

TRACTION SPLINTING

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 10 minutes Start Time: 0:00 End Time: _____

CANDIDATE PULLING TRACTION	CANDIDATE APPLYING SPLINT
0 1 2 *1. Checks PMS distal to injury before applying ankle hitch	0 1 2 1. Prepares equipment
0 2 *2. Applies ankle hitch	0 2 *2. Stabilizes fracture while ankle hitch applied
0 1 2 *3. Applies and maintains traction, elevation, and gentleness	0 2 *3. Positions splint
0 2 *4. Monitors PMS distal to injury after procedure is completed	0 1 2 4. Fastens ischial strap
0 1 2 5. Communicates with partner & patient	0 1 2 5. Connects hitch to frame
Minimum passing total: 7 points	0 2 *6. Tightens mechanical device to achieve traction and immobilize injury
	0 1 2 *7. Secures cravats or velcro straps without aggravating injury
	0 2 8. Verbalizes securing torso and splint to longboard to immobilize hip and prevent movement of splint
	0 1 2 9. Communicates with partner & patient
	Minimum passing total: 15 points

_____ Candidate's Total Points Partner's Name: _____ Absolutes satisfied: ___ Yes ___ No

_____ Pass ___ Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

CARDIAC ARREST MANAGEMENT/AED

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Directs rescuers to stop CPR |
| 0 | 1 | 2 | *2. Checks pulse |
| 0 | 2 | *3. | Directs rescuers to continue CPR |
| 0 | 2 | 4. | Turns on power to AED |
| 0 | 2 | *5. | Attaches pads to cables |
| 0 | 2 | *6. | Properly places pads on patient |
| 0 | 2 | *7. | Directs rescuers to stop CPR and to ACLEAR@ |
| 0 | 2 | 8. | Initiates analysis of rhythm |
| 0 | 2 | *9. | Confirms that personnel are clear |
| 0 | 2 | *10. | Delivers shock |
| 0 | 2 | *11. | Repeats steps 9, 10 & 11 until three (3) successive shocks have been delivered |
| 0 | 1 | 2 | *12. Checks pulse |
| 0 | 2 | *13. | Directs rescuers to continue CPR |

_____Candidate's Total Points (Minimum passing total: 18 points) Absolutes satisfied: ____Yes ____No

____Pass ____Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

BLEEDING CONTROL/BANDAGING

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 10 minutes Start Time: 0:00 End Time: _____

*B1. Avulsed eye *B2. Amputated hand B3. Burned extremity

B4. Impaled object (extremity) *B5. Lacerated cheek *B6. Lacerated eyeball

B7. Lacerated joint *B8. Lacerated neck *B9. Lacerated scalp

*B10. Lacerated scalp B11. Lacerated arm B12. Lacerated leg

0 2 *1. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury before bandaging

0 2 2. Covers injury completely with clean dressing(s) demonstrating aseptic technique

0 1 2 *3. Secures dressing using appropriate pressure with no excessive movement

0 1 2 *4. Uses bandaging technique appropriate to injury

0 2 *5. Checks circulation, motor function and sensation distal to injury after bandaging

_____Candidate's Total Points (Minimum passing total: 7 points) Absolutes satisfied: ____Yes ____No

____Pass ____Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

SPLINTING

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 10 minutes Start Time: 0:00 End Time: _____

S1. Dislocated shoulder S2. Fractured knee S3. Fractured ankle S4. Fractured clavicle

S5. Fractured elbow S6. Fractured hand S7. Fractured humerus

S8. Fractured wrist S/B9. Fractured radius/ulna S/B10. Fractured tib/fib

0 2 *1. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury before splinting

0 1 2 *2. Immobilizes injury

0 2 *3. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury after splinting

_____ Candidate's Total Points (Minimum passing total: 4 points) Absolutes satisfied: ___ Yes ___ No

___ Pass ___ Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-HANDHELD METERED DOSE INHALER

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest ___ School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 | 2 | *3. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Shakes the inhaler |
| 0 | 2 | 7. | Attaches spacer to inhaler, if ordered |
| 0 | 2 | 8. | Verbalizes recheck of the medication label |
| 0 | 2 | 9. | Removes nonrebreather mask from patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | 12. | Instructs patient to exhale deeply |
| 0 | 2 | *13. | Instructs patient to put the mouthpiece in mouth and make a seal with lips |
| 0 | 2 | *14. | Instructs patient to depress the inhaler canister while inhaling and then hold breath as long as comfortable |
| 0 | 2 | *15. | Replaces non-rebreather mask on patient |

_____Candidate's Total Points (Minimum passing total: 21 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-SMALL VOLUME NEBULIZER

