

## **SKILLS TEACHING SHEETS**

**Note to instructor(s): The following packet is for EMTS instructors to use to ensure all topics are covered in skill**

**stations. The information in this packet is on quizzes and exams. All students must know everything on the skill**

**sheet. DO NOT teach the when, why – JUST THE HOW of the skill. The student will have lectures later that will**

**fill in the when and why questions. We are training the student not educating them at this point in the class.**

### **Suction:**

(Suction and Oral Videos are combined)

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Two types of suction:

Rigid, Hard, Tonsil Tip, Tonsil Sucker, Yaunker - Used for oral suction only.

Soft, French - used for closed mouth or tracheal suction.

Oral Suction pressure: Adult suction oral 300mmHg

Pedi suction oral 80-120mmHg

Tracheal Suction pressure: Adult 80-120 mmHg. Pedi 80-120mmHg.

Suction Time Limits: Oral 15 seconds or until heart rate drops

Tracheal 5 seconds or until heart rate drops

Note: If at any time the pulse drops then stop suction and give oxygen until heart rate returns.

Note: Manual care before mechanical. Turn the victim to the side first and get out big chunks. Suction only works on small particles and liquid only.

Note: Do not suction on the way in.

Define: Gurgling as upper airway fluid.

## **Oral and Nasal Airways:**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Types of Airway Adjuncts: Oral Nasal

Measure From ear to mouth From ear to nose

Lubricate Not needed K-Y needed (water base)

Insertion adult 90 to 180 degrees

Largest nostril bevel to the septum

Insertion child/infant Straight in or 90 degrees

Largest nostril bevel to the septum

Indicated

Pt that cannot protect airway without a gag reflex (Oral)

Pt who cannot protect airway with a gag reflex (Nasal)

Contraindicated Pt with gag reflex

Pt with facial trauma and use with caution with skull fracture

Define: Snoring as tongue (hyoid) has fallen back.

## **Bag – valve – mask**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Known as:

BVM (bag-valve-mask) – AMBU bag

Info to know:

Takes lots of training

Designed originally for 2 rescuers to use (one hold mask other bags)

C/E clamp with lone rescuer use

Poor mask seals:

Fluid

Hair

No teeth

Facial fracture

Facial deformities

Once you have started to bag the patient it should not be interrupted for no more than 15 seconds.

Adult - Deliver one breathe ever 5 to 6 seconds for about 12 (10-15) per minute.

Child – Deliver one breathe ever 3 to 5 seconds for about 20 per minute.

BVM without reservoir at 15 LPM is 50-60% O<sub>2</sub>

BVM with reservoir at 15 LMP is 80-100% O<sub>2</sub>

BVM at room air is 21% O<sub>2</sub>

Each breath should be delivered over 1 second to reduce gastric distension.

Deliver enough air to make the chest rise for what would normally be normal for the patient.

Instructor: Review what will be covered in mouth to mask station to avoid duplicate information.

## **Mouth to mask**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Known as:

Mouth to mask or Pocket mask

Know:

One person device

Easy to learn

Rescuers Position to open airway:

Jaw thrust (head tilt or inline) – Above head

Head tilt chin lift - Lateral

No CE clamp on this one – Save for BVM

Poor mask seals:

Fluid-Hair-No teeth-Facial fracture-Facial deformities

Once you have started to bag the patient it should not be interrupted for no more than 15 seconds.

Adult - Deliver one breathe ever 5 to 6 seconds for 12 (10-15) per minute.

Child – Deliver one breathe ever 3 to 5 seconds for about 20 per minute.

Mouth to mask at 15 LPM is 50-60% O<sub>2</sub>

Mouth to mask at room air is 16% O<sub>2</sub>

Each breath should be delivered over 1 seconds to reduce gastric distension.

Deliver enough air to make the chest rise for what would normally be normal for the patient.

Review:

Causes of gastric distention:

Too forceful/fast of breath, To much air in lungs, Did not open airway,

Review: Nasal cannula (NC) low flow device at 1 to 6 LPM.

1 LPM 24%, 2 LPM 28%, 3 LPM 32%, 4 LPM 36%, 5 LPM 40%, 6 LPM 44% Oxygen delivery

## **Oxygen tank**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Green

2-5 pin index

Stamped OXYGEN on tank

Regulator

O ring

Pressure gauge in PSI

Flow meter in LPM

Know:

Oxygen is combustible not flammable

O2 keys are plastic or aluminum

Safe residual pressure is 200PSI

Full tank is 2000 PSI (may go a little over)

Tank size in class is "D" (Students will learn other sizes later)

Always have O2 flowing to pt.

