

CANDIDATE'S NAME: _____	<u> X </u> EMT	School: <u>Emergency Medical Training Services</u>	
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## CARDIAC ARREST MANAGEMENT/AED

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |     |      |   |
|---|-----|------|---|
| 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 CLEAR |
| 0 | 2   | 8.   | Initiates analysis of rhythm              |
| 0 | 2   | *9.  | Confirms that personnel are clear         |
| 0 | 2   | *10. | Delivers shock                            |
| 0 | 2   | *11. | Follows machine prompts correctly         |
| 0 | 2   | *12. | Directs rescuers to continue CPR          |

_____ Candidate's Total Points (Minimum passing total: 19 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

## EPINEPHRINE AUTO INJECTOR

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |     |      |  |
|---|-----|------|--|
| 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 as requested by Examiner  |
| 0 | 2   | *5.  | Verbalizes check of medication for contamination & date  |
| 0 | 2   | *6.  | Selects appropriate site * identifies by pointing to the site on self  |
| 0 | 1 2 | 7.   | Prepares the injection site  |
| 0 | 2   | 8.   | Verbalizes recheck of the medication label   |
| 0 | 2   | *9.  | Removes safety cap from the injector   |
| 0 | 2   | *10. | Performs steps 1-10 prior to step 12 & performs at least one (1) recheck of the medication label                     |
| 0 | 2   | *11. | Places the tip of auto-injector against the injection site and pushes the injector firmly against the injection site |
| 0 | 2   | *12. | Holds auto-injector against the site for 10 seconds  |
| 0 | 2   | 13.  | Removes auto-injector and applies pressure   |
| 0 | 2   | *14. | Disposes of contaminated equipment   |

_____ Candidate's Total Points (Minimum passing total: 21 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

CANDIDATE'S NAME: _____	<u> X </u> EMT	School: <u>Emergency Medical Training Services</u>	
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## BRONCHODILATOR HANDHELD METERED DOSE INHALER

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |     |  |
|---|-----|--|
| 0 | 2   | *1. Avoids contamination of equipment  |
| 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 as requested by Examiner  |
| 0 | 2   | *5. Verbalize check of medication for contamination & expiration date  |
| 0 | 2   | *6. Shakes the inhaler   |
| 0 | 2   | 7. Attaches spacer to inhaler, if ordered (2pts if not ordered)  |
| 0 | 2   | 8. Removes nonrebreather mask from patient   |
| 0 | 2   | 9. Verbalizes recheck of the medication label  |
| 0 | 2   | *10. Performs steps 1-9 prior to step 11 and performs at least one (1) recheck of the medication label             |
| 0 | 2   | 11. Instructs patient to exhale deeply   |
| 0 | 2   | *12. Instructs patient to use mouthpiece and make a seal with lips   |
| 0 | 2   | *13. Instructs patient to depress the inhaler canister while inhaling  |
| 0 | 2   | *14. Replaces non-rebreather mask on patient   |

____ Candidate's Total Points (Minimum passing total: 19 points)	
Absolutes satisfied: ____ Yes ____ No <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**


## BRONCHODILATOR SMALL VOLUME NEBULIZER

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |     |   |
|---|-----|---|
| 0 | 2   | *1. Avoids contamination of equipment   |
| 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 as requested by Examiner   |
| 0 | 2   | *5. Verbalizes check of medication for contamination & expiration   |
| 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 | 1 2 | *8. Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient  |
| 0 | 2   | 9. Verbalizes recheck of the medication label   |
| 0 | 2   | *10. Performs steps 1-9 prior to step 11 and performs at least one (1) recheck of the medication label                |
| 0 | 2   | *11. Removes non-rebreather mask and positions nebulizer device on Patient  |

____ Candidate's Total Points (Minimum passing total: 18 points)	
Absolutes satisfied: ____ Yes ____ No <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

CANDIDATE'S NAME: _____	<u> X </u> EMT	School: <u>Emergency Medical Training Services</u>	
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## AIDS TO BREATHING - OXYGEN

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 |   | 1. Prepares and assembles equipment   |
| 0 | 2 | * |   | 2. Assembles regulator to tank  |
| 0 | 1 | 2 |   | 3. Checks tank pressure (Examiner asks for gauge reading and safe residual) |
| 0 | 1 | 2 | * | 4. Adjusts liter flow to 10-15 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 <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

## OROPHARYNGEAL AIRWAY

STATION TIME 2 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |                         |
|---|---|---|---|-------------------------|
| 0 | 1 | 2 |   | *1. Selects proper size |
| 0 | 1 | 2 | * | 2. Inserts airway       |
| 0 | 2 | * |   | 3. Removes airway       |

____ Candidate's Total Points (Minimum passing total: 4 points)	
Absolutes satisfied: ____ Yes ____ No <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

## MOUTH-TO-MASK

STATION TIME 3 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |  |
|---|---|---|---|--|
| 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 start of test                            |
| 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 ventilations                           |

____ Candidate's Total Points (Minimum passing total: 10 points)	
Absolutes satisfied: ____ Yes ____ No <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

## SUCTIONING

STATION TIME 2 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |  |
|---|---|---|---|--|
| 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 <small>(Must have at least one point for each step marked with an *)</small>	____ Pass ____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

