

**Washington State Department of Health
Office of Community Health Systems
Approved**

**EMR, EMT & AEMT Level
Practical Evaluation Skill Sheets**



DOH 530-226 January 2022

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SKILL EVALUATION PROCESS WAC 246-976

Practical Skill Evaluations

The evaluation sheets are used to document the performance of required skills throughout initial EMS courses and for recertification under either OTEP or Traditional CME methods.

Initial EMS Courses (WAC 246-976-022)

Students should receive copies of evaluation sheets at the beginning of their EMS course. Evaluation sheets are used to document the performance of required skills throughout the course. Evaluation sheets identified as required on page 05 of this document must be tested on as part of initial training. A training program may use skill sheets identified as optional to determine competency in a specific skill or as required by MPD local protocol.

Initial EMS Course Practical Skills Evaluation Summary Sheet

The Practical Skills Evaluation Summary Sheet located on page 99 is used to document the final results of each student's skill evaluations. The SEI is required to document the results of the evaluation.

DOH-approved EMS Evaluators must complete all evaluations.

BLS Skills Examination Guide

Instructors and EMS Evaluators should refer to this guide for assistance in planning and performing these skills evaluations. It is an addendum to the EMS Instructor Manual.

EMS Initial and Subsequent Certification (WAC 246-976-162 and WAC 246-976-163)

An EMS agency or training program may use skill sheets contained within this document to determine competency in a specific skill. The process for initial certification and recertification is provided on the office website at: <http://www.doh.wa.gov/hsqa/emstrauma/certproc.htm>

Advance EMT skills sheets – Skill sheets within this packet may have slight differences to NREMT skill sheets used in the final NREMT psychomotor exam for certification. NREMT skill sheets can be downloaded for use from the [NREMT](#) website for use in initial courses.

AEMT skill sheets in this packet can be used for initial, continuing education, and OTEP.

Paramedic level skills sheets- can be downloaded for use from the [NREMT](#) website for use in initial courses.

Skill sheets within this packet or NREMT skill sheets may be used for paramedic level continuing education and OTEP.

Updates to document 1.25.22

Clarification on page 3 to where AEMT and PM skill sheets, for NREMT initial Psychomotor Exam can be found.

Clarification to pages 5 and 6 to align with [Approved Skills and Procedures for Certified EMS Providers](#) (DOH 530-173):

- Epinephrine Auto-Injector required as an EMR and EMT skill check
- Oral Glucose optional for EMR training
- Naloxone (Narcan) Administration Intranasal (IN) required as an EMR and EMT skill check
- Metered Dose Inhaler Administration optional for EMR and EMT training

New optional Spinal Motion Restriction skill sheet on page 92-93 for use in EMS courses and refresher training.

PRACTICAL SKILLS EVALUATION SHEET REQUIREMENTS

Page Numbers	Practical Skill	Required EMR	Optional EMR	Required EMT	Optional EMT	Required AEMT	Optional AEMT
7	BVM Ventilation of an Apneic Adult Patient	X		X			
11	Oxygen Administration by Non-Rebreather Mask	X		X			
13	Patient Assessment / Mgmt.- Medical-EMR/EMT	X		X			
17	Patient Assessment / Mgmt.- Medical- AEMT					X	
21	Patient Assessment / Management- Trauma	X		X		X	
25	Cardiac Arrest Management / AED	X		X		X	
29	Bleeding Control / Shock Management		X	X		X	
31	Long Bone Immobilization		X	X		X	
33	Joint Immobilization		X	X		X	
35	Spinal Immobilization (Supine Patient)		X	X		X	
37	Spinal Immobilization (Seated Patient)		X	X		X	
39	Supraglottic Airway Device				SPECIAL	X	
43	Pediatric Respiratory Compromise					X	
47	Pediatric Intraosseous Infusion AEMT					X	
49	Intravenous Therapy w/ IV Bolus Medications					X	
Skill Lab Forms to be used as teaching/learning tools							
53	Acetaminophen Administration				X		
55	Activated Charcoal Administration				X		
57	Aspirin Administration		X		X		
59	Epinephrine Auto-Injector	X		X			
61	Oral Glucose Administration		X		X		

63	Naloxone (Narcan) Administration Intranasal (IN)	X		X			
65	Nitroglycerin Administration				X		
67	Nerve-Agent Antidote Administration		X		X		
69	IM Medication Administration from Amp/Vial				X		
71	Metered Dose Inhaler Administration		X		X		
73	Blood Glucometer		X		X		
75	Capnography (End Tidal CO ₂ Monitoring)		X		X		X
77	Continuous Positive Airway Pressure (CPAP)				X		
79	ECG Acquisition				X		
81	IO Infusion w/ IV Solution Bolus				SPECIAL		
83	IV Infusion w/ IV Solution Bolus				SPECIAL		
85	IV Monitor/Maintenance				X		
87	Nasopharyngeal Airway				X		
89	Traction Splint Immobilization				X		X
92	Spinal Motion Restriction		X		X		
94	Comprehensive Evaluation- Major Medical Scenario		X		X		
96	Comprehensive Evaluation- Major Trauma Scenario		X		X		
98	Practical Skill Evaluation Summary Sheet		X		X		X

BVM Ventilation of an Apneic Adult Patient

Candidate Name _____ Date _____

Scenario _____	Actual Time Started: _____	Points Possible	Points Awarded
*Takes or verbalizes appropriate PPE precautions		1	
*Checks responsiveness		1	
Requests additional EMS assistance		1	
*Checks breathing and pulse simultaneously		1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, evaluator informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."			
Opens airway properly		1	
NOTE: The evaluator must now inform the candidate, "The mouth is full of secretions and vomitus."			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
*Suctions the mouth and oropharynx		1	
NOTE: The evaluator must now inform the candidate, "The mouth and oropharynx are clear."			
Opens airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The evaluator must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."			
*Ventilates the patient immediately using a BVM device unattached to oxygen (Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds)		1	
NOTE: The evaluator must now inform the candidate that ventilation is being properly performed without difficulty.			
Re-checks pulse for no more than 10 seconds		1	
*Attaches the BVM assembly (mask, bag, reservoir) to oxygen (15L/minute)		1	
*Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10-12/minute (1 ventilation every 5 – 6 seconds)] (1 point)		2	
NOTE: The evaluator must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Passing score is 13 (at least 80%)		Total:	16

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

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Oxygen Administration by Non-Rebreather Mask

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

*Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
*Assembles the regulator to the oxygen tank	1	
*Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
*Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
*Turns on oxygen flow to prefill reservoir bag	1	
*Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
*Attaches mask to patient's face and adjusts to fit snugly	1	
Passing score is 9 (at least 80%)	Total:	11