Purging and bleeding the tank are optional

Face regular away from pt and self when setting up

Tank can only stand if student is holding the tank

Non-Rebreather (NR)

Reservoir must be 50% filled prior to pt use.

Set at a base of 15 LPM for TDH

Can deliver 80-95% O2.

Remove NR before turning off tank

## **EPI-PEN**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to Know:

1. Only one main manufacturer in this country – EPI-PEN (the ones we use in class)
2. Adult dose is 0.3mg and Pedi is 0.15mg
3. Lateral thigh first choice, second choice deltoid, third choice any large muscle.
4. EPI-PEN is an IM injection

Skill:

First avoid contamination

Repeat orders word for word

Ask the following questions:

May I do this?

Are you allergic to anything?

Have you taken some recently?

Get the drug and check:

Right pt name.

Right dose.

Right medication.

Right route – EPIPEN

Right date.

Locate injection site

Clean area inner circle working out. If they forget it is not a failure.

Tell the student to recheck the drug just before giving it.

Push into skin until EPIPEN pops. Hold for 10 seconds.

Put EPIPEN in puncture proof container. Massage area is optional.

## **MDI**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

MDI is only a device to give a drug and therefore is not the drug.

Shake all MDI drugs. Most are suspensions.

Each Albuterol dose is 90micrograms (mcg) order is usually two hits 180mcg total.

Skill:

First avoid contamination

Repeat orders word for word

Ask the following questions:

May I do this?

Are you allergic to anything?

Have you taken some recently?

Get the drug and check:

Right pt name.

Right dose.

Right medication.

Right route

Right date.

Assemble equipment.

Shake to mix.

Tell the student to recheck the drug just before giving it.

Have pt exhale and when the breathe in through the mouth puff the MDI.

Have pt hold breathe only if comfortable.

Put back on NR mask.

## **Nebulizer**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

Nebulizer is only a device not the drug. It is better than MDI

Nebulizers work by Oxygen tank or pumping room air.

Each Albuterol dose is 2.5mg Albuterol in 3ml of saline

Take about 5 to 10 minutes to give depending on tidal volume.

Set oxygen until fine mist is present, usually about 4 to 6 LPM

Can be hooked up to NR mask without flaps.

Skill:

First avoid contamination

Repeat orders word for word

Ask the following questions:

May I do this?

Are you allergic to anything?

Have you taken some recently?

Get the drug and check:

Right pt name.

Right dose.

Right medication.

Right route

Right date.

Assemble equipment.

Tell the student to recheck the drug just before giving it.

Have pt breathe in though the mouth and out though the nose. Put back on NR mask



## **PASG**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

Has been removed from most trauma curriculums for shock. EMTS still teaches the PASG and therefore is testable.

This device only keeps blood from entering the legs.

Pt to be totally naked. (Underwear is ok to leave on)

This skill is for shock not splinting at this time of the class.

Skill:

Placement of device: Line PASG to spine and lowest lateral rib.

Secure sections like pants. No extra voids.

Option One to Inflate:

Pump both legs at once then close. If BP still low do abd. section.

Option Two to Inflate:

All three chambers at once.

Close all valves when done pumping that chamber(s).

Note: Some PASG pants have pumps. The Velcro will crackle at 90mmHg.

Note: If given orders to deflate do abdomen first and then both legs slowly. If BP drops stop and contact medical control immediately.

Note: It is not up to an instructor to say that this device is worthless. It is up to the medical director. This device still has beneficial uses. Do not turn students off to its use.

## **Traction**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

Indicated for isolated mid-shaft femur fracture

Hurts, but major benefits to control pain and bleeding

Two person skill

Reduces pain and bleeding

Can be used over PASG

Skill:

Rescuer one:

Assemble equipment. Use unaffected leg and go 8 inches past.

Open all straps.

Stabilize FX while partner takes off shoe or moves leg.

Do distal and proximal straps first

Tighten until partner states good tension and pt pain is reduced.

Secure 4 middle straps

Move to backboard

NOTE: Straps can go on top of fx if not aggravating the wound per TDH. Preferred to not cover fx.

Rescuer two

Do not move leg unless partner is stabilizing Fx

Remove shoe, Check PMS, Apply hitch

Pull ankle until leg is aligned and pain goes down. (one knee up)

Tell partner when machine is pulling same or more pressure than you are.

When partner is done with straps check PMS again.

