

Paramedic Lab Manual

Paramedic Lab Skills

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

| **Page** | **Lab Skill** | **Peer Reviews** | **Instructor Review** | **Total** |
| --- | --- | --- | --- | --- |
|  | *Handwashing* | 2 | 2 | 4 |
| 4 | Establishing Intravenous Access | 2 | 2 | 4 |
| 5 | Administering IV Infusion Medication | 2 | 2 | 4 |
| 6 | Administering IV Bolus Medication | 2 | 2 | 4 |
| 7 | Administering IM Injection | 2 | 2 | 4 |
| 8 | Establishing Intraosseous Access | 2 | 2 | 4 |
| 9 | Performing PPV with BVM | 2 | 2 | 4 |
| 10 | Performing Oral Endotracheal Suctioning | 2 | 2 | 4 |
| 11 | Performing FBAO removal using Magill Forceps | 2 | 2 | 4 |
| 12 | Performing Cricothyrotomy | 2 | 2 | 4 |
| 13 | Inserting Supraglottic Airway | 2 | 2 | 4 |
| 14 | Performing Needle Decompression of the Chest | 2 | 2 | 4 |
| 15 | Performing Synchronized Cardioversion | 2 | 2 | 4 |
| 16 | Performing Defibrillation | 2 | 2 | 4 |
| 17 | Performing Transcutaneous Pacing | 2 | 2 | 4 |
| 18 | Performing Chest Compressions | 2 | 2 | 4 |

***HANDWASHING***

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |
| Inspect handwashing area for appropriate cleaner, towels & waste container  | ✓ | ✓ |  |  | ✓ | ✓ |
| Assess hands for areas that may be heavily soiled and under nails  | ✓ | ✓ |  |  | ✓ | ✓ |
| Remove jewelry and pushes watch and sleeves at least one inch above wrist  | ✓ | ✓ |  |  | ✓ | ✓ |
| Turn on water and adjust temperature  | ✓ | ✓ |  |  | ✓ | ✓ |
| Wet hands thoroughly while keeping hands and forearms down with elbows straight  | ✓ | ✓ |  |  | ✓ | ✓ |
| Avoid splashing water on clothing, touching sides of sink or faucet, and leaning on sink or countertop  | ✓ | ✓ |  |  | ✓ | ✓ |
| Apply appropriate cleaner to wet hands  | ✓ | ✓ |  |  | ✓ | ✓ |
| Wash hands, wrists and one-inch up forearms for no less than 20 seconds * 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 |

# **ESTABLISHING INTRAVENOUS ACCESS**

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

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

# **ADMINISTERING IV INFUSION MEDICATION**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr**. |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Flush the IV to ensure proper placement and patency |  |  |  |  |  |  |  |  |
| Obtain patients allergy and medication information |  |  |  |  |  |  |  |  |
| Verify 6 Rights of medication administration |  |  |  |  |  |  |  |  |
| Explain the procedure to the patient |  |  |  |  |  |  |  |  |
| Select the correct medication |  |  |  |  |  |  |  |  |
| Check selected medication for concentration, discoloration, and expiration date |  |  |  |  |  |  |  |  |
| Properly label the medication with name, date, dose and time |  |  |  |  |  |  |  |  |
| Prepare infusion the proper rate using an infusion pump or gravity system |  |  |  |  |  |  |  |  |
| Verbalize a 2nd check of medication for proper medication, concentration, discoloration, and expiration date |  |  |  |  |  |  |  |  |
| Monitor the patient’s vital signs and for any adverse reactions |  |  |  |  |  |  |  |  |
| Throughout infusion, ensure line is free of kinks or obstructions |  |  |  |  |  |  |  |  |
| Once the infusion if complete, flush the catheter to ensure all medication is administered |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **ADMINISTERING IV BOLUS MEDICATION**

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

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

# **ADMINISTERING IM INJECTION**

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

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

# **ESTABLISHING INTRAOSSEOUS ACCESS**

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

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

# **PERFORMING PPV 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 | **Instr.** | **Instr.** |  |  |
| Apply appropriate PPE  |  |  |  |  |  |  |  |  |
| Assess ventilator status  |  |  |  |  |  |  |  |  |
| Manually opens 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 evaluates compliance |  |  |  |  |  |  |  |  |
| Connect oxygen at appropriate rate to fill reservoir |  |  |  |  |  |  |  |  |
| Provide ventilations with adequate minute & tidal volume |  |  |  |  |  |  |  |  |
| Assess lung sounds |  |  |  |  |  |  |  |  |
| Reassess & monitor patient’s response to ventilations |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING ORAL ENDOTRACHEAL SUCTIONING**