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to assemble the oxygen tank and regulator without leaks
- ___ Failure to prefill the reservoir bag
- ___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ___ Failure to ensure a tight mask seal to the patient's face
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

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Patient Assessment / Management – Trauma

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____

	Points Possible	Points Awarded
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*Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
*Determines the scene/situation is safe	1	
Determines mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
*Considers stabilization of the spine	1	
*PRIMARY SURVEY / RESUSCITATION (Must be completed prior to the secondary assessment)		
Verbalizes general impression of patient	1	
Determines responsiveness/level of consciousness	1	
*Determines chief complaint/apparent life threats	1	
Airway *-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing *-Assess breathing (1 point) *-Assures adequate ventilation (1 point) *-Initiates appropriate oxygen therapy (1 point) *-Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assesses skin (either skin color, temperature, or condition) (1 point) *-Assesses for and controls major bleeding if present (1 point) *-Initiates shock management (positions patient properly, conserves body heat) (1 point)	4	
*Identifies patient priority and makes treatment/transport decision (based upon GCS/Trauma Triage Tool)	1	
HISTORY TAKING		
Obtains baseline vital signs (must include BP, P, and R)	1	
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT Areas denoted by “****” may be integrated within sequence of Primary Survey/Resuscitation		
Head -Inspects and palpates scalp and ears** (1 point) -Assesses eyes (1 point) -Inspects mouth**, nose**, and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates the chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates, and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates, and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	

	Points Possible	Points Awarded
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Passing score is 34 (at least 80%)	TOTAL:	42

Actual Time Ended: _____ **Elapsed Time:** _____ **Max Time Allowed: *10** **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to initiate or call for transport of the patient within 10 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to determine scene safety
- ___ Failure to assess for and provide spinal protection when indicated
- ___ Failure to voice and ultimately provide high concentration oxygen
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ___ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed **Signature**

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Cardiac Arrest Management / AED

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
*Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Checks breathing and pulse simultaneously – Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)] (1 point) – Checks carotid pulse [no more than 10 seconds] (1 point)	2	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, evaluator informs the candidate, “The patient is unresponsive, apneic and pulseless”.		
Requests additional EMS assistance	1	
*Immediately begins chest compressions (adequate depth and rate; allows the chest to recoil completely)	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR - *Adequate depth and rate (1 point) - *Correct compression-to-ventilation ratio (1 point) - *Allows the chest to recoil completely (1 point) - *Adequate volumes for each breath (1 point) - *Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
*Turns on power to AED	1	
*Follows prompts and correctly attaches AED to patient	1	
*Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
*Ensures that all individuals are clear of the patient and delivers shock from AED	1	
*Immediately directs rescuer to resume chest compressions	1	
Passing score is 16 (at least 80%)	Total:	19

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

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Bleeding Control / Shock Management

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____

	Points Possible	Points Awarded
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*Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
Note: The evaluator must now inform the candidate that the wound continues to bleed.		
*Applies tourniquet	1	
Note: The evaluator must now inform the candidate that patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
*Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
*Indicates the need for immediate transportation	1	
Passing score is 6 (at least 80%)	TOTAL:	7

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to control hemorrhage using correct procedures in a timely manner
- ___ Failure to administer high concentration oxygen
- ___ Failure to indicate the need for immediate transportation
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Printed	Signature
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Long Bone Immobilization

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____

	Points Possible	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
*Directs application of manual stabilization of the injury	1	
*Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures splint	1	
Applies splint	1	
*Immobilizes the joint above the injury site	1	
*Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
*Immobilizes the hand/foot in the position of function	1	
*Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
Note: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Passing score is 8 (at least 80%)	TOTAL:	10

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Failure to immobilize the joint above and the joint below the injury site
- ___ Failure to immobilize the hand or foot in a position of function
- ___ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Joint Immobilization

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
*Directs application of manual stabilization of the injury	1	
*Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
*Immobilizes the bone above injury site	1	
*Immobilizes the bone below injury site	1	
Secures the entire injured extremity	1	
* Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Passing score is 8 (at least 80%)	TOTAL:	9

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Failure to immobilize the bone above and below the injury site
- ___ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Spinal Immobilization (Supine Patient)

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
*Directs assistant to maintain manual stabilization/immobilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
*Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
*Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
*Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
*Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
*Reassesses motor, sensory and circulatory function in each extremity	1	
Passing score is 12 (at least 80%)	TOTAL:	14

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to immediately direct or take manual stabilization of the head
- ___ Failure to properly apply appropriately sized extrication collar before ordering release of manual stabilization/immobilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential spinal compromise
- ___ Head immobilized to the device before device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Spinal Immobilization (Seated Patient)

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
*Directs assistant to place/maintain head in the neutral, in-line position	1	
*Directs assistant to maintain manual stabilization/immobilization of the head	1	
*Reassesses motor, sensory and circulatory functions in each extremity	1	
*Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
*Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
*Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
*Reassesses motor, sensory and circulatory functions in each extremity	1	
Passing score is 10 (at least 80%)	TOTAL:	12

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to immediately direct or take manual stabilization of the head
- ___ Failure to properly apply appropriately sized extrication collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Device moves excessively up, down, left or right on the patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Supraglottic Airway Device

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Points

Device _____ Possible Awarded

* Takes or verbalizes appropriate PPE precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: The evaluator now informs the candidate, "No gag reflex is present and the patient accepts the adjunct."		
* Ventilates patient immediately with a bag-valve-mask device unattached to oxygen (Award this point if candidate elects to ventilate initially with BVM attached to reservoir & oxygen so long as first ventilation is delivered within 30 seconds)	1	
* Ventilates patient with room air (Award this point if candidate elects to ventilate initially with BVM attached to reservoir & oxygen so long as first ventilation is delivered within 30 seconds)	1	
NOTE: The evaluator now informs the candidate, "Ventilation is being performed without difficulty and the pulse oximetry indicates the patient's blood oxygen saturation is 85%."		
* Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator (12-15 L/minute)	1	
* Ventilates patient at a rate of 10-12/minute (1 ventilation every 5 - 6 seconds) with appropriate volumes	1	
NOTE: After 30 seconds, the evaluator auscultates and reports "Breath sounds are present and equal bilaterally, and medical direction has ordered insertion of a supraglottic airway." The evaluator or assistant must now take over ventilation.		
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device (may be verbalized)	1	
NOTE: Evaluator/assistant to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
* Inserts device to proper depth	1	
* Secures device in patient [inflates cuff(s) with proper volumes as needed and immediately removes syringe or secures strap]	1	
* Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	1	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The evaluator must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Passing score is 15 (at least 80%)	TOTAL:	18

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 3 in 6 minutes*

PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to voice and ultimately provide high oxygen concentration (at least 85%)
- ___ Failure to ventilate the patient at a rate of 10-12/minute (1 ventilation every 5 - 6 seconds)
- ___ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- ___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- ___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- ___ Failure to inflate cuff(s) properly and immediately remove syringe
- ___ Failure to secure the strap (if present) prior to cuff inflation
- ___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over the epigastrium
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed

Signature

Note to evaluator: Checks/prepares supraglottic airway device includes selecting the correct size for patient.

