

Department of Human Services
Office of Public Health System
EMS & Trauma Systems

Skills Performance Reference Guide

Revised: October 2007

A Handbook for EMTs, other Prehospital
Care Providers, Instructors, Training Officers and Evaluators

- First Responder
- EMT-Basic
- EMT-Intermediate
- EMT-Paramedic

If you would like this information in an alternate format, please contact the EMS & Trauma Systems office at 971-673-0520.

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Especially we are indebted and appreciative to past Oregon EMS Chief, Howard A. Kirkwood, Jr., J.D., NREMT-P, for his encouragement for this project's conclusion.

Finally, we express our appreciation to DHS/EMS Administrative Specialist Nancy Gillen for her efforts in formatting this document for your use.

Thank you,

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USING THESE SKILL SHEETS

The skill sheets provided in this manual have been produced and distributed to the Oregon EMS community in order to afford everyone in the system a common basis to teach, evaluate, and perform the complex psychomotor skill sequences used in various phases of prehospital emergency care.

We have long objected to the concept that EMTs and candidates should learn one way of doing skills "for the test" and another way of performance "in real life". We intend that skills and sequences should be taught as they will be performed in real life by practicing EMTs, and that state-administered skills examinations will test candidates' ability to perform skills in the same manner as they were taught. It is our firm commitment that no vestige of the game of "hide the ball" that have plagued EMS education and practice, and damaged the credibility of the process, will remain. This book, and the sheets contained in it are a part of our commitment to the development and promulgation of standards that will be understood and utilized by everyone in the system.

Some specific parameters and limitations on the use of this book:

- In order to simulate "real world" conditions, EMTs should be adept at performing all skills under less than ideal conditions and performing basic troubleshooting. Accordingly, in testing scenarios, "distractions" or equipment failures will generally not excuse improper or incomplete performance. EMTs should practice skills until "mastery" is attained, such that a skill sequence can be completed despite nearby noises, minor equipment failures, or other real world conditions. Psychomotor skill sequences should be practiced until they can be properly performed in the dark, in smoke, heat, noise, rainfall, etc.
- The Universal Precautions or Body Substance Isolation (BSI)*, required by OSHA should be adhered to in the performance of all skills where appropriate. In testing scenarios, failure to utilize or verbalize application of universal precautions will result in skill station failure. We don't think this is unreasonable - in the real world, failure to utilize universal precautions can mean death!
- Where more than one skill sheet per scenario is used for certification testing, individual times per sheet may be shortened.
- Body Substance Isolation (BSI) is described as a form of infection control that assumes that all body fluids should be considered potentially infectious.
- "Adequate strapping materials" means that the individual has enough kling type wrap, kerlix type wrap, 1", 2", 3" tape, adequate number of straps, etc., to properly perform the skills included on the particular skill sheet.
- Where skill sheets reference other skills sheets, all of the steps of the referenced skill sheets should also be performed and evaluated. (i.e., patient assessment skill sheets may include skills such as basic history assessment, etc.)

- A suitable digital watch can be used by a coach or an examiner in place of a "watch with a second hand."
- Many skills require that equipment be prepared or assembled. It is permissible to prepare or assemble the required equipment or devices at any time during the skill evolution so long as it does not interfere with patient care.
- While performing secondary surveys, the exact order of the assessment steps is not always critical. For example, it is acceptable to check the neurological status of the arms before the legs. However, a practiced and systematic approach to patient assessment is essential to eliminate inconsistencies which cause assessment omissions resulting in possible therapeutic mishaps.
- "Neurological status" of extremities **ALWAYS** includes evaluation of sensation *and* motor function.
- A set of complete vital signs should be taken before and after any drug administration.

This manual has a number of uses; we hope that you will discover more than we have. We recommend it for the following purposes:

- Preparing "teaching skills sheets".
- Teaching and coaching psychomotor skills in EMT classes.
- Preparation for certification and other skill examinations.
- In-service training and skill review sessions.
- Evaluation of performance, as part of individual or agency self-assessment processes, quality improvement efforts, and individual skill review.

Good luck! Please provide any feedback in writing to the DHS-EMS office at the address on the cover.

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Respiratory Assessment

OBJECTIVE: The candidate will demonstrate the ability to correctly assess respirations on a live person.

EQUIPMENT: Appropriate body substance isolation, timer, and a patient.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a "patient". All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Places hand lightly over patient's diaphragm, observes chest rise, or other technique to identify the respiratory cycle.		
3. Observes breathing for rate, depth, pattern and sound of respirations.		
4. Counts the number of breaths occurring in a 30 second period and multiplies by 2.		
5. Calculates and states the minute rate within 10% accuracy.		
6. Reports and records rate, depth, pattern, and respiratory effort.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to accurately state and record the rate, depth, pattern, sound of respirations
- ___ Failure to count the number of breaths for at least 30 seconds
- ___ Failure to successfully perform procedure within allotted time limit

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Event	Does	Does Not
Answer correctly the following four questions:		
11. a. "What does pulse oximetry measure?" Answer: The amount of O₂ bound to hemoglobin as a ratio, comparing it with the amount of hemoglobin that is available for binding, (functional hemoglobin).		
12. b. "Name six conditions that can cause a misleading SaO ₂ reading." Answer: Carbon Monoxide poisoning from smoke inhalation, movement, low perfusion, device applied too tightly, outside light, and anemia.		
13. c. "As a general rule, at what point should immediate intervention occur?" Answer: With a SaO₂ reading of less than 90. Remember: Patients with COPD will have "normal" readings of less than 90. Always observe and treat appropriately all clinical findings.		
14. d. "What is considered a normal lab value?" Answer: 95-100%		

CRITICAL CRITERIA

- ___ Failure to choose the correct sensor
- ___ Failure to check for adequate proximal pulse
- ___ Applies device too tightly
- ___ Failure to appropriately align the LED and photodetector
- ___ Failure to attach sensor to patient cable
- ___ Failure to give correct answers for any of the five questions above
- ___ Failure to successfully perform procedure within allotted time limit

Oropharyngeal Airway Placement

OBJECTIVE: The candidate will demonstrate the ability to correctly:

- state the preconditions for;
- measure the appropriate size of; and
- insert the oropharyngeal airway.

EQUIPMENT: Airway manikin, body substance isolation, stethoscope, selection of oropharyngeal airway, tongue depressor, suction equipment, silicone spray, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an airway manikin and a selection of oropharyngeal airways and suction device. The candidate must correctly size and insert the airway(s). All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 2 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Selects appropriate size airway.		
3. Measures airway.		
4. Inserts airway without pushing the tongue posteriorly.		
Note: The examiner must advise the candidate that the patient is gagging and becoming conscious.		
5. Removes the oropharyngeal airway.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not obtain a patent airway with the oropharyngeal airway
- ___ Inserted adjunct in a manner dangerous to the patient

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Nasopharyngeal Airway Placement

OBJECTIVE: The candidate will demonstrate the ability to correctly:

- state the preconditions for;
- measure the appropriate size of; and
- insert the nasopharyngeal airway.

EQUIPMENT: Airway manikin, body substance isolation, stethoscope, selection of nasopharyngeal airway, water soluble lubricant, suction equipment, silicone spray, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented an airway manikin and a selection of nasopharyngeal airways and suction device. The candidate must correctly size and insert the airway. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 2 minutes

Event	Does	Does Not
Note: The examiner must advise the candidate to insert a nasopharyngeal airway.		
1. Selects appropriate size airway.		
2. Measures airway.		
3. Verbalizes lubrication of the nasal airway.		
4. Fully inserts the airway with the bevel facing toward the septum.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not obtain a patent airway with the nasopharyngeal airway
- ___ Inserted adjunct in a manner dangerous to the patient

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Oral Suctioning

OBJECTIVE: The candidate will demonstrate the ability to correctly suction an oropharynx.

EQUIPMENT: Suction device, tonsil tip, airway manikin, bag-valve-mask and/or demand valve, body substance isolation, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented a scenario of an unresponsive apneic patient. Rescue breathing is in progress and is being performed by a first responder who is trained to deliver supplemental oxygen. All "critical criteria" must demonstrate 100% accuracy for successful performance.

Time limit: 5 minutes

Event	Does	Does Not
Note: The examiner must advise the candidate to suction the patient's airway.		
1. Takes or verbalizes body substance isolation.		
2. *hyper-oxygenate* before and after suctioning.		
3. Turns on/prepares suction device.		
4. Assures presence of mechanical suction.		
5. Inserts the suction tip without suction.		
6. Applies suction to the oropharynx/nasopharynx for no longer than 15 seconds at a time.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not demonstrate acceptable suction technique
- ___ Inserted any adjunct in a manner dangerous to the patient
- ___ Applies suction longer than 15 seconds
- ___ Did not turn patient on side, or use caution if neck or spinal injury is suspected
- ___ Did not *hyper-oxygenate* after suctioning

*definition: *hyper-oxygenate* - patient is ventilated 10-20 breaths per minute

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Ventilatory Management

Mouth-to-Mask With Supplemental Oxygen

OBJECTIVE: The candidate will demonstrate the ability to adequately ventilate a patient using a pocket mask with an oxygen port and one-way valve.

EQUIPMENT: Pocket mask with one way valve and oxygen port, airway manikin, body substance isolation, timer, oxygen tank with regulator and oxygen tubing.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a scenario of a patient in respiratory arrest. Rescue breathing is in progress by a First Responder trained to deliver supplemental oxygen. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Connects one-way valve to mask.		
3. Opens patient's airway or confirms patient's airway is open (manually or with adjunct).		
4. Establishes and maintains a proper mask to face seal.		
5. Ventilates the patient within 30 seconds at the proper volume and rate (Adequate chest rise with each breath at a rate of 10-20 breaths per minute).		
6. Connects the mask to high concentration of oxygen.		
7. Adjusts flow rate to 12-15 liters per minute.		
8. Continues ventilation of the patient within 30 seconds at the proper volume and rate (chest rise with each breath at a rate of 800-1200 ml per breath/10-20 breaths per minute).		
Note: The examiner must witness ventilations for at least 30 seconds.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not ventilate patient within 30 seconds
- ___ Interrupted ventilations for longer than 30 seconds
- ___ Did not adjust liter flow to at least 15 liters per minute
- ___ Did not provide proper volume per breath (more than 2 ventilations per minute without full chest rise)
- ___ Did not ventilate the patient at a rate of 10-20 breaths per minute
- ___ Did not allow for complete exhalation

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Oxygen Administration

OBJECTIVE: The candidate will demonstrate the ability to set up a free flow oxygen delivery system and deliver oxygen at a specified rate.

EQUIPMENT: Airway manikin, oxygen cylinder, oxygen regulator for free flow use, cylinder wrench, non-rebreather mask, nasal cannula, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, an oxygen cylinder, oxygen regulator, a non-rebreather mask and nasal cannula, the candidate will be able to assemble the necessary equipment and deliver oxygen at a rate specified, using the correct delivery device. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Assembles the regulator to the tank.		
3. Opens the tank.		
4. Checks for leaks.		
5. Checks tank pressure.		
6. Attaches a non-rebreather mask to oxygen.		
7. Properly prefills reservoir.		
8. Adjusts liter flow to 12 liters per minute or greater.		
9. Applies and adjusts the mask to the patient's face.		
Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient.		
10. Attaches nasal cannula to oxygen source.		
11. Adjusts liter flow to 6 liters per minute or less.		
12. Applies nasal cannula to the patient.		
Note: The examiner now advises the candidate to discontinue oxygen therapy.		
13. Removes the nasal cannula from the patient.		
14. Shuts off the regulator.		
15. Relieves the pressure within the regulator.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not assemble the tank and regulator without leaks
- ___ Did not prefill the reservoir bag properly
- ___ Did not adjust the device to the correct liter flow for the non-breather mask (12 liters per minute or greater)
- ___ Did not adjust the device to the correct liter flow for the nasal cannula (6 liters per minute or less)

Positive Pressure Oxygen - Single Rescuer

OBJECTIVE: The candidate will demonstrate the ability to adequately ventilate a patient using a positive pressure oxygen device. (Demand valve)

EQUIPMENT: Positive pressure oxygen device, airway manikin, body substance isolation, oropharyngeal and/or nasopharyngeal airways, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a scenario of a patient who is in respiratory arrest. Rescue breathing is in progress and is being performed by a First Responder. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Assembles resuscitator correctly.		
3. Turns on oxygen.		
4. Effectively opens patient's airway.		
5. Maintains open airway throughout procedure.		
6. Correctly inserts proper size oropharyngeal or nasopharyngeal airway.		
7. Places resuscitator mask over patient's mouth and nose and ensures proper seal.		
8. Ventilates patient at a rate of 10-20 times per minute while maintaining mask seal, observing chest rise and fall for at least 2 minutes.		
9. Effectively assesses ventilation via mask as evidenced by the rise and fall of the chest.		
10. States patient being monitored closely to prevent gastric distention.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to open and maintain an open airway
- ___ Failure to effectively ventilate via mask as evidenced by the adequate rise and fall of the chest for at least 2 minutes
- ___ Failure to monitor closely for prevention of gastric distention
- ___ Failure to recognize age limitations of the device
- ___ Failure to successfully perform procedure within allotted time limit

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Tracheal Suctioning

OBJECTIVE: The candidate will demonstrate suctioning the trachea through an endotracheal tube while adhering to strict aseptic techniques and maintaining proper body substance isolation.

EQUIPMENT: A intubated airway manikin, body substance isolation, sterile catheter, sterile rinse solution, sterile gloves, suction device, bag-valve-mask, oxygen source with tubing and a cardiac monitor, a trained helper, and a timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate is presented an intubated "patient" with airway compromise by secretions or aspirated material. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 6 minutes

Event	Does	Does Not
1. Places the patient on a cardiac monitor.		
2. Administers 100% oxygen for 2-3 minutes.		
3. Prepares a sterile field for the catheter and sterile rinse solution.		
4. Puts on sterile gloves and eye protection (double gloving on both hands recommended).		
5. Opens the suction catheter package using sterile technique.		
6. Removes the catheter from the package.		
7. Has the distal end of the catheter attached to the suction unit.		
8. Asks to have the ventilation device removed from the endotracheal tube.		
9. Inserts the suction catheter into the endotracheal tube without applying suction.		
10. Advances the catheter as far as possible.		
11. Withdraws the catheter slowly while applying intermittent suction and rotating the catheter.		
12. DOES NOT ALLOW SUCTION TO OCCUR MORE THAN 10 SECONDS!		
13. Rinses the catheter in the sterile solution if more suctioning is required.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Monitors the patient's cardiac rhythm while suctioning, and discontinues suctioning if any ectopy or bradycardia ensues.		
When suctioning has concluded:		
15. Removes the suction catheter.		
16. Asks that the ventilation device be reattached, and administers 100% oxygen to the patient.		
17. Rinses the suction catheter by drawing several cc of sterile water or saline through the catheter.		
18. Administers 100% for 2-3 minutes if the patient is to be suctioned again. (Repeat steps 8 - 16).		