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 | 2 | *3. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Adds appropriate volume of medication to the nebulizer |
| 0 | 2 | *7. | Assembles nebulizer according to the manufacturer's standard (or local protocol) and connects to oxygen regulator |
| 0 | 2 | 8. | Verbalizes recheck of the medication label |
| 0 | 1 | 2 | *9. Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | *12. | Removes non-rebreather mask and positions nebulizer device on patient |

_____Candidate's Total Points (Minimum passing total: 17 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

EPINEPHRINE AUTO INJECTOR

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

- 0 2 *1. Avoids contamination of equipment or replaces contaminated equipment prior to use.
- 0 2 *2. Confirms order (medication, dosage and route)
- 0 1 2 *3. Informs patient of order for medication and inquires about allergies
- 0 2 *4. Selects correct medication from drug box as requested by Examiner
- 0 2 *5. Verbalizes check of medication for contamination and expiration date
- 0 2 *6. Selects appropriate site and identifies it by pointing to (touching) the site on self
- 0 2 7. Verbalizes recheck of the medication label
- 0 1 2 8. Prepares the injection site
- 0 2 9. Verbalizes recheck of the medication label
- 0 2 *10. Removes safety cap from the injector
- 0 2 *11. Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label
- 0 2 *12. Places the tip of auto-injector against the injection site and pushes the injector firmly against the injection site
- 0 2 *13. Holds auto-injector against the site for 10 seconds
- 0 2 14. Removes auto-injector and applies pressure
- 0 2 *15. Disposes of contaminated equipment

_____ Candidate's Total Points (Minimum passing total: 21 points) Absolutes satisfied: ___ Yes ___ No

___ Pass ___ Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

PNEUMATIC ANTI-SHOCK GARMENT (P.A.S.G.)

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

0 2 1. Prepares patient for application of the P.A.S.G. (Removes clothing or states "Clothing has been removed," as appropriate)

0 1 2 *2. Positions and aligns garment

0 1 2 *3. Secures leg sections

0 1 2 *4. Secures abdominal section

0 2 *5. Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section)

NOTE: DO NOT ALLOW INFLATION.

0 2 *6. Sets valves to prevent loss of air from garment

_____Candidate's Total Points (Minimum passing total: 8 points) Absolutes satisfied: _____Yes _____No

_____Pass _____Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

PATIENT ASSESSMENT PHYSICAL SURVEY

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 15 minutes Start Time: 0:00 End Time: _____

- | | | | | |
|---|---|---|------|--|
| 0 | 1 | 2 | *1. | Performs scene size-up |
| 0 | | 2 | *2. | Performs initial assessment |
| 0 | | 2 | *3. | Describes interventions for problems found during initial survey |
| 0 | | 2 | *4. | Identifies patient priority; makes transport decisions |
| 0 | 1 | 2 | *5. | Performs focused physical examination |
| 0 | | 2 | *6. | Obtains baseline vital signs |
| 0 | | 2 | *7. | Obtains SAMPLE history from patient or others |
| 0 | 1 | 2 | *8. | Describes interventions for problems identified during history and focused examination |
| 0 | 1 | 2 | 9. | Performs detailed physical examination, as indicated |
| 0 | 1 | 2 | 10. | Reports to hospital after obtaining appropriate information |
| 0 | | 2 | *11. | Describes ongoing assessment |

_____Candidate's Total Points (Minimum passing total: 16 points) Absolutes satisfied: ____Yes ____No

____Pass ____Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

Vital Signs

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

0 1 2 *1. Calculates and reports
pulse Candidate _____ Examiner _____ Difference _____

0 1 2 *2. Calculates and reports respiratory
rate Candidate _____ Examiner _____ Difference _____

0 1 2 *3. Palpates and reports systolic blood
pressure Candidate _____ Examiner _____ Difference _____

0 1 2 *4. Auscultates and reports auscultated blood pressure

Systolic: Candidate _____ Examiner _____ Difference _____

Diastolic: Candidate _____ Examiner _____ Difference _____

_____ Candidate's Total Points (Minimum passing total: 6 points) Absolutes satisfied: ___ Yes ___ No

___ Pass ___ Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

SPINAL IMMOBILIZATION OF SEATED PATIENT

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 10 minutes Start Time: 0:00 End Time: _____

- 0 2 *1. Directs partner to establish and maintain neutral spinal alignment
- 0 2 *2. Checks circulation, motor function, and sensation in all four extremities
- 0 1 2 *3. Applies extrication collar
- 0 1 2 *4. Positions short device
- 0 2 *5. Secures short device to patient's torso
- 0 2 *6. Secures short device to patient's head to assure neutral cervical spine alignment
- 0 2 *7. Checks circulation, motor function, and sensation in all four extremities
- 0 2 8. Performs steps 1-7 in sequence
- 0 2 *9. Does not compromise airway or impede respirations
- 0 1 2 10. Communicates

