



**Ascension
Saint Francis**

PARAMEDIC PROGRAM



PROCEDURE

MANUAL

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BLS SKILLS



PULSE OXIMETRY

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Prepare Patient and Assembles Equipment	
	Verbalize indication for procedure and what is being measured
	Select appropriate sensor for patient's age and condition
Perform Procedure	
	Select appropriate sensor site, clean, well perfused, comfortable and age appropriate
	If metallic or dark nail polish turn sensor to later aspect of finger Clean site if contaminate with blood, dirt, etc.
	Turn unit on
	Observe for pulse bar to begin sensing and fluctuating or waveform/number to appear
	Correlate palpated to sensor pulse. HR on ECG monitor should match HR on oximeter and palpated peripheral pulse. If discrepancy check patient and monitor
	Interpret reading Explain why low SpO2 % is dangerous to the patient
	If hypoxic apply appropriate oxygen delivery
	Reassess pulse ox reading after oxygen administration
AFFECTIVE	
	Accepts evaluation and criticism professionally
	Shows willingness to learn
	Interacts with simulated patient and other personnel in professional manner.
	Total

RATING	
Proficient:	The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction
Competent:	Satisfactory performance without critical error; minimal coaching needed
Practice evolving/not yet competent:	did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Performs any improper technique resulting in the potential harm of patient
- Exhibits unacceptable affect with patient or other personnel

Comments:



CAPNOGRAPHY

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Prepare Patient and Assembles Equipment	
	Verbalize indication for capnography (Confirm ETT placement, differentiate asthma/COPD, and HF, recognition of respiratory hypoventilation and hyperventilation, recognize acidosis, recognize ROSC, and determine adequacy of perfusion)
	Select capnography sensor; nasal cannula, adapter for ETT, facemask, or I-Gel
Perform Procedure	
	Takes appropriate PPE precautions
	Place appropriate sensor on patient or equipment
	State normal reading 35 -45 mmHg, rectangle shape
	State reading if patient is in; shock, hyperventilating, bradypnea, esophageal intubation, Bronchoconstriction, ROSC, PE, etc.
	Provide treatment based on findings and history
	Reassess the patient after treatment
AFFECTIVE	
	Accepts evaluation and criticism professionally
	Shows willingness to learn
	Interacts with simulated patient and other personnel in professional manner.
	Total

RATING	
Proficient:	The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction
Competent:	Satisfactory performance without critical error; minimal coaching needed
Practice evolving/not yet competent:	did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Performs any improper technique resulting in the potential harm of patient
- _____ Exhibits unacceptable affect with patient or other personnel

Comments:



CPAP AND PEEP

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Prepares Patient	
Takes or verbalizes appropriate PPE precautions	
Assures adequate blood pressure	
Positions patient in a position that will optimize ease of ventilation (high Fowler's)	
Assesses patient to identify indications for CPAP	
Congestive Heart Failure	
Pulmonary Edema	
Asthma	
COPD	
Assess patient to identify contraindications for CPAP	
Unconscious, unresponsive, inability to protect airway or inability to speak	
Inability to sit up	
Respiratory arrest or agonal respirations	
Nausea / vomiting	
Hypotension (systolic blood pressure < 90 mmHg)	
Suspected pneumothorax	
Cardiogenic shock	
Facial anomalies / trauma / burns	
Closed head injury	
Active upper GI bleeding or history of recent gastric surgery	
Selects, Checks, Assembles Equipment	
Assembles mask and tubing according to manufacturer instructions	
Coaches patient how to breathe through mask	
Connects CPAP unit to suitable O2 supply and attaches breathing circuit to device (not using oxygen regulator or flow meter)	
Turns on power / oxygen	
Set device parameters:	
Turns the oxygen concentration dial to the lowest setting (28-29% oxygen)	
Titrates oxygen concentration to achieve an SpO2>94%	
Performs Procedure	
Places mask over mouth and nose (leave EtCO2 nasal cannula in place)	
Titrates CPAP pressure (based on local protocols / device dependent):	

Max 5 cm H2O for bronchospasm	
Max 10 cm H2O for CHF, pulmonary edema and pneumonia	
Max 5 cm H2O for pediatric patients	
Coaches patient to breathe normally and adjust to air pressure	
Frequently reassesses patient for desired effects:	
Decreased ventilatory distress	
SpO2 > 94%	
Decreased adventitious lungs sounds	
Absence of complications (barotrauma and pneumothorax)	
Record settings / readings and documents appropriately	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify 2 indications
- _____ Failure to identify 2 potential complications
- _____ Failure to frequently reassess the patient after application of the CPAP device
- _____ Failure to ensure that the patient understands the procedure
- _____ Failure to set the proper parameters for the device (pressure relief, tidal volume, oxygen concentration, rate)
- _____ Failure to test the pressure relief valve prior to application
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)

Comments:



GLUCOMETER

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Identifies the need for obtaining a blood glucose level	
Identifies the normal parameters for blood glucose level	
Identifies contraindications	
Identifies potential complications:	
Erroneous reading	
BSI exposure	
Clearly explains procedure to patient	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
Glucometer	
Test strip	
Needle or spring-loaded puncture device	
Alcohol swabs	
CHECKS BLOOD GLUCOSE LEVEL	
Takes or verbalizes appropriate PPE precautions	
Turns on glucometer and inserts test strip	
Preps fingertip with alcohol prep	
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	
Expresses blood sample and transfers it to the test strip	
Applies pressure and dresses fingertip wound	
Records reading from glucometer and documents appropriately	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to dispose of blood contaminated sharps immediately at the point of use
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to identify 2 indications
- _____ Failure to identify 2 potential complications
- _____ Failure to identify normal blood glucose parameters
- _____ Failure to obtain a viable capillary blood sample on first attempt
- _____ Exhibits unacceptable affect with patient or other personnel

Comments:



HEMORRHAGE CONTROL

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
Field dressings (various sizes)	
Kling, Kerlix, etc.	
Bandages (various sizes)	
Tourniquet (commercial or improvised)	
Controls Hemorrhage	
Takes or verbalizes appropriate PPE precautions	
Applies direct pressure to the wound	
Bandages the wound	
Applies tourniquet	
Properly positions the patient	
Administers high concentration oxygen	
Initiates steps to prevent heat loss from the patient	
Indicates the need for immediate transportation	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Did not administer high concentration oxygen
- Did not control hemorrhage using correct procedures in a timely manner
- Did not indicate the need for immediate transportation
- Final immobilization failed to support the femur or prevent rotation of the injured leg

Comments:



SUPRAGLOTTIC AIRWAY DEVICE – ADULT/PEDIATRIC – I GEL

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING							
N/A	Not Applicable for this patient						
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent						
1	Not yet competent, marginal or inconsistent, this includes partial attempts						
2	Successful; competent; no prompting necessary						
Prepare for Procedure							SCORE
Apply PPE: Gloves, Eye Protection, Facemask							
Indications for Procedure							
Difficult intubation, Unable to intubate patient							
Contraindication for Procedure:							
Gag reflex							
Trismus							
Limited Mouth opening							
Pharyngo-peri laryngeal abscess, trauma or mass							
Selects, Check, Assembles Equipment							
BVM with mask and reservoir							
Oxygen							
Airway adjuncts							
Suction unit with appropriate catheters							
Supraglottic airway device – chooses correct size							
	Color	I-gel size	Patient size	Patient weight (kg)	Patient weight (lbs)	Suction catheter size	
	Blue	1.5	Infant	5-12 kg	11-25 lbs	10 F	
	Grey	2.0	Small pediatric	10-25 kg	22-55 lbs	12 F	
	White	2.5	Large pediatric	25-35 kg	55-77 lbs	12 F	
	Yellow	3.0	Small adult	30-60 kg	65-130 lbs	12 F	
	Green	4.0	Medium adult	50-90 kg	110-200 lbs	12 F	
	Orange	5.0	Large adult	90+ kg	200+ lbs	14 F	
Capnography / capnometry							
Pre-Use Checks							
Inspect packaging and ensure it is not damaged							
Inspect inside the bowl of the device, ensuring surfaces are smooth and intact and gastric channel is patent.							
Prepares Patient							
Place patient in sniffing position unless movement of head and neck is contraindicated.							