Answer correctly the following question: "When should tracheal suctioning be performed?" Answer: Tracheal suctioning is not without danger and should be performed only when secretions are causing respiratory compromise.

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Failure to place the patient on a cardiac monitor
- ___ Failure to discontinue suctioning after observing ectopy or bradycardia
- ___ Failure to administer 100% oxygen before and after suctioning
- ___ Failure to maintain or correct a contaminated "sterile field"
- ___ Failure to correctly provide intermittent suction
- ___ Suctioning the trachea for more than 10 seconds
- ___ Failure to rinse catheter after each attempt at suctioning
- ___ Failure to successfully perform procedure within allotted time limit

Ventilatory Management

Bag-Valve-Mask Apneic Patient/PEAD

OBJECTIVE: The candidate will demonstrate the ability to adequately ventilate an airway manikin using a bag-valve-mask device and PEAD.

EQUIPMENT: Bag-valve-mask resuscitator with assorted mask sizes, airway manikin (adult or child), body substance isolation, timer, the correct size of oropharyngeal airway and/or nasopharyngeal airways, oxygen reservoir, oxygen connecting tubing, and oxygen source with variable flow regulator, PEAD and lubricant.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a simulated patient who is in respiratory arrest. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	DOES	DOES NOT
1. Takes or verbalizes body substance isolation precautions.		
2. Opens the airway manually.		
3. Elevates tongue, inserts simple adjunct (either oropharyngeal or nasopharyngeal airway)		
Note: Examiner now informs candidate no gag reflex is present and patient accepts adjunct.		
4. Ventilates patient immediately with bag-valve-mask device unattached to oxygen within 30 seconds.		
Note: Examiner now informs candidate that ventilation is being performed without difficulty.		
5. Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 liters/min).		
6. Ventilates patient in less than 30 seconds at a rate of 10-16/minute with adequate chest rise for each ventilation.		
Note: The examiner indicates the arrival of a second EMT. The second EMT is instructed to ventilate the patient with candidate controls the mask and airway.		
7. Verbalizes re-opening the airway.		
8. Creates a proper mask-to-face seal and ventilates patient in less than 30 seconds.		
9. Instructs assistant to resume ventilation at proper volume. (The examiner must witness for at least 30 seconds.)		
CONTINUED ON REVERSE SIDE		

Event	DOES	DOES NOT
Note: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a dual lumen airway. The examiner must now take over ventilation.		
10. Directs assistants to *hyper-oxygenate the patient.		
11. Checks/prepares airway device.		
12. Lubricates distal tip of the device (may be verbalized).		
Note: Examiner to remove OPA and move out of way when candidate is prepared to insert device.		
13. Performs a tongue-jaw lift.		
14. Inserts device in mid-line and to depth so that the printed ring is at the level of the teeth.		
15. Inflates pharyngeal cuff with proper volume and removes syringe.		
16. Inflates distal cuff with proper volume and removes syringe.		
17. Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates within 30 seconds.		
18. Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung.		
Note: The examiner states: “You do not see rise and fall of the chest and hear sounds only over the epigastrium”.		
19. Attaches/directs attachment of BVM to the second (endotracheal placement) dual lumen and ventilates within 30 seconds.		
20. Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung.		
Note: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.		
21. Secures device or confirms that the device remains properly secured.		

SEE CRITICAL CRITERIA ON NEXT PAGE

CRITICAL CRITERIA:

- _____ Did not take or verbalize body substance isolation precautions
- _____ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time.
- _____ Failure to voice and ultimately provide high oxygen concentrations.
- _____ Failure to ventilate patient at rate of at least 10/minute.
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible).
- _____ Failure to hyper-oxygenate patient prior to placement of the dual lumen airway device.
- _____ Failure to insert the dual lumen airway device at a proper depth or at either proper place within 3 attempts.
- _____ Failure to inflate both cuffs properly.
- _____ Failure to remove the syringe immediately after inflation of each cuff
- _____ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.
- _____ Inserts any adjunct in a manner dangerous to the patient.

* NOTE: If the candidate has just completed the BVM station it can be assumed they still have BSI in place.

*definition: *hyper-oxygenate – patient is ventilated 10-20 breaths per minute

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Ventilatory Management

Using A Dual Lumen Device Insertion Following An Unsuccessful Endotracheal Intubation Attempt

OBJECTIVE: The candidate must demonstrate the ability to insert a dual lumen type device, within 30 seconds.

EQUIPMENT: Adult intubation manikin with an OPA or NPA in place, dual lumen type devices, 35/50 cc syringes, oropharyngeal device, lubricant, stethoscope, bag-valve-mask, silicone spray, body substance isolation, suction equipment and a timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given an adult intubation manikin, on which ventilation is being performed via a bag-valve-mask, (after an unsuccessful attempt at endotracheal intubation), the candidate will insert the dual lumen device within thirty seconds and within three attempts. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Confirms the manikin is being properly ventilated with high percentage oxygen.		
3. Directs the assistant to **hyper-oxygenate the manikin.		
4. Checks/prepares airway device.		
5. Lubricates distal tip of the device (<i>may be verbalized</i>).		
Note: The examiner should remove the OPA and move out of the way when the candidate is prepared to insert the device.		
6. Positions the patient’s head properly.		
7. Performs a tongue-jaw lift and has suction available.		
8. Inserts device in the mid-line and to the depth so that the printed ring is at the level of the teeth.		
9. Inflates the pharyngeal cuff with the proper volume and removes the syringe.		
10. Inflates the distal cuff with the proper volume and removes the syringe.		
15. Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates within 30 seconds.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
12. Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung.		
Note: The examiner states, “You do not see rise and fall of the chest and hear sounds only over the epigastrium”.		
13. Attaches/directs attachment of BVM to the second (endotracheal placement) lumen and ventilates within 30 seconds.		
14. Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung.		
Note: The examiner states, “You do see a rise and fall of the chest and hear sounds only over the epigastrium”.		
15. Secures device or confirms that the device remains properly secured.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Interrupted ventilations for more than 30 seconds at any time
- ___ Did not *hyper-oxygenate the patient prior to placement of the dual lumen airway device
- ___ Did not assure proper placement of the device
- ___ Did not provide adequate volume per breath (maximum 2 errors/minute permissible)
- ___ Did not ventilate the patient at a rate of at least 10 breaths per minute
- ___ Did not insert the dual lumen airway device at a proper depth or at the proper place within 3 attempts
- ___ Did not inflate both cuffs properly
- ___ Did not remove the syringe immediately following the inflation of each cuff
- ___ Did not confirm, by observing chest rise and auscultation over the epigastrium and bilaterally over each lung, that the proper lumen of the device was being ventilated
- ___ Inserted any adjunct in a manner that was dangerous to the patient
- ___ Failure to have suction available

NOTE: *definition: *hyper-oxygenate - patient is ventilated 10-20 breaths per minute

Ventilatory Management Endotracheal Intubation

OBJECTIVE: Demonstrate the skill of providing oxygenation and ventilation by placement of an endotracheal tube.

EQUIPMENT: Body substance isolation, laryngoscope, assorted blades, stylet, assorted ET tube sizes, 10cc syringe, oxygen source, oxygen tubing, bag-valve-mask, water soluble lubricant, adult intubation manikin, oro/nasopharyngeal airways, tube suction equipment, securing device, stethoscope, and a timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given an adult intubation manikin, the candidate will correctly intubate the trachea without interrupting ventilations for greater than 30 seconds and within 3 attempts. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Note: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “***” so long as first ventilation is delivered within initial 30 seconds.

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Opens the airway manually.		
3. Elevates tongue, inserts simple adjunct (either oropharyngeal or nasopharyngeal airway).		
Note: Examiner now informs candidate no gag reflex is present and patient accepts adjunct.		
4. **Ventilates patient immediately with bag-valve-mask device unattached to oxygen.		
5. ***hyper-oxygenates patient with room air.		
Note: Examiner now informs candidate that ventilation is being performed without difficulty.		
6. Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 liters/min).		
7. Ventilates patient at a rate of 10-20 breaths per minute. Chest rise with each breath.		
Note: After 30 seconds, examiner must auscultate and reports that breath sounds are present and equal bilaterally and medical control has ordered intubation. The examiner must now take over ventilation.		
8. Directs assistant to *hyper-oxygenate patient.		
CONTINUED ON REVERSE SIDE		

Event		Does	Does Not
9.	Identifies/selects proper equipment for endotracheal intubation, including suction equipment.		
10.	Checks intubation equipment for: ➤ Cuff leaks ➤ Laryngoscope operational and bulb tight		
Note: Examiner must remove the OPA and move out of way when candidate is prepared to intubate.			
11.	Positions head properly.		
12.	Inserts blade while displacing tongue.		
13.	Elevates mandible with laryngoscope.		
14.	Introduces ET tube and advances to the proper depth.		
15.	Inflates cuff to proper pressure and disconnects syringe.		
16.	Directs ventilation of patient.		
17.	Confirms proper placement by auscultation bilaterally and over epigastrium.		
Note: Examiner to ask, "If you had proper placement, what would you expect to hear?"			
18.	Secures ET tube (may be verbalized).		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to voice and ultimately provide high oxygen concentrations (at least 85%)
- ___ Failure to ventilate patient at rate of at least 10/minute
- ___ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- ___ Failure to *hyper-oxygenate patient prior to intubation
- ___ Failure to successfully intubate within 3 attempts
- ___ Using teeth as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- ___ If used, stylet extends beyond end of ET tube
- ___ Inserts any adjunct in a manner dangerous to patient

NOTE: *definition: hyper-oxygenate - patient is ventilated 10-20 breaths per minute

Ventilatory Management Nasotracheal Intubation

OBJECTIVE: The candidate will demonstrate a successful blind nasotracheal intubation on an airway manikin, using a scenario where a semi-conscious non-trauma patient is breathing, yet is unable to adequately manage his/her airway.

EQUIPMENT: Airway manikin, BVM, oxygen cylinder and tubing, suction equipment, adult endotracheal tubes (7.5 - 8.5 with inflatable cuff), Magill forceps, 10 cc syringe, body substance isolation, lubricant, 1" tape, a local spray of 4% lidocaine mixed with 0.25% phenylephrine, stethoscope, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an airway manikin placed in a sitting position, on which pulmonary ventilation is being performed with a bag-valve-mask. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 6 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Instructs person bagging the "patient" to hyper-oxygenate with 100% oxygen.		
3. Tests cuff and lubricates the distal end of the proper size tube.		
4. If time permits, applies the topical anesthetic spray to the nasal mucosa.		
5. Places the "patient's" head and neck into a neutral position.		
6. Inspects the nares and selects the larger nostril for tube passage.		
7. Has suction equipment available and inserts tube into the nostril with the flanged end of the tube along the floor of the nose or facing the septum, advancing the tube caudally. ¹		
8. Gently guides the tube in an anterior to posterior direction.		
9. Listens closely at the near end as the tube drops into the retropharyngeal space for respiratory sounds.		
CONTINUED ON REVERSE SIDE		

¹ Some literature makes mention of the use of a stylet during nasotracheal insertion (see local protocol). Adequate training in nasotracheal techniques should occur before attempting this procedure.

Event	Does	Does Not
10. Advances the tube rapidly with the "patient's" next inhaled breath (if the tube is not hung up in the pyriform sinus) into the glottic opening.		
11. Assesses carefully for signs that the tube is in the trachea, e.g., patient's exhaled air at the proximal end of the tube and or breath condensation noted in tube.		
NOTE: Gagging, bucking, coughing and strain is usually a sign of esophageal placement. Conversely, bulging and anterior displacement of the larynx usually indicates successful placement of the tube.		
12. Holds tube in place with one hand to avoid displacement.		
13. Inflates the distal cuff with 5 -10 ccs of air.		
14. Reassesses proper placement of the tube by: a. auscultating breath sounds b. observing chest rise c. absence of sounds over the epigastrium.		
15. *Hyper-oxygenates "patient" with 100% oxygen.		
16. Secures ET tube, and continues ventilatory support.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to *hyper-oxygenate patient before and after intubation
- ___ Failure to check for cuff leaks
- ___ Failure to exercise caution during intubation to avoid unnecessary trauma
- ___ Failure to *hyper-oxygenate between "attempts"
- ___ Failure to assess for proper tube placement
- ___ Failure to secure tube adequately
- ___ Failure to perform successfully a blind nasotracheal intubation within 3 attempts
- ___ Failure to ventilate through the ET tube and note the chest rise (2 errors/minute is acceptable)
- ___ Failure to successfully perform procedure within allotted time limit
- ___ Failure to have suction equipment readily available

NOTE: *definition: hyper-oxygenate - patient is ventilated 10-20 breaths per minute

Pediatric (< 2yrs) Ventilatory Management

OBJECTIVE: The candidate will demonstrate the ability

EQUIPMENT: Appropriate body substance isolation, timer, and a patient.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a “patient”. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time Limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions		
2. Opens airway manually		
3. Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)		
Note: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
4. **Ventilates patient immediately with bag-valve-mask device unattached to oxygen		
5. ***hyper-oxygenates patient with room air		
Note: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient’s blood oxygen saturation is 85%		
6. Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15L/minute)		
7. Ventilates patient at a rate of 12-20/minute and assures adequate chest expansion		
Note: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.		
8. Directs assistant to pre-oxygenate patient		
9. Identifies/selects proper equipment for intubation		
10. Checks laryngoscope to assure operational with bulb tight		
Note: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
11. Places patient in neutral or sniffing position		
12. Inserts blade while displacing tongue		
13. Elevates mandible with laryngoscope		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Introduces ET tube and advances to proper depth		
15. Directs ventilation of patient		
16. Confirms proper placement by auscultation bilaterally over each lung and over epigastrium.		
Note: Examiner to ask, "If you had proper placement, what should you hear?"		
17. Secures ET tube (may be verbalized)		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to pad under the torso to allow neutral head position or sniffing position
- ___ Failure to voice and ultimately provide high oxygen concentrations (at least 85%)
- ___ Failure to ventilate patient at a rate of at least 12-20/minute
- ___ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- ___ Failure to pre-oxygenate patient prior to intubation
- ___ Failure to successfully intubate within 3 attempts
- ___ Uses gum as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- ___ Inserts any adjunct in a manner dangerous to the patient
- ___ Attempts to use any equipment not appropriate for the pediatric patient

NOTE: *definition: hyper-oxygenate - patient is ventilated 10-20 breaths per minute

Needle Cricothyrotomy

OBJECTIVES: The candidate will demonstrate the procedure for correct placement of a needle into the trachea using a demonstration manikin for the purpose of establishing an emergency airway when no other means to do so exists.