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

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

# **PERFORMING FBAO REMOVAL USING MAGILL FORCEPS**

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 patient is on lying on their back on a firm surface |  |  |  |  |  |  |  |  |
| Open the patient’s mouth and inspect for any visible foreign object |  |  |  |  |  |  |  |  |
| As necessary, use the suction to clear any secretions or fluids |  |  |  |  |  |  |  |  |
| If foreign object is visible, remove with Magill forceps |  |  |  |  |  |  |  |  |
| If foreign object is not visible, use laryngoscope to improve visualization |  |  |  |  |  |  |  |  |
| If foreign object of now visible, navigate forceps ensuring no contact with the teeth or soft tissues |  |  |  |  |  |  |  |  |
| Once the object is grasped, slowly remove it from the patient’s mouth using a curved motion |  |  |  |  |  |  |  |  |
| Provide supplemental oxygen with a BVM |  |  |  |  |  |  |  |  |
| Monitor the patient’s respiratory status and vital signs |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING CRICOTHYROTOMY**

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

|  |  |  |  |  |  |  |  |  |
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|   | **Peer** | **Peer** | Peer | Peer | **Instr.** | **Instr.** |  |  |
| Select and assembles appropriate equipment |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Place patient supine and hyperextends the head/neck |  |  |  |  |  |  |  |  |
| Manage airway with basic maneuvers and supplemental oxygen |  |  |  |  |  |  |  |  |
| Palpate neck locating the cricothyroid membrane |  |  |  |  |  |  |  |  |
| Cleanse the insertion site with appropriate solution |  |  |  |  |  |  |  |  |
| Stabilize site and insert needle through cricothyroid membrane at midline directing at a 45-degree angle caudally |  |  |  |  |  |  |  |  |
| Aspirate syringes to confirm proper placement in trachea |  |  |  |  |  |  |  |  |
| Advance catheter while stabilizing needle |  |  |  |  |  |  |  |  |
| Remove needle and immediately dispose in sharps container |  |  |  |  |  |  |  |  |
| Attached ventilation device and begins ventilation |  |  |  |  |  |  |  |  |
| Secure catheter |  |  |  |  |  |  |  |  |
| Observe chest rise and auscultates lungs to assess adequacy of ventilation |  |  |  |  |  |  |  |  |
| Continues ventilation while observing for possible complications |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **INSERTING SUPRAGLOTTIC AIRWAY**

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 ventilation of patient with BVM & basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Select appropriately sized supraglottic airway device and necessary equipment |  |  |  |  |  |  |  |  |  |  |
| Check distal and pharyngeal cuffs and prepare device with appropriate lubricant |  |  |  |  |  |  |  |  |  |  |
| Position head properly and remove basic airway adjunct |  |  |  |  |  |  |  |  |  |  |
| Insert device gently down the oral cavity stopping when the appropriate depth is reached |  |  |  |  |  |  |  |  |  |  |
| Inflate cuffs to recommended volume |  |  |  |  |  |  |  |  |  |  |
| Ventilate with BVM while observing chest rise and auscultating breath sounds and epigastric sounds |  |  |  |  |  |  |  |  |  |  |
| Secure device after proper placement is confirmed |  |  |  |  |  |  |  |  |  |  |
| Ventilate patient at appropriate rate/depth depending on patient age |  |  |  |  |  |  |  |  |  |  |
| Reassess patient’s skin color, pulse oximetry, ETCO2 & cardiac rhythm (if permitted) |  |  |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |  |  |

# **PERFORMING NEEDLE DECOMPRESSION OF THE CHEST**

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 |  |  |  |  |  |  |  |  |
| Manage the patient’s airway with basic maneuvers and supplemental oxygen |  |  |  |  |  |  |  |  |
| Recognized signs of tension pneumothorax |  |  |  |  |  |  |  |  |
| Select and assembles appropriate equipment |  |  |  |  |  |  |  |  |
| Palpate the chest locating the appropriate insertion site |  |  |  |  |  |  |  |  |
| Properly cleanse the insertion site with appropriate solution |  |  |  |  |  |  |  |  |
| Reconfirm the sire of insertion and direct the needle over the top of the rib on the midclavicular line |  |  |  |  |  |  |  |  |
| Listen for a rush of air or watches for plunger in syringe to withdraw and aspirate air |  |  |  |  |  |  |  |  |
| Remove needle/syringe leaving only the catheter in place |  |  |  |  |  |  |  |  |
| Dispose of the needle in proper container |  |  |  |  |  |  |  |  |
| Stabilize the catheter hub with 4x4s and tape |  |  |  |  |  |  |  |  |
| Reassess adequacy of ventilation, lung sounds, blood pressure and pulse for improvement in patient condition |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING SYNCHRONIZED CARDIOVERSION**