_____Candidate's Total Points (Minimum passing total: 14 points) Absolutes satisfied: ____Yes ____No

____Pass ____Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

SPINAL IMMOBILIZATION OF SUPINE PATIENT

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest ___ School #: _____

Station Time: 10 minutes Start Time: 0:00 End Time: _____

- 0 2 *1. Directs partner to establish and maintain neutral spinal alignment.
- 0 2 *2. Checks circulation, motor function, and sensation in all four extremities
- 0 1 2 *3. Applies extrication collar
- 0 1 2 *4. Moves patient onto device without compromising integrity of spine
- 0 2 *5. Secures patient to long device
- 0 2 *6. Checks circulation, motor function, and sensation in all four extremities
- 0 2 7. Performs steps 1-7 in sequence
- 0 2 *8. Does not compromise airway or impede respirations
- 0 1 2 9. Communicates

_____Candidate's Total Points (Minimum passing total: 13 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

MECHANICAL AIDS TO BREATHING

Oxygen

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 5 minutes Start Time: 0:00 End Time: _____

- 0 1 2 1. Prepares and assembles equipment
- 0 2 *2. Assembles regulator to tank
- 0 1 2 3. Checks tank pressure (Examiner shall ask for gauge reading and safe residual)
- 0 1 2 *4. Adjusts liter flow to 15 liters per minute (lpm) or greater
- 0 2 *5. Prefills reservoir bag
- 0 1 2 *6. Applies and adjusts mask with reservoir to the patient's face
- 0 2 *7. Removes the mask prior to discontinuation of oxygen flow
- 0 1 2 *8. Shuts off regulator
- 0 1 2 *9. Maintains safety precautions throughout

_____Candidate's Total Points (Minimum passing total: 13 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

OROPHARYNGEAL AIRWAY

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest ___ School #: _____

Station Time: 2 minutes Start Time: 0:00 End Time: _____

0 1 2 *1. Selects proper size, measuring from earlobe to corner of mouth or other appropriate method

0 1 2 *2. Inserts airway

0 2 *3. Removes airway

_____ Candidate's Total Points (Minimum passing total: 4 points) Absolutes satisfied: ___ Yes ___ No

___ Pass ___ Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

MOUTH-TO-MASK

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 3 minutes Start Time: 0:00 End Time: _____

- 0 2 1. Connects one-way valve to mask
- 0 1 2 *2. Positions mask properly and opens airway
- 0 1 2 3. Establishes and maintains a proper mask-to-face seal
- 0 1 2 *4. Begins effective ventilations within 30 seconds of beginning of station time
- 0 2 *5. Performs effective ventilations for one (1) minute at rate of 10-20 ventilations per minute
- 0 2 6. Connects mask to oxygen source and adjusts liter flow
- 0 2 *7. Resumes ventilations within 15 seconds and continues effective ventilations for 30 seconds at rate of 10-20 ventilations per minute

_____Candidate's Total Points (Minimum passing total: 10 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

Documenting Comments:

BAG-VALVE-MASK

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest School #: _____

Station Time: 3 minutes Start Time: 0:00 End Time: _____

- 0 1 2 *1. Positions mask properly and opens airway
- 0 1 2 2. Maintains adequate seal around mouth and nose
- 0 1 2 *3. Begins effective ventilations (chest or lung inflation) within 30 seconds of beginning of station time
- 0 1 2 *4. Performs effective ventilations for one (1) minute at a rate of 10-20 ventilations per minute
- 0 2 5. Connects BVM to oxygen source and adjusts liter flow
- 0 2 *6. Resumes ventilations within 15 seconds and continues effective ventilations for 30 seconds at rate of 10-20 ventilations per minute

_____Candidate's Total Points (Minimum passing total: 7 points) Absolutes satisfied: ___Yes ___No

___Pass ___Fail Examiners: _____ Cert.No (if assigned): _____

SUCTIONING

Candidate's Name _____ Date _____

EMT ___ Initial ___ Retest ___ School #: _____

Station Time: 2 minutes Start Time: 0:00 End Time: _____

0 2 *1. Positions patient to prevent aspiration by turning patient's head to side or turning the patient to the side as a unit

0 2 *2. Prepares suction device

0 1 2 *3. Inserts catheter and applies suction properly

0 1 2 *4. Suctions for 5-15 seconds

_____Candidate's Total Points (Minimum passing total: 6 points) Absolutes satisfied: ___Yes ___No

_____Pass ___Fail Examiners: _____ Cert.No (if assigned): _____