EQUIPMENT: Body substance isolation, 10-12 gauge catheter-over-needle for adults, 12-14 gauge for infants and children, 3 mm endotracheal tube adapter, 10 cc syringe, BVM, oxygen tank, oxygen tubing, "y" connector or meconium aspirator, tape or other method of securing needle, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an appropriate scenario for the demonstration of proper technique on a demonstration manikin of inserting a needle into the trachea through the membrane lying between the thyroid and cricoid cartilages, and to adequately ventilate with high flow oxygen. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Places manikin in a supine position with support under the shoulders and mild hyperextension of the neck.		
3. Palpates neck and locate slight depression just below the notch of the thyroid cartilage.		
4. Preps the skin as for IV catheter placement.		
5. Selects 10-12 gauge (adult) or 12-14 gauge (infants and children).		
6. Inserts needle and catheter assembly through cricoid membrane, aiming caudad at 45° angle.		
7. While inserting catheter, applies negative pressure to an attached 10 cc syringe.		
8. When air is withdrawn (verbalize), removes needle and advances catheter to the hub.		
9. Keeps catheter in place within the trachea.		
10. Attaches a 3mm endotracheal tube adapter to hub of catheter.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
11. Uses a jet ventilation device (40-60 psi) to ventilate.		
12. Carefully observes for chest expansion and auscultates the chest bilaterally.		
13. Secures the catheter to the neck with tape.		
14. Disposes of contaminated needle properly.		

NOTE: *Where large lumen emergency airway devices are used, (e.g., NuTrake®), follow manufacturer's instructions. These devices generally allow for adequate ventilation using a BVM and 15L/minute. The candidate must observe for the rise and fall of the chest to assure adequate ventilation.*

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to palpate the neck to locate the cricoid membrane
- ___ Failure to use the appropriate size catheter-over-the-needle
- ___ Failure to insert the needle properly
- ___ Failure to verbalize negative pressure before advancing catheter
- ___ Failure to advance catheter caudally at approximately 45°
- ___ Failure to adequately ventilate through needle(s)
- ___ Failure to verbalize rapid transport to a hospital is essential
- ___ Failure to successfully perform procedure within allotted time limit
- ___ Failure to secure catheter to the neck

Nasogastric Tube Placement

OBJECTIVE: The candidate must demonstrate the correct procedures and placement of a nasogastric (NG) tube for lavage of stomach contents.

EQUIPMENT: Body substance isolation, an adult intubation manikin or real patient, nasogastric tube, 50 ml irrigation syringe, water soluble lubricant, adhesive tape, saline for irrigation, towels to protect clothing, stethoscope, and emesis basin.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, demonstrate the procedure for insertion of a nasogastric tube*. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Assess the need for nasogastric tube insertion.		
2. Takes or verbalizes body substance isolation precautions.		
3. Assembles the needed equipment.		
4. Explains the procedure to the "patient".		
5. If possible, have the "patient" sitting up.		
6. Assess nose for deformity and determine best side for insertion.		
7. Measure the NG tube from the "patient's" earlobe to the tip of the nose.		
8. Measure the NG tube from the tip of the nose to the distal end of the xiphoid process.		
9. Total both measurements and mark the correct length on the NG tube with adhesive tape.		
10. Lubricate 6 to 8 inches of the NG tube with water soluble lubricant or appropriate anesthetic agent.		
11. Places the head in a slightly flexed position.		
12. Gently insert tube and gently advance toward posterior nasopharynx.		
13. At nasopharyngeal junction rotate NG tube 180 degrees inward toward the other nostril.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Gently advance NG tube until it is in the nasopharynx.		
15. As tube enters the oropharynx, ask the patient to swallow.		
16. Without force, pass the NG tube to the predetermined point.		
17. Check placement of the tube by one of the following: ➤ Aspirating gastric contents. ➤ Placing a stethoscope over the epigastrium and auscultate while injecting 20-30 ml of air into the tube.		
18. Tape the NG tube in place.		
19. Document the procedure to include size of tube inserted, degree of difficulty, tube placement checked, complications such as bleeding or vomiting, time, and name of person performing the procedure.		
Examiner asks: Name the contraindications to an NG tube? Answer: Severe facial trauma, epiglottis and croup.		

* A nasogastric tube may be inserted orally by medical direction.

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to explain procedure to the patient
- ___ Failure to check placement of the NG tube by aspirating gastric contents or by auscultation

Patient Assessment/Management - Medical

OBJECTIVE: The candidate will demonstrate the ability to correctly perform a thorough physical assessment.

EQUIPMENT: Body substance isolation, penlight, BP cuff, stethoscope, patient, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a medical patient scenario. The candidate will be responsible to perform a complete physical assessment. All "critical criteria" must have 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event		Does	Does Not
1.	Takes or verbalizes body substance isolation precautions.		
SCENE SIZE-UP			
2.	Determines the scene is safe.		
3.	Determines the mechanism of injury/nature of illness.		
4.	Determines the number of patients.		
5.	Requests additional help if necessary.		
6.	Considers stabilization of spine.		
INITIAL ASSESSMENT			
7.	Verbalizes general impression of the patient.		
8.	Determines responsiveness/level of consciousness.		
9.	Determines chief complaint/apparent life threats.		
10.	Assesses airway and breathing	Assessment Initiates appropriate oxygen therapy Assures adequate ventilation	
11.	Assesses circulation	Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)	
12.	Identifies priority patients/makes transport decision.		
CONTINUED ON REVERSE SIDE			

FOCUSED HISTORY AND PHYSICAL EXAM/RAPID ASSESSMENT							
13. Signs and Symptoms (Assess history of present illness).							
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	Poisoning/Overdose	Environmental Emergency	Obstetrics	Behavioral
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode *Onset? *Duration? *Associated symptoms? *Evidence of trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progressions? *Interventions?	*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?	*Are you or could you be pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period?	*How do you feel? *Determine suicidal tendencies *Is the patient a threat to self or others? *Is there a medical problem? *Interventions?
14. Allergies.							
15. Medications.							
16. Past pertinent history.							
17. Last oral intake.							
19. Events leading to present illness. (rule out trauma)							
20. Performs focused physical examination. (Assesses affected body part/system or, if indicated, completes rapid assessment)							
21. VITALS (Obtains baseline vital signs)							
22. INTERVENTIONS (Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)							
23. Transport (re-evaluates transport decision)							
24. Verbalizes considering or completing a detailed physical examination.							
ONGOING ASSESSMENT (verbalized)							
25. Repeats initial assessment.							
26. Repeats vital signs.							
27. Repeats focused assessment regarding patient complaint or injuries.							

SEE CRITICAL CRITERIA ON NEXT PAGE

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not determine scene safety
- ___ Did not obtain medical direction or verbalize standing orders for medication interventions
- ___ Did not provide appropriate concentration of oxygen
- ___ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- ___ Did not differentiate patient's need for transportation versus continued assessment at the scene
- ___ Did detailed or focused history/physical examination before assessing airway, breathing and circulation
- ___ Did not ask questions about the present illness
- ___ Administered a dangerous or inappropriate intervention

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History Taking - Basic

OBJECTIVE: The candidate will demonstrate the ability to obtain a pertinent basic history from a conscious and alert patient.

EQUIPMENT: Body substance isolation, blank paper and pen or pencil, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a scenario of a patient complaining of pain. All "critical criteria" must have 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Introduces self to patient.		
2. Asks patient's name.		
3. Determines patient's age.		
4. Asks about patient's chief complaint.		
5. Obtains SAMPLE history. ➤ Signs and symptoms ➤ Allergies ➤ Medications (current medications) ➤ Past pertinent, past medical history (PMH) ➤ Last oral intake of fluids or solids ➤ Events leading up to the illness/injury (HPI)		
6. Asks specifically about the loss of consciousness.		
7. Asks specifically about location and character of pain or discomfort (OPQRST). ➤ Onset? ➤ Provocation?/Palliative? ➤ Quality? ➤ Radiation? ➤ Severity? ➤ Timing - Intensity (How it changes over time)		
8. Asks if the patient is now or did experience shortness of breath.		
9. Asks specifically about nausea, vomiting, diarrhea, anorexia.		
10. Asks about numbness, dizziness or weakness, (when appropriate).		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to ask about the "chief complaint"
- ___ Failure to obtain SAMPLE history
- ___ Failure to determine OPQRST
- ___ Failure to ask about shortness of breath
- ___ Failure to ask and report when the patient last ate, drank, or took medications
- ___ Failure to ask about allergies
- ___ Failure to successfully perform procedure within allotted time limit

Pulse Measurement

OBJECTIVE: The candidate will demonstrate the ability to correctly obtain an accurate pulse measurement.

EQUIPMENT: Body substance isolation, patient, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: Candidate will be presented with a patient. All "critical criteria" must have 100% accuracy.

Time limit: 3 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Explains procedure to patient.		
3. Locates peripheral pulse point with index and middle fingers.		
4. Counts pulsations for 30 seconds. (One minute for irregular pulse)		
5. Calculates and states minute rate (within 5 beats/minute accuracy).		
6. Reports and records rate, quality, rhythm, and time of measurement.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to count pulsations for 30 seconds
- _____ Failure to accurately calculate pulse rate/minute
- _____ Failure to accurately record pulse rate, quality, rhythm and time of measurement
- _____ Failure to successfully perform procedure within allotted time limit

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Blood Pressure Measurement - Auscultation

OBJECTIVE: The candidate will demonstrate the ability to correctly obtain accurate blood pressure measurements by auscultation.

EQUIPMENT: Body substance isolation, BP cuff, stethoscope, patient, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will measure the systolic and diastolic blood pressure of the patient by auscultation within 6mmHg accuracy. All "critical criteria" must be accomplished with 100% accuracy.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Explains the procedure to the patient.		
3. Places the BP cuff correctly on the arm.		
4. Locates the brachial pulse by palpation distal to the B/P cuff.		
5. Places the diaphragm of the stethoscope over the pulse point. Location of the brachial artery distal to the BP cuff.		
6. Closes the valve above the bulb and inflates cuff until pulse sounds disappear, then proceed with inflation to at least 20mmHg higher.		
7. Slowly releases the pressure (at a rate of 2-4mmHg per second) until the pulse first appears.		
8. States the obtained systolic and diastolic BP measurement within 6mmHg.		
9. Records accurately both pressures and time.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Did not accurately state and/or record BP measured and time
- _____ Failure to successfully perform procedure and within allotted time limit

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Blood Pressure Measurement - Palpation

OBJECTIVE: The candidate will demonstrate the ability to correctly obtain accurate blood pressure measurements by palpation.

EQUIPMENT: Body substance isolation, blood pressure cuff, patient, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will measure the blood pressure of the patient by palpation within 6mmHg accuracy. All "critical criteria" must have 100% accuracy, (except #7) for acceptable performance.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Explains procedure to patient.		
3. Places BP cuff properly on arm.		
4. Locates the radial or brachial pulse by palpation.		
5. Closes the valve above the bulb and inflates cuff until the pulse disappears and proceeds to inflate to at least 20mmHg higher.		
6. Slowly releases the pressure (at a rate of 2-4mmHg per second) until the pulse first reappears.		
7. States the obtained systolic measurement by palpation (accuracy within 6mmHg required).		
8. Records systolic BP measurement and time.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to accurately state and/or record correct BP and time
- _____ Failure to successfully perform procedure and within allotted time limit

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Skin Assessment

OBJECTIVE: The candidate will demonstrate the ability to correctly assess skin condition.

EQUIPMENT: Body substance isolation, patient, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient. All "critical criteria" must have 100% accuracy for acceptable performance.

Time limit: 2 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Observes skin color.		
3. Feels for skin temperature.		
4. Feels for moisture on skin.		
5. States and records skin color, temperature and relative hydration.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to accurately state and record skin color, temperature and relative hydration
- _____ Failure to successfully perform procedure and within allotted time limit

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Blood Glucose Monitoring Using Strips

OBJECTIVES: The candidate will be able to rapidly determine approximate blood glucose levels when treating suspected diabetic or patients with a decreased level of consciousness or coma of unknown origin.

EQUIPMENT: Blood Glucose strips, watch, band-aid, antiseptic solution, water in wash bottle, 2x2 sterile gauze pads or cotton balls, alcohol wipes, body substance isolation, lancet,(spring loaded holder , glucose meters are optional), note pad, pen, or pencil, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient with a decreased level of consciousness, unknown origin, and be expected to describe and/or demonstrate the following procedures for obtaining blood glucose analysis. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 8 minutes

Event	Does	Does Not
1. Obtain medical direction or verbalize standing orders.		
2. Inspect for appropriate equipment and expiration date.		
3. Takes or verbalizes body substance isolation precautions.		
4. Demonstrate finding the appropriate site for blood glucose determination on an adult, (finger or earlobe).		
5. Demonstrate wiping the site with an alcohol prep and explain the rational for waiting for the alcohol to dry, e.g., a potential false reading.		
6. Demonstrate holding the hand lower than the heart in order to allow gravity to work in your favor.		
7. Demonstrate the appropriate puncture site for a finger stick, (midway between the center of the finger pad and the side of the finger).		
8. Demonstrate the procedure for obtaining a large drop of blood, by “milking”, or stroking the finger with gentler pressure from the middle knuckle toward the finger tip, allowing at least one second between strokes.		
9. Demonstrate allowing the blood to drop in the center of the strip, and explain that one must avoid touching the drop of blood with the hands or fingers.		
10. Demonstrate, using a candidates earlobe, the same gentle “milking” procedure as described in #8 above.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
11. Demonstrate allowing a drop of blood to fall on the appropriate portion of the strip and prepare strip for reading.		
12. Demonstrate the proper reading of the results against the container label according to the instructions on the container (or place strip in an electronic blood glucose determination device for reading).		
13. Demonstrate recording your results.		
14. Demonstrate proper disposal of all contaminated supplies.		