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.** |  |  |
| Assure adequate oxygenation and patent IV established |  |  |  |  |  |  |  |  |
| Correctly identify arrhythmia and condition that requires synchronized cardioversion |  |  |  |  |  |  |  |  |
| Apply appropriate PPE |  |  |  |  |  |  |  |  |
| Assess patient condition and include pulse and BP |  |  |  |  |  |  |  |  |
| Ask patient or determines known allergies |  |  |  |  |  |  |  |  |
| Consider appropriate medication to sedate patient |  |  |  |  |  |  |  |  |
| Attach defibrillation pads |  |  |  |  |  |  |  |  |
| Assure safe environment – evaluates the risk of sparks, combustibles, oxygen enriched atmosphere |  |  |  |  |  |  |  |  |
| Set cardioverter to appropriate energy setting |  |  |  |  |  |  |  |  |
| Activate synchronizer mode |  |  |  |  |  |  |  |  |
| Note marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes |  |  |  |  |  |  |  |  |
| Verbalize “all clear” and visually ensure that all individuals are clear of the patient |  |  |  |  |  |  |  |  |
| Deliver shock |  |  |  |  |  |  |  |  |
| Reassess rhythm |  |  |  |  |  |  |  |  |
| Reassess patient condition to include pulse and BP |  |  |  |  |  |  |  |  |
| Verbalize need to observe patient for desired effect and adverse side effects |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING DEFIBRILLATION**

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 the scene/situation is safe |  |  |  |  |  |  |  |  |
| Attempt to question bystanders about arrest events |  |  |  |  |  |  |  |  |
| Check responsiveness |  |  |  |  |  |  |  |  |
| Request additional resources |  |  |  |  |  |  |  |  |
| Simultaneously check for a breathing and a pulse for at least 5 seconds and no more than 10 seconds |  |  |  |  |  |  |  |  |
| Immediately begin chest compressions |  |  |  |  |  |  |  |  |
| Attach defibrillator |  |  |  |  |  |  |  |  |
| Assure safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere |  |  |  |  |  |  |  |  |
| Stop CPR and observe rhythm |  |  |  |  |  |  |  |  |
| Verbalize “all clear” and visually ensure that all individuals are clear of the patient |  |  |  |  |  |  |  |  |
| Deliver shock |  |  |  |  |  |  |  |  |
| Immediately resume chest compressions |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING TRANSCUTANEOUS PACING**

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 arrhythmia and condition that requires transcutaneous pacing |  |  |  |  |  |  |  |  |
| Take or verbalize appropriate PPE precautions |  |  |  |  |  |  |  |  |
| Assess patient condition to include pulse and BP  |  |  |  |  |  |  |  |  |
| Administer appropriate oxygen therapy  |  |  |  |  |  |  |  |  |
| Attach pacing pads  |  |  |  |  |  |  |  |  |
| Assure safe environment – evaluate the risk of sparks, combustibles, oxygen enriched atmosphere  |  |  |  |  |  |  |  |  |
| Activate pacemaker function of device  |  |  |  |  |  |  |  |  |
| Note marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes  |  |  |  |  |  |  |  |  |
| Set appropriate pacer rate  |  |  |  |  |  |  |  |  |
| Set current to be delivered to the minimum setting  |  |  |  |  |  |  |  |  |
| Gradually increase delivered current until capture is achieved |  |  |  |  |  |  |  |  |
| Reassess patient condition to include pulse and BP  |  |  |  |  |  |  |  |  |
| Ask patient or determine known allergies |  |  |  |  |  |  |  |  |
| Administer appropriate medication to reduce pain or sedate patient, if necessary |  |  |  |  |  |  |  |  |
| Verbalize need to continuously monitor the patient’s condition |  |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |  |

# **PERFORMING CHEST COMPRESSIONS**

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 |  |  |  |  |  |  |  |
| Examiner states, “patient is not moving and does not respond” |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |
| Examiner states, “patient is pulseless and apneic” |  |  |  |  |  |  |  |
| Request an AED |  |  |  |  |  |  |  |
| If applicable, move the patient to a firm, flat surface |  |  |  |  |  |  |  |
| Immediately begins 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” places?
* When should CPR discontinue?
* When should the AED be placed on the patient?
 |  |  |  |  |  |  |  |
| Date:  |  |  |  |  |  |  |  |
| If ***unsuccessful***, mark this column with an (X):  |  |  |  |  |  |  |  |
| Evaluators Signature:  |  |  |  |  |  |  |  |