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## BAG-VALVE-MASK

STATION TIME 3 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |  |     |   |
|---|---|---|--|-----|---|
| 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 <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**


## SupraGlottic Airway

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |      |   |  |
|---|---|---|------|---|--|
| 0 | 2 |   | *1.  | Avoids contamination of equipment   |  |
| 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 as requested by Examiner   |  |
| 0 | 2 |   | *5.  | Verbalizes check of medication for contamination & expiration   |  |
| 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 | 1 | 2 |      | *8.   | Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient |
| 0 | 2 |   | 9.   | Verbalizes recheck of the medication label  |  |
| 0 | 2 |   | *10. | Performs steps 1-9 prior to step 11 and performs at least one (1) recheck of the medication label                 |  |
| 0 | 2 |   | *11. | Removes non-rebreather mask and positions nebulizer device on Patient   |  |

_____ Candidate's Total Points (Minimum passing total: 18 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

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## PATIENT ASSESSMENT – PHYSICAL SURVEY

STATION TIME 15 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |
|---|---|---|---|
| 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 (Indicate care described below.) |
| 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 <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments and Interventions:**

## PATIENT ASSESSMENT – VITAL SIGNS

STATION TIME 5 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |  |                |                 |  |
|---|---|---|--|----------------|-----------------|--|
| 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 |                |                 |  |
|   |   |   | <b>Systolic</b> Candidate_____                         | Examiner _____ | Difference_____ |  |
|   |   |   | <b>Diastolic</b> Candidate_____                        | Examiner _____ | Difference_____ |  |

### Grading Criteria:

- Pulse: > 10% off = 0, no description = 1, thumb = 0
- Ventilation: > 3 off = 0, no description = 1
- Palpation: 11-16mmHg = 1, >16mmHg = 0
- BP: 9-12mmHg = 1, >12mmHg = 0

_____ Candidate's Total Points (Minimum passing total: 6 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

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### SPINAL IMMOBILIZATION - SEATED PATIENT

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- 0    2    \*1.    Directs partner to establish and maintain neutral spinal alignment
- 0    2    \*2.    Checks circulation, motor function, & sensation x4 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, & sensation x4 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 <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass    _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**


### SPINAL IMMOBILIZATION - SUPINE PATIENT

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- 0    2    \*1.    Directs partner to establish and maintain neutral spinal alignment.
- 0    2    \*2.    Checks circulation, motor function, and sensation x4 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 x4 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 <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass    _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

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## TRACTION – PULLING TRACTION

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | *1. Checks circulation, motor function, and sensation distal to injury before applying ankle hitch    |
| 0 | 2 |   | *2. Applies ankle hitch   |
| 0 | 1 | 2 | *3. Applies and maintains traction, elevation, and gentleness   |
| 0 | 2 |   | *4. Monitors circulation, motor function, and sensation distal to injury after procedure is completed |
| 0 | 1 | 2 | 5. Communicates with partner & patient  |

ENTER NAME OF PARTNER: \_\_\_\_\_

_____ Candidate's Total Points (Minimum passing total: 7 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

**Instructions:** At random the instructor will assign who applies the splint and who holds traction. Each candidate is graded only on their tasks. If the other person makes an error the other student will not be penalized.

## TRACTION – APPLYING SPLINT

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 1. Prepares equipment   |
| 0 | 2 |   | *2. Stabilizes fracture while ankle hitch applied   |
| 0 | 2 |   | *3. Positions splint  |
| 0 | 1 | 2 | 4. Fastens ischial strap  |
| 0 | 1 | 2 | 5. Connects hitch to frame  |
| 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  |

ENTER NAME OF PARTNER: \_\_\_\_\_

_____ Candidate's Total Points (Minimum passing total: 15 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

**Instructor:** Cross out the side that does not apply to this candidate's grade sheets.

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## BANDAGING

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- 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 (pulse or capillary refill), motor function and sensation distal to injury after bandaging

(Circle number tested)

- \*B1. Avulsed eye
- \*B2. Amputated hand (fist to be used as stump)
- B3. Burned extremity (Examiner to specify location and position)
- B4. Impaled object (extremity)
- \*B5. Lacerated cheek
- \*B6. Lacerated eyeball
- B7. Lacerated joint (Examiner to specify)
- \*B8. Lacerated neck (Examiner to specify location)
- \*B9. Lacerated scalp (cranium depressed)
- \*B10. Lacerated scalp (no fracture)
- B11. Lacerated arm (extremity)
- B12. Lacerated leg (extremity)

_____ Candidate's Total Points (Minimum passing total: 14 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass    _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**

## SPLINTING

STATION TIME 10 MINUTES	Date: _____	Test Time: _____	
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- 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

(Circle number tested)

- S1. Dislocated shoulder (adducted)
- S2. Fractured knee (Examiner to specify position)
- S3. Fractured ankle
- S4. Fractured clavicle
- S5. Fractured elbow (Examiner to specify position)
- S6. Fractured hand (Examiner to specify position)
- S7. Fractured humerus
- S8. Fractured wrist (angulated, Examiner to specify position)
- S/B9. Fractured radius/ulna (open)
- S/B10. Fractured tib/fib (open)

_____ Candidate's Total Points (Minimum passing total: 13 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass    _____ Fail
Examiner: _____	Cert. No. _____

**Documenting Comments:**