CRITICAL CRITERIA

- ___ Failure to take or verbalizes body substance isolation
- ___ Failure to check expiration date on strip package
- ___ Failure to cleanse puncture site
- ___ Failure to properly perform procedure according to all manufacturers instructions
- ___ Failure to properly dispose of expended materials
- ___ Failure to disinfect spring-load device for peripheral blood if used
- ___ Failure to successfully perform procedure and within allotted time limit

Childbirth - Assessment/Management

OBJECTIVE: The candidate will demonstrate the ability to correctly:

- assist the mother in giving birth; and
- provide appropriate postnatal care to the infant and mother.

EQUIPMENT: Body substance isolation, OB manikin with neonate, OB kit complete with towels, drapes, cord clamps, umbilical ties, scissors or scalpel, body substance isolation, eye protection, gown, receiving blanket, bulb syringe, plastic bags, betadine prep, perineal pads, silver swaddler, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an OB manikin simulation of a female patient in the second stage of labor. The candidate must deliver the infant and provide appropriate care to the mother and infant. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Introduces self and reassures the patient.		
3. Asks if patient is under a doctor's care.		
4. Asks if the doctor anticipates any problems with the delivery and what her due date is.		
5. Asks if she has any illnesses.		
6. Asks if the amniotic sac has broken, and ask about color and odor of fluid.		
7. Asks how many pregnancies she has had and how many times she has delivered.		
8. Asks how many live births previously.		
9. Asks if there were complications during pregnancy or previous deliveries.		
10. Asks if she feels as though she has to bear down or move her bowels.		
11. Explains the necessity of a visual examination for crowning.		
12. Obtains and record pulse and blood pressure.		
13. Drapes patient for visual examination.		
14. Observes for crowning or any presenting part.		
CONTINUED ON REVERSE SIDE		

Event		Does	Does Not
15.	Opens the OB kit.		
16.	Positions the OB manikin and creates a sterile field around the vaginal opening.		
17.	Cleanses the perineal area.		
18.	Places a gloved hand gently on infant's head to prevent an explosive delivery.		
19.	Checks for cord around the infant's neck after the head is delivered.		
20.	Clears the infant's airway by suctioning first the mouth and then nose with an appropriate infant suction device.		
21.	Applies gentle downward pressure to the head to deliver the upper shoulder.		
22.	Applies gentle upward pressure on the head to deliver lower shoulder.		
23.	Holds infant securely by placing one hand under the head and neck, and sliding the other hand along the body during delivery.		
24.	Grasps the infant in a way to prevent the infant from slipping or falling.		
25.	Keeps the infant at the level of the perineum.		
26.	Re-suctions infant's airway with bulb syringe or trap type device.		
27.	Uses appropriate stimulation to establish respirations if infant is not breathing.		
28.	Dries infant and wrap in a clean, warm and dry blanket, or silver swaddler, keeping the head of the infant covered.		
29.	When the cord ceases pulsations, places first clamp on cord approximately halfway between the mother and the infant.		
30.	Places second clamp at about 1" inch above first clamp <i>toward the mother</i> .		
31.	Cuts cord between the clamps. (Recheck clamps before cutting.)		
32.	Places infant on the abdomen of the mother, or in her arms.		
33.	Assists with or ask patient to assist with uterine massage after delivery. (Uterus can be palpated just below the umbilicus.)		
34.	Prepares for sudden release of blood when placental separation occurs between 1-20 minutes after delivery of the baby.		
35.	Places all placental tissue in plastic bag and transports to the hospital with mother and baby.		
36.	Applies perineal pads between manikin's legs.		
37.	Reassess the mother for vital signs and postpartum hemorrhage; and the infant for warmth, cord and clamps for bleeding, and airway problems.		

Note: Examiner is to ask candidate:

- a. when an APGAR score is to be performed (**Answer::** 1 and 5 minutes after birth)
- b. what APGAR measures (**Answer:** Appearance, Pulse rate, Grimace, Activity and Respirations), and
- c. How to transport a mother who is in labor and needs only transportation to the hospital (**Answer:** on her left side with oxygen being administered and a pillow between her legs for comfort).

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to place a hand against the infant's head before delivery of the head
- ___ Failure to check for the cord around the infant's neck
- ___ Failure to clear the airway properly upon delivery of the head
- ___ Failure to hold the infant securely
- ___ Failure to keep the neonate at the level of the perineum
- ___ Failure to suction the airway
- ___ Failure to apply appropriate stimulation to establish respiration if neonate is not breathing
- ___ Failure to dry and wrap the infant properly
- ___ Failure to instruct or assist mother with uterine massage
- ___ Failure to obtain and record the mother's vital signs before and after delivery
- ___ Failure to correctly identify the APGAR components and when to obtain the APGAR scores
- ___ Failure if candidate attempts to pull or tug on umbilical cord during placental delivery
- ___ Failure to successfully perform procedure and within allotted time limit

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Patient Assessment/Management - Trauma First Responder

OBJECTIVE: The candidate will demonstrate the ability to correctly perform a thorough physical assessment and "voice treat" or demonstrate proficiency in treating all conditions and injuries discovered. This station is designed to test your effective and efficient management of a of multi-systems trauma scenario.

EQUIPMENT: Body substance isolation, extrication collar, penlight, blood pressure cuff, stethoscope, any equipment required for injury management, blanket, moulage kit, PASG, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an appropriate trauma scenario. All "critical criteria" must have 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
SCENE SIZE-UP		
2. Determines the scene is safe.		
3. Determines the mechanism of injury.		
4. Determines the number of patients.		
5. Requests additional help if necessary.		
6. Stabilizes the spine.		
INITIAL ASSESSMENT		
7. Verbalizes general impression of the patient.		
8. Determines responsiveness.		
9. Determines chief complaint/apparent life threats.		
10. Assesses airway and breathing	Assessment Injury management Assures adequate ventilation	
11. Assesses circulation	Assesses for and controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)	
12. Identifies priority patients/makes transport decision.		
13. Obtains S.A.M.P.L.E. history.		
PHYSICAL EXAMINATION		
14. Assesses the head	Inspects and palpates the head	
15. Assesses the neck	Inspects and palpates the neck	
16. Assesses the chest	Inspects and palpates the chest	

Event		Does	Does Not
17.	Assesses the abdomen/pelvis	Assesses the abdomen Assesses the pelvis	
18.	Assesses the extremities	1 point for each extremity	
19.	Manages secondary injuries and wounds appropriately. (1 point for appropriate management of the secondary injury/wound)		
20.	Verbalizes on-going assessment.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not assess for spinal protection
- ___ Did not provide for spinal protection when indicated
- ___ Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- ___ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)
- ___ Did not differentiate patient's need for transportation versus continued assessment at the scene
- ___ Did not prevent heat loss

Patient Assessment/Management - Trauma

EMT-Basic

OBJECTIVE: The candidate will demonstrate the ability to correctly perform a thorough physical assessment and "voice treat" or demonstrate proficiency in treating all conditions and injuries discovered. This station is designed to test your effective and efficient management of a of multi-systems trauma scenario.

EQUIPMENT: Body substance isolation, extrication collar, penlight, blood pressure cuff, stethoscope, oxygen equipment, blanket, any equipment required for injury management, moulage kit, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an appropriate trauma scenario. All "critical criteria" must have 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
SCENE SIZE-UP		
2. Determines the scene is safe.		
3. Determines the mechanism of injury.		
4. Determines the number of patients.		
5. Requests additional help if necessary.		
6. Considers stabilization of the spine.		
INITIAL ASSESSMENT		
7. Verbalizes general impression of the patient.		
8. Determines responsiveness/level of consciousness.		
9. Determines chief complaint/apparent life threats.		
10. Assesses airway and breathing	Assessment Initiates appropriate oxygen therapy Assures adequate ventilation Injury management	
11. Assesses circulation	Assesses/control major bleeding Assesses pulse Assesses skin (color, temperature and hydration)	
12. Identifies priority patients/makes transport decision.		
CONTINUED ON REVERSE SIDE		

FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT		
13. Selects appropriate assessment (focused or rapid assessment).		
14. Obtains or directs assistance to obtain baseline vital signs.		
15. Obtains S.A.M.P.L.E. history.		
DETAILED PHYSICAL EXAMINATION		
16. Assesses the head	Inspects and palpates the scalp and ears Assesses the eyes Assesses the facial area including oral and nasal areas	
17. Assesses the neck	Inspects and palpates the neck Assesses for JVD Assesses for tracheal deviation	
18. Assesses the chest	Inspects and palpates the chest Auscultates	
19. Assesses the abdomen/pelvis	Assesses the abdomen Assesses the pelvis Verbalizes assessment of genitalia/perineum as needed	
20. Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	
21. Assesses the posterior	Assesses thorax Assesses lumbar	
22. Manages secondary injuries and wounds appropriately. 1 point for appropriate management of the secondary injury / wound		
23. Verbalizes reassessment of the vital signs.		

SEE CRITICAL CRITERIA ON NEXT PAGE

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not determine scene safety
- ___ Did not assess for spinal protection
- ___ Did not provide for spinal protection when indicated
- ___ Did not provide high concentration of oxygen
- ___ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- ___ Did not differentiate patient's need for transportation versus continued assessment at the scene
- ___ Did not do detailed physical examination before assessing airway, breathing and circulation
- ___ Did not transport patient within ten (10) minute time limit

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Patient Assessment/Management - Trauma

EMT-Intermediate & EMT-Paramedic

OBJECTIVE: The candidate will demonstrate the ability to correctly perform a thorough physical assessment and "voice treat" or demonstrate proficiency in treating all conditions and injuries discovered. This station is designed to test your effective and efficient management of a of multi-systems trauma scenario.

EQUIPMENT: Body substance isolation, extrication collar, penlight, blood pressure cuff, stethoscope, oxygen equipment, blanket, any equipment required for injury management, moulage kit, PASG, IV solutions and equipment, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an appropriate trauma scenario. The scene is safe. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event		Does	Does Not
INITIAL ASSESMENT			
1.	Takes or verbalizes body substance isolation precautions.		
2.	Airway with C-Spine Control	Takes or directs manual in-line immobilization of head Opens and assesses airway Inserts adjunct	
3.	Breathing	Assesses breathing Initiates appropriate oxygen therapy Assures adequate ventilation of patient Manages any injury which may compromise breathing/ventilation	
4.	Circulation	Checks pulse Assesses peripheral perfusion (checks either skin color, temperature, or capillary refill) Assesses for and controls major bleeding if present Takes vital signs Verbalizes application of or consideration for PASG (candidate must assess body parts to be enclosed prior to application) ----- Volume replacement (usually deferred until patient loaded) - Initiates first IV line - Initiates second IV line - Selects appropriate catheters - Selects appropriate IV solutions and administration sets - Infuses at appropriate rate CONTINUED ON REVERSE SIDE	

Event		Does	Does Not
5. Disability	Performs neuro assessment: AVPU Applies cervical collar		
6. Expose	Removes clothing		
7. Status	Calls for immediate transport of the patient when indicated		
FOCUSED PHYSICAL - Note: Areas denoted by “**” may be integrated within sequence or Primary Survey			
8. Head	Inspects mouth**, nose**, and assesses facial area Inspects and palpates scalp and ears Checks eyes: PEARRL **		
9. Neck **	Checks position of trachea Checks jugular veins Palpates cervical spine		
10. Chest **	Inspects chest Palpates chest Auscultates chest		
11. Abdomen/Pelvis **	Inspects and palpates abdomen Assesses pelvis		
12. Lower Extremities **	Inspects and palpates left leg Inspects and palpates right leg Checks motor, sensory, and distal circulation		
13. Upper Extremities	Inspects and palpates left arm Inspects and palpates right arm Checks motor, sensory, and distal circulation		
14. Posterior Thorax/ Lumbar** and Buttocks	Inspects and palpates posterior thorax Inspects and palpates lumbar and buttocks area		
15. Identifies and treats minor wounds/fractures appropriately.			

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 10 minute time limit
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to immediately establish and maintain spinal protection
- ___ Failure to provide high concentration of oxygen
- ___ Failure to evaluate and find all presented conditions of airway, breathing, and circulation (shock)
- ___ Failure to appropriately manage/provide airway, breathing, hemorrhage control or treatment for shock
- ___ Failure to differentiate patient’s needing transportation versus continued on-scene survey
- ___ Does other detailed physical examination before assessing and treating threats to airway, breathing and circulation

Immobilization Skills

Long Bone Injury

OBJECTIVE: The candidate will demonstrate how to properly immobilize a closed, non-angulated long bone fracture of a long bone (humerus, radius, tibia, fibula).

EQUIPMENT: Body substance isolation, patient, a trained assistant, appropriate moulage, splinting materials, including triangular bandages, roller gauze and/or cravats, safety pins, tape, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient who has suspected fracture of the humerus, radius, tibia, or fibula. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes.

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Directs application of manual stabilization.		
3. Expose the injured extremity.		
4. Assesses motor, sensory and distal circulation.		
Note: The examiner acknowledges “pulse, motor and sensory function are present and normal”.		
5. Measures the splint.		
6. Applies the splint.		
7. Immobilizes the joint above the fracture.		
8. Immobilizes the joint below the fracture.		
9. Secures the entire injured extremity.		
10. Immobilizes the hand/foot in the position of function.		
11. Reassesses motor, sensory and distal circulation in the injured extremity.		
Note: The examiner acknowledges “pulse, motor and sensory function are present and normal”.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not assess or reassess motor, sensory and distal circulation before and after splinting

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Immobilization Skills

Open/Closed Fracture

OBJECTIVE: The candidate will demonstrate the ability to correctly bandage and splint an open/closed fracture.