Remove dentures or removable plates from the mouth before attempting insertion	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and EtCO2 and evaluates reading	
Preoxygenates patient for 3 minutes	
Device Preparations (Adult/Pediatric)	
Remove I-Gel from packaging and protective cradle	
Place small amount of water-based lubricant on cradle	
Grasp I-Gel at integral bite block and lubricate back, sides and front of cuff	
Ensure no bolus of lubricant in cuff bowl or elsewhere on device	
Performs Insertion of I-Gel	
Position device so the I-Gel cuff outlet is facing chin of patient	
Positions head properly	
Gently press down on chin to open mouth	
Introduce soft tip into mouth of patient toward the hard palate	
Guide the device downward and backward along the hard palate with a continuous but gentle push until definitive resistance is felt.	
Device Positioning	
Insert adult devices (size 3, 4, 5) to horizontal line on integral bite block	
Insert pediatric device (size 1.5, 2, 2.5) until definitive resistance felt	
Do not apply excessive force	
Incisors should be resting on the integral bite-block	
Confirm Tube Placement	
Ventilate patient and auscultate bilateral breath sounds	
Monitor EtCO2 with waveform capnography	
Secure Device	
Attach support strap to integral ring hook or tape maxilla to maxilla	
Suction Gastric Channel	
Determine proper size of suction catheter based on chart	
Apply water-based lubricant to catheter and gastric channel	
Advance tube with suction to optimize cuff seal and reduce aspiration	
Contraindications: upper GI bleed or esophageal trauma	
Troubleshoot for air leak	
May be over ventilation. Ensure slow and gentle squeezing of BVM and limit tidal volume to no more than 5 mL/kg	
May be malposition. Advance tube, pull back and reseat, or remove and insert larger size	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to preoxygenate the patient prior to insertion of device
- _____ Failure to ventilate the patient to the correct rate or interruption (>30 sec) in ventilation
- _____ Failure to insert supraglottic airway device to proper depth or location after 2 attempts
- _____ Failure to properly secure device in patient
- _____ Failure to confirm proper tube placement by auscultation bilaterally
- _____ Failure to use EtCO2
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Failure to demonstrate the ability to manage the patient as a minimally competent paramedic
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



INHALED MEDICATION ADMINISTRATION

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
	Assures that patient is being ventilated adequately
	Asks patient for known allergies
	Clearly explains procedure to patient
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
	Medication
	Nebulizer unit (medication cup, mouthpiece/mask, extension tube, etc.)
	Oxygen supply tubing
ADMINISTER MEDICATION	
	Selects correct medication by identifying:
	Right patient
	Right medication
	Right dosage/concentration
	Right time
	Right route
	Also checks medication for:
	Clarity
	Expiration date
	Places medication into nebulizer unit
	Reaffirms medication
	Attaches mouthpiece/mask and extension tube to the nebulizer unit
	Attaches oxygen supply tubing to nebulizer unit and turns on oxygen until tube/mask is filled with mist of medication
	Takes or verbalizes appropriate PPE precautions
	Removes oxygen mask and directs patient to firmly hold nebulizer unit
	Coaches patient how to breathe correctly to inhale all medication
	Resumes oxygen administration
	Verbalizes need to observe patient for desired effect and adverse side effects
AFFECTIVE	
	Accepts evaluation and criticism professionally
	Shows willingness to learn
	Interacts with simulated patient and other personnel in professional manner.
	TOTAL

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Administers improper medication or dosage (wrong medication, incorrect amount, or rate)
- _____ Failure to coach patient to breathe correctly to inhale all medication
- _____ Failure to observe for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



INTRANASAL MEDICATION ADMINISTRATION

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
	Assures that patient is being ventilated adequately if necessary
	Asks patient for known allergies
	Clearly explains procedure to patient
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
	Medication
	Appropriate syringe and needle(s)
	Sharps container
	Alcohol swabs
	Adhesive bandage or sterile gauze dressing and tape
ADMINISTER MEDICATION	
	Selects correct medication by identifying:
	Right patient
	Right medication
	Right dosage/concentration
	Right time
	Right route
	Also checks medication for:
	Clarity
	Expiration date
	Assembles syringe and needle while maintaining sterility
	Cleanses rubber stopper, draws appropriate amount of medication into syringe and dispels air while maintaining sterility
	Reaffirms medication
	Disposes of needle in proper container and attaches mucosal atomizer device
	Takes or verbalizes appropriate PPE precautions
	Stops ventilation of patient if necessary and removes any mask
	Inspects nostrils to determine largest and least deviated or obstructed nostril
	Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger
	Disposes/verbalizes proper disposal of syringe and mucosal atomizer device in proper container
	Resumes ventilation of the patient if necessary

Verbalizes need to observe patient for desired effect and adverse side effects	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Injects improper medication or dosage (wrong medication, incorrect amount, or rate)
- _____ Recaps needle or failure to dispose/verbalize disposal of syringe in proper container
- _____ Failure to observe the patient for desired effect/adverse side effects after admin of medication
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



JOINT SPLINTING

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
Cravats	
Roller gauze	
Splinting material	
Padding material	
Immobilizes Patient	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Selects appropriate splinting material	
Immobilizes the site of the injury and pads as necessary	
Immobilizes the bone above the injury site	
Immobilizes the bone below the injury site	
Secures the entire injured extremity	
Reassesses motor, sensory and circulatory functions in the injured extremity	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Did not immediately stabilize the extremity manually**
- Grossly moves the injured extremity**
- Did not immobilized the bones above and below the injury site**
- Did not reassess motor, sensory, and circulatory functions before and after splinting**
- Did not secure the entire injured extremity upon completion of immobilization**

Comments:



LONG BONE SPLINTING

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
Cravats	
Roller gauze	
Splinting material	
Padding material	
Immobilizes Patient	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Measures the splint	
Applies the splint and pads as necessary	
Immobilizes the joint above the injury site	
Immobilizes the joint below the injury site	
Secures the entire injured extremity	
Immobilizes the hand / foot in the position of function	
Reassesses motor, sensory and circulatory functions in the injured extremity	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
	TOTAL

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Did not immediately stabilize the extremity manually
- Grossly moves the injured extremity
- Did not immobilize the joint above and below the injury site
- Did not immobilize the hand or foot in a position of function
- Did not reassess motor, sensory, and circulatory functions before and after splinting
- Did not secure the entire injured extremity upon completion of immobilization

Comments:



SPINAL IMMOBILIZATION ADULT (SEATED PATIENT)

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
Short spine immobilization device with straps	
Cervical collar	
Padding material	
Immobilizes Patient	
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Secures the device to the patient's torso	
Evaluates torso fixation and adjusts as necessary	
Evaluates and pads behind the patient's head as necessary	
Secures the patient's head to the device	
Reevaluates and assures adequate immobilization	
Reassesses motor, sensory and circulatory function in each extremity	
Properly moves patient onto a long backboard	
Releases / loosens leg straps	
Secures patient to the long backboard	
Reassesses motor, sensory and circulatory function in each extremity	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ **Did not immediately direct or take manual stabilization of the head.**
- _____ **Did not properly apply or size cervical collar before ordering release of manual stabilization**
- _____ **Released or ordered release of manual stabilization before it was maintained mechanically**
- _____ **Manipulated or moved the patient excessively causing potential for spinal compromise**
- _____ **Head immobilized to the device before device sufficiently secured to torso**
- _____ **Patient moves excessively up, down, left, or right on the patient's torso**
- _____ **Head immobilization allows for excessive movement**
- _____ **Torso fixation inhibits chest rise, resulting in respiratory compromise**
- _____ **Upon completion of immobilization, head is not in a neutral, in-line position**
- _____ **Did not reassess motor, sensory, and circulatory functions in each extremity after securing the patient to the device**

Comments:



SPINAL IMMOBILIZATION ADULT (SUPINE PATIENT)

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
Long spine immobilization device with straps	
Cervical collar	
Head immobilizer (commercial or improvised)	
Padding material	
Immobilizes Patient	SCORE
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Directs movement of the patient onto the device without compromising the integrity of the spine	
Applies padding to voids between the torso and the device as necessary	
Secures the patient's torso to the device	
Evaluates and pads behind the patient's head as necessary	
Immobilizes the patient's head to the device	
Secures the patient's legs to the device	
Secures the patient's arms	
Reassesses motor, sensory and circulatory function in each extremity	
AFFECTIVE	SCORE
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ **Did not immediately direct or take manual stabilization of the head.**
- _____ **Did not properly apply or size cervical collar before ordering release of manual stabilization**
- _____ **Released or ordered release of manual stabilization before it was maintained mechanically**
- _____ **Manipulated or moved the patient excessively causing potential for spinal compromise**
- _____ **Head immobilized to the device before patient’s torso sufficiently secured to the device**
- _____ **Patient moves excessively up, down, left, or right on the device**
- _____ **Head immobilization allows for excessive movement**
- _____ **Upon completion of immobilization, head is not in a neutral, in-line position**
- _____ **Did not reassess motor, sensory, and circulatory functions in each extremity after securing the patient to the device**

Comments:



TRACTION SPLINTING

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
Traction splint with all associated equipment (ankle hitch, straps, etc.)	
Padding material	
Splints Femur	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injured leg (not necessary when using a unipolar device [Sagar or similar] that is immediately available)	
Directs application of manual traction (not necessary when using a unipolar device, but must be applied before elevating the leg if the leg is elevated at all)	
Assesses motor, sensory and distal circulation in the injured extremity	
Prepares/adjusts the splint to proper length	
Positions the splint at the injured leg	
Applies proximal securing device (e.g., ischial strap)	
Applies distal securing device (e.g., ankle hitch)	
Applies appropriate mechanical traction	
Positions/secures support straps	
Re-evaluates proximal/distal securing devices	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Secures patient to the long backboard to immobilize the hip	
Secures the traction splint/legs to the long backboard to prevent movement of the splint	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ **Loss of traction at any point after it is assumed or applies inadequate traction**
- _____ **Failure to apply manual traction before elevating the leg**
- _____ **Did not reassess motor, sensory, and circulatory functions before and after splinting**
- _____ **The foot is excessively rotated or extended after splinting**
- _____ **Final immobilization failed to support the femur or prevent rotation of the injured leg**

Comments:

ASSESSMENT SKILLS



COMPREHENSIVE NORMAL ADULT PHYSICAL ASSESSMENT TECHNIQUES

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
INITIAL GENERAL IMPRESSION	
SCORE	
Appearance	
Speaks when approached	
Skin color	
Eye contact	
Weight-estimated/translated to kg	
Work of breathing	
Posture, ease of movement	
Speech	
Normal Speech	
Orientation	
Level of consciousness (AVPU)	
Time	
Place	
Person	
ASSESSES BASELINE VITAL SIGNS	
Vital Signs	
Blood Pressure	
Pulses – radial, carotid	
Pulse rate	
Pulse strength	
Respirations	
Respiratory rate	
Tidal Volume	
Temperature – oral, tympanic, rectal	
SpO2 / Capnography	
SECONDARY PHYSICAL EXAMINATION	
Skin	
Colors – flushed, jaundice, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, locations, arrangement	

Head and Neck	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present / absent	
Nose	
Deformity	
Air movement	
Mouth	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	
Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence / absence of pain	
Lower Airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and Blood Vessels	
Heart	
Apical pulse	
Sounds	
S1	
S2	
Arterial pulses	
Locate with each body area examined	
Abdomen	

Wound	
Scars	
Distention	
Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inquires about	
Female genitalia (non-pregnant) – inquires about:	
Asks about bleeding or discharge	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Wounds	
Pulse	
Brachial	
Radial	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e., uses appropriate name, explains procedure, maintains modesty	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to adequately assess airway, breathing or circulation
- _____ Performs assessment in a disorganized manner
- _____ Failure to assess the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Performs assessment inappropriately resulting in potential injury to the patient

Comments:



COMPREHENSIVE NORMAL PEDIATRIC PHYSICAL ASSESSMENT TECHNIQUES

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
INTITAL GENERAL IMPRESSION	SCORE
Appearance	
Facial expression	
Skin color	
Work of breathing	
*If toddler or school-aged child:	
Activity level	
Acts age appropriate	
*If school-aged child:	
Orientation	
Time	
Place	
Person	
ASSESESSES BASELINE VITAL SIGNS	SCORE
Vital Signs	
Blood Pressure	
Pulses – brachial, radial, carotid	
Pulse rate	
Pulse strength	
Respirations	
Respiratory rate	
Tidal Volume	
Temperature – oral, tympanic, rectal	
SpO2 / Capnography	
SECONDARY PHYSICAL EXAMINATION	SCORE
Somatic Growth	
*Child is age/size appropriate	
Skin	
Colors – flushed, jaundice, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, locations, arrangement	

Head and Neck	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present / absent	
Nose	
Deformity	
Air movement	
Mouth	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	
Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence / absence of pain	
Lower Airway	
Auscultation – anterior and posterior	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and Blood Vessels	
Heart	
Apical pulse	
Sounds	
S1	
S2	
Abdomen	
Wounds	
Scars	
Distention	

Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inquires about	
Female genitalia (non-pregnant) – inquires about:	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Wounds	
Pulses	
Brachial	
Radial	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e., uses appropriate name, explains procedure, maintains modesty	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to adequately assess airway, breathing or circulation
- _____ Performs assessment in a disorganized manner
- _____ Failure to assess the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Performs assessment inappropriately resulting in potential injury to the patient

Comments:



OBTAIN A PATIENT HISTORY FROM AN ALERT AND ORIENTED PATIENT

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
DEMOGRAPHIC DATA	
Age	
Weight – estimated / translated to kg	
Sex	
Source referral and historian – “Who called EMS?” “Who is telling you the information?”	
Is the patient oriented appropriately?	
CHIEF COMPLAINT	
“Why did you call us?”	
Duration of this episode / complaint	
HISTORY OF THE PRESENT ILLNESS	
Onset	
“When did this begin?”	
“Was it sudden or gradual?”	
Provocation	
“What brought this on?”	
“Is there anything that makes it better or worse?”	
Quality	
“How would you describe your pain or symptoms?”	
“Has there been any change in your pain or symptoms since it began?”	
Region/Radiation	
“Can you point and show me where your pain or symptoms are located?”	
“Does the pain move or radiate anywhere else?”	
Severity	
“How would you rate your level of discomfort right now on a 0-10 scale?”	
“Using the same scale, how bad was your discomfort when this first began?”	
Timing	
“When did your pain or symptoms?”	
“Is it constant or how does it change over time?”	
Pertinent Negatives	
Notes any signs or symptoms not present	
PAST MEDICAL HISTORY	
S.A.M.P.L.E	
Signs/Symptoms- Pertinent findings and negatives	

Allergies- "Do you have any allergies to any medications, foods or other things?"	
Medication- "What prescribed medications do you currently take?"- "Have you taken anything to treat this problem?"- "Do you take all your medications?"	
Past Medical History- "Is this an acute or chronic illness?" "What medical history do you have?", "What previous surgeries have you had?"- "What is your family history?"	
Last oral intake- "What is the last time you ate or drank anything?"	
Events leading- "What were you doing before the symptoms come present?"	
Environmental- "Do you have any habitual activities, such as drugs, alcohol or tobacco users?"	
AFFECTIVE	
Makes the patient feel comfortable	
Uses good eye contact	
Establishes and maintains proper distance	
Professional appearance	
Takes notes of findings during history	
Preferable uses open-ended questions	
Follows patient lead to converge questions	
Uses reflection to gain patient confidence	
Shows empathy in a professional manner	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to complete an appropriate history
- _____ Failure to obtain vital information necessary for the proper assessment, management and diagnosis of the patient's condition

Comments:



MEDICAL AND CARDIAC PHYSICAL ASSESSMENT

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Scene Size Up	
	Takes appropriate PPE precautions
	Number of patients and location, additional resources (if need)
Primary survey/resuscitation	
	General impression/ AVPU and GCS
	Nature of illness/ Chief Complaint
	Patient appearance – posture, position, obvious distress, nausea/ vomiting, pain
	Obtain age, gender and weight of patient and last known norm
	Airway
	Assesses and manages airway
	Breathing
	rate, quality, equal chest rise and fall, auscultates –
	Oxygenation/ventilation – adjusts oxygen flow, changes adjunct accordingly, administers appropriate respiratory medications to obtain or maintain a Spo2 >94%
	Circulation
	Pulse- Presence, rate, quality, regularity
	Skin- Color, moisture, temperature
	Cincinnati Stroke Scale- Facial, Speech, Arm Drift, Last known normal
Transport decision	
Secondary assessment – performs secondary physical examination and assesses affected body part(s) or system(s)	
	History of the present illness-
	OPQRST – onset; provocation; quality; region/radiation; severity; timing
	SAMPLE – signs/symptoms; allergies; medications; past medical history; last meal; events leading to injury
Physical Assessment	
	Head and Neck -Immobilization as necessary
	Inspects and palpates- scalp/skull, facial bones
	Eyes – PERLA, pupil size, ocular movements, visual acuity, position of eyes
	Mouth – Mucus Membranes

Ears – discharge	
Nose – discharge, obstruction, nasal flaring	
Neck- Trachea – Midline, JVD, Cervical spine	
Chest and cardiovascular	
Interviews patient – pain, history, pertinent negatives	
Cardiac management – monitor/12-lead ECG (within first 6 mins)	
Lungs – rate, rhythm, depth, symmetry, effort of breathing	
Auscultates – vesicular, bronchial, broncho-vesicular breath sounds in proper locations anterior and posterior, notes adventitious breath sounds	
Abdomen and pelvis	
Interviews patient – location, type of pain, duration	
Inspects –distention, pulsations, including flanks and posterior	
Auscultation – bowel sounds	
Palpation – guarding, rebound, tenderness, with cough or increasing pressure, pulsations, rigidity	
Assesses pelvic stability	
Extremities	
Interviews patient – location, type of pain, duration,	
Arms – pulses, edema, capillary refill, grip strength, drift	
Legs – pulses, edema, extension/contraction of legs/feet	
Vital signs	
Blood pressure, Pulse, Respirations, SpO2, Skin, Pupils, Blood Glucose, Pain (if appropriate)	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses an appropriate name, explains procedure, maintains modesty	
*Other assessments and interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer, capnography	
Performs appropriate treatment at the correct time – IVs, oxygenation/ventilation, medication administration	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to recognize life-threatening conditions
- Failure to take or verbalize appropriate PPE precautions
- Failure to assess or appropriately manage problems associated with airway, breathing, cardiac rhythm, hemorrhage, or shock
- Failure to perform primary survey / management prior to secondary assessment / management
- Failure to attempt to determine the mechanism of injury/nature of illness
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Comments:



TRAUMA ADULT PHYSICAL ASSESSMENT

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Scene Size Up	
SCORE	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	
Hazards – chemical, thermal, atmospheric, electrical, weapons	
Environment – bystanders, hostile, ambient temperature, adequate space day / night	
Number of patients and location	
Additional resources – Hazmat, heavy rescue, power company, bystanders, historians, air medical	
Determines mechanism of injury – height of fall, intrusion, ejection, vehicle telemetry data	
Patient Assessment and Management	
Begin spinal precautions if indicated	
Primary Survey / Resuscitation	
General impression – patient appearance	
Estimate age, gender and weight of patient	
Manages any gross visible hemorrhage – direct pressure, tourniquet	
Level of responsiveness	
AVPU	
Airway	
Assesses Airway – position, obstructions	
Manages airway as appropriate – suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Palpates for instability that impairs breathing – sternum and ribs	
Auscultates lungs sounds – presence, clarity, abnormal sounds	
Manages any injury compromising ventilations	
Administers oxygen or ventilates with appropriate device – BVM, NRB	
Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Capillary refill	
Removes patient’s clothing	

Performs a rapid, full-body scan for major hemorrhage or other life-threatening injuries	
Disability	
GCS – calculates score	
Pupils – size, equality, reactivity to light	
Transport decision	
Critical – begins immediate packaging for transport after performing Rapid Trauma Assessment	
Non-critical – continued assessment on scene	
Secondary Assessment	
Obtain an oral history – pertinent to situation	
History of the present illness / injury	
SAMPLE – Signs/Symptoms; allergies; medications; past medical history; last meal; events leading up	
OPQRST – Onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, inspects and palpates	
Scalp / skull	
Facial bones	
Jaw	
Eyes – PERLA	
Mouth	
Ears	
Nose	
Neck	
Trachea	
Jugular vein status	
Cervical spine processes	
Manages wounds or splints / supports fractures	
Chest	
Inspects	
Palpates	
Auscultates – credit awarded if already performed in Primary Survey	
Manages any life threatening wound not previously treated	
Abdomen and pelvis	
Inspects	
Assesses pelvic stability	
Manages any life threatening wound not previously treated	
Lower extremities	
Inspects and palpates	
Assess distal function – pulse, motor, sensory, perfusion	
Manages any life threatening wound not previously treated	
Upper extremities	
Inspects and palpates	
Assesses distal function – pulse, motor, sensory, perfusion	

Manages any life-threatening wound not previously treated	
Posterior thorax, lumbar and buttock	
Inspects and palpates posterior thorax	
Inspects and palpates lumbar and buttocks	
Transport Decision	
Verbalizes destination decision (credit if verbalized after primary assessment)	
Vital Signs	
Blood Pressure	
Pulse	
Respirations	
SpO2	
Pain – if appropriate	
Other Assessments and Interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, Glucometer, Capnography	
Performs appropriate treatment at the correct time – IVs, Splinting, bandaging	
AFFECTIVE	
Explains verbally the use of team members appropriately	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedure, maintains modesty	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to recognize life-threatening injuries
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to provide spinal precautions according to scenario
- _____ Failure to assess or manage problems associated with airway, breathing, hemorrhage shock
- _____ Failure to perform primary survey / management prior to secondary assessment / management
- _____ Failure to attempt to determine the mechanism of injury
- _____ Failure to assess, manage and package a critical patient within 10 minutes
- _____ Failure to assess the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

**IV
SKILLS
MEDICATION
ADMINISTRATION**



EXTERNAL JUGULAR VEIN CANNULATION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Clearly explains procedure to patient	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
	IV solution
	Administration set
	Catheter
	Sharps container
	Universal start kit (antiseptic swabs, gauze pads, venous tourniquet, occlusive bandage, antibiotic gel, syringe, etc.)
SPIKES BAG	
	Checks solution for:
	Proper solution
	Clarity or particulate matter
	Expiration date
	Protective covers on tail ports
	Checks administration set for:
	Drip rating
	Tangled tubing
	Protective covers on both ends
	Flow clamp up almost to drip chamber and closed
	Removes protective cover on drip chamber while maintaining sterility
	Removes protective cover on IV bag tail port while maintaining sterility
	Inserts IV tubing spike into IV solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility
	Turns IV bag upright
	Squeezes drip chamber and fills half-way
	Turns on flow and bleeds line of all air while maintaining sterility
	Shuts flow off after assuring that all large air bubbles have been purged
PERFORMS VENIPUNCTURE	
	Tears sufficient tape to secure IV
	Opens antiseptic swabs, gauze pads, occlusive dressing
	Takes appropriate PPE precautions

If no C-Spine injury, turn patient’s head to the side opposite the intended venipuncture site	
Cleanses site, starting from the center and moving outward in a circular motion	
Removes IV needle and catheter from package and while maintaining sterility	
Loosens catheter hub with twisting motion	
With on finger, press lightly on the vein just above the clavicle	
Inserts stylette with bevel up at appropriate angle (35 – 45°) while maintaining sterility	
Feels “pop” as stylette enters vein and observes dark, red blood in flash chamber	
Lowers stylette and inserts an additional 1/8 – 1/4"	
Stabilizes stylette and slides catheter off of stylette until hub touches skin	
Palpates skin just distal to tip of catheter and applies pressure to occlude vein	
Removes stylette and immediately disposes in sharps container	
Attaches syringe and draws venous blood sample if ordered while maintaining sterility	
Removes protective cap from IV tubing and attaches to hub of catheter while maintaining sterility	
Opens flow clamp and runs for a brief period to assure a patent line	
Secures catheter and IV tubing to patient	
Adjusts flow rate as appropriate	
Assesses site for signs of infiltration, irritation	
Assesses patient for therapeutic response or signs of untoward reactions	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Failure to dispose of blood-contaminated sharps immediately at the point of use
- Contaminates equipment or site without appropriately correcting situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear or air embolism
- Failure to manage the patient as a competent paramedic
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Comments:



INTRAMUSCULAR MEDICATION ADMINISTRATION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes or verbalizes appropriate PPE precautions	
Confirms the need for the medication	
Clearly explains the drug action, possible side effects and procedure to patient	
Asks patient for known allergies or contraindication to the drug	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
Medication	
Appropriate syringe and needle(s)	
Sharps container	
Alcohol swabs	
Adhesive bandage or sterile gauze dressing and tape	
ADMINISTER MEDICATION	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Assembles syringe and needle	
Draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reconfirms medication	
Identifies and cleanses appropriate injection site/noting amount of mL allowed for that site	
Pinches/stretches skin, warns patient and inserts needle at proper angle while maintaining sterility	
Aspirates syringe while observing for blood return before injecting IM medication	
Administers correct dose at proper push rate	
Removes needle and disposes/verbalizes proper disposal of syringe and needle in proper container	

Applies direct pressure to site and covers	
Verbalizes need to observe patient for desired effect and adverse side effects	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify acceptable injection site
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to adequately dispel air resulting in the potential for air embolism
- _____ Failure to aspirate for blood prior to injection IM medication
- _____ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an Inappropriate rate)
- _____ Recaps needle or failure to dispose / verbalize disposal of syringe and other material in proper container
- _____ Failure to observe the patient for desired effect and adverse side effects after administering medication
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



INTRAVENOUS THERAPY

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Clearly explains procedure to patient and receive consent from decisional adult patient	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
	IV solution
	Administration set
	Catheter
	Sharps container
	Universal start kit (antiseptic swabs, gauze pads, venous tourniquet, occlusive bandage, antibiotic gel, syringe, etc.)
SPIKES BAG	
Checks solution for:	
	Proper solution
	Clarity or particulate matter
	Expiration date
	Protective covers on tail ports
Checks administration set for:	
	Drip rating
	Tangled tubing
	Protective covers on both ends
	Flow clamp up almost to drip chamber and closed
	Removes protective cover on drip chamber while maintaining sterility
	Removes protective cover on IV bag tail port while maintaining sterility
	Inserts IV tubing spike into IV solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility
	Turns IV bag upright
	Squeezes drip chamber and fills half-way
	Turns on flow and bleeds line of all air while maintaining sterility
	Shuts flow off after assuring that all large air bubbles have been purged
PERFORMS VENIPUNCTURE	
	Tears sufficient tape to secure IV
	Opens antiseptic swabs, gauze pads, occlusive dressing
	Takes appropriate PPE precautions