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Pediatric Respiratory Compromise

Candidate Name _____ Date _____

Scenario _____	Actual Time Started: _____	Points Possible	Points Awarded
*Takes or verbalizes appropriate PPE precautions		1	
Verbalizes general impression of patient from a distance before approaching or touching the patient		1	
Determines level of consciousness		1	
*Assesses the airway (looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds)		1	
*Assesses breathing (checks rate, rhythm, chest excursion, audible noises)		1	
Attaches pulse oximeter and evaluates SpO ₂ reading		1	
NOTE: The evaluator now informs the candidate, "Pulse oximeter shows a saturation of 82%."			
Selects proper delivery device and attaches to oxygen		1	
*Administers oxygen at proper flow rate (blow-by oxygen, non-rebreather mask)		1	
Checks pulse		1	
Evaluates perfusion (skin color, temperature, condition; capillary refill)		1	
Obtains baseline vital signs		1	
NOTE: The evaluator now advises candidate that, "The patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc."			
Places patient supine and pads appropriately to maintain a sniffing position		1	
Manually opens airway		1	
Considers airway adjunct insertion based upon patient presentation (oropharyngeal or nasopharyngeal airway)		1	
NOTE: The evaluator now informs candidate, "No gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute."			
*Inserts airway adjunct properly and positions head and neck for ventilation		1	
*Selects appropriate BVM and attaches reservoir to oxygen flowing at 12–15 L/minute		1	
Assures tight mask seal to face		1	
*Assists ventilations at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds) and with sufficient volume to cause visible chest rise		1	
*Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness		1	
NOTE: The evaluator must now ask the candidate, "How would you know if you are ventilating the patient properly?"			
Calls for immediate transport of patient		1	
Passing score is 16 (at least 80%)		TOTAL:	20

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 2 in 6 minutes

PASS / FAIL

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Pediatric Intraosseous Infusion – AEMT

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape (at any time before IO puncture)	1	
*Takes or verbalizes appropriate PPE precautions (prior to IO puncture)	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
* Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and 'cupping' leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until 'pop' is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
* Disposes/verbalizes immediate proper disposal of needle in proper container	1	
* Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle (aspiration is not required for any of these as many IO sticks are 'dry' sticks)	1	
* Slowly injects saline to assure proper placement of needle	1	
* Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing (taping securely or verbalizes)	1	
Passing score is 20 (at least 80%)	TOTAL:	24

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 2 in 6* minutes
PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions prior to performing IO puncture
- ___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- ___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- ___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature



Intravenous Therapy

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
* Takes or verbalizes appropriate PPE precautions (prior to venipuncture)	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture: -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
* Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
* Runs IV for a brief period to assure patent line	1	
Secures catheter (tapes securely or verbalizes)	1	
* Adjusts flow as appropriate	1	
Passing score is 18 (at least 80%) TOTAL:	22	

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 3 in 6* minutes PASS / FAIL
 NOTE: Check here if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not evaluate the candidate in IV Bolus Medications.

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- ___ Failure to establish a patent and properly adjusted IV within 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Intravenous Bolus Medications

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues to take or verbalize appropriate PPE precautions	1	
Identifies and cleanses injection site closest to the patient (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV on and adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect and adverse side effects	1	
Passing score is 10 (at least 80%) TOTAL:	12	

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 3 in 6 minutes PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to continue to take or verbalize appropriate PPE precautions
- ___ Failure to begin administration of medication within 3 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Failure to adequately dispel air resulting in potential for air embolism
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, or pushes at inappropriate rate)
- ___ Failure to turn-on IV after injecting medication
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Printed

Signature

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Acetaminophen Administration

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions	1	
* Appropriately determines the need for acetaminophen <i>(Asks about patient's history; signs/ symptoms, allergies, medications, last oral intake, events)</i>	1	
Obtains vital signs-R, P, BP, pupils, skin, weight, temperature	1	
* Assesses patient's mental status, determines if patient is alert enough to swallow; or if administering the medication rectally assures the patient understands the procedure	1	
* Rechecks if patient is allergic to any medication	1	
Asks if patient has already taken acetaminophen for this event (determines appropriate dose)	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
* Appropriately administers the medication: If orally, assures patient swallows medication. If rectally, assures the suppository is lubricated prior to insertion, and assure buttocks are held shut for 5-10 minutes after insertion to allow for retention and absorption	1	
Verbalizes proper documentation of medication administration	1	
Verbalizes reassessment of the patient	1	
Passing score is 9 (at least 80%)	Total:	11

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for acetaminophen
- ___ Failure to assess patient's mental status, determine if patient is alert enough to swallow
- ___ Failure to explain the procedure if administering rectally
- ___ Failure to recheck if patient is allergic to any medication
- ___ Failure to check medication for expiration date
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Activated Charcoal Administration

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1	
* Appropriately determines the need for activated charcoal – (<i>Asks patient about history, signs/symptoms, allergies, medications, last oral intake, events, time of toxin ingestion</i>)	1	
Attempts to identify poison and amount ingested	1	
* Assesses patient’s mental status, determines if patient is alert enough to swallow	1	
Obtains vital signs-R, P, BP, pupils, skin, weight	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
* Shakes container to suspend premixed medication or mixes one gram of activated charcoal per kilogram of body weight in water or other liquid if not pre-mixed	1	
Assists patient in drinking suspension of activated charcoal	1	
Verbalizes proper documentation of medication administration	1	
Verbalizes reassessment of the patient	1	
Passing score is 9 (at least 80%)	Total:	11

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for activated charcoal
- ___ Failure to assess patient’s mental status, determine if patient is alert enough to swallow
- ___ Failure to check medication for expiration date
- ___ Failure to properly shake or mix suspension
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Aspirin Administration