EQUIPMENT: Body substance isolation, splints (rigid, semi-rigid, soft, etc) padding; kerlix type wrap, kling type wrap, sterile water or normal saline, appropriate splints, “patient”, appropriate moulage, 1 trained assistant, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an oriented and alert patient with an open or closed fracture of the tibia. The wound, if opened will be grossly contaminated. The candidate must appropriately manage the injury with the help of a trained assistant. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Exposes the injured extremity.		
3. Explains the procedure to the patient.		
4. Instructs the assistant to immobilize the extremity without applying traction.		
5. Assesses for pulse, sensation and movement distal to the injury prior to splinting the injury.		
6. If wound is open, removes gross contamination with normal saline or sterile water.		
7. Applies and secures a sterile dressing to the wound.		
8. Selects an appropriate splint.		
9. Pads the splint, if needed.		
10. Gently lifts the injured extremity while supporting under fracture site. Instructs the assistant in placing the splint. (Does not apply traction.)		
11. Secures the splint without covering the wound site.		
12. Immobilizes joints proximal to and distal to the fracture site.		
13. Reassesses circulation, sensation and movement distal to the injury.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to expose the injured extremity
- ___ Failure to assess distal circulation, distal sensation and movement prior to splinting
- ___ Failure to support the injured extremity while splinting
- ___ Failure to immobilize the joints proximal and distal to the fracture site
- ___ Failure to reassess distal circulation, distal sensation and movement after splinting
- ___ Failure to successfully perform procedure within allotted time limit

Immobilization Skills

Joint Injury

OBJECTIVE: Demonstrate how to properly immobilize an isolated joint injury.

EQUIPMENT: Body substance isolation, small or large pillow, appropriate splinting material, tape, sling and swathe.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario and the use of a trained assistant, treat the isolated joint injury. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Directs application of manual stabilization of the injury.		
3. Assesses motor, sensory and distal circulation.		
NOTE: The examiner acknowledges motor, sensory and distal circulation are present and normal.		
4. Selects proper splinting material.		
5. Immobilizes the site of the injury.		
6. Immobilizes bone above injured joint.		
7. Immobilizes bone below injured joint.		
8. Reassesses motor, sensory and distal circulation.		
NOTE: The examiner acknowledges motor, sensory and circulatory functions are present and normal.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation
- ___ Did not support the joint so that the joint did not bear distal weight
- ___ Did not immobilize bone above and below injured joint
- ___ Did not reassess motor, sensory and distal circulation before and after splinting

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Immobilization Skills

Traction Splinting

OBJECTIVE: The candidate will demonstrate the proper method of applying a traction splint to a midshaft fracture of the femur.

EQUIPMENT: Body substance isolation, traction splint, patient, pad or blanket for patient, one trained assistant, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a supine conscious patient with a midshaft fracture of the femur. Utilizing a trained assistant, the candidate must properly apply the traction splint. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Directs manual stabilization of injured leg.		
3. Directs the application of manual traction.		
4. Assesses motor, sensory and distal circulation.		
Note: The examiner acknowledges present and normal.		
5. Prepares/adjusts splint to proper length.		
6. Positions splint at/on injured leg.		
7. Applies proximal securing device (e.g. ischial strap).		
8. Applies distal securing device (e.g. ankle hitch).		
9. Applies mechanical traction.		
10. Positions/secures support straps.		
11. Re-evaluates proximal/distal securing devices.		
12. Reassesses distal motor, sensory, and circulation.		
Note: The examiner acknowledges present and normal.		
Note: The examiner must ask the candidate how he/she would prepare for transport.		
13. Verbalizes securing the torso to the long board to immobilize hip.		
14. Verbalizes securing the splint to the long board to prevent movement of the splint.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Loss of traction at any point after it was applied
- ___ Did not assess or reassess distal motor, sensory and circulation before and after splinting
- ___ The foot was excessively rotated or extended after splint applied
- ___ Did not secure the ischial strap before taking traction
- ___ Final immobilization failed to support the femur or prevent rotation of the injured leg

*Note: If Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded 1 point as if manual traction were applied.

*Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

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Spinal Immobilization Supine Patient

OBJECTIVE: The candidate will demonstrate the proper technique for:

- application of the extrication collar
- log roll onto a long board
- secure the patient to the long board

EQUIPMENT: Body substance isolation, extrication collars, long board, adequate straps, kerlix type wrap, 2"-3" tape, towels or bulky dressings, patient, 3 trained assistants, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a supine patient with a suspected spinal injury. All "critical criteria" must demonstrate 100% accuracy for successful performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Directs assistant to place patient's head in the neutral in-line position.		
3. Directs assistant to maintain manual immobilization of the head.		
4. Assesses motor, sensory and distal circulation in extremities.		
5. Applies appropriate size extrication collar.		
6. Positions the immobilization device appropriately.		
7. Moves patient onto the device without compromising the integrity of the spine.		
8. Applies padding to voids between the torso and the board as necessary.		
9. Immobilizes the patient's torso to the device.		
10. Evaluates and pads under the patient's head as necessary.		
11. Immobilizes the patient's head to the device.		
12. Secures the patient's legs to the device.		
13. Secures the patient's arms to the device as necessary.		
14. Reassesses motor, sensory and distal circulation in each extremity.		
SEE CRITICAL CRITERIA REVERSE SIDE		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Did not immediately direct or take manual immobilization of the head
- ___ Released or ordered release of manual immobilization before it was maintained mechanically
- ___ Patient manipulated or moved excessively, causing potential spinal compromise
- ___ Device moves excessively up, down, left or right on the patient's torso
- ___ Applies inappropriate size collar
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in the neutral position
- ___ Did not assess motor, sensory and distal circulation before and after immobilization to the device
- ___ Immobilized head to the board before securing the torso

Spinal Immobilization Seated Patient

OBJECTIVE: The candidate will demonstrate the ability to correctly:

- apply an extrication collar
- apply half-spine immobilization device
- extricate the patient on a long board

EQUIPMENT: Body substance isolation, extrication collar, half-spine immobilization device, kerlix type wrap, 2"-3" tape, straps, long board, timer, patient, and automobile.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with patient in the driver's seat, involved in a crash. Candidate(s) will be instructed to extricate the patient using the equipment provided. Axial alignment of the spine must be maintained throughout the procedure. All "critical criteria" must demonstrated 100% accuracy for successful performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Directs assistant to place/maintain head in the neutral in-line position.		
3. Directs assistant to maintain manual immobilization of the head.		
4. Assesses motor, sensory and distal circulation in extremities.		
5. Applies appropriately sized extrication collar.		
6. Positions the immobilization device behind the patient.		
7. Secures the device to the patient's torso.		
8. Evaluates torso fixation and adjusts as necessary.		
9. Evaluates and pads behind the patient's head as necessary.		
10. Secures patient's head to the device.		
11. Reassesses motor, sensory and distal circulation in extremities.		
12. Verbalizes moving the patient to a long board properly.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Did not immediately direct or take manual immobilization of the head
- ___ Released or ordered release of manual immobilization before it was maintained mechanically
- ___ Patient manipulated or moved excessively, causing potential spinal compromise
- ___ Did not complete immobilization of the torso prior to immobilizing the head
- ___ Device moves excessively up, down, left or right on the patient's torso
- ___ Applies an inappropriate size collar
- ___ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in the neutral position
- ___ Did not assess and reassess distal sensation, circulation and motor function before and after immobilization to the device

Spinal Stabilization and Rapid Extrication

OBJECTIVE: The candidate will demonstrate the ability to correctly:

- Hold good manual splinting of the entire spinal column during extrication.
- Extricate the patient onto a long board; and
- Position the patient along the board.

EQUIPMENT: Body substance isolation, at least two blankets, one long board, sufficient strapping materials, cravats, extrication collars, straps, 2"-3" tape, 2 or 3 trained assistants, 1 bystander, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient that meets the criteria for "Rapid Extrication". Axial alignment must be maintained at all times. Some variation may occur depending on number of persons available. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Examiner states that the patient has sustained life-threatening injuries and that he/she must be removed immediately. (For such possible occurrences as a hazardous environment, the necessity to assess a critical patient in the car, etc.)		
3. Performs Initial Assessment on patient. (Mental status, airway, breathing, circulation and gross external hemorrhage.)		
4. Ensures that the patient's head is immobilized and maintained in a neutral position.		
5. The spinal area is stabilized by the candidate who is using his forearm along the sternum and gripping the patient's chin with hand while the other arm of the candidate braces the patient's shoulders or spinal column against the gentle pressure of the arm on the sternum, (when possible to do so).		
6. At the same time, a second person located behind the patient maintains stabilization of the head.		
7. Ensures that a proper size extrication collar is applied.		
8. The third person remains at the patient's legs. He/she takes the legs gently at the knees (using one arm and hand) to lift them & guide them when the candidate states to do so, while with the other arm supports the pelvis.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
9. A fourth person attempts to place long board under the patient's thighs & buttock on the driver side of the vehicle supporting it & steadying it in anticipation of the patient being placed there. (Provided the patient is on the driver's side, and provided the board can be placed under the thigh & buttocks without compromising the integrity of the spine.)		
10. A fifth person waits on the opposite side of the long board from the candidate to grasp the head of the patient when she/he is pivoted around, shoulders toward candidate.		
11. The candidate gives the command or delegates the command to the person at the head, so at the same moment and together, the patient is gently pivoted, legs toward passenger, shoulders toward candidate.		
12. As patient rotates and is being lowered to a reclining position the #3 person lifts and maintains the legs in a flexed position without moving, or twisting spinal column. Maintaining the knees in this manner until the patient's entire spinal area is on the long board.		
13. The #5 person takes the patient's head at the same time the patient is about to be pivoted and maintains the neutral position and stabilization until the patient is on the long board and the head and cervical area are secured.		
14. The #4 person keeps the board steady.		
15. The candidate waits for #2 person to come to the long board. #2 helps slide the patient to the head of the long board without pulling up on the shoulders.		
16. #3 person continues to support the legs. The legs are straightened gently once the patient's head is at the head of the long board, and the leg straps released.		
17. All persons help place the long board on the ground.		
18. The torso is stabilized with straps and padded as needed.		
19. The legs are stabilized.		
20. The head is stabilized.		
21. The patient is secured to the long board so that the spinal alignment is maintained if the board must be tilted.		
22. Rechecks patient's neurological status.		

SEE CRITICAL CRITERIA ON NEXT PAGE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to adequately perform an initial assessment
- ___ Failure to ensure that the head is maintained in a neutral in-line position throughout the exam
- ___ Failure to immediately take or direct manual immobilization of the patient's cervical spine.
- ___ Failure to assure the spinal column is maintained in alignment
- ___ Failure for unnecessary rough handling during procedure
- ___ Failure to assess for external hemorrhage
- ___ Failure to assure that the patient is secured well enough for the long board to be tilted if necessary
- ___ Failure to assess motor, sensation and circulation in all extremities after the patient is secured on the long board
- ___ Failure to successfully perform procedure and within allotted time limit

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Bleeding - Wounds - Shock Management

First Responder

OBJECTIVE: Demonstrates care of a patient exhibiting signs and symptoms of hypoperfusion.

EQUIPMENT: Body substance isolation, sterile gauze pads, sterile trauma dressings, sterile kling, blanket, oxygen equipment, non-rebreather mask, oxygen tubing, PASG, stethoscope, blood pressure cuff, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario of a trauma patient with a laceration to the lower arm and an unstable pelvis, the candidate will properly manage the care of the patient. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Possible Points	Possible Awarded
1. Takes or verbalizes body substance isolation precautions.		
2. Applies direct pressure to the wound.		
3. Elevates the extremity.		
Note: The examiner must now inform the candidate that the wound continues to bleed.		
4. Applies an additional dressing to the wound.		
Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.		
5. Locates and applies pressure to the appropriate arterial pressure point.		
Note: The examiner must now inform the candidate that the bleeding is controlled.		
6. Bandages the wound.		
Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion.		
7. Properly positions patient.		
8. Applies high concentration oxygen.		
9. Initiates steps to prevent heat loss from the patient.		
10. Indicates the need for immediate transportation.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Did not apply high concentration of oxygen
- ___ Applies tourniquet before attempting other methods of hemorrhage control
- ___ Did not control hemorrhage or attempt to control hemorrhage in a timely manner
- ___ Did not indicate need for immediate transportation

Bleeding - Wounds - Shock Management

EMT Basic

OBJECTIVE: Demonstrates care of a patient exhibiting signs and symptoms of hypoperfusion.

EQUIPMENT: Body substance isolation, sterile gauze pads, sterile trauma dressings, sterile kling, blanket, oxygen equipment, non-rebreather mask, oxygen tubing, PASG, stethoscope, blood pressure cuff, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario of a trauma patient with a laceration to the lower arm and an unstable pelvis, the candidate will properly manage the care of the patient. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Applies direct pressure to the wound.		
3. Elevates the extremity.		
4. Applies pressure dressing to the wound.		
5. Bandages wound.		
NOTE: The examiner must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control the bleeding.		
6. Locates and applies pressure to appropriate pressure point.		
NOTE: The examiner must indicate that the bleeding is controlled and the patient is in compensatory shock.		
7. Applies high concentration oxygen.		
8. Properly positions patient (supine with legs elevated).		
9. Prevents heat loss (covers patient as appropriate).		
NOTE: The examiner must indicate that the victim is in profound shock. Medical control has ordered application and inflation of the Pneumatic Anti-shock Garment (PASG).		
10. Removes clothing or checks for sharp objects.		
11. Quickly assesses areas that will be under the PASG.		
12. Positions PASG with top of abdominal section at or below last set of ribs.		
13. Secures PASG around patient.		
14. Attaches hoses.		
15. Begins inflation sequence (examiner to stop inflation at 15mm Hg).		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
16. Checks blood pressure.		
17. Verbalizes when to stop inflation sequence.		
18. Operates PASG to maintain air pressure in device.		
19. Reassess vital signs.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not apply high concentration of oxygen
- ___ Applies tourniquet before attempting other methods of hemorrhage control
- ___ Did not control or attempt to control hemorrhage in a timely manner
- ___ Inflates abdominal section of PASG before legs
- ___ Did not reassess patient's vital signs after PASG inflation
- ___ Places PASG on inside-out
- ___ Allows deflation of PASG after inflation
- ___ Positions PASG above level of lowest rib

Intravenous Therapy

OBJECTIVE: Demonstrate competency in establishing a peripheral IV on a manikin arm and establishing appropriate IV solution TKO.

EQUIPMENT: Body substance isolation, assortment of catheters, IV solutions, IV administration sets, IV arm with flashback capability, and needle disposal container.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, each candidate must establish a patent and flowing peripheral IV on a manikin arm or hand in a maximum of three (3) attempts and within 6 minute time limit. All “critical criteria” must demonstrate 100 % accuracy for acceptable performance.

