

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

**Emergency Medical Responder
Practical Evaluation Addendum
Skill Sheets**



DOH 530-170 February 2016

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THE EMR PRACTICAL SKILLS ADDENDUM

PRACTICAL SKILL EVALUATIONS -

These evaluation sheets are included as additional skills evaluations that could be done in an initial EMR course and can be used in OTEP programs. Each student should receive a copy when beginning the course or OTEP process. The evaluation sheets are used to document the performance of approved EMR skills.

Individual Practical Skills Evaluation Sheets

The practical skill evaluation sheets located on pages 9 through 22 are used to document the performance of students during practical skills evaluations. Department of Health-approved EMS evaluators must complete all evaluations. Evaluator name and signature must appear on each evaluation. Students **must** achieve a passing score of at least 80% for each skill listed here, **and** successfully pass all critical criteria.

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 Certification

The process for certification is on the office website at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSPProvider/ApplicationsandForms/InitialCertification>

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ADDITIONAL PRACTICAL SKILLS EVALUATION SHEETS Required Scores for Successful Completion

Practical Skill Sheet Page Numbers	Practical Skill	Maximum Time Limit	Total Points Possible	Points Required to Successfully Complete Practical Skill
9-10	Long Bone Immobilization	5	10	8
11-12	Joint Immobilization	5	9	8
13-16	Traction Splint Immobilization	10	15	12
17-18	Nerve-Agent Antidote Administration	15	14	12
19-20	Comprehensive Evaluation-Major Medical		P/F	P/F
21-22	Comprehensive Evaluation-Major Trauma		P/F	P/F

NOTE: A check mark in any of the critical criteria skills sections constitutes a failure of the entire station regardless if the person passed all other skills sections.

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EMR PRACTICAL SKILLS EVALUATION ADDENDUM SUMMARY SHEET

Student Name: _____ **Date:** _____

Test Site: _____

Section Reference	Skills Page Numbers	Practical Skill	S	U	SEI Signature
Trauma-Orthopedic	9-10	Long Bone Immobilization			
Trauma-Orthopedic	11-12	Joint Immobilization			
Trauma-Orthopedic	13-16	Traction Splint Immobilization			
Pharmacology & Toxicology	17-18	Nerve-Agent Antidote Administration			
	19-20	Comprehensive Evaluation-Major Medical			
	21-22	Comprehensive Evaluation-Major Trauma			

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Long Bone Immobilization

Candidate Name _____ Date _____

Scenario _____ Start Time: _____

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Directs application of manual stabilization of the injury	1	
*Assesses distal pulse, sensation, and movement in the injured extremity	1	
NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."		
Measures splint (sizing to uninjured limb)	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 hand/foot in the position of function	1	
*Reassesses distal pulse, sensation, and movement in the injured extremity	1	
Note: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."		
Passing score is 8 (at least 80%)	TOTAL:	10

Stop Time: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate standard precautions
- ___ Failure to direct application of manual stabilization of the injury
- ___ Failure to initially assess distal pulse, sensation, and movement in the injured extremity
- ___ Failure to immobilize the joint above or below the injury site
- ___ Failure to immobilize the hand/foot in the position of function
- ___ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- ___ Grossly moves the injured extremity
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel

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

Asterisk denotes Critical Criteria

Failure to perform any critical criteria constitutes a failure of this skills station

Evaluator Name: _____

Printed

Signature

Joint Immobilization

Candidate Name _____ Date _____

Scenario _____ Start Time: _____

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Directs application of manual stabilization of the injury (in position found)	1	
*Assesses distal pulse, sensation, and movement in the injured extremity	1	
NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."		
Selects proper splinting material (sizing to uninjured limb)	1	
Immobilizes the site of the injury	1	
*Immobilizes the bone above injured joint	1	
*Immobilizes the bone below injured joint	1	
Secures the entire injured extremity	1	
*Reassesses distal pulse, sensation, and movement in the injured extremity	1	
NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."		
Passing score is 8 (at least 80%)	TOTAL:	9

Stop Time: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate standard precautions
- ___ Failure to direct application of manual stabilization of the injury
- ___ Failure to initially assess distal pulse, sensation, and movement in the injured extremity
- ___ Failure to immobilize the bone above or below the injured joint
- ___ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- ___ Grossly moves the injured extremity
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel

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Evaluator Name: _____
Printed Signature

Traction Splint Immobilization

Candidate Name _____ Date _____

Scenario _____ Start Time: _____ Points Possible Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
Directs/maintains manual stabilization of the injured leg	1	
* Assesses distal pulse, sensation, and movement in the injured extremity	1	
NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."		