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1	
Verbalizes administration of oxygen to the patient as needed	1	
* Appropriately determines the need for aspirin – <i>(Asks patient about signs/symptoms, allergies, medications, last oral intake, events)</i>	1	
Obtains history about onset, provocation, quality, radiation, severity and time of pain	1	
Obtains vital signs-R, P, BP, pupils, skin	1	
* Rechecks if patient is allergic to aspirin	1	
Asks if patient has already taken aspirin for this event (determines appropriate dose)	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
Administers medication appropriately, assuring patient chews the aspirin	1	
Verbalizes proper documentation of medication administration	1	
Verbalizes reassessment of the patient	1	
Passing score is 10 (at least 80%)	Total:	12

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for aspirin
- ___ Failure to recheck if patient is allergic to any medication
- ___ Failure to check medication for expiration date
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature



Epinephrine Auto-Injector Administration

Candidate Name _____ Date _____

Scenario _____	Actual Time Started: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions		1	
* Appropriately determines the need for an epinephrine auto-injector <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>		1	
Contacts medical direction for authorization as indicated per local protocol		1	
* Checks medication for expiration date		1	
* Checks medication for cloudiness or discoloration		1	
Removes safety cap(s) from the auto-injector		1	
* Selects injection site (middle of outer thigh)		1	
Pushes injector firmly against site at 90° angle to the leg		1	
* Holds injector against site for a minimum of three (3) seconds		1	
Massages the site for 10 seconds		1	
* Properly discards auto-injector in appropriate container		1	
Verbalizes proper documentation of medication administration		1	
Verbalizes reassessment of the patient		1	
Passing score is 11 (at least 80%)	Total:	13	

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for an epinephrine auto-injector
- ___ Failure to check medication for expiration date
- ___ Failure to check medication for cloudiness or discoloration
- ___ Failure to select appropriate injection site
- ___ Failure to hold the injector against the site for a minimum of 3 seconds
- ___ Failure to properly discard auto-injector into appropriate container
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Oral Glucose Administration

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____

	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions	1	
Asks about signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R,P, BP, pupils, skin,(blood glucose test if available)	1	
Assures patient is displaying signs/symptoms of altered mental status/hypoglycemia	1	
* Assesses patient's mental status and ensures the patient can swallow	1	
Contacts medical direction for authorization as indicated per local protocol	1	
Checks medication for expiration date and concentration	1	
Administers tube of glucose properly- by either placing glucose on tongue depressor and inserting it between the cheek and gum, or by allowing patient to squeeze tube into his/her mouth	1	
Verbalizes proper documentation of medication administration	1	
* Verbalizes reassessment of the patient, including assessing mental status	1	
Passing score is 8 (at least 80%)	Total:	10

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to assess patient's mental status and ability to swallow
- ___ Failure to reassess patient after administration, to include patient's mental status
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed Signature

Naloxone (Narcan) Administration IN

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1			
* Appropriately determines the need for naloxone <i>(Patient exhibits respiratory depression, coma suspected to be induced by opiate/narcotic)</i>	1			
Obtains vital signs-R, P, BP, pupils, skin,(blood glucose test if available)	1			
Contacts medical direction for authorization as indicated per local protocol	1			
* Verbalizes the appropriate dosage for the patient per local protocol	1			
Checks medication for expiration date	1			
* Properly administers medication:	1			
Device pre-assembled			Syringe w/ mucosal Atomization device	
Insert tip of nozzle in nostril			Draw up appropriate dose into syringe or assemble the prefilled syringe	
			Place the MAD onto syringe	
Press plunger briskly			Insert MAD into nostril	
	Press syringe plunger briskly			
Verbalizes proper documentation of medication administration	1			
* Verbalizes reassessment of the patient	1			
Passing score is 8 (at least 80%)	Total:	9		

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for naloxone
- ___ Failure to verbalize appropriate dosage for the patient per local protocol
- ___ Failure to properly administer the medication
- ___ Failure to verbalize reassessment of the patient
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Nitroglycerin Administration

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1	
Verbalizes administration of oxygen to the patient as needed	1	
* Appropriately determines the need for nitroglycerin	1	
Obtains history about onset, provocation, quality, radiation, severity and time of pain	1	
Asks about signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R, P, BP, pupils, skin, and pain scale	1	
* Determines if patient has nitroglycerin, has any been taken for this event, and if maximum dose has been met	1	
* Obtains patient's medication, and assures medication is prescribed for the patient	1	
* Asks about use of erectile dysfunction or pulmonary hypertension medications within past 48 hours	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
Administers medication appropriately	1	
Verbalizes proper documentation of medication administration	1	
Verbalizes reassessment of the patient, including asking about tingling under the tongue, headache and relief of pain	1	
Passing score is 12 (at least 80%)	Total:	14

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for nitroglycerin
- ___ Failure to determine if patient has nitroglycerin, has any been taken for this event, and if maximum dose has been met
- ___ Failure to assure medication is prescribed to the patient
- ___ Failure to ask about use of erectile dysfunction or pulmonary hypertension medications within past 48 hours
- ___ Failure to check medication for expiration date
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature



Nerve-Agent Antidote Administration (DuoDote® type)

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1	
* Appropriately determines the need for nerve-agent poisoning antidote, assessing patient's level of nerve agent exposure (mild, moderate, severe)	1	
Obtains vital signs-R,P, BP, pupils, skin	1	
* Asks if patient has already taken any antidotes for this event	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
* Checks medication for cloudiness or discoloration	1	
Removes safety cap from the auto-injector	1	
* Selects (and cleans as appropriate) injection site (mid-outer thigh)	1	
Pushes injector firmly against site	1	
* Holds injector against site for a minimum of ten (10) seconds	1	
Massages the site for 10 seconds	1	
* Properly discards auto-injector in appropriate container	1	
Verbalizes proper documentation of medication administration	1	
Verbalizes reassessment of the patient	1	
Passing score is 12 (at least 80%)	Total:	15

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for nerve-agent poisoning antidote
- ___ Failure to ask if patient has already taken any antidotes for this event
- ___ Failure to check medication for expiration date
- ___ Failure to check medication for cloudiness or discoloration
- ___ Failure to select appropriate injection site
- ___ Failure to hold the injector against the site for a minimum of 10 seconds
- ___ Failure to properly discard auto-injector into appropriate container
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature



IM Medication Administration from an Amp/Vial

Candidate Name _____ **Date** _____

Scenario _____ **Actual Time Started:** _____

	Points Possible	Points Awarded
Selects, checks, and assembles supplies [medication, syringe, needle(s), sharps, alcohol swabs, band-aid/sterile gauze]	1	
Appropriately determines the patient's need for the medication	1	
* Selects correct medication (concentration)	1	
* Checks medication for expiration date	1	
* Checks medication for cloudiness or discoloration	1	
* Assembles proper needle and syringe	1	
Opens vial or ampule correctly	1	
* Draws up the correct amount of medication, and dispels air while maintaining sterility	1	
Reconfirms medication, patient, route, dosage	1	
* Takes or verbalizes appropriate PPE precautions	1	
Explains procedure to the patient	1	
* Selects and cleans the appropriate injection site	1	
* Inserts needle at a 90 degree angle (Intramuscular)	1	
* Aspirates syringe while observing for blood return before injecting IM medication (verbalizes if blood is seen, syringe/needle would be withdrawn and procedure redone)	1	
* Injects medication appropriately	1	
* Withdraws needle and applies pressure over injection site	1	
* Properly discards needle in appropriate container	1	
Covers puncture site	1	
Verbalizes proper documentation of medication administration	1	
* Verbalizes reassessment of patient for desired and adverse effects of medication	1	
Passing score is 16 (at least 80%)	Total:	20

Actual Time Ended: _____ **Elapsed Time:** _____ **Max Time Allowed: 5** **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions before injection
- ___ Failure to select correct medication concentration
- ___ Failure to check medication for expiration date
- ___ Failure to check medication for cloudiness or discoloration
- ___ Failure to assemble proper needle and syringe
- ___ Failure to draw up correct amount of medication
- ___ Failure to select and clean appropriate injection site
- ___ Failure to insert needle at a 90 degree angle (Intramuscular)
- ___ Failure to aspirate for blood prior to injecting medication
- ___ Failure to inject the medication appropriately
- ___ Failure to withdraw needle and apply pressure over injection site
- ___ Failure to properly discard needle in appropriate container
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Metered Dose Inhaler Administration

Candidate Name _____ Date _____

Scenario _____	Actual Time Started: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions		1	
Verbalizes administration of oxygen to the patient as needed		1	
* Appropriately determines the need for metered dose inhaler and asks patient if assistance with MDI is needed		1	
Obtains history about onset, provocation, quality, radiation, severity, time of dyspnea		1	
Asks about signs/ symptoms, allergies, medications, last oral intake, events		1	
Obtains vital signs-R, P, BP, pupils, skin, level of dyspnea on scale, lung sounds		1	
* Determines if patient has MDI, has any been taken for this event, and if maximum dose has been met		1	
* Obtains patient's inhaler, and assures medication is prescribed for the patient		1	
Contacts medical direction for authorization as indicated per local protocol		1	
* Checks medication for expiration date		1	
Takes the cap off the inhaler and makes sure the mouthpiece/spray hole are clean (attaches spacer device if needed)		1	
* Shakes the inhaler 10-15 times		1	
Instructs the patient to take in a breath, then breathe it all the way out		1	
Holding the inhaler upright, places it into patient's mouth, assuring a good seal of lips around inhaler		1	
* Instructs the patient to take a breath in, then presses down on the inhaler		1	
Instructs the patient to hold the breath for 5-10 seconds, then breathe normally		1	
Verbalizes proper documentation of medication administration		1	
Verbalizes reassessment of the patient, including asking about relief of dyspnea		1	
Passing score is 15 (at least 80%)	Total:	18	

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to appropriately determine the need for medication
- ___ Failure to determine if patient has inhaler, has it been used and if maximum dose has been met
- ___ Failure to assure medication is prescribed to the patient
- ___ Failure to check medication for expiration date
- ___ Failure to shake inhaler 10-15 times
- ___ Failure to instruct the patient to take a breath in, then press down on the inhaler
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
 Printed **Signature**

Blood Glucometer

Candidate Name _____ Date _____

Scenario _____	Actual Time Started: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions		1	
Identifies the need for obtaining a blood glucose level		1	
Selects, checks and assembles supplies and equipment (glucometer, test strip, needle or spring loaded device, alcohol swab)		1	
Turns on glucometer and inserts test strip		1	
Preps the patient's fingertip with alcohol prep		1	
Lances the prepped site with needle/lancet device, drawing capillary blood		1	
* Disposes/verbalizes disposal of needle/lancet in appropriate container		1	
* Expresses blood sample and transfers it to the test strip, according to manufacturer's instructions		1	
Applies pressure and dresses fingertip wound		1	
* Records reading from glucometer and documents appropriately		1	
Passing score is 8 (at least 80%)	Total:	10	

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to dispose of blood contaminated sharps immediately at the point of use
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to obtain a viable capillary blood sample on first attempt
- ___ Failure to appropriately read the glucometer reading
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

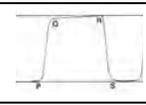
Evaluator Name: _____
Printed
Signature

Note to evaluator: "Turns on glucometer and inserts test strip", if glucometer is operated per manufacturer recommendations award point.

Capnography (End Tidal CO₂ Monitoring)

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions		1	
* Turn on machine or activate ETCO ₂ unit, and allow to warm up if necessary		1	
* Zero machine (if not done already)		1	
Mainstream	Sidestream		
Attach disposable ETCO ₂ sensor to cable	Connect tubing to port on capnography unit	1	
Mainstream sensor applied to BVM, or applied to a bag connected to an ETT	Sidestream device may be incorporated into a special nasal cannula	1	
Assure patient's oxygen delivery system is on		1	
* Evaluates ETCO ₂ reading on the display screen (normal range 35-45 mmHg)		1	
Evaluates curve shape on display screen (normal is squared off)		1	
Sets alarm parameters to desired limits (minimum and maximum ETCO ₂ levels)		1	
* Verbalizes adjusting oxygen concentration and/or ventilatory rate as needed (based on local protocol)		1	
Verbalizes documentation of ETCO ₂ reading		1	
Verbalizes reassessment of the patient		1	
Passing score is 10 (at least 80%)		Total:	12

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to allow unit to warm up
- ___ Failure to zero machine
- ___ Failure to properly evaluate ETCO₂ reading on the display screen
- ___ Failure to verbalize appropriately adjusting oxygen concentration and/or ventilatory rate as needed
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Continuous Positive Airway Pressure (CPAP)

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate PPE precautions	1	
Contacts medical direction for authorization as indicated per local protocol	1	
POSITION THE PATIENT		
* Checks for adequate blood pressure by the presence of radial pulses	1	
Places patient in position that will optimize ease of ventilation (sitting up, etc.)	1	
PREPARE THE PATIENT		
Assesses patient prior to confirm need for CPAP, to include checking breath sounds	1	
Assures patient is on monitoring device(s): pulse oximetry, VS (if able ECG, ETCO ₂)	1	
* Explains procedure to the patient	1	
PREPARE THE EQUIPMENT		
Assembles mask and tubing according to manufacturer instructions	1	
Connects CPAP unit to suitable O ₂ supply and attaches breathing circuit to device	1	
Turns power/oxygen on (per device)	1	
Evaluates and adjusts device parameters	1	
* Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary (per local protocol/device)	1	
PERFORM PROCEDURE		
* Places mask over patient's face or has the patient hold mask to their own face, and applies head straps to assure tight seal	1	
Coaches patient to breath normally	1	
* Assesses patient's response and titrates CPAP pressure as needed	1	
Monitors and documents settings appropriately	1	
REASSESSMENT		
Reassesses and documents patient's respiratory response to treatment	1	
Passing score is 14 (at least 80%)	TOTAL:	17