Time limit: 6 minutes

Event	Does	Does Not
1. Checks selected IV fluid for: ➤ Proper fluid ➤ Clarity ➤ Expiration date		
2. Selects appropriate catheter.		
3. Selects proper administration set.		
4. Connects IV tubing to the IV bag.		
5. Prepares administration set (fills drip chamber and flushes tubing).		
6. Cuts or tears tape (at any time before venipuncture) or prepares other type of securing device.		
7. Takes or verbalizes body substance isolation precautions (prior to venipuncture).		
8. Applies tourniquet.		
9. Palpates suitable vein.		
10. Cleanses site appropriately.		
11. Performs venipuncture. ➤ Inserts stylette ➤ Notes or verbalizes flashback ➤ Advances catheter ➤ Occludes vein proximal to catheter ➤ Removes and disposes stylette ➤ Connects IV tubing to catheter		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
12. Releases tourniquet.		
13. Runs IV for a brief period to assure patent line.		
14. Secures catheter with an appropriate device.		
15. Adjusts flow rate as appropriate.		
16. Using a label or small piece of paper, writes the following: ➤ The solution used ➤ The type and size of the needle ➤ The flow rate ➤ The date and time the IV was established		
17. Signs the paper or label and secures it to the fluid container.		
Examiner asks the candidate to identify the subsequent emergency care required during transport.		
18. The candidate should reply: ➤ Monitoring the patient noting any change in condition or obvious reaction to the IV. ➤ Monitoring the insertion site for indications of infiltration. ➤ Monitoring the flow rate to assure correctness.		
19. Disposes/verbalizes disposal of needle in proper container.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Any improper technique resulting in the potential for catheter shear or air embolism
- ___ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- ___ Failure to dispose/verbalize disposal of needle in proper container
- ___ Failure to properly document procedure

Intravenous Bolus Medications

OBJECTIVE: Demonstrate competency in selecting, preparing and injecting the correct amount of appropriate drug into a manikin arm or hand.

EQUIPMENT: Body substance isolation, needle disposal container, commonly used medications packaged in prefilled syringes (atropine, epinephrine 1,10:000; and lidocaine 1% or 2% at a minimum), sterile water or saline and alcohol wipes.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, the candidate must select, prepare and inject the correct amount of the appropriate drug into the manikin arm or hand. If asked, you should state your weight in pounds. The amount of dispelled drug from the syringe verifies the dosage administered to the patient regardless of any verbally stated dosage. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 3 minutes

NOTE: Check here () if candidate did not establish a patent IV and then, do not evaluate these skills.

Event	Does	Does Not
1. Asks patient for known allergies.		
2. Selects correct medication.		
3. Assures correct concentration of medication.		
4. Assembles syringe correctly and dispels air.		
5. Continues infection control precautions.		
6. Cleanses injection site (Y-port or hub).		
7. Reaffirms medication.		
8. Stops IV flow (pinches tubing).		
9. Administers correct dose at proper push rate.		
10. Flushes tubing (runs wide open for a brief period).		
11. Adjusts drip rate to TKO (KVO).		
12. Voices proper disposal of syringe and needle.		
13. Verbalizes need to observe patient for desired effect/adverse side effects.		
14. Properly documents the medication administered, correct dosage, time of administration.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to begin administration of medication within 3 minute time limit
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to adequately dispel air resulting in potential for air embolism
- ___ Injects improper drug or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
- ___ Failure to flush IV tubing after injecting medication
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

Intravenous Piggyback Medications

OBJECTIVE: Demonstrate competency in correctly mixing and administering an intravenous piggyback medication.

EQUIPMENT: An array of drugs commonly administered by this method (i.e., Dopamine, Isoproterenol and Lidocaine). Premix medication solutions are not allowed. Appropriate equipment for removal of the drugs from the packaging system, sterile water, saline or solutions.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, the candidate must select, mix, connect and infuse the proper medication into the manikin arm or hand in the appropriate fashion. If asked, you should state your weight in pounds. The amount of drug dispelled into the bag and the actual drip rate set by the candidate serves as verification of the amount of drug infused, regardless of any verbally stated amount of drug or drip rate. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Has confirmed allergies by now.		
2. Checks selected IV fluid for: ➤ Proper fluid ➤ Clarity ➤ Expiration date		
3. Checks selected medication for: ➤ Clarity ➤ Concentration of medication ➤ Expiration date		
4. Injects correct amount of medication into IV solution according to scenario		
5. Connects appropriate administration set to medication solution.		
6. Prepares administration set (fills drip chamber and flushes tubing).		
7. Attaches appropriate needle to administration set.		
8. Continues body substance isolation precautions.		
9. Cleanses port of primary line.		
10. Inserts needle into port without contamination.		
11. Adjusts flow rate of secondary line as required.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
12. Stops flow of primary line.		
13. Securely tapes needle.		
14. Verbalizes need to observe patient for desired effect/adverse side effects.		
15. Labels medication/fluid bag properly.		

CRITICAL CRITERIA

- ___ Failure to begin administration of medication within 5 minute time limit
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Administers improper drug or dosage (wrong drug, incorrect amount, or infuses at inappropriate rate)
- ___ Failure to flush IV tubing of secondary line resulting in potential for air embolism
- ___ Failure to shut-off flow of primary line

Urinary Catheterization

OBJECTIVE: The candidate will demonstrate on a catheterization manikin or anatomically correct patient, the ability to properly perform urinary catheterization in both the female and male.

EQUIPMENT: Body substance isolation, disposable sterile bladder catheter kit, which should include at least two size catheters (Fr 16 and 20), gloves, goggles, sheets, lubricant, cotton balls, cleaning solution, clamp, connecting tubing, pre-filled syringe containing sterile water, and a patient or catheterization manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with either a patient or catheterization manikin and successfully perform a urinary catheterization. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 10 minutes

Event	Does	Does Not
1. Collects and arranges needed equipment.		
2. Explains procedure to the patient.		
3. Opens sterile bladder catheter kit.		
4. Takes or verbalizes body substance isolation precautions.		
5. Pours cleansing solution over cotton balls.		
6. Places sterile lubricant onto the catheter.		
7. Checks patency of the catheter balloon.		
FEMALE PATIENT		
8. Assures that patient is supine with knees flexed and feet approximately 24 inches apart.		
9. Places sterile sheet under patients buttocks.		
10. Separates and presses gently upward on the inner labia, keeping one hand sterile.		
11. Grasps cotton balls soaked in cleansing solution with sterile tweezers.		
12. Cleanses the area with solution soaked cotton balls by wiping in a downward motion, using and discarding cotton balls until the area is clean.		
13. Dips tip of catheter into sterile lubricant.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Inserts catheter gently into the urethra until urine flow begins. Then advances catheter an additional 2 to 3 inches.		
15. If resistance is met, applies gentle but firm pressure to insert the catheter. Does NOT force catheter.		
16. Injects approximately 5cc of sterile water in syringe to balloon, and tugs gently on catheter to assure the balloon is inflated.		
17. Attaches catheter to drainage tube and collection bag. (This step may be done when the kit is first opened.)		
18. Secures catheter to patients leg with tape.		
19. Documents the size of the catheter, ease of insertion, amount and color of urine, complications, date and time.		
MALE PATIENT (Preparation of the supplies and equipment and cleansing is generally the same as for the female patient.)		
20. Takes or verbalizes body substance isolation precautions prior to beginning procedure.		
21. Lays patient flat on his back and places sterile sheet under scrotum and penis and over the anterior portion of the thighs.		
22. Holds penis at a 60-80 degree angle from the abdomen. Using a sterile tweezer and solution soaked cotton balls, cleans the meatus outward. (Repeats procedure three times)		
23. Finishes cleansing by using the last solution soaked cotton ball and wiping the meatus from front to back.		
24. Lubricates the tip of the urinary catheter.		
25. Using a sterile hand, advances the catheter approximately 7-10 inches until some resistance is felt.		
26. Decreases the angle of the penis and continues advancing the catheter.		
27. Once urine flow begins, advances catheter another 2 to 3 inches.		
28. Fills balloon with sterile water, gently tugs on catheter to assure balloon is filled.		
29. Attaches catheter to drainage tube and collection bag. (This step may be done when the kit is first opened.)		
30. Tapes the drainage tube to the patient's inner thigh or abdomen.		
31. Documents the size of the catheter, ease of insertion, amount and color of urine obtained, complications, date and time.		
CONTINUED ON NEXT PAGE		

Examiner should ask: "What are the four contraindications to urinary catheterization?"

- | | | |
|--|--|--|
| 32. Candidate should respond: <ul style="list-style-type: none">➤ Difficulty with insertion➤ Blood at the tip of the meatus➤ Scrotal hematoma➤ Pelvic fractures | | |
|--|--|--|

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to explain procedure to patient
- ___ Failure to assure aseptic technique throughout the procedure
- ___ Failure to properly cleanse the area prior to catheterization
- ___ Failure to assure balloon is properly inflated
- ___ Failure to provide complete documentation as described on skill sheet
- ___ Inserts catheter in a manner that would be deemed harmful to the patient

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Nebulizer Medication Administration

OBJECTIVE: The candidate will demonstrate the ability to correctly administer medications to alleviate bronchospasm via hand-held nebulizer or face mask.

EQUIPMENT: Body substance isolation, hand-held nebulizer or face mask with nebulizer, oxygen source capable of delivering at least 10 l/min free flow oxygen, oxygen connection tubing, expired “fish” or other suitable medication containers of commonly used beta-2 agonist medications, and normal saline (if not premixed with medication).

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a manikin in a sitting position. The candidate should be able to verbalize assessment criteria for a patient with bronchospasm. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Explains procedure to the patient.		
3. Assembles supplies and ascertain proper medication, correct dose, date of expiration, and proper amount of liquid carrier (normal saline).		
4. Instills medication and liquid carrier (if appropriate) into the nebulizer chamber.		
5. Reassembles nebulizer.		
6. Connects oxygen connection tubing to nebulizer chamber.		
7. Increases oxygen flow to 6 l/min.		
8. Instructs patient to breathe normally through the mouth.		
9. Instructs patient once or twice a minute to take a deep breath and hold for a few seconds each time.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions for airborne pathogens
- ___ Failure to check medications for correct medication, correct dose, and expiration date
- ___ Failure to properly administer medication through nebulizer

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Ventilatory Management

Pharmacology Assisted Intubation

OBJECTIVE: The candidate will demonstrate the ability to verbalize and/or demonstrate the procedure of rapid sequence intubation.

EQUIPMENT: Body substance isolation, protective eye wear, adult airway manikin, laryngoscope with assorted blades, suction apparatus, bag-valve-mask, OPA, stylet, expired preparations of atropine, lidocaine, succinylcholine. Note: Premedication with benzodiazepine will have to be verbalized.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an adult airway manikin and relate, per local protocol, indications for performing rapid sequence intubation. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Hyperventilates/*hyper-oxygenates patient at rate of 24b/min.		
3. Initiates intravenous infusion (verbalize).		
4. Has suction apparatus available.		
5. Checks laryngoscope bulb and ET cuff integrity.		
6. Premedicates (per local protocol) with appropriate dosages of lidocaine, atropine, and benzodiazepine.		
7. Administers paralytic at the appropriate dosage.		
8. Candidate verbalizes indications that patient is paralyzed adequately to initiate intubation attempt (post fasciculations, lack of eyelid response, mandibular flaccidity).		
9. Candidate verbalizes cricoid pressure being applied by another EMS provider.		
10. Candidate demonstrates the proper sequence of endotracheal intubation.		
11. Candidate inflates ET cuff.		
12. Candidate ensures appropriate ET placement and repositions as necessary after deflating ET cuff.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
13. Candidate reinflates ET cuff and secures tube.		
14. Cricoid pressure released.		
15. Continually monitors and treats patient.		

CRITICAL CRITERIA

- _____ Failure to have suction immediately available
- _____ Failure to initiate and maintain cricoid pressure until correct ET placement is ensured and ET cuff is inflated
- _____ Failure to verbalize or demonstrate correct dosage of premedications
- _____ Failure to verbalize indications of patient paralysis
- _____ Failure to intubate correctly per the DHS-EMS Skills Performance Reference Guide for Oral Tracheal Intubation

Transcutaneous Pacing

OBJECTIVE: The candidate will demonstrate the correct procedure for transthoracic pacing.

EQUIPMENT: Body substance isolation, adult manikin, monitor-defibrillator with transthoracic pacing capability, and dysrhythmia generator.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an adult manikin attached to a dysrhythmia generator. The proctor will provide a brief scenario with an hemodynamically compromising bradycardia/conduction defect to prompt the candidate to perform transcutaneous pacing. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 8 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Assesses patient response to verbal and noxious stimuli.		
3. Assesses for patency of airway, adequacy of ventilation, and presence, approximate rate, and rhythm of the pulse.		
4. Verbalizes taking of, or directing another EMS provider to take the blood pressure.		
5. Verbalizes administration of oxygen, initiating intravenous infusion, and administration of atropine and subsequent dose (if appropriate) per local protocol.		
6. Initiates or verbalizes recording of ECG.		
7. Reassesses pulse.		
8. Assembles appropriate supplies and equipment to perform transcutaneous pacing.		
9. Attaches pacemaker leads firmly to electrodes prior to placing on patient.		
10. Applies proper electrodes for transcutaneous pacing in proper anterior and posterior positions.		
11. Explains procedure to the patient and premedicates with benzodiazepine per local protocol.		
12. Reassesses ECG and pulse.		
13. Sets the pacing rate to 80/minute and sets current output at 50 milliamps.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Activates pacing module of monitor-defibrillator.		
15. Checks for capture as current is increased in increments defined by local protocol.		
16. Continues pacing at current output level just above threshold of initial electrical capture as defined by local protocol.		
17. Reassesses ECG, pulse, and blood pressure.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to initially assess patient responsiveness
- ___ Failure to assess initial airway, ventilation, pulse, blood pressure
- ___ Failure to initiate IV prior to initiating transcutaneous pacing
- ___ Failure to select proper pacing leads and correctly place electrodes
- ___ Failure to reassess ECG and pulse prior to pacing
- ___ Failure to set initial pacing rate and current output
- ___ Failure to activate pacing module
- ___ Failure to assess capture and determine threshold of initial capture
- ___ Failure to reassess ECG, pulse and blood pressure after determining threshold of initial capture

Nitroglycerine Sublingual Administration

OBJECTIVE: The candidate will demonstrate/verbalize the correct administration of sublingual nitroglycerine (NTG).