Identifies appropriate potential site for cannulation	
Applies tourniquet properly	
Palpates and identifies suitable vein	
Cleanses site, starting from the center and moving outward in a circular motion	
Removes IV needle and catheter from package and while maintaining sterility	
Inspects for burrs	
Loosens catheter hub with twisting motion	
Stabilizes the vein and extremity by grasping and stretching skin while maintaining sterility	
Warns patient to expect to feel the needle stick	
Inserts stylette with bevel up at appropriate angle (35 – 45°) while maintaining sterility	
Feels “pop” as stylette enters vein and observes dark, red blood in flash chamber	
Lowers stylette and inserts an additional 1/8 – 1/4"	
Stabilizes stylette and slides catheter off of stylette until hub touches skin	
Palpates skin just distal to tip of catheter and applies pressure to occlude vein	
Removes stylette and immediately disposes in sharps container	
Attaches syringe and draws venous blood sample if ordered while maintaining sterility	
Removes protective cap from IV tubing and attaches to hub of catheter while maintaining sterility	
Releases tourniquet	
Opens flow clamp and runs for a brief period to assure a patent line	
Secures catheter and IV tubing to patient	
Adjusts flow rate as appropriate	
Assesses site for signs of infiltration, irritation	
Assesses patient for therapeutic response or signs of untoward reactions	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Failure to dispose of blood-contaminated sharps immediately at the point of use
- Contaminates equipment or site without appropriately correcting situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear or air embolism
- Failure to manage the patient as a competent paramedic
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Comments:



INTRAVENOUS BOLUS MEDICATION ADMINISTRATION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Clearly explains procedure to patient	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
IV Medications	
Sharps container	
Alcohol Swabs	
ADMINISTERS MEDICATION	
Confirms medication order	
Asks patient for known allergies or contraindications to the drug	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Assembles prefilled syringe correctly and dispels air	
Takes or verbalizes appropriate PPE precautions	
Identifies and cleanses most proximal injection site (Y-port or hub)	
Reconfirms medication	
Stops IV flow	
Administers correct dose at proper push rate	
Disposes/verbalizes proper disposal of syringe and other material in proper container	
Turns IV on and adjusts drip rate to TKO/KVO	
Verbalizes need to observe patient for desired effect and adverse side effects	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to adequately dispel air resulting in the potential for air embolism
- _____ Injects improper medications or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- _____ Recaps needle or failure to dispose / verbalize disposal of syringe and other material in proper container
- _____ Failure to turn on IV after administering medication
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



INTRAVENOUS PIGGYBACK INFUSION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Clearly explains procedure to patient	
Assures that patent primary IV line is established	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
Medication	
IV solution	
Administration set	
Needle (if needleless set is not available)	
Sharps container	
Alcohol swabs	
Tape	
Medication label	
ADDS MEDICATION TO SECONARY IV SOLUTION AND SPIKES BAG	
Confirms medication order	
Asks patient for known allergies	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Check medication for:	
Clarity	
Expiration date	
Assembles prefilled syringe correctly and dispels air while maintaining sterility	
Checks IV solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	

Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	
Removes protective cover on secondary IV bag medication port and cleanses while maintaining sterility	
Reconfirms medication	
Injects medication into secondary IV bag while maintaining sterility	
Disposes/verbalizes proper disposal of syringe in proper container	
Gently agitates secondary bag to mix medication	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on secondary IV bag tail port while maintaining sterility	
Inserts IV tubing spike into secondary IV bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns secondary IV solution bag upright	
Squeezes drip chamber and fills half-way	
Turns on flow of secondary line and bleeds line of all air while maintaining sterility with minimal loss of fluid	
Shuts flow off after assuring that all large air bubbles have been purged from secondary line	
INFUSES MEDICATION	
Attaches needle to adapter end of secondary line administration set while maintaining sterility (if needleless set is not available)	
Takes or verbalizes appropriate PPE precautions	
Reconfirms medication	
Identifies and cleanses most proximal injection site of primary line (Y-port or hub if needleless set is not available)	
Inserts needle into port of primary line while maintaining sterility	
Turns on flow, calculates and adjusts flow rate of secondary line as necessary	
Stops flow of primary line	
Securely tapes needle to injection port of secondary line while maintaining sterility (if needleless set is not available)	
Checks and adjusts flow rate of secondary line	
Labels medication fluid bag (date, time, medication, concentration, dosage, initials)	
Verbalizes need to observe patient for desired effect and adverse side effects	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to dispose of any blood-contaminated sharp immediately at the point of use
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Injects improper medications or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- _____ Performs any improper technique resulting in the potential for air embolism (failure to flush tubing of secondary line, etc.)
- _____ Recaps needle or failure to dispose / verbalize disposal of syringe and other material in proper container
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



INTRAOSSIOUS INFUSION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Clearly explains procedure to patient	
SELECTS, CHECKS, ASSEMBLES EQUIPMENT	
Solution	
Administration set	
IO needle and insertion device	
Sharps container	
Antiseptic swabs, gauze pads, bulky dressing, syringe, pressure bag, etc.	
SPIKES BAG	
Checks solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on solution bag tail port while maintaining sterility	
Inserts IV tubing spike into solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns solution bag upright	
Squeezes drip chamber and fills half-way	
Turns on by sliding flow clamp and bleeds line of all air while maintaining sterility	
Shuts flow off after assuring that all large air bubbles have been purged	
PERFORMS INTRAOSSIOUS PUNCTURE	
Tears sufficient tape to secure IO	
Opens antiseptic swabs, gauze pads	
Identifies appropriate anatomical site for IO puncture	
Cleanses site, starting from the center and moving outward in a circular motion	

Prepares IO needle and insertion device while maintaining sterility	
Inspects for burrs	
Stabilizes the site in a safe manner (if using the tibia, do not hold the leg in palm of hand and perform IO puncture directly above hand)	
Inserts needle at proper angle and direction (away from joint, epiphyseal plate, etc.)	
Recognizes that needle has entered intramedullary canal (feels “pop” or notices less resistance)	
Removes stylette and immediately disposes in proper container	
Attaches administration set to IO needle	
Slowly injects solution while observing for signs of infiltration or aspirates to verify proper needle placement	
Adjusts flow rate as appropriate	
Secures needle and supports with bulky dressing	
Assesses patient for therapeutic response or signs of untoward reactions	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to dispose of any blood-contaminated sharp immediately at the point of use
- _____ 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
- _____ Performs IO puncture in an unacceptable or unsafe manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.)
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

AIRWAY SKILLS



DIRECT OROTRACHEAL INTUBATION - ADULT

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography / capnometry	
Prepares Patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO2 reading	
Preoxygenates patient	
Performs Intubation	
Positions head properly	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over Lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, Capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography / capnometry And pulse oximeter	
Suctions Secretions from Tube	

Recognizes need to suction	
Identifies / selects flexible suction catheter	
Inserts catheter into ET tube while leaving catheter port open	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	
Ventilates / directs ventilation of patient as catheter is flushed with sterile water	
Reaffirms proper tube placement	
Ventilates patient at proper rate and volume while observing capnography and pulse oximeter	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO2 is less than 90% at any time.
- _____ Suctions the patient for more than 10 seconds
- _____ Failure to preoxygenate patient prior to intubation
- _____ If used, stylette extends beyond end of ET tube
- _____ Failure to disconnect syringe immediately after inflating cuff of ET tube
- _____ Uses teeth as a fulcrum
- _____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- _____ Failure to voice and ultimately provide high oxygen concentration (at least 85%)
- _____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12 /minute
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Does not suction the patient in a timely manner
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to demonstrate the ability to manage the patient as a minimally competent paramedic
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

The **Richmond Agitation Sedation Scale (RASS)** assesses level of

Combative	+4	Agitated	+2	Alert and calm	0	Light sedation	-2	Deep sedation	-4
Very agitated	+3	Restless	+1	Drowsy	-1	Moderate sedation	-3	Unarousable sedation	-5

alertness or agitation Used after placement of advanced airway to avoid over and under-sedation

Goal: RASS -2 to -3. If higher (not sedated enough) assess for pain, anxiety. Treat appropriately to achieve RASS of -2.