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to check patient for adequate blood pressure by the presence of radial pulses
- ___ Failure to ensure patient understands procedure
- ___ Failure to test pressure relief valve prior to application
- ___ Failure to place mask over patient's face and apply head straps to assure tight seal
- ___ Failure to assess patient's response and titrate CPAP pressure as needed
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Printed

Signature

ECG Acquisition

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____

	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions	1	
PREPARE EQUIPMENT		
Assures there is sufficient paper in monitor or unit is ready for transmission	1	
Attaches monitor cables to self-adhesive leads	1	
PREPARE PATIENT		
Explains procedure to the patient	1	
Exposes chest	1	
* Ensures skin is not broken or bleeding	1	
* Cleanses area with alcohol prep pad if dirty	1	
* Shaves hair from site if particularly thick	1	
PERFORM PROCEDURE		
Turns monitor on	1	
* Attaches the 4 limb leads (RA,LA,RL,LL) to appropriate areas, selects sites at least 10 cm/4 inches from heart for adults (1 point per lead)	4	
* Attaches precordial chest leads: (1 point per lead) V ₁ - 4 th intercostal space, just right of the sternum V ₂ - 4 th intercostal space, just left of the sternum V ₄ - 5 th intercostal space, at the midclavicular line V ₃ - on a line directly between V ₂ and V ₄ V ₅ - level with V ₄ , at the anterior axillary line V ₆ - level with V ₄ and V ₅ , at the left midaxillary line	6	
Assures all connections are made (cable to monitor and leads to patient)	1	
Asks the patient to stay still but breaths normally	1	
* Acquires the ECG tracing by following the machine specific acquisition procedure	1	
Checks ECG for artifact, repositions leads as needed, verbalizes rerun of ECG	1	
Verbalizes documentation of procedure	1	
Passing score is 20 (at least 80%)	Total:	24

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to ensure skin is intact, clean and clear prior to placing leads
- ___ Failure to accurately attach leads to patient
- ___ Failure to acquire a legible ECG recording
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed Signature

Intraosseous (IO) Infusion with IV Solution Bolus

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Checks selected IV fluid for: -Proper fluid (1 point) -Clarity or particulate matter (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle & insertion device as needed -Antiseptic swabs -Administration set or 3-way stopcock -Bulky dressings -Sharps container -Saline flush syringe if needed	1	
Connects administration set to bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before IO puncture)	1	
*Takes or verbalizes appropriate PPE precautions prior to IO puncture	1	
Identifies proper anatomical site for IO puncture: Adult: tibia site approximately 1-3cm below the tibial tuberosity on the medial portion of the flat bone surface or proximal humerus 1- 2cm above the "surgical neck" Pediatric: tibia site approximately 1-3cm below the tibial tuberosity on the medial portion of the flat bone surface	1	
Cleanses site appropriately	1	
* Performs IO puncture: -Prepares IO needle, and device as needed (1 point) -Stabilizes the puncture site in a safe manner (1 point) -Inserts needle at proper angle (1 point) -Recognizes that the needle has entered intramedullary canal (feels 'pop' or notices less resistance) (1 point) -Removes stylette (1 point)	5	
* Disposes/verbalizes immediate proper disposal of stylette in proper container	1	
* Attaches extension set to IO needle (or may attached saline flush per local protocol)	1	
* Slowly turns on flow (or aspirates saline flush then slowly injects saline) and watches for infiltration to assure proper placement of needle	1	
* Adjusts flow/administers bolus as appropriate	1	
Verbalizes or secures needle and supports with bulky dressing	1	
Passing score is 16 (at least 80%)	TOTAL:	20

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 2 in 6 minutes*
PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to successfully establish a patent and properly adjusted IO line within 2 attempts during 6 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Failure to assure correct needle placement (must aspirate or verbalizes watching for infiltration)
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage or air embolism
- ___ Failure to dispose/verbalize immediate proper disposal of needle in proper container
- ___ Performs IO puncture in an unacceptable manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc)
- ___ Failure to manage the patient as a competent EMS provider
- ___ Failure to adjust flow or administer bolus appropriately
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Printed

Signature



Intravenous (IV) Infusion with IV Solution Bolus

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity or particulate matter (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IV catheter, Antiseptic swabs, Venous tourniquet, Administration set, Dressings, Sharps container	1	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
* Takes or verbalizes appropriate PPE precautions	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
* Performs venipuncture while maintaining sterility: -Removes IV catheter from package, loosens hub, and inspects for burrs (1 point) -Stabilizes the vein/puncture site (1 point) -Inserts IV catheter/stylette bevel up at appropriate angle (35-45°) (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette and disposes/verbalizes immediate proper disposal of needle in proper container (1 point) -Connects IV tubing to catheter (1 point)	7	
Releases tourniquet	1	
* Opens flow clamp for a brief period to assure patent line without infiltrate	1	
Secures catheter (tapes or verbalizes taping securely)	1	
* Adjusts flow/administers bolus as appropriate	1	
Passing score is 20 (at least 80%)	TOTAL:	24

Actual Time Ended: _____ Elapsed Time: _____ Max Attempts per Time Allowed: 3 in 6 minutes*
PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to successfully establish a patent IV within 3 attempts during 6 minute time limit
- ___ Failure to properly adjust IV flow/administer bolus within 6 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to dispose/verbalize immediate proper disposal of needle in proper container
- ___ Failure to open flow clamp for a brief period to assure patent line without infiltrate
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____