EQUIPMENT: Body substance isolation, tablets similar in size and shape of nitroglycerine, blood pressure cuff, stethoscope, and “patient”.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient and a brief scenario which will indicate the need for the administration of sublingual nitroglycerine. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Verbalizes the elements of the scenario which indicate the need for the administration of sublingual nitroglycerine.		
3. Verbalizes or takes patient vitals and asks about allergies, if patient has a headache, and if patient has taken nitroglycerine before activating EMS response.		
4. Explains to patient what he/she will be doing.		
5. Ensures correct drug and dosage. Drug is not expired.		
6. Verbalizes or asks patient to open mouth, places tablet under tongue, and instructs patient to leave tablet under tongue and close mouth.		
7. Asks patient about effect of medication on relief of pain or genesis of headache.		
8. Verbalizes or takes patient pulse and blood pressure before and after administration of NTG.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to obtain a set of vital signs before and after administering NTG
- ___ Failure to ensure correct drug, dosage and expiration date

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Foreign Body Airway Obstruction (FBAO) with Direct Laryngoscope and Magill Forceps Management

OBJECTIVE: The candidate will demonstrate the ability to manage a foreign body airway obstruction with direct laryngoscopy and Magill forceps.

EQUIPMENT: Body substance isolation, protective eyewear, adult airway manikin, laryngoscope with assorted blades, suction apparatus, bag-valve-mask or other suitable ventilatory device, OPA, stylet, Magill forceps, non-sticky object to be placed in adult airway manikin to simulate FBAO.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a scenario in which a patient who has been found unresponsive and apneic could not be ventilated due to a foreign body airway obstruction (FBAO). BCLS FBAO maneuvers have been tried without success. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Evaluates lack of airway patency, and ventilations.		
3. Establishes FBAO by attempting to ventilate with bag-valve-mask (BVM) or other appropriate ventilatory device.		
4. Repositions head and re-attempts BVM ventilation.		
5. Properly positions head for direct laryngoscopy by placement of head in sniffing position.		
6. Directs laryngoscope blade with left hand from right corner of mouth and sweeping to the left.		
7. Lifts laryngoscope blade along the long axis of the laryngoscope.		
8. Visualizes oropharynx.		
9. Verbalizes observation of FBAO.		
10. Grasps Magill forceps with right hand and directs it from the right corner of the mouth to seize the FBAO.		
11. Ventilate.		

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions, to include protective eyewear
- _____ Failure to establish airway patency, ventilations, and pulse
- _____ Failure to ventilate with appropriate ventilatory device
- _____ Failure to properly position head, particularly by initially hyperextending
- _____ Failure to use the laryngoscope with the left hand
- _____ Failure to lift the laryngoscope blade along the long axis of the laryngoscope; i.e., hinges wrists and “levers” on the teeth

Subcutaneous Injections

OBJECTIVE: The candidate will demonstrate the proper administration of subcutaneous injections and administer medications within the scope of practice, which can be administered subcutaneously by protocol or standing orders.

EQUIPMENT: Body substance isolation, 1-3-mL syringe, 25-27 gauge needle, antiseptic swabs, medication(s), needle disposal container, band-aids, pad and pencil or pen, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an acceptable device for demonstrating subcutaneous injections, will administer the injection correctly and document in writing the correct dosage of the medication administered. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

EVENT	DOES	DOES NOT
1. Takes or verbalizes body substance isolation precautions.		
2. Confirms and reviews the protocol.		
3. Assesses the patient for autonomic skin signs - (absorption may be impaired in a pale, cold, diaphoretic patient).		
4. Explains procedure to patient.		
5. Asks patient about all allergies.		
6. Assembles and checks: <i>Primary equipment</i> <ul style="list-style-type: none"> ➤ medication ➤ 1-3-mL syringe ➤ 25-27 gauge needle <i>Accessory equipment</i> <ul style="list-style-type: none"> ➤ antiseptic swabs ➤ gloves ➤ band-aids 		
7. Selects the injection site.		
8. Prepares the injection site and draws up the appropriate amount of medication.		
9. “Pinch-up” skin, inserts needle at 45 degrees.		
10. Pulls back on plunger. <p style="text-align: center;">CONTINUED ON REVERSE SIDE</p>		
11. Withdraws needle if blood vessel was entered and repeat steps.		

EVENT	DOES	DOES NOT
12. Performs the injection.		
13. Gently massages area.		
14. Disposes of needle(s).		
15. Obtains and records vital signs.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to ask patient about allergies
- ___ Failure to properly prepare a proper site
- ___ Failure to pull back on the plunger after needle insertion
- ___ Failure to withdraw needle if blood was obtained during pull back
- ___ Failure to properly dispose of needle(s)
- ___ Failure to obtain vital signs after administering medication
- ___ Failure to successfully perform procedure within allotted time limit

Epinephrine 1:1000 - Auto-Injector Administration

OBJECTIVE: Demonstrate how to properly assist a patient with their prescribed epinephrine 1:1000 auto-injector for allergic reactions, or administer epinephrine 1:1000 via auto-injector.

EQUIPMENT: Body substance isolation, manikin or SQ injection trainer, epinephrine auto-injector, container for safely discarding auto-injector.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, the candidate will assist a patient with their prescribed auto-injector in an allergic reaction emergency, following medical direction. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 4 minutes

Event		Does	Does Not
1.	Takes or verbalizes body substance isolation precautions.		
2.	Contacts medical direction for authorization or follow standing orders.		
3.	Obtains patient's auto-injector.		
4.	Assures injector is prescribed for the patient.		
5.	Checks medication for expiration date.		
6.	Checks medication for cloudiness or discoloration if appropriate.		
7.	Removes safety cap from the injector.		
8.	Selects appropriate injection site (thigh or shoulder).		
9.	Pushes injector firmly against site.		
10.	Holds injector against site for a minimum of ten (10) seconds.		
11.	Properly discards auto-injector.		
12.	Verbalizes monitoring the patient while transporting.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not obtain medical direction for authorization or verbalize standing orders
- ___ Did not check medication for prescription
- ___ Did not use an appropriate injection site
- ___ Did not hold the injector against the injection site for ten (10) seconds or longer
- ___ Did not discard auto-injector into appropriate container

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Epinephrine Multi-Dose Vial Administration

OBJECTIVE: Demonstrate competency using a multi-dose vial containing epinephrine 1:1000 for the administration of subcutaneous epinephrine.

EQUIPMENT: Body substance isolation, multi-dose vial, container for contaminated material disposal.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, the candidate will assist a patient with a multi-dose vial in an allergic reaction emergency, following medical direction. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Inspect the medication to make sure it is not abnormally discolored or cloudy and that it does not contain precipitates.		
3. Check label and expiration date on vial.		
4. Select a syringe with a proper gauge needle. ➤ An average adult requires a 25 gauge needle.		
5. Wipe top of bottle with an alcohol swab.		
6. Remove cap on needle and draw air equal to epinephrine dose into syringe by pulling back on the plunger.		
7. Push needle through rubber-top vial.		
8. Push plunger in.		
9. Turn bottle and syringe upside down in hand. ➤ Hold bottle with one hand and use the other hand to pull back slowly on the plunger.		
10. Pull plunger back until the proper amount of epinephrine is in the syringe.		
11. Remove needle from bottle.		
12. Cover the needle properly with the needle sheath.		
13. Expel any air from the syringe.		
14. Clean site with an alcohol wipe.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
15. “Pinch-up” a large area of skin. ➤ Using a “darting action”, insert needle into the subcutaneous tissue at a 45 degree angle.		
16. Aspirate by gently pulling back on the plunger.		
17. Push plunger all the way down.		
18. Release the “pinched” skin.		
19. Pull needle straight out. ➤ Wipe the site with a sterile 2x2 gauze if bleeding should occur, and place a sterile band aid over site.		
20. Record activity and time.		
21. Dispose of contaminated material in biohazard container.		

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not check medication for cloudiness, discoloration or expiration date
- _____ Did not use an appropriate injection site
- _____ Did not administer medication properly
- _____ Did not discard needles or contaminated material in an appropriate container

Epinephrine Single Dose Ampule Administration

OBJECTIVE: Demonstrate competency in using a single dose ampule of epinephrine 1:1000 for subcutaneous injection.

EQUIPMENT: Body substance isolation, single dose ampule, 2 x 2 gauze, alcohol wipes, container for contaminated material disposal.

PERFORMANCE CRITERIA AND CONDITIONS: Given an appropriate scenario, the candidate will assist a patient with a single dose ampule in an allergic reaction emergency, following medical direction. All “critical criteria” must demonstrate 100% accuracy for acceptable performance.

Time limit: 4 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Inspect the medication to make sure it is not abnormally discolored or cloudy and that it does not contain precipitates.		
3. Check label and expiration date on ampule.		
4. Select a syringe with a proper gauge filter needle. ➤ The average adult requires a 25 gauge needle.		
5. Wrap the neck of the ampule in an alcohol swab and snap off the top, directing the force away from your body.		
6. Remove cap on needle and keep the needles beveled tip below the solution as you pull back on the plunger and withdraw the prescribed amount of medication.		
7. Clear any air, and change the needle.		
8. Clean site with an alcohol swab.		
9. “Pinch-up” a large area of skin. ➤ Using a “darting action”, insert needle into the subcutaneous tissue at a 45 degree angle.		
10. Aspirate by gently pulling back on the plunger.		
11. Push plunger all the way down.		
12. Release the “pinched” skin.		
13. Pull needle straight out.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
14. Wipe the site with a sterile 2x2 gauze if bleeding occurs and place a sterile band aid over the site.		
15. Record activity and time.		
16. Dispose of contaminated material in biohazard container.		

CRITICAL CRITERIA

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not obtain medical direction for authorization or verbalize standing orders
- ___ Did not check medication for cloudiness, discoloration, or expiration date
- ___ Did not use an appropriate injection site
- ___ Did not administer medication properly
- ___ Did not discard needles or contaminated material in an appropriate container

Pediatric Intraosseous Infusion

OBJECTIVE: The candidate will demonstrate the ability.

EQUIPMENT: Appropriate body substance isolation, timer, and a patient.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a “patient”. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 6 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions (prior to IO puncture)		
2. Checks selected IV fluid for: <ul style="list-style-type: none"> ➤ Proper fluid ➤ Clarity 		
3. Selects appropriate equipment to include: <ul style="list-style-type: none"> ➤ IO needle ➤ Syringe ➤ Saline ➤ Extension set 		
4. Selects proper administration set		
5. Connects administration set to bag		
6. Prepares administration set (fills drip chamber and flushes tubing)		
7. Prepares syringe and extension tubing		
8. Cuts or tears tape (at any time before IO puncture)		
9. Identifies proper anatomical site for IO puncture		
10. Cleanses site appropriately		
11. Performs IO puncture; <ul style="list-style-type: none"> ➤ Stabilizes tibia ➤ Inserts needle at proper angle ➤ Advances needle with twisting motion until “pop” is felt ➤ Unscrews cap and removes stylette from needle 		
12. Disposes of needle in proper container		
13. Attaches syringe and extension set to IO needle and aspirates		
CONTINUED ON REVERSE SIDE		

Event		Does	Does Not
14.	Slowly injects saline to assure proper placement of needle.		
15.	Connects administration set and adjusts flow rate as appropriate.		
16.	Secures needle with tape and supports with bulky dressing.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions prior to performing IO puncture
- _____ Failure to establish a patent and properly adjusted IO line within the 6 minute time limit
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Performs any improper technique resulting in the potential for air embolism
- _____ Failure to assure correct needle placement before attaching administration set
- _____ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- _____ Performing IO puncture in an unacceptable manner (improper site, incorrect needle angel, etc)
- _____ Failure to dispose of needle in proper container
- _____ Orders or performs any dangerous or potentially harmful procedure

Intravenous Access - Femoral Vein IV Access

OBJECTIVE: The candidate will be able to demonstrate the proper techniques for successful intravenous access of a femoral vein.

EQUIPMENT: Body substance isolation, a needle-over-catheter infusion device, gauze pads, povidone-iodine solution, IV solution and tubing, tape, an appropriate size syringe, pen/pencil, small paper or gummed label, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: Given a lab setting and proper equipment and "patient", the student will demonstrate proper technique for cannulation of the femoral vein. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 6 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Prepares the patient and selects the equipment.		
3. Verbalizes NAVL: (Nerve, Artery, Vein, Ligament) Locates the femoral artery: ➤ By locating pulsations ➤ By drawing a line between the anterior superior iliac spine and the symphysis pubis		
4. Cleanses the area with a gauze pad wet with a povidone-iodine solution.		
5. Inserts the catheter bevel up, at a 45° angle two finger breadths below the inguinal ligament medial to the artery.		
6. Advances the needle cephalad while maintaining suction on the syringe.		
7. Aspirates blood.		
8. Lowers the needle so that it is more parallel.		
9. Removes the syringe and inserts the catheter.		
10. Attaches the IV tubing to the catheter.		
11. Opens the adjustment valve slowly and starts the infusion.		
12. Removes the needle while holding the catheter.		
13. Secures the catheter in place.		
14. Regulates the flow rate according to orders.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
15. Using a label or small piece of paper, writes the following: <ul style="list-style-type: none"> ➤ The solution used ➤ The type and size of the needle ➤ The flow rate ➤ The date and time the IV was established 		
16. Signs the paper or label and secures it to the fluid container.		
17. When asked, the student will identify the subsequent emergency care required during transportation, as follows: <ol style="list-style-type: none"> a. Monitors the patient noting any change in condition or obvious reaction to the IV. b. Monitors the insertion site for indications of infiltration. c. Monitors the flow rate to assure correctness. 		

CRITICAL CRITERIA

- _____ Failure to verbalize or take body substance isolation precautions
- _____ Failure to properly prepare the patient and equipment
- _____ Failure to successfully and properly access the femoral vein
- _____ Failure to regulate the flow rate as directed
- _____ Failure to secure the catheter in place
- _____ Failure to properly perform the tasks in #s 15 and 16 above
- _____ Failure to monitor the patient and or the femoral line after placement
- _____ Failure to perform procedure within the allotted time limit

Cardiac Arrest Management - AED

OBJECTIVE: The candidate must demonstrate the ability to rapidly, safely, and effectively administer a defibrillatory shock.