√ Indicate device used. (Depending on splint used, follow the manufacturers recommendations)											
	Points-	Pos	Awd		Pos	Awd		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		1		*Prepares snap out pole ends and ensures each is seated to next pole		1		*Prepares and adjusts splint to the proper length		1	
*Positions the splint at the injured leg-medial side		1		*Applies the distal securing device (e.g., ankle hitch) to patient		1		*Positions the splint at the injured leg		1	
*Applies the proximal securing device (e.g., ischial strap)		1		*Applies the proximal securing device (e.g., ischial strap)		1		*Applies the distal securing device (e.g., ankle hitch)		1	
*Applies the distal securing device (e.g., ankle hitch) to patient		1		*Positions the splint at the injured leg-lateral side and adjusts length		1		*Directs manual traction of injured leg		1	
*Ensures the distal securing device (e.g., ankle hitch) 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		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 calves, knees and thighs elastic support straps		1		*Applies mechanical traction		1		*Applies mechanical traction		1	
Applies strap to hold feet		1		*Secures the thigh and ankle elastic support 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 pulse, sensation, and movement in the injured extremity		1		* Reassesses distal pulse, sensation, and movement in the injured extremity		1		* Reassesses distal pulse, sensation, and movement in the injured extremity		1	
NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."											

NOTE: Evaluator must ask candidate how he/she would prepare patient for transportation.		
*Verbalizes securing patient to long board to immobilize hip and secure splint	1	
Passing score is 12 (at least 80%)	TOTAL:	15

Stop Time: _____ Elapsed Time: _____ Max Time Allowed: 10 PASS / FAIL

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate standard precautions
- ___ Failure to assess distal pulse, sensation, and movement in the injured extremity
- ___ Failure to properly prepare/adjust splint to the proper length
- ___ Failure to properly position the splint at the injured leg
- ___ Failure to properly apply the proximal securing device (e.g., ischial strap)
- ___ Failure to properly apply the distal securing device (e.g., ankle hitch)
- ___ Failure to direct manual traction of injured leg when using the HARE type splint
- ___ Failure to attach the distal securing device (e.g., ankle hitch) to the traction strap/post
- ___ Failure to apply mechanical traction
- ___ Failure to position/secure the support straps
- ___ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- ___ Failure to verbalize securing the patient to a long board to immobilize hip and secure the splint
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel

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

Asterisk denotes critical criteria

Failure to perform any critical criterion constitutes a failure of this skills station

Evaluator Name: _____

Printed

Signature

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Nerve-Agent Antidote Administration (DuoDote® type)

Candidate Name _____ Date _____

Scenario _____ Start Time: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard 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, weight	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 (thigh)	1	
Pushes injector firmly against site	1	
* Holds injector against site for a minimum of 10 seconds	1	
Massages the site for 10 seconds	1	
* Properly discards auto-injector in appropriate container	1	
Verbalizes reassessment of the patient	1	
Passing score is 12 (at least 80%)	Total:	14

Stop Time: _____ Elapsed Time: _____ Max Time Allowed: 5 PASS / FAIL

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate standard 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
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel

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

Asterisk denotes critical criteria

Failure to perform any critical criterion constitutes a failure of this skills station

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"/> Standard 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)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint <input type="checkbox"/> Thoroughly investigates patient history, NOI (follows SAMPLE and OPQRST investigation) <input type="checkbox"/> Obtains names/dosages of current medications and if any were taken (if possible)					
Objective (physical exam)					
<input type="checkbox"/> Records and documents baseline vital signs - listens to lung sounds and compares sides <input type="checkbox"/> Performs appropriate medical assessment based on clinical presentation <input type="checkbox"/> Appreciates patient's body position (distressed, tripod, normal) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
Assessment (impression)					
<input type="checkbox"/> Verbalizes to evaluator what 'you think is going on' <input type="checkbox"/> Determines the need for immediate transport — states rationale _____					
Plan (treatment)					
GENERAL CARE (<i>Check all that apply</i>) <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 Index of Suspicion (IOS) and states rationale		<input type="checkbox"/> Monitors patient vital signs <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 <i>DID NOT...</i> <input type="checkbox"/> Take/verbalize Standard 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				Meets Standards	
<input type="checkbox"/> Delivers accurate and effective verbal report (if indicated)				<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF NO EXPLAIN</small>	
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"/> Standard 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)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines mechanism of injury (MOI) as soon as possible – considers NOI and acts accordingly <input type="checkbox"/> Obtains names/dosages of current medications and if any were taken (if possible)					
Objective (physical exam)					
<input type="checkbox"/> Records and documents baseline vital signs - listens to lung sounds and compares sides <input type="checkbox"/> Performs proper trauma exam based on clinical presentation: exposes/checks for bleeding and/or injuries <input type="checkbox"/> Assesses pulse, sensation, and movement before and after wound care/splinting (as indicated) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
Assessment (impression)					
<input type="checkbox"/> Verbalizes to evaluator what 'you think is going on' <input type="checkbox"/> Determines the need for immediate transport — states rationale _____					
Plan (treatment)					
GENERAL CARE (<i>Check all that apply</i>) <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		<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)		CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize Standard 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				Meets Standards	
<input type="checkbox"/> Delivers accurate and effective verbal report (if indicated)				<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 →						
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