Printed

Signature

Intravenous (IV) Monitor/Maintenance

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate PPE precautions	1	
Continue IV infusion per local protocol -Assures infusion site and tubing are stabilized (1 point) -Appropriately positions IV bag and roller clamp (1 point) * -Accurately adjusts flow rate in drops per minute (1 point) -Verbalizes documentation of time, fluid infused and remaining fluid (1 point)	4	
Replacing IV solution bag * -Selects proper solution (1 point) * -Checks for clarity or particulate matter (1 point) * -Checks expiration date (1 point) -Clamps tubing before removing empty bag (1 point) -Removes empty maintaining sterility of IV tubing spike (1 point) -Replaces spike into new bag, maintaining sterility of port and spike (1 point) * -Accurately adjusts flow rate in drops per minute (1 point) -Verbalizes documentation of solution, flow rate and time hung (1 point)	8	
Discontinuing IV infusion -Verbalizes reason to discontinue infusion (1 point) -Gathers and prepares supplies (2x2 gauze and tape) (1 point) -Clamps tubing (1 point) -Removes tape/dressing gently (1 point) -Removes catheter safely and smoothly with 2x2 gauze immediately placed on puncture site (1 point) * -Applies pressure 1-2 minutes at puncture site until bleeding stops (1 point) -Secures sterile dressing over puncture site (1 point) * -Inspects catheter for integrity and contacts medical direction as needed (1 point) -Verbalizes documentation of catheter integrity, solution type, time, and amount of fluid infused (1 point)	9	
Passing score is 18 (at least 80%)	TOTAL:	22

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to select proper solution
- ___ Failure to check solution for clarity, particulate matter and expiration date
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Failure to accurately adjust flow rate in drops per minute
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to inspect catheter for integrity and contact medical direction as needed
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Nasopharyngeal Airway

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

*Takes or verbalizes appropriate PPE precautions	1	
*Measures and selects appropriate size airway	1	
*Verbalizes lubrication of the nasal airway	1	
*Fully inserts the airway with the bevel facing toward the septum	1	
*Demonstrates a patent airway by ventilating patient	1	
Passing score is 5 (all Critical)	TOTAL:	5

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to measure and select appropriate size airway
- ___ Failure to verbalize lubrication of the nasal airway
- ___ Failure to fully insert airway with the bevel facing toward the septum
- ___ Failure to demonstrate a patent airway by ventilating the patient
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

Traction Splint Immobilization

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate precautions	1	
Directs/maintains manual stabilization of the injured leg	1	
* Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."		

√ Indicate device used. (Depending on splint used, follow the manufacturers' recommendations)								
Points-	Pos	Awd	Points-	Pos	Awd	Points-	Pos	Awd
<input type="checkbox"/> Sager type pole splint			<input type="checkbox"/> OTD type pole splint			<input type="checkbox"/> HARE type splint		
*Prepares/adjusts splint to the proper length-pulley wheel adjacent to heel	1		*Applies the ankle hitch device to patient	1		*Prepares/adjusts splint to the proper length (using uninjured leg)	1	
*Positions the splint at the injured leg-medial side	1		*Applies the ischial strap device (pole receptacle seats at pelvic crest)	1		*Positions the splint at the injured leg	1	
*Applies the proximal securing device (e.g., ischial strap)	1		*Prepares snap out pole ends and assures each is seated to next pole	1		*Applies the distal securing device (e.g., ankle hitch)	1	
*Applies the distal securing device (e.g., ankle harness) to patient	1		*Positions the splint at the injured leg-lateral side and adjusts length	1		*Directs manual traction of injured leg	1	
*Assures the distal securing device (e.g., ankle harness) is attached to the splint	1		Inserts pole ends into receptacle on ischial strap	1		Supports leg while moving splint into position under leg	1	
*Applies mechanical traction, at 10% of patient's body weight up to 15lbs.	1		Secures elastic strap around knee	1		*Applies the proximal securing device (e.g., ischial strap)	1	
Positions elastic support straps under legs	1		* Assures the distal securing device (e.g., ankle hitch) is attached to the splint	1		*Attaches the distal securing device (e.g., ankle hitch) to the traction strap	1	
*Secure the thighs, knees and calves elastic straps	1		*Applies mechanical traction	1		*Applies mechanical traction	1	
Applies strap to hold feet	1		*Secures the thigh and ankle elastic straps	1		*Secures thigh, calves and ankle support straps	1	
Re-evaluates the proximal/distal securing devices	1		Re-evaluates the proximal/distal securing devices	1		Re-evaluates the proximal/distal securing devices	1	
* Reassesses distal motor, sensory and circulatory functions in the injured extremity	1		* Reassesses distal motor, sensory and circulatory functions in the injured extremity	1		* Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The evaluator acknowledges, "Motor, sensory and circulatory functions are present and normal."								
*Verbalizes securing patient to long board to immobilize hip and secure splint							1	
Passing score is 12 (at least 80%) TOTAL:							15	

Spinal Motion Restriction

Candidate Name _____ Date _____

Scenario _____ Actual Time Started: _____ Points Possible Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
*Directs assistant to maintain manual stabilization/immobilization of the head	1	
*Assesses motor, sensory and circulatory function in each extremity	1	
*Applies appropriately sized extrication collar	1	
Determines need to place the patient on a rigid extrication device (scoop stretcher, long spine board, etc.)	1	
*Assists the patient onto the EMS stretcher while ensuring minimal spinal movement	1	
*Removes any unnecessary rigid extrication device once the patient is on the EMS stretcher	1	
Applies padding as necessary	1	
*Secures the patient to the EMS stretcher with adequate seatbelts and strapping	1	
*Reassesses motor, sensory and circulatory function in each extremity	1	
Passing score is 8 (at least 80%)	TOTAL:	10

Actual Time Ended: _____ Elapsed Time: _____ Max Time Allowed: 10 **PASS / FAIL**

CRITICAL CRITERIA - Note: Blocks above with an * have corresponding Critical Criteria below.

- ___ Failure to immediately direct or take manual stabilization of the head
- ___ Failure to assess motor, sensory and circulatory functions in each extremity before moving the patient
- ___ Failure to properly apply appropriately sized extrication collar before moving the patient
- ___ Failure to assist the patient onto the EMS stretcher while ensuring minimal spinal movement
- ___ Manipulated or moved the patient excessively causing potential spinal compromise
- ___ Failure to remove unnecessary rigid extrication device once the patient is on the EMS stretcher
- ___ Failure to secures the patient to the EMS stretcher with adequate seatbelts and strapping
- ___ Failure to reassess motor, sensory and circulatory functions in each extremity after securing the patient to the EMS stretcher
- ___ Failure to manage the patient as a competent EMS provider
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the form.

Evaluator Name: _____
Printed
Signature

COMPREHENSIVE EVALUATION

Major Medical

NAME	PRINT STUDENT'S NAME			DATE	
	PRINT STUDENT'S NAME				

Objective: Given a team approach, appropriate equipment and a patient with a major medical emergency, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.