EQUIPMENT: Body substance isolation, semiautomatic defibrillator, dysrhythmia generator, defibrillation pads, defibrillation manikin, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a CPR manikin on which cardiopulmonary resuscitation is being performed by two EMT-Basic personnel. All "critical criteria" must demonstrate 100% accuracy for acceptable performance. Current AHA guidelines apply.

Time limit: 15 minutes

Indicates critical criteria (incomplete). See critical criteria on reverse side for entire list.

Event	DOES	DOES NOT
ASSESSMENT		
1. Takes or verbalizes body substance isolation precautions.		
2. Briefly questions rescuer about arrest events.		
3. Directs rescuer to stop CPR .		
4. Verifies absence of spontaneous pulse (skill station examiner states "no pulse").		
5. Directs resumption of CPR.		
6. Turns on defibrillator power.		
7. Attaches automated defibrillator to patient.		
8. Directs rescuer to stop CPR and ensures all individuals are clear of the patient.		
9. Initiates analysis of rhythm.		
10. Delivers shock.		
TRANSITION		
11. Directs resumption of 5 cycles of CPR.		
12. Verbalizes or directs insertion of a simple airway adjunct (oral/nasal/dual lumen airway)		
CONTINUED ON REVERSE SIDE		

Event	DOES	DOES NOT
13. Initiates analysis of rhythm.		
14. Delivers shock.		
15. Resumes chest compressions - confirms effectiveness of CPR (ventilation and compressions).		
16. Verbalizes or directs ventilation of the patient.		
17. Assures high concentration of oxygen is delivered to the patient.		
18. Assures CPR continues without unnecessary/prolonged interruption.		
19. Re-evaluates patient/CPR in approximately 5 cycle.		
20. Repeats defibrillator sequence.		
TRANSPORTATION		
21. Verbalizes transportation of patient.		

CRITICAL CRITERIA

- _____ Failed to take or verbalize body substance isolation precautions.
- _____ Failed to evaluate the need for immediate use of the AED.
- _____ Failed to direct initiation/resumption of ventilation/compressions at appropriate times.
- _____ Failed to assure all individuals were clear of patient before delivering each shock.
- _____ Failed to operate the AED properly (inability to deliver shock)
- _____ Failed to follow current AHA guidelines.

Manual Defibrillation - Monitored Arrest

OBJECTIVE: The candidate will demonstrate the ability to recognize the need to administer a defibrillatory shock and to properly perform defibrillation on the monitored cardiac arrest patient.

EQUIPMENT: Body substance isolation, defibrillation manikin, monitor/defibrillator, conductive medium, fast patch electrodes, arrhythmia simulator, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a defibrillation manikin connected to a cardiac monitor displaying normal sinus rhythm. When the candidate identifies the rhythm, it will immediately change to ventricular fibrillation. The candidate will be instructed to treat the presenting dysrhythmias. Current AHA ACLS guidelines apply. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Establishes unresponsiveness.		
3. Palpates carotid pulse and checks lead connections.		
4. Identifies ventricular fibrillation.		
5. Administers precordial thump, if defibrillator is not immediately available.		
6. Monitor is set to appropriate setting, i.e., (patches or leads).		
7. Turns on defibrillator.		
8. Sets appropriate energy level.		
9. Applies conductive medium when appropriate.		
10. Charges defibrillator.		
11. Places paddles on appropriate landmarks and holds with firm pressure.		
12. States "Clear!" Visually checks that other rescuers are clear of patient.		
13. Discharges defibrillator.		
14. Observes rhythm on monitor.		
15. Repeats twice at appropriate energy levels if rhythm is ventricular fibrillation or ventricular tachycardia and no pulse is palpable.		

CRITICAL CRITERIA

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to establish unresponsiveness
- _____ Failure to palpate for carotid pulse
- _____ Failure to identify ventricular fibrillation or ventricular tachycardia
- _____ Failure to set ECG monitor to appropriate setting
- _____ Failure to set appropriate energy level
- _____ Failure to apply conductive medium
- _____ Failure to charge defibrillator
- _____ Failure to place paddles correctly with firm pressure
- _____ Failure to verbalize "Clear!" and visually observe that other rescuers are clear of the patient
- _____ Failure to discharge defibrillator
- _____ Failure to correctly identify rhythm
- _____ Failure to successfully perform procedure within allotted time limit

Manual Defibrillation - Unmonitored Arrest

OBJECTIVE: The candidate must demonstrate the ability to recognize the need for a defibrillatory shock and properly perform defibrillation on an unmonitored cardiac arrest patient.

EQUIPMENT: Body substance isolation, defibrillation manikin, monitor/defibrillator, fast patch electrodes, conductive medium, arrhythmia simulator, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a defibrillation manikin representing a patient in cardiac arrest. The candidate will assess the patient using quick look paddles and treat appropriately. A CPR trained assistant will be available. Current American Heart Association (AHA) ACLS guidelines for treatment apply. All "critical criteria" must demonstrate 100% accuracy for acceptable performance.

Time limit: 5 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Establishes unresponsiveness.		
3. Calls for monitor/defibrillator.		
4. Establishes airway.		
5. Looks, listens and feels for respirations.		
6. Administers two slow, full breaths.		
7. Palpates carotid pulse.		
8. Begins chest compressions.		
DEFIBRILLATOR IS NOW AVAILABLE		
9. Has assistant take over CPR.		
10. Turns on monitor/defibrillator's "quick-look" mode or selects Lead II.		
11. Places pads and paddles on appropriate landmarks and holds with firm pressure, or places leads correctly.		
12. Stops CPR.		
13. Recognizes ventricular fibrillation or ventricular tachycardia on monitor. (Checks leads)		
CONTINUED ON REVERSE SIDE		

	Event	Does	Does Not
14.	Resumes CPR only if defibrillator is not ready.		
15.	Sets appropriate defibrillator energy level (simulates).		
16.	Applies conductive medium.		
17.	Charges defibrillator.		
18.	Places paddles on appropriate landmarks and holds with firm pressure.		
19.	States "Clear!" Visually checks that other rescuers are clear of patient.		
20.	Discharges defibrillator.		
21.	Observes rhythm on monitor.		
22.	Repeats twice at appropriate energy levels if rhythm is ventricular fibrillation or ventricular tachycardia and no pulse is palpable.		

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to establish unresponsiveness
- ___ Failure to establish an airway
- ___ Failure to look, listen and feel for respirations
- ___ Failure to administer breaths
- ___ Failure to palpate for carotid pulse initially
- ___ Failure to have monitor in correct mode, i.e., quick look or lead II
- ___ Failure to place paddles properly and with firm pressure
- ___ Failure to recognize ventricular tachycardia or fibrillation on ECG monitor
- ___ Failure to set the appropriate energy level
- ___ Failure to apply conductive medium
- ___ Failure to follow ACLS guidelines
- ___ Failure to successfully perform procedure within allotted time limit

Cardiac Arrest Management

EMT-Intermediate

OBJECTIVE: The candidate will demonstrate the ability to coordinate and perform resuscitative measures including dysrhythmia recognition, defibrillation, airway care, and administration of cardiac medications.

EQUIPMENT: Body substance isolation, defibrillation manikin, monitor/defibrillator (S.A.E.D.), arrhythmia simulator, 2 basic life support rescuers, IV equipment and supplies, airway care equipment and supplies, bag-valve-mask, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a defibrillation manikin representing a patient in cardiac arrest. The candidate will assess the patient and treat appropriately. (This includes starting an IV line, managing the airway appropriately, etc.) The candidate will be told that the patient weighs approximately 175 pounds. Two bystanders will be performing CPR. CPR was started immediately and has been in progress for approximately five minutes. All "critical criteria" must demonstrate 100% accuracy for acceptable performance. Current AHA ACLS guidelines apply.

Time Limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Checks level of responsiveness.		
3. Checks ABCs.		
4. Initiates CPR if appropriate (verbally).		
5. Attaches ECG monitor in a timely fashion or applies paddles for "Quick Look".		
6. Correctly interprets initial rhythm.		
7. Appropriately manages initial rhythm.		
8. Notes change in rhythm.		
9. Checks patient condition to include pulse and, if appropriate BP.		
10. Correctly interprets second rhythm.		
11. Appropriately manages second rhythm.		
12. Notes change in rhythm.		
13. Checks patient condition to include pulse and, if appropriate, BP.		
14. Correctly interprets third rhythm.		
CONTINUED ON REVERSE SIDE		

Event	Does	Does Not
15. Appropriately manages third rhythm.		
16. Notes change in rhythm.		
17. Checks patient condition to include pulse and, if appropriate BP.		
18. Orders high percentages of supplemental oxygen at proper times.		

CRITICAL CRITERIA

- ___ Failure to deliver first shock in a timely manner due to operator delay in machine use or providing treatments other than CPR with simple adjuncts
- ___ Failure to deliver second or third shocks without delay other than the time required to reassess rhythm and recharge paddles
- ___ Failure to verify rhythm before delivering each shock
- ___ Failure to ensure the safety of self and others (verbalizes “All Clear” and observes)
- ___ Inability to deliver DC shock (does not use machine properly)
- ___ Failure to demonstrate acceptable shock sequence
- ___ Failure to order initiation or resumption of CPR when appropriate
- ___ Failure to order correct management of airway (ET when appropriate)
- ___ Failure to order administration of appropriate oxygen at proper time
- ___ Failure to diagnose or treat 2 or more rhythms correctly.
- ___ Orders administration of an inappropriate drug or lethal dosage.
- ___ Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole
- ___ Failure to follow the current AHA ACLS guidelines

Cardiac Arrest Management

EMT-Paramedic

OBJECTIVE: The candidate will demonstrate the ability to coordinate and perform resuscitative measures including dysrhythmia recognition, defibrillation, airway care, and administration of cardiac medications.

EQUIPMENT: Body substance isolation, defibrillation manikin, monitor/defibrillator, conductive medium, arrhythmia simulator, 2 basic life support rescuers, IV equipment and supplies, airway care equipment and supplies, bag-valve-mask, and timer.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a defibrillation manikin representing a patient in cardiac arrest. The candidate will assess the patient and treat appropriately. (This includes starting an IV line, managing the airway appropriately, etc.) The candidate will be told that the patient weighs approximately 175 pounds. Two bystanders will be performing CPR. CPR was started immediately and has been in progress for approximately five minutes. All "critical criteria" must demonstrate 100% accuracy for acceptable performance. Current AHA ACLS guidelines apply.

Time limit: 10 minutes

Event	Does	Does Not
1. Takes or verbalizes body substance isolation precautions.		
2. Checks level of responsiveness.		
3. Checks ABCs.		
4. Initiates CPR when appropriate (verbally).		
5. Attaches ECG monitor in a timely fashion (patches, pads or paddles)		
6. Correctly interprets initial rhythm.		
7. Appropriately manages initial rhythm.		
8. Notes change in rhythm.		
9. Checks patient condition to include pulse, and if appropriate, BP.		
10. Correctly interprets second rhythm.		
11. Appropriately manages second rhythm.		
12. Notes change in rhythm.		
13. Checks patient condition to include pulse, and if appropriate, BP.		
CONTINUED ON REVERSE SIDE		

	Event	Does	Does Not
14.	Correctly interprets third rhythm.		
15.	Appropriately manages third rhythm.		
16.	Notes change in rhythm.		
17.	Checks patient condition to include pulse, and if appropriate, BP.		
18.	Correctly interprets fourth rhythm.		
19.	Appropriately manages fourth rhythm.		
20.	Orders high percentages of supplemental oxygen at proper times.		

CRITICAL CRITERIA

- ___ Failure to deliver any shock in a timely manner
- ___ Failure to verify rhythm before delivering each shock
- ___ Failure to ensure the safety of self and others (verbalizes “All Clear” and observes)
- ___ Inability to deliver DC shock (does not use machine properly)
- ___ Failure to demonstrate acceptable shock sequence
- ___ Failure to immediately order initiation or resumption of CPR when appropriate
- ___ Failure to order correct management of airway (ET when appropriate)
- ___ Failure to order administration of appropriate oxygen at proper time
- ___ Failure to treat or diagnose 2 or more rhythms correctly
- ___ Orders administration of an inappropriate drug or lethal dosage
- ___ Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole
- ___ Failure to successfully perform procedure within allotted time limit

MEDICAL ORAL STATION

OBJECTIVE: This station is designed to test the candidate's ability to apply the concepts of pathophysiology, patient assessment and disease/trauma profiles towards the development of a field impression of the patient's condition and a treatment plan that is consistent with the identified field impression. This station involves a case study and will require extensive dialogue between the examiner and the candidate.

EQUIPMENT: Notepad, pens and pencils

PERFORMANCE CRITERIAL AND CONDITIONS: The case study will begin with dispatch information that the candidate will read aloud. From there the candidate will begin to verbally seek out scene information and patient assessment findings and begin to develop their field impression and treatment plan(s). The candidate will play the role of team leader; the examiner must advise the candidate prior to the case study that no interventions will be performed unless the candidate orders them first. The candidate must be specific with their questions, orders and procedures; if necessary, the candidate should be reminded of this.

TIME LIMIT: 15 MINUTES

BACKGROUND INFORMATION	
EMS System description (including urban/rural setting)	
Vehicle Type/response capabilities	
Proximity to and level/type of facilities	
DISPATCH INFORMATION	
Nature of the call	
Location	
Dispatch Time	
Weather	
Personnel on scene	
SCENE SURVEY INFORMATION	
Patient location	
General impression	
Age, gender, weight	
Immediate surroundings (bystanders, family members present)	
PATIENT ASSESSMENT	
Chief Complaint	
History of present illness	
Initial Assessment	
PAST MEDICAL HISTORY	
Past Medical History	
Medications & Allergies	
Social/family concerns	

EXAMINATION FINDINGS	
Initial Vital Signs	
Respiratory	
Cardiovascular	
Gastrointestinal	
Genitourinary	
Musculoskeletal	
Neurologic	
Integumentary	
Hematologic	
Immunologic	
Endocrine	
Psychiatric	
PATIENT MANAGEMENT	
Initial stabilization	
Treatments ↓	
Monitoring	
Additional Resources	
Patient response to interventions	
TRANSPORT DECISION	
Mode	
Facilities	
CONCLUSION	
Field Impression	
Rationale for Field Impression	
Related pathophysiology	
Verbal Report	
MANDATORY ACTIONS	
POTENTIALLY HARMFUL/DANGEROUS ACTIONS ORDERED/PERFORMED	

Background & Dispatch Information for Candidate