  |  |  |  |
| Direct the application of manual traction |  |  |  |  |  |  |  |  |
| Assess distal pulse and motor and sensory function of the injured extremity |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| Position the traction splint next to the leg |  |  |  |  |  |  |  |  |
| Properly apply the thigh strap |  |  |  |  |  |  |  |  |
| Properly apply the ankle hitch and attach it to the device |  |  |  |  |  |  |  |  |
| Apply mechanical traction after securing thigh strap and ankle hitch |  |  |  |  |  |  |  |  |
| Ensure that traction is never lost during the splinting process |  |  |  |  |  |  |  |  |
| Position/secure the support straps after application of mechanical traction |  |  |  |  |  |  |  |  |
| Reevaluate the thigh strap and ankle hitch |  |  |  |  |  |  |  |  |
| Reassess distal pulse and motor and sensory function |  |  |  |  |  |  |  |  |
| **Evaluator advises, “the motor, sensory, and circulatory function are present and normal”** |  |  |  |  |  |  |  |  |
| **Evaluator asks, “How should the patient be prepared for transport?”** |  |  |  |  |  |  |  |  |
| Verbalize securing the torso to a long spine board to immobilize the hip |  |  |  |  |  |  |  |  |
| Verbalize securing the splint to the long spine board to prevent movement |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **PARTIAL FACE HELMET 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 | **Instr.** | **Instr.** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Direct assistant to properly stabilize helmet |  |  |  |  |  |  |  |  |
| Stabilize patient’s mandible |  |  |  |  |  |  |  |  |
| Stabilize occipital region of patient’s head |  |  |  |  |  |  |  |  |
| Direct assistant to remove helmet |  |  |  |  |  |  |  |  |
| Direct assistant to properly immobilize patient’s head, ensuring that all actions are taken without compromising the integrity of the patient’s spine |  |  |  |  |  |  |  |  |
| Verbalize applying appropriately sized cervical collar and immobilizing patient to long spine board |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |

# **FULL FACE HELMET 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 | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Apply steady stabilization of the neck in a neutral, in-line position |  |  |  |  |  |  |  |  |
| Direct assistant to remove chin strap |  |  |  |  |  |  |  |  |
| Direct assistant to remove helmet by pulling sides laterally |  |  |  |  |  |  |  |  |
| Ensure that all actions are taken without compromising the integrity of the patient’s spine |  |  |  |  |  |  |  |  |
| Verbalize applying appropriately sized cervical collar and immobilizing patient to long spine board |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X): |  |  |  |  |  |  |  |  |
| Evaluators Signature: |  |  |  |  |  |  |  |  |