Scene Size-up (MUST VERBALIZE)

- | | | | | |
|--|---------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> PPE Precautions | <input type="checkbox"/> Scene Safety | <input type="checkbox"/> Determines NOI | <input type="checkbox"/> # of Pts | <input type="checkbox"/> Additional Resources |
|--|---------------------------------------|---|-----------------------------------|---|

Primary Assessment (MUST VERBALIZE)

- | | | | | | |
|--|---------------------------------|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Mental Status | <input type="checkbox"/> Airway | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Body Position | <input type="checkbox"/> Appropriate General Impression |
| <input type="checkbox"/> Chief Complaint | | | <input type="checkbox"/> Skin Signs | | |

Subjective (history)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint**
- Thoroughly **investigates patient history, NOI** (follows **SAMPLE** and **OPQRST** investigation)
- Obtains names/dosages of current **medications** and if any were taken (if possible)

Objective (physical exam)

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs appropriate **medical assessment** based on clinical presentation
- Appreciates patient's body position (distressed, tripod, normal)
- Obtains **second set of vital signs** and compares to baseline

Assessment (impression)

- Verbalizes** to evaluator what **'you think is going on'**
- Determines** the need for **immediate transport** — states rationale _____

Plan (treatment)

GENERAL CARE (Check all that apply)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly ventilates patient with a BVM (if indicated) <input type="checkbox"/> Suctions airway (if indicated) <input type="checkbox"/> Considers/uses medications appropriately (if indicated) | <ul style="list-style-type: none"> <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Considers Index of Suspicion (IOS) and states rationale <input type="checkbox"/> Performs reassessment <input type="checkbox"/> Properly performs other care/treatment (as indicated) <input type="checkbox"/> _____(additional) <input type="checkbox"/> _____(additional) |
|---|---|

CRITICAL (FAIL) CRITERIA DID NOT...

- Take/verbalize **PPE Precautions**
- Appropriately manage airway, breathing, shock
- Administer appropriate rate and delivery of **oxygen** (if indicated)
- Determine** the need for **immediate transport**

Communication and Documentation

- Delivers accurate and effective **verbal report** (if indicated)

Meets Standards

- | | |
|-------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2nd ATTEMPT | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF NO EXPLAIN | |

EVALUATOR SIGN YOUR NAME

PRINT NAME

TIME →						
Respiratory Rate						
Pulse Rate						
Blood Pressure						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: _____

Allergies: _____

Chief Complaint: _____

Narrative (SOAP)

Subjective

Objective

Assessment

Plan

COMPREHENSIVE EVALUATION

Major Trauma

NAME	PRINT STUDENT'S NAME			Date	
	PRINT STUDENT'S NAME				

Objective: Given a team approach, appropriate equipment and a patient with major trauma, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.

Scene Size-up (MUST VERBALIZE)

<input type="checkbox"/> PPE Precautions	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI	<input type="checkbox"/> # of Pts	<input type="checkbox"/> Additional Resources
--	---------------------------------------	---	-----------------------------------	---

Primary Assessment (MUST VERBALIZE)

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Appropriate General Impression
<input type="checkbox"/> Chief Complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	

Subjective (history)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **mechanism of injury (MOI)** as soon as possible – considers **NOI** and acts accordingly
- Obtains names/dosages of current **medications** and if any were taken (if possible)

Objective (physical exam)

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs proper **trauma exam** based on clinical presentation: exposes/checks for bleeding and/or injuries
- Assesses pulse, sensation, and movement before and after wound care/splinting (as indicated)
- Obtains **second set of vital signs** and compares to baseline

Assessment (impression)

- Verbalizes** to evaluator what **'you think is going on'**
- Determines** the need for **immediate transport** — states rationale _____

Plan (treatment)

<p>GENERAL CARE (<i>Check all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applies proper and immediate bleeding control technique: direct pressure, pressure dressing, tourniquet <input type="checkbox"/> Provides immediate fracture stabilization (if indicated) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Appropriately applies splint <input type="checkbox"/> Properly positions patient 	<ul style="list-style-type: none"> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Monitors patient's vital signs <input type="checkbox"/> Considers Index of Suspicion (IOS) and states rationale <input type="checkbox"/> Performs reassessment <input type="checkbox"/> Proper spinal immobilization <input type="checkbox"/> Bag-valve-mask (BVM) use <input type="checkbox"/> Suction (as needed) <input type="checkbox"/> _____(additional) <input type="checkbox"/> _____(additional) 	<p>CRITICAL (FAIL) CRITERIA <i>DID NOT...</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Take/verbalize PPE Precautions <input type="checkbox"/> Appropriately manage airway, breathing, shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen (if indicated) <input type="checkbox"/> Determine the need for immediate transport
--	--	---

Communication and Documentation

<input type="checkbox"/> Delivers accurate and effective verbal report (if indicated)	<p>Meets Standards</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2nd ATTEMPT</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO EXPLAIN</p>
--	--

EVALUATOR SIGN YOUR NAME	PRINT NAME
--------------------------	------------

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: _____

Allergies: _____

Chief Complaint: _____

Narrative (SOAP)

Subjective

Objective

Assessment

Plan



PRACTICAL SKILLS EVALUATION SUMMARY SHEET

EMR
 EMT
 AEMT
 Para

Student Name: _____ **Test Site:** _____ **Date:** _____

Practical Skill	Done	Not Done	SEI Signature
BVM Ventilation of an Apneic Adult Patient			
Oxygen Administration by Non-Rebreather Mask			
Patient Assessment / Mgmt- Medical- EMR/EMT			
Patient Assessment / Mgmt- Medical- AEMT			
Patient Assessment / Management- Trauma			
Cardiac Arrest Management / AED			
Bleeding Control / Shock Management			
Long Bone Immobilization			
Joint Immobilization			
Spinal Immobilization (Supine Patient)			
Spinal Immobilization (Seated Patient)			
Supraglottic Airway Device			
Pediatric Respiratory Compromise			
Pediatric Intraosseous Infusion			
Intravenous Therapy w/ IV Bolus Medications			
Acetaminophen Administration			
Activated Charcoal Administration			
Aspirin Administration			
Epinephrine Auto-Injector			
Oral Glucose Administration			
Naloxone (Narcan) Administration IN			
Nitroglycerin Administration			
Nerve-Agent Antidote Administration			
IM Medication Administration from Amp/Vial			
Metered Dose Inhaler Administration			
Blood Glucometer			
Capnography (End Tidal CO2 Monitoring)			
Continuous Positive Airway Pressure (CPAP)			
ECG Acquisition			
IO Infusion w/ IV Solution Bolus			
IV Infusion w/ IV Solution Bolus			
IV Monitor/Maintenance			
Nasopharyngeal Airway			
Traction Splint Immobilization			
Spinal Motion Restriction			
Comprehensive Evaluation- Major Medical Scenario			
Comprehensive Evaluation- Major Trauma Scenario			

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