DIRECT OROTRACHEAL INTUBATION - PEDIATRIC

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography / capnometry	
Prepares Patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 12-20 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO2 reading	
Preoxygenates patient	
Performs Intubation	
Places patient in neutral or sniffing position by padding between scapulae to elevate shoulders and torso as needed	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe (only if cuffed tube is used)	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography / capnometry and pulse oximeter	
AFFECTIVE	

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO2 is less than 90% at any time.
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ If used, suctions the patient for more than 10 seconds
- _____ If used, stylette extends beyond end of ET tube
- _____ Failure to preoxygenate patient prior to intubation
- _____ Failure to disconnect syringe immediately after inflating cuff of ET tube (only if cuffed tube is used)
- _____ Uses teeth or gums as a fulcrum
- _____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- _____ Failure to voice and ultimately provide high oxygen concentration (at least 85%)
- _____ Failure to ventilate the patient at a rate of at least 12/minute and no more than 20 /minute
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Attempts to use any equipment not appropriate for the pediatric patient
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to demonstrate the ability to manage the patient as a minimally competent paramedic
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

The **Richmond Agitation Sedation Scale (RASS)** assesses level of

Combative	+4	Agitated	+2	Alert and calm	0	Light sedation	-2	Deep sedation	-4
Very agitated	+3	Restless	+1	Drowsy	-1	Moderate sedation	-3	Unarousable sedation	-5

alertness or agitation Used after placement of advanced airway to avoid over and under-sedation

Goal: RASS -2 to -3. If higher (not sedated enough) assess for pain, anxiety. Treat appropriately to achieve RASS of -2.



NASOTRACHEAL INTUBATION - ADULT

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
ET tube	
Medications (viscous lidocaine, water soluble jelly, nasal spray)	
Capnography / capnometry	
Prepares Patient	
Takes appropriate PPE precautions	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts adjunct (nasopharyngeal airway)	
Ventilates patient at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO2 reading	
Preoxygenates patient	
Auscultates breath sound	
Performs Intubation	
Lubricates tube and prepares nostril	
Positions head properly	
Inserts ET tube into selected nostril and guides it along the septum	
Pauses to assure that tip of ET tube is positioned just superior to the vocal cords (visualizes misting in the tube, hears audible breath sounds from proximal end of ET tube)	
Instructs patient to take a deep breath while passing ET tube through vocal cords	
Inflates cuff to proper pressure and immediately removes syringe	
Assists patient ventilations and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium, observes for misting in tube; listens for audible breath sounds from proximal end of ET tube; and assures that patient is aphonic	
Verifies proper tube placement by secondary confirmation such as capnography, EDD Or colorimetric device	
Secures ET tube	
Assists patient ventilations at proper rate and volume while observing capnography /	

capnometry and pulse oximeter	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Interrupts ventilations at any time when SpO2 is less than 90%
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ If used, suctions the patient for more than 10 seconds
- _____ Failure to disconnect syringe immediately after inflating cuff of ET tube
- _____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- _____ Failure to voice and ultimately provide high oxygen concentration (at least 85%)
- _____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12 /minute
- _____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Failure to demonstrate the ability to manage the patient as a minimally competent paramedic
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



NEEDLE CRICOTHYROTOMY

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
Oxygen source	
Oxygen tubing	
BVM	
Large bore IV catheter	
10-20 mL syringe	
3.0 mm ET adapter	
Prepares Patient	
Takes appropriate PPE precautions	
Verbalize indication for procedure (Cannot intubate, cannot ventilate with BVM, or cannot insert supraglottic)	
Places the patient supine and hyperextends the head/neck (neutral position if cervical spine injury is suspected), manage the patient’s airway with basic maneuvers and supplemental oxygen	
Palpates anatomical landmarks of the cricothyroid membrane (Between the thyroid and cricoid cartilages)	
Ventilates patient at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO2 reading	
Preoxygenates patient	
Performs Needle Cricothyrotomy	
Cleanse the insertion site with appropriate solution	
Attach a 14-gauge angiocatheter to a 10 mL syringe. Stabilize site and insert needle through the skin and cricothyroid membrane at a 45-degree angle caudally.	
Aspirate syringe to confirm proper placement in trachea	
Advance catheter while stabilizing needle	
Remove needle and immediately dispose in sharps container	
Attach a 3.0 mm ET tube adapter to the catheter hub	
Attach the BVM and begin ventilations (1 second for inflation, 4 seconds for exhalation)	
Secure catheter	
Confirm bilateral breath sounds and observe chest rise	
Continue ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kin, false placement)	

AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Recaps contaminated needle or failure to dispose of syringe and needle in proper container
- _____ Inability to assemble necessary equipment to perform procedure
- _____ Failure to correctly locate the cricothyroid membrane
- _____ Failure to properly cleanse site prior to needle insertion
- _____ Incorrect insertion technique (directing the needle in a cephalad direction)
- _____ Failure to assess adequacy of ventilation and for possible complications

Comments:



SURGICAL CRICOTHYOTOMY

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
Oxygen source and tubing	
BVM	
Anti-septic	
10 mL syringe	
#10 or #11 blade	
5.0 -7.0 mm endotracheal tube and bougie	
Clamp/spreader	
4 x 4 gauze pads	
Suction equipment	
Capnography	
Prepares Patient	
Takes appropriate PPE precautions	
Verbalize indication for procedure (Cannot intubate, cannot ventilate with BVM, or cannot insert supraglottic)	
Verbalizes contraindications (Known bleeding disorder and/or anticoagulants and if a pediatric contact OLMC)	
Places the patient supine and pad under shoulders with towels with head in a sniffing position (Neutral position if cervical spine injury is suspected), manage the patient's airway with basic maneuvers and supplemental oxygen	
Attempt to ventilate at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and capnography	
Palpates anatomical landmarks of the cricothyroid membrane (Between the thyroid and cricoid cartilages)	
Consider Fentanyl for pain management even if unresponsive	
Performs Surgical Cricothyrotomy	
Re-identify anatomical landmarks	
Cleanse the insertion site with appropriate solution	
Stabilize trachea with non-dominant hand, make ½ - 1" mid-line vertical incision just through skin over membrane. Have partner control bleeding with gauze. Suction PRN	
Remove scalpel; feel through with index finger; locate cricothyroid membrane	
Make a horizontal stabbing incision through the membrane, width of the space. Never direct blade upward; cords above membrane and easily damaged.	

Expect secretions/blood to spray out if patient breathes. Suction as needed	
Before removal of scalpel insert forceps/spreader on either side of blade. Withdraw scalpel; open and close forceps to separate cartilage & dilate opening.	
Properly dispose of scalpel	
With forceps in place confirm tracheal penetration by inserting 5 th finger through incision Insert bougie into insertion site next to forceps, insert until meet resistance (Angled towards feet)	
Advance ETT over bougie and into trachea	
Remove bougie while stabilizing ETT	
Inflate ETT cuff	
Confirm tracheal placement i.e., symmetrical chest wall rises, auscultation or equal breath sounds and lack of epigastric sounds with ventilation of the BVM	
Monitor ETCO2 number and waveform	
Secure ETT	
Reassess the patient, SpO2, tube depth, VS, lung sounds, ETCO2, etc.	
Verbalize early complications of the procedure (False placement, SUBQ emphysema, and hemorrhage)	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to voice/provide high oxygen concentration
- _____ Contaminates equipment or surgical site without appropriately correcting
- _____ Failure to insert airway device into trachea at proper depth or location
- _____ Failure to dispose equipment in appropriate container
- _____ Failure to inflate ETT cuff and immediately remove syringe
- _____ Failure to secure airway
- _____ Failure to confirm placement
- _____ Failure to manage patient as a competent paramedic
- _____ Unacceptable affect with patient or other personnel
- _____ Uses or orders dangerous or inappropriate intervention(s)

Comments:



PLEURAL DECOMPRESSION (NEEDLE THORACOSTOMY)

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Manages the patient’s airway with basic maneuvers and supplemental oxygen; intubates as necessary	
Appropriately recognizes signs of tension pneumothorax	
Selects, Check, Assembles Equipment	
14-16 ga. X 2 inch over the needle catheter (adult) or 16-18 ga. X 1 ½ - 2 inch over the needle catheter (pediatric)	
10 mL syringe	
4x4s	
Antiseptic solution	
Tape	
Prepares Patient	
Palpates the chest locating the second or third intercostal space on the midclavicular line (second rib joins the sternum at the angle of Louis, the second intercostal space is located between 2 nd & 3 rd ribs while the third intercostal space is between 3 rd & 4 th ribs)	
Properly cleanses the insertion site with appropriate solution	
Performs Needle Thoracostomy	
Reconfirms the site of insertion and directs the needle over the top of the rib on the midclavicular line	
Listens for a rush of air or watches for plunger in syringe to withdraw and aspirates air	
Removes needle / syringe leaving only the catheter in place	
Disposes of the needle in proper container	
Stabilizes the catheter hub with 4x4s and tape	
Reassesses adequacy of ventilation, lung sounds, blood pressure and pulse for improvement in patient condition	
Assesses for complications i.e., hemothorax from inadvertent puncture or SUBQ emphysema	
AFFECTIVE	
Accepts evaluation and criticism professionally	

Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to dispose of the needle in proper container
- _____ Failure to correctly locate the site for insertion
- _____ Failure to properly cleanse site prior to needle insertion
- _____ Incorrect procedure relating to needle insertion (inserting below the rib, incorrect anatomical location, etc.)
- _____ Failure to assess the need for needle decompression (diminished or absent breath sounds, signs of hemodynamic compromise, etc.)
- _____ Failure to reassess patient condition following procedure

Comments:



QUICK TRACHEOSTOMY

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	
	SCORE
Quick Trach	
Oxygen	
BVM	
Prepares Patient	
Takes appropriate PPE precautions	
Verbalizes indications for the procedure (Cannot intubate, cannot insert supraglottic, or cannot ventilate with BVM)	
Places the patient supine and hyperextends the head/neck (neutral position if cervical spine injury is suspected), manage the patient’s airway with basic maneuvers and supplemental oxygen	
Palpates anatomical landmark of the cricothyroid membrane (between the thyroid and cricoid cartilages)	
Attempts to ventilate patient at a rate of 10-12 / minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO2 reading	
Preoxygenates patient	
Performs Needle Cricothyrotomy	
Cleanse the insertion site with appropriate solution	
Stabilize site and insert needle through the skin and cricothyroid membrane at a 90-degree angle	
Aspirate syringe to confirm proper placement in trachea	
Switches to a 60 degree angle and advances needle to red stopper	
Remove red stopper	
Hold the needle and syringe firmly and slide only the plastic cannula forward until the hub of the cannulas is snug against the skin	
Remove needle and immediately dispose in sharps container	
Attach the QUICKTRACH flexible connecting tube to the cannula end.	
Attach the BVM and begin ventilations	
Use the pre-attached strap to secure the QUICKTRACH, ensuring the hub of the catheter is snug against the neck.	
Confirm bilateral breath sounds and observe chest rise	
Continue ventilation while observing for possible complications (subcutaneous	

emphysema, hemorrhage, hypoventilation, equipment failure, catheter kin, false placement)	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
TOTAL	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Recaps contaminated needle or failure to dispose of syringe and needle in proper container
- _____ Inability to assemble necessary equipment to perform procedure
- _____ Failure to correctly locate the cricothyroid membrane
- _____ Failure to properly cleanse site prior to needle insertion
- _____ Incorrect insertion technique (directing the needle in a cephalad direction)
- _____ Failure to assess adequacy of ventilation and for possible complications

Comments:

CARDIAC SKILLS



12 LEAD ECG

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING		
N/A	Not Applicable for this patient	
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	
1	Not yet competent, marginal or inconsistent, this includes partial attempts	
2	Successful; competent; no prompting necessary	
Identify Indications for 12 Lead ECG		SCORE
Chest pain or discomfort, nose to navel front and back	Suspected DKA	
SOB: Respiratory distress	Weak, tired/fatigues	
Dizziness/syncope or near syncope	Palpitations	
Unexplained nausea/indigestion/vomiting	AMS	
Acquire 12 lead withing 5 minutes of patient contact. Prior to the administration of NTG.		
Electrodes for 12-Lead ECGs should be fresh and stored in airtight package to preserve moisture of electrode gel		
Performance Standard		
Explains procedure to patient		
Prepares the patient (shaving and cleansing as needed)		
To minimize artifact, electrodes should be fresh and stored in an airtight package to preserve moisture of electrode gel		
Places limb leads (RA, LA, RL, LL) on the limbs torso. For accurate 12-lead interpretation, limb leads should be place on limbs (not torso).		
Places precordial leads at their appropriate locations:		
V1 – attaches electrode to the right of the sternum at the 4 th intercostal space		
V2 – attaches electrode to the left of the sternum at the 4th intercostal space		
V4 – attaches electrode at the midclavicular line at 5th intercostal space		
V3 – attaches electrode at the line midway V2 & V4		
V5 – attaches electrode at the anterior axillary line at the same level as V4 5th intercostal space		
V6 – attaches electrode to the midaxillary line at the same levels V4 5th intercostal space		
Ensures the patient is sitting or lying still, breathing normally and not talking. Make sure patients arms and legs are supported and relaxed. Have patient uncross legs. Position can affect interpretation.		
Turns on ECG machine		
Set Age and Gender of Patient (age/gender will affect interpretation)		
Ensures all leads are still connected and no error message displayed		
Ask patient to hold still while device acquires.		
Push “acquire” button on device to obtains 12-lead ECG recording		
Examines tracing for acceptable quality		

Interpret 12 Lead by looking for DST elevation with or without pathologic Q waves, LBBB	
Identifies ECG criteria for STEMI – any of these in the presence of CP or anginal equivalent <ul style="list-style-type: none"> •New of presumably new Q waves (at least 30 ms wide & 0.20 mV deep) in at least two leads from any of the following (a) leads II, III, aVF; (b) leads V1 through V6; or (c) leads I and aVL; •New or presumably new ST-T segment elevation 0.10 mV MEASURED 0.02 s after the J point in two contiguous leads; or •A complete left BBB 	
Transmit 12 lead to hospital	
Inform ECRN of possible STEMI	
Attach 12 lead to PCR	
RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to properly attach leads to patient
- _____ Failure to obtain a legible 12 lead ECG recording

Comments:



DEFIBRILLATION

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Selects, Check, Assembles Equipment	SCORE
Monitor/defibrillator with defibrillation pads	
Oxygen with appropriate administration device	
Performs Defibrillation	
Takes or verbalizes appropriate PPE precautions	
Determines the scene/situation is safe	
Attempts to question bystanders about arrest events	
Checks responsiveness	
Requests additional assistance	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	
Checks carotid pulse (no more than 10 seconds)	
Immediately begins chest compressions	
Adequate depth and rate	
Correct compression-to-ventilation ratio	
Allows the chest to recoil completely	
Adequate volumes for each breath	
Minimal interruptions of less than 10 seconds throughout	
Attaches monitor and check rhythm	
Apply pads: With compressions continuing: Place anterior electrode (black) without gaps or wrinkles on the patient's right upper torso, lateral to the sternum and below the clavicle.	
Place the lateral (Ⓡ) red electrode under and lateral to patient's left nipple in the midaxillary line, with center of the electrode in the midaxillary line if possible. <i>May use anterior posterior placement if possible and does not interrupt compressions.</i>	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Stops CPR and observes rhythm	
If a shockable rhythm, pre-charge the defibrillator while continuing on with chest compressions	

Verbalizes "All clear" and visually ensures that all individuals are clear of the patient	
Delivers shock	
Immediately resumes chest compressions	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

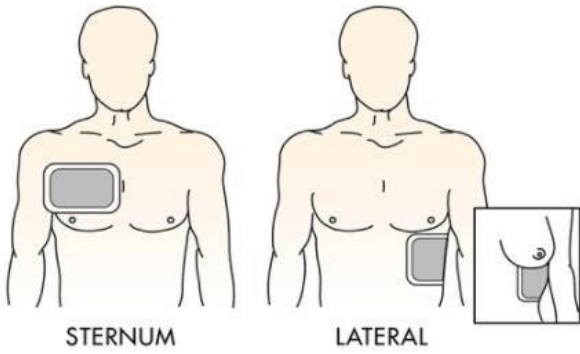
RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

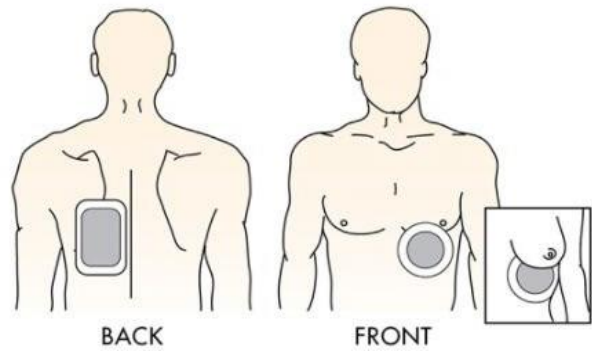
- _____ Failure to take or verbalized appropriate PPE precautions
- _____ Failure to initiate CPR without delay
- _____ Interrupts CPR for more than 10 seconds
- _____ Failure to deliver shock in a timely manner
- _____ Failure to demonstrate acceptable high quality adult CPR
- _____ Failure to operate the defibrillator properly
- _____ Failure to correctly attach the defibrillator to the patient
- _____ Failure to verify rhythm before delivering a shock
- _____ Failure to demonstrate acceptable shock sequence
- _____ Failure to assure that all individuals were clear of patient during rhythm interpretation and before delivering shock (verbalizes "All Clear" and observes)
- _____ Failure to ensure a safe environment before delivering shock (sparks, combustibles, oxygen-enriched atmosphere)
- _____ Failure to immediately resume chest compressions after shock delivered
- _____ Failure to resume ventilation with oxygen at the proper time
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