## Long Board

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

Made from wood, metal, fiberglass, cardboard

Can be done with as few as two rescuers (1 head, 1 body)

Minimum of 3 rescuers preferred (1 head, 1 torso, 1 pelvis)

Cannot let go of head until taped down/secured.

Skill:

Have someone maintain c-spine.

Check PMS of all 4 extremities (pulse can be replaced with cap refill, warmth or color)

Measure for collar using clavicle to mandible.

Tell pt. this collar is not designed to immobilize the head but rather to remind you not to move it. Also tell pt. this will feel uncomfortable.

Prepare board by opening all straps.

Torso rescuer holds shoulder girdle and lower butt.

Pelvis rescuer holds upper butt and femur. Head person counts.

Log roll pt past 90 degrees and have pt rest on rescuers thighs.

Pelvis person checks back and positions board.

Secure torso straps first (feed and pull)

Secure head after torso with head beds.

Chin strap then forehead strap making an x

Check PMS

Note to student:

If straps get stuck lift board from ends not side. Straps are "feed and pull"

Modified log roll is moving the victim long axis "v" Short Board

## **KED**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to know:

KED – Kendrick's Extrication Device is a brand of a shortboard.

Used on stable pts takes to long to put on unstable pts

Place device under armpits

Skill:

Have someone maintain c-spine.

Check PMS of all 4 extremities (pulse can be replaced with cap refill, warmth or color)

Measure for collar using clavicle to mandible.

Tell pt. this collar is not designed to immobilize the head but rather to remind you not to move it. Also tell pt. this will fill uncomfortable.

Prepare short board by opening all straps.

Tell pt to sit in good posture.

Place device under armpits.

Secure all 5 torso straps first (feed and pull) (no official order)

Secure head after torso filling void if needed behind head.

Chin strap then forehead strap making an x

Check PMS

Note to Students:

When placed on long board undo the white torso/pelvis straps.

## **Bandaging**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to Know:

Follow the roles and if you don't break them you pass. Don't care how you do it.

Rules:

Firm pressure except for burn (at this time in class)

Check PMS before and after (pulse can be replaced with cap refill, warmth or color)

Dressing covers the entire wound.

Bandage covers the entire dressing.

If burns separate fingers/toes if possible.

Occlusive on all neck and chest wounds. (at this time in class)

Instructors:

Student skill sheet packets have injuries listed.

## **Splinting**

This is only a do as I say station. We are only teaching the skills. They will learn when to do this in lectures later in class.

Need to Know:

Follow the roles and if you don't break them you pass. Don't care how you do it.

Rules:

Check PMS before and after (pulse can be replaced with cap refill, warmth or color)

Keep splint off injury site

Immobilize distal and proximal joint

Keep knots off pressure points/body

Students:

Must use a material (board) if integrity of the bone is lost.

Place hand in position of function if not angulated.

When using a sling use at least 2 swathes

Instructors:

Student skill sheet packets have injuries listed

## **Vitals**

Skill:

Pulse/Resp

- Keep fingers on radial pulse for 60 seconds. First 30 pulse, last 30 resp.
- Report rate, rhythm and quality for both in even numbers.

BP

- Palpate before auscultation because;
  - o Tells how far to pump up for auscultation
  - o Report #/palp
- Auscultation pump up 20-30 over palp #
  - o Let air out 2-3 mmHg per second.
  - o If re-pumping must let all air out first.

GRADING: Ask for DSHS grading book.

Note: Student must release all air before re-pumping cuff.

## **AED**

Need to Know:

Automated External Defibrillator

Most common type is Semi-Automated External Defibrillators (SAED). Require at least one button to push.

Safety:

Adults must use adult pad size only. If no pedi pads with machine may use adult pads on pedi and infant patients.

Not lying in water

Not in direct contact with metal

2 inches away from metal implants

Dry chest

Take of all medication pads and dry

Shave really hairy people

Skill:

Stop bystanders from doing CPR and check for a pulse.

No pulse have bystanders resume CPR

Turn on AED. Place pads/electrodes

Press analyze and stand clear

Before pressing shock look and say all clear

Keep doing what the machine says.

Note:

If pt regains pulse keep machine on.

\*\*\*One shock followed by immediate CPR for 2 minutes and then repeats if needed.

Looks for V-Fib and Pulseless V-Tach. Monophasic shocks are 360j. Biphasic shocks are around 200j biphasic energy.

Biphasic hits the heart twice. Monophasic hits once. Both energies are approved for use at this time.