

Georgia Office of EMS and Trauma – EMR/EMT Psychomotor Examination Users Guide

EXAM SITE: _____ EXAM DATE: _____

CUT-OFF DATE: _____

EXAM COORDINATOR: _____ PHONE #: _____

	NAME	PHONE # OR EMAIL	LEVEL	PT. ASSESSMENT/MGT. – TRAUMA	PT. ASSESSMENT/MGT. – MEDICAL	BVM VENTILATION OF AN APNEIC ADULT PATIENT	O ₂ ADMINISTRATION BY NON- REBREATHER MASK	CARDIAC ARREST MANAGEMENT/AED	SPINAL IMMOBILIZATION (SUPINE PATIENT)	RANDOM EMT SKILLS (TEST ONLY 1 SKILL)			
										SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL/ SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
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									SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL / SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
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									SPINAL IMMOBILIZATION (SEATED PATIENT)	BLEEDING CONTROL / SHOCK MANAGEMENT	LONG BONE IMMOBILIZATION	JOINT IMMOBILIZATION
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