ADULT ANTERIOR/LATERAL



ADULT ANTERIOR/POSTERIOR





SYNCHRONIZED CARDIOVERSION

Student Name: _____ **Date:** _____

Instructor Evaluator: _____ **Successful:** Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Prepare and Assess Patient	
	SCORE
Takes or verbalizes appropriate PPE precautions	
Confirm need for cardioversion, i.e., unstable SVT or unstable VT with pulse	
Explain procedure to patient with warning may be uncomfortable and medication is available	
Remove clothing and patches from chest, dry skin	
Selects, Check, Assembles Equipment	
Monitor/defibrillator with defibrillation pads	
Medication to sedate patient (if necessary)	
Oxygen with appropriate administration device	
Performs Synchronized Cardioversion	
Assures adequate oxygenation and patent IV established	
Assesses patient condition to include pulse and BP	
Asks patient or determines known allergies	
Considers appropriate medication to sedate patient	
Attaches defibrillation pads	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Sets cardioverter to appropriate energy setting	
Activates synchronizer mode	
Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes	
Verbalizes “All clear” and visually ensures that all individuals are clear of the patient	
Delivers shock	
Reassesses rhythm	
Reassesses patient condition to include pulse and BP	
Verbalizes need to observe patient for desired effect and adverse side effects	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner.	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalized appropriate PPE precautions
- _____ Failure to assess the patient’s hemodynamic status before and after delivering the shock
- _____ Failure to verify rhythm before delivering a shock
- _____ Failure to ensure the safety of self and others (verbalizes “All Clear” and observes)
- _____ Failure to ensure a safe environment before delivering a shock (sparks, combustibles, oxygen enriched atmosphere)
- _____ Failure to resume oxygen therapy at the proper time
- _____ Inability to deliver a synchronized shock (does not use machine properly)
- _____ Failure to set the appropriate energy level before engaging the synchronized mode
- _____ Failure to demonstrate acceptable shock sequence
- _____ Failure to observe the patient for desired effect/adverse side effects after delivering a shock
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:



TRANSCUTANEOUS PACING

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
Prepare and Assess Patient	
	Takes or verbalizes appropriate PPE precautions
	Confirm need for pacing (*contraindicated in severe hypothermia)
	Explain procedure to patient with warning may be uncomfortable and medication is available
	Remove clothing and patches from chest, dry skin
Selects, Check, Assembles Equipment	
	Monitor/defibrillator with pacing pads
	Medication to reduce pain or sedate patient (if necessary)
	Oxygen with appropriate administration device
Performs Transcutaneous Pacing	
	Identifies arrhythmia and condition that requires transcutaneous pacing
	Assesses patient condition to include pulse and BP
	Administers appropriate oxygen therapy
	Attaches pacing pads
	Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere
	Activates pacemaker function of device
	Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes
	Sets appropriate pacer rate
	Sets current to be delivered to the minimum setting
	Gradually increase delivered current until capture is achieved (observes pacer spikes followed by wide QRS complexes at tall “T” waves)
	Reassesses patient condition to include pulse and BP
	Asks patient or determines known allergies (if considering medication administration)
	Administers appropriate medication to reduce pain or sedate patient (if necessary)
	Verbalizes need to continuously monitor the patient’s condition
AFFECTIVE	
	Accepts evaluation and criticism professionally
	Shows willingness to learn
	Interacts with simulated patient and other personnel in professional manner.
	Total

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- _____ Failure to take or verbalized appropriate PPE precautions
- _____ Failure to assess the patient’s hemodynamic status before and after transcutaneous pacing
- _____ Failure to document rhythm before administering transcutaneous pacing
- _____ Failure to ensure the safety of self and others
- _____ Failure to ensure a safe environment before delivering shock (sparks, combustibles, oxygen-enriched atmosphere)
- _____ Failure to deliver transcutaneous pacing (does not use machine properly)
- _____ Failure to demonstrate acceptable electrical capture
- _____ Failure to observe the patient for desired effect and adverse side effects
- _____ Failure to manage the patient as a competent paramedic
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

Comments:

OB SKILLS



ABNORMAL DELIVERY WITH NEWBORN CARE

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING		
N/A	Not Applicable for this patient	
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent	
1	Not yet competent, marginal or inconsistent, this includes partial attempts	
2	Successful; competent; no prompting necessary	
Standard Performance		SCORE
Takes appropriate PPE precautions		
Obtains a History Relevant to the Pregnancy		
Estimated date of confinement		
Frequency of contractions		
Duration of contractions		
Rupture of amniotic sac (time and presence of meconium)		
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)		
Pre-existing medical conditions (HTN, DM, seizure, cardiac)		
Medications taken prior to labor		
Prenatal care (identified abnormalities with pregnancy)		
Vaginal bleeding		
Abdominal pain		
Assessment		
Vital signs (BP, P, R, Temperature)		
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)		
Prepares for Delivery		
Prepares appropriate delivery area		
Removes patient's clothing		
Opens and prepares obstetric kit		
Places clean pad under patient		
Prepares bulb syringe, cord clamps, towels, newborn blanket		
Delivers Newborn		
During contractions, urges patient to push		
Delivers and supports the emerging fetal presenting part if not the head		
Recognizes abnormal presentation that requires immediate care and transport (prolapsed cord, nuchal cord, hand, foot, shoulder dystocia)		
Delivers legs and body if possible and continues to support fetus		
Delivers head		
If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord		
Assesses for and notes the presence of meconium		
Initiates rapid transport		

Delivers the shoulders if not previously delivered	
Delivers the remainder of the body if not previously delivered	
Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	
Newborn Care (Birth to 30 seconds postpartum)	
Warm, dry, and stimulate the newborn	
Clears airway if obvious obstruction to spontaneous breathing or requires PPV	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn Care (30-60 seconds postpartum)	
If heart rate is less than 100, gasping or apneic:	
Provides PPV without supplemental oxygen	
Clamps and cuts umbilical cord when pulsating stops	
Places on mother's chest to retain warmth (if not actively resuscitating the neonate)	
Determines 1 minute APGAR score	
Newborn Care (After 1 minute postpartum)	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV with supplemental oxygen	
If heart rate is less than 60:	
Considers intubation if no chest rise with PPV	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	
Determines 5 minute APGAR score	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedure, maintains modesty	
Total	

RATING	
Proficient: The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Failure to identify or appropriately manage an abnormal presentation
- Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
- Failure to manage the patient as a competent paramedic
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Comments:



NORMAL DELIVERY WITH NEWBORN CARE

Student Name: _____ Date: _____

Instructor Evaluator: _____ Successful: Yes No

SCORING	
N/A	Not Applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary
	SCORE
Takes appropriate PPE precautions	
Obtains a History Relevant to the Pregnancy	
	Estimated date of confinement
	Frequency of contractions
	Duration of contractions
	Rupture of amniotic sac (time and presence of meconium)
	Previous pregnancies and deliveries (complications, vaginal delivery, C-section)
	Pre-existing medical conditions (HTN, DM, seizure, cardiac)
	Medications taken prior to labor
	Prenatal care (identified abnormalities with pregnancy)
	Vaginal bleeding
	Abdominal pain
Assessment	
	Vital signs (BP, P, R, Temperature)
	Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)
Prepares for Delivery	
	Prepares appropriate delivery area
	Removes patient's clothing
	Opens and prepares obstetric kit
	Places clean pad under patient
	Prepares bulb syringe, cord clamps, towels, newborn blanket
Delivers Newborn	
	During contractions, urges patient to push
	Delivers and supports the emerging fetal head
	Assesses for abnormal presentation that requires immediate care and transport (prolapsed cord, nuchal cord, hand, foot, shoulder dystocia)
	Delivers the shoulders
	Delivers the remainder of the body
	Places newborn on mother's abdomen or level with mother's uterus
	Notes the time of birth
	Controls hemorrhage as necessary

Reassesses mother's vital signs	
Newborn Care (Birth to 30 seconds postpartum)	
Warms and dries newborn	
Assesses airway for obstruction	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn Care (30-60 seconds postpartum)	
If heart rate is less than 100, gasping or apneic:	
Provides PPV	
Monitors SpO ₂ in neonate	
Clamps and cuts umbilical cord after pulsating stops	
Places on mother's chest to retain warmth	
Determines 1 minute APGAR score	
Newborn Care (After 1 minute postpartum)	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV	
If heart rate is less than 60:	
Considers intubation	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	
Determines 5 minute APGAR score	
AFFECTIVE	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e., uses appropriate name, explains procedure, maintains modesty	
Total	

RATING	
Proficient: The paramedic can sequence, perform, and complete the performance standards independently, with expertise and to high quality without critical error, assistance, or instruction	
Competent: Satisfactory performance without critical error; minimal coaching needed	
Practice evolving/not yet competent: Did not perform in correct sequence, timing and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice	

CRITICAL CRITERIA

- Failure to take or verbalize appropriate PPE precautions
- Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
- Failure to manage the patient as a competent paramedic
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Comments:
