



Student Name \_\_\_\_\_

### Instructor Skills Sign Off

Instruction to the evaluators for skills proficiency sign off: Once the student has demonstrated proficiency. Proficiency defined as the ability to perform a skill independently with minimal errors and without referencing their skill sheet. Please date and print your name.

| Skill <b>(Please print 4 of each)</b>      | Date | Evaluator<br>(Please Print Your Name) |
|--------------------------------------------|------|---------------------------------------|
| Oxygen administration                      |      |                                       |
| Bag Valve Mask apneic Patient              |      |                                       |
| Suctioning                                 |      |                                       |
| Upper Airway Management                    |      |                                       |
| Bleeding Control and Shock                 |      |                                       |
| Patient Assessment and Management- Medical |      |                                       |
| Patient Assessment and management- Trauma  |      |                                       |
| Joint Injury Immobilization                |      |                                       |
| Long Bone Immobilization                   |      |                                       |
| Traction Splinting                         |      |                                       |
| Spinal Immobilization-Supine Patient       |      |                                       |
| Spinal Immobilization- Seated Patient      |      |                                       |
| Automated External Defibrillator           |      |                                       |
| Oral Glucose Administration                |      |                                       |
| Patient Assisted Albuterol Inhaler         |      |                                       |
| Activated Charcoal Administration          |      |                                       |
| Aspirin Administration                     |      |                                       |
| Epinephrine Auto Injector Administration   |      |                                       |
| Nitroglycerine Administration              |      |                                       |
| Cervical Collar                            |      |                                       |
| Vital Signs                                |      |                                       |
| Glucometer                                 |      |                                       |

#### Isolated Skills

The isolated skills are not tested, but need to be demonstrated and practiced.

| Skill <b>(Please print 1 of each)</b> | Date | Evaluator<br>(Please Print Your Name) |
|---------------------------------------|------|---------------------------------------|
| Mouth to Mask                         |      |                                       |
| Helmet Removal                        |      |                                       |
| Scoop Stretcher                       |      |                                       |
| Childbirth                            |      |                                       |
| Supra-glottic Airway                  |      |                                       |

## OXYGEN ADMINISTRATION

| STEPS TO BE PERFORMED                                              | ACTION/VERBAL RESPONSE                   | POINTS |  |
|--------------------------------------------------------------------|------------------------------------------|--------|--|
| * Takes or states appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)    |  |

| Assembly of Regulator to Tank |                                                                                                                |     |  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------|-----|--|
| Assemble regulator onto tank  | I will assemble the regulator onto the tank insuring the presence of an "O" ring and proper alignment of pins. | (1) |  |
| Open tank                     | I will open tank valve by turning one full turn counter clockwise.                                             | (1) |  |
| *Check for leaks              | I will confirm there are no leaks around the regulator.                                                        | (1) |  |
| Check tank pressure           | I will state the pressure in the tank as determined from the reading on the pressure gauge.                    | (1) |  |

| Non Rebreather Mask                                                                                              |                                                                                                                          |     |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|--|
| Attach tubing to regulator                                                                                       | I will attach the tubing to the oxygen port valve on the regulator.                                                      | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 10 and 15 LPM                                                                          | (1) |  |
| *Pre-fill reservoir                                                                                              | I will place my finger over the valve inside the mask to allow the reservoir to fill.                                    | (1) |  |
| Apply the device to the patient's face                                                                           | I will place the mask over the patient's face and place the strap around their head.                                     | (1) |  |
| <b>NOTE: Examiner advises that the patient is not tolerating the mask and to place a cannula on the patient.</b> |                                                                                                                          |     |  |
| Remove mask and connect cannula to regulator                                                                     | I will remove the NRB from the patient and regulator then connect the cannula to the oxygen port valve on the regulator. | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 1 and 6 LPM                                                                            | (1) |  |
| Applies cannula to patient                                                                                       | I will place the prongs into the patient's nose and wrap the tubing around their ears and cinch the tube under the chin. | (1) |  |

|                                                     |                                        |  |
|-----------------------------------------------------|----------------------------------------|--|
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12</b>             |  |
|                                                     | <b>MINIMUM PASSING SCORE (80%): 10</b> |  |

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize BSI
- Did not assemble regulator without leaks
- Did not pre-fill reservoir
- Did not adjust liter flow to appropriate rates

## OXYGEN ADMINISTRATION

| STEPS TO BE PERFORMED                                              | ACTION/VERBAL RESPONSE                   | POINTS |  |
|--------------------------------------------------------------------|------------------------------------------|--------|--|
| * Takes or states appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)    |  |

| Assembly of Regulator to Tank |                                                                                                                |     |  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------|-----|--|
| Assemble regulator onto tank  | I will assemble the regulator onto the tank insuring the presence of an "O" ring and proper alignment of pins. | (1) |  |
| Open tank                     | I will open tank valve by turning one full turn counter clockwise.                                             | (1) |  |
| *Check for leaks              | I will confirm there are no leaks around the regulator.                                                        | (1) |  |
| Check tank pressure           | I will state the pressure in the tank as determined from the reading on the pressure gauge.                    | (1) |  |

| Non Rebreather Mask                                                                                              |                                                                                                                          |     |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|--|
| Attach tubing to regulator                                                                                       | I will attach the tubing to the oxygen port valve on the regulator.                                                      | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 10 and 15 LPM                                                                          | (1) |  |
| *Pre-fill reservoir                                                                                              | I will place my finger over the valve inside the mask to allow the reservoir to fill.                                    | (1) |  |
| Apply the device to the patient's face                                                                           | I will place the mask over the patient's face and place the strap around their head.                                     | (1) |  |
| <b>NOTE: Examiner advises that the patient is not tolerating the mask and to place a cannula on the patient.</b> |                                                                                                                          |     |  |
| Remove mask and connect cannula to regulator                                                                     | I will remove the NRB from the patient and regulator then connect the cannula to the oxygen port valve on the regulator. | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 1 and 6 LPM                                                                            | (1) |  |
| Applies cannula to patient                                                                                       | I will place the prongs into the patient's nose and wrap the tubing around their ears and cinch the tube under the chin. | (1) |  |

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| Assembly of Regulator to Tank |                                                                                                                |     |  |
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| Assemble regulator onto tank  | I will assemble the regulator onto the tank insuring the presence of an "O" ring and proper alignment of pins. | (1) |  |
| Open tank                     | I will open tank valve by turning one full turn counter clockwise.                                             | (1) |  |
| *Check for leaks              | I will confirm there are no leaks around the regulator.                                                        | (1) |  |
| Check tank pressure           | I will state the pressure in the tank as determined from the reading on the pressure gauge.                    | (1) |  |

| Non Rebreather Mask                                                                                              |                                                                                                                          |     |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|--|
| Attach tubing to regulator                                                                                       | I will attach the tubing to the oxygen port valve on the regulator.                                                      | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 10 and 15 LPM                                                                          | (1) |  |
| *Pre-fill reservoir                                                                                              | I will place my finger over the valve inside the mask to allow the reservoir to fill.                                    | (1) |  |
| Apply the device to the patient's face                                                                           | I will place the mask over the patient's face and place the strap around their head.                                     | (1) |  |
| <b>NOTE: Examiner advises that the patient is not tolerating the mask and to place a cannula on the patient.</b> |                                                                                                                          |     |  |
| Remove mask and connect cannula to regulator                                                                     | I will remove the NRB from the patient and regulator then connect the cannula to the oxygen port valve on the regulator. | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 1 and 6 LPM                                                                            | (1) |  |
| Applies cannula to patient                                                                                       | I will place the prongs into the patient's nose and wrap the tubing around their ears and cinch the tube under the chin. | (1) |  |

|                                                     |                                        |  |
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Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

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|-------------------------------|----------------------------------------------------------------------------------------------------------------|-----|--|
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| Open tank                     | I will open tank valve by turning one full turn counter clockwise.                                             | (1) |  |
| *Check for leaks              | I will confirm there are no leaks around the regulator.                                                        | (1) |  |
| Check tank pressure           | I will state the pressure in the tank as determined from the reading on the pressure gauge.                    | (1) |  |

| Non Rebreather Mask                                                                                              |                                                                                                                          |     |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|--|
| Attach tubing to regulator                                                                                       | I will attach the tubing to the oxygen port valve on the regulator.                                                      | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 10 and 15 LPM                                                                          | (1) |  |
| *Pre-fill reservoir                                                                                              | I will place my finger over the valve inside the mask to allow the reservoir to fill.                                    | (1) |  |
| Apply the device to the patient's face                                                                           | I will place the mask over the patient's face and place the strap around their head.                                     | (1) |  |
| <b>NOTE: Examiner advises that the patient is not tolerating the mask and to place a cannula on the patient.</b> |                                                                                                                          |     |  |
| Remove mask and connect cannula to regulator                                                                     | I will remove the NRB from the patient and regulator then connect the cannula to the oxygen port valve on the regulator. | (1) |  |
| *Adjust flow                                                                                                     | I will adjust the flow to between 1 and 6 LPM                                                                            | (1) |  |
| Applies cannula to patient                                                                                       | I will place the prongs into the patient's nose and wrap the tubing around their ears and cinch the tube under the chin. | (1) |  |

|                                                     |                                        |  |
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|                                                     | <b>MINIMUM PASSING SCORE (80%): 10</b> |  |

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize BSI
- Did not assemble regulator without leaks
- Did not pre-fill reservoir
- Did not adjust liter flow to appropriate rates

## BAG-VALVE-MASK APNEIC PATIENT

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

|                                                                                                           |                                                                                                                                                          |     |  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Open airway                                                                                             | I will insure an open airway                                                                                                                             | (1) |  |
| Insert appropriate adjunct device                                                                         | I will insert an appropriate adjunct device                                                                                                              | (1) |  |
| Select appropriate mask                                                                                   | I will select an appropriate mask and connect it to the BVM device.                                                                                      | (1) |  |
| Establishes and maintains a proper mask to face seal                                                      | I will place the mask over the patient's face and insure a tight seal around the mask.                                                                   | (1) |  |
| *Ventilate patient at proper rate and adequate volume (the examiner must witness for at least 30 seconds) | I will ventilate the patient once every 5 seconds or approximately 12 times per minute. I will watch for chest rise and fall to determine proper volume. |     |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                         |                                                                                                                                                                                                                           |     |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Connect to oxygen supply              | I will connect the BVM to the liter flow valve on the regulator and adjust to at least 15 LPM.                                                                                                                            | (1) |  |
| Instruct assistant to ventilate patient | I will instruct my assistant to ventilate the patient once every 5 seconds or approximately 12 times per minute while I create proper mask to face seal. I will watch for chest rise and fall to determine proper volume. | (1) |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 7<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- \_\_\_ Did not take or verbalize BSI
- \_\_\_ Did not immediately establish an open airway
- \_\_\_ Interrupted ventilations for more than 20 seconds
- \_\_\_ Did not provide high concentration oxygen
- \_\_\_ Did not provide adequate tidal volume during ventilations
- \_\_\_ Did not allow for adequate exhalation

## BAG-VALVE-MASK APNEIC PATIENT

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

|                                                                                                           |                                                                                                                                                          |     |  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Open airway                                                                                             | I will insure an open airway                                                                                                                             | (1) |  |
| Insert appropriate adjunct device                                                                         | I will insert an appropriate adjunct device                                                                                                              | (1) |  |
| Select appropriate mask                                                                                   | I will select an appropriate mask and connect it to the BVM device.                                                                                      | (1) |  |
| Establishes and maintains a proper mask to face seal                                                      | I will place the mask over the patient's face and insure a tight seal around the mask.                                                                   | (1) |  |
| *Ventilate patient at proper rate and adequate volume (the examiner must witness for at least 30 seconds) | I will ventilate the patient once every 5 seconds or approximately 12 times per minute. I will watch for chest rise and fall to determine proper volume. |     |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                         |                                                                                                                                                                                                                           |     |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Connect to oxygen supply              | I will connect the BVM to the liter flow valve on the regulator and adjust to at least 15 LPM.                                                                                                                            | (1) |  |
| Instruct assistant to ventilate patient | I will instruct my assistant to ventilate the patient once every 5 seconds or approximately 12 times per minute while I create proper mask to face seal. I will watch for chest rise and fall to determine proper volume. | (1) |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 7<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- \_\_\_ Did not take or verbalize BSI
- \_\_\_ Did not immediately establish an open airway
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## BAG-VALVE-MASK APNEIC PATIENT

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

|                                                                                                           |                                                                                                                                                          |     |  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Open airway                                                                                             | I will insure an open airway                                                                                                                             | (1) |  |
| Insert appropriate adjunct device                                                                         | I will insert an appropriate adjunct device                                                                                                              | (1) |  |
| Select appropriate mask                                                                                   | I will select an appropriate mask and connect it to the BVM device.                                                                                      | (1) |  |
| Establishes and maintains a proper mask to face seal                                                      | I will place the mask over the patient's face and insure a tight seal around the mask.                                                                   | (1) |  |
| *Ventilate patient at proper rate and adequate volume (the examiner must witness for at least 30 seconds) | I will ventilate the patient once every 5 seconds or approximately 12 times per minute. I will watch for chest rise and fall to determine proper volume. |     |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                         |                                                                                                                                                                                                                           |     |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Connect to oxygen supply              | I will connect the BVM to the liter flow valve on the regulator and adjust to at least 15 LPM.                                                                                                                            | (1) |  |
| Instruct assistant to ventilate patient | I will instruct my assistant to ventilate the patient once every 5 seconds or approximately 12 times per minute while I create proper mask to face seal. I will watch for chest rise and fall to determine proper volume. | (1) |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 7<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- \_\_\_ Did not take or verbalize BSI
- \_\_\_ Did not immediately establish an open airway
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- \_\_\_ Did not provide high concentration oxygen
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## BAG-VALVE-MASK APNEIC PATIENT

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

|                                                                                                           |                                                                                                                                                          |     |  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Open airway                                                                                             | I will insure an open airway                                                                                                                             | (1) |  |
| Insert appropriate adjunct device                                                                         | I will insert an appropriate adjunct device                                                                                                              | (1) |  |
| Select appropriate mask                                                                                   | I will select an appropriate mask and connect it to the BVM device.                                                                                      | (1) |  |
| Establishes and maintains a proper mask to face seal                                                      | I will place the mask over the patient's face and insure a tight seal around the mask.                                                                   | (1) |  |
| *Ventilate patient at proper rate and adequate volume (the examiner must witness for at least 30 seconds) | I will ventilate the patient once every 5 seconds or approximately 12 times per minute. I will watch for chest rise and fall to determine proper volume. |     |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                         |                                                                                                                                                                                                                           |     |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * Connect to oxygen supply              | I will connect the BVM to the liter flow valve on the regulator and adjust to at least 15 LPM.                                                                                                                            | (1) |  |
| Instruct assistant to ventilate patient | I will instruct my assistant to ventilate the patient once every 5 seconds or approximately 12 times per minute while I create proper mask to face seal. I will watch for chest rise and fall to determine proper volume. | (1) |  |

**NOTE: The examiner must observe proper ventilations for at least 30 seconds.**

|                                                 |                                                      |
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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

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### Critical Criteria

- \_\_\_ Did not take or verbalize BSI
- \_\_\_ Did not immediately establish an open airway
- \_\_\_ Interrupted ventilations for more than 20 seconds
- \_\_\_ Did not provide high concentration oxygen
- \_\_\_ Did not provide adequate tidal volume during ventilations
- \_\_\_ Did not allow for adequate exhalation

## SUCTIONING

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| Oral Suction                                 |                                                                                                        |     |  |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|--|
| Select appropriate suction device            | I will select the appropriate suction device.                                                          | (1) |  |
| Assures that suction is working              | I will test to make certain that the device is working.                                                | (1) |  |
| Insert device into mouth                     | I will measure then insert the device into the patient's mouth ensuring not to stimulate a gag reflex. | (1) |  |
| Maintains sight of tip throughout suctioning | I will not insert the device any further than I can see.                                               | (1) |  |
| Activates suction                            | I will activate suction only after insertion in the mouth and suction no longer than 15 seconds.       | (1) |  |
|                                              |                                                                                                        |     |  |

|                                                         |                                        |  |
|---------------------------------------------------------|----------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 6</b>              |  |
|                                                         | <b>MINIMUM PASSING SCORE (80% ): 5</b> |  |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not demonstrate an acceptable suction technique
- Did not select an appropriate suction device
- Suctions for longer than 15 seconds

## SUCTIONING

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| Oral Suction                                 |                                                                                                        |     |  |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|--|
| Select appropriate suction device            | I will select the appropriate suction device.                                                          | (1) |  |
| Assures that suction is working              | I will test to make certain that the device is working.                                                | (1) |  |
| Insert device into mouth                     | I will measure then insert the device into the patient's mouth ensuring not to stimulate a gag reflex. | (1) |  |
| Maintains sight of tip throughout suctioning | I will not insert the device any further than I can see.                                               | (1) |  |
| Activates suction                            | I will activate suction only after insertion in the mouth and suction no longer than 15 seconds.       | (1) |  |
|                                              |                                                                                                        |     |  |

|                                                         |                                        |  |
|---------------------------------------------------------|----------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 6</b>              |  |
|                                                         | <b>MINIMUM PASSING SCORE (80% ): 5</b> |  |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
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| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
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| Oral Suction                                 |                                                                                                        |     |  |
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| Select appropriate suction device            | I will select the appropriate suction device.                                                          | (1) |  |
| Assures that suction is working              | I will test to make certain that the device is working.                                                | (1) |  |
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| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 6</b>              |  |
|                                                         | <b>MINIMUM PASSING SCORE (80% ): 5</b> |  |

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- Did not demonstrate an acceptable suction technique
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| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| Oral Suction                                 |                                                                                                        |     |  |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|--|
| Select appropriate suction device            | I will select the appropriate suction device.                                                          | (1) |  |
| Assures that suction is working              | I will test to make certain that the device is working.                                                | (1) |  |
| Insert device into mouth                     | I will measure then insert the device into the patient's mouth ensuring not to stimulate a gag reflex. | (1) |  |
| Maintains sight of tip throughout suctioning | I will not insert the device any further than I can see.                                               | (1) |  |
| Activates suction                            | I will activate suction only after insertion in the mouth and suction no longer than 15 seconds.       | (1) |  |
|                                              |                                                                                                        |     |  |

|                                                         |                                        |  |
|---------------------------------------------------------|----------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 6</b>              |  |
|                                                         | <b>MINIMUM PASSING SCORE (80% ): 5</b> |  |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not demonstrate an acceptable suction technique
- Did not select an appropriate suction device
- Suctions for longer than 15 seconds

**UPPER AIRWAY MANAGEMENT**

| STEPS TO BE PERFORMED                                    | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>OROPHARYNGEAL AIRWAY (OPA)</b>                                                  |                                                                                                    |            |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--|
| Select appropriate airway                                                          | I will select the appropriate airway and the approximate size.                                     | <b>(1)</b> |  |
| Measure airway                                                                     | I will measure the airway from the corner of the mouth to the earlobe.                             | <b>(1)</b> |  |
| Insert airway                                                                      | I will insert the airway in a manner that will not push the tongue back into the patient's airway. | <b>(1)</b> |  |
| <b>The examiner states: <i>The patient is gagging and becoming responsive.</i></b> |                                                                                                    |            |  |
| Properly removes airway                                                            | I will remove the airway by pulling it straight out.                                               | <b>(1)</b> |  |
|                                                                                    |                                                                                                    |            |  |

| <b>NASOPHARYNGEAL AIRWAY (NPA)</b>                                                                    |                                                                                            |            |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|--|
| Select appropriate airway                                                                             | I will select the appropriate airway and the approximate size.                             | <b>(1)</b> |  |
| Measure airway                                                                                        | I will measure the airway from the tip of the nose to the earlobe.                         | <b>(1)</b> |  |
| Lubricate airway                                                                                      | I will lubricate the airway prior to insertion.                                            | <b>(1)</b> |  |
| Insert airway                                                                                         | I will fully insert the airway with the bevel toward the septum.                           | <b>(1)</b> |  |
| <b>The examiner states: <i>What if you meet resistance while attempting to insert the airway?</i></b> |                                                                                            |            |  |
| Attempt to insert on other side                                                                       | I will attempt to insert the airway in the other nostril with the bevel toward the septum. | <b>(1)</b> |  |
|                                                                                                       |                                                                                            |            |  |

|                                                        |                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------|
| * = <b>CRITICAL CRITERIA</b><br>(Must Perform to Pass) | <b>POINTS POSSIBLE: 10</b><br><b>MINIMUM PASSING SCORE (80%): 8</b> |
|--------------------------------------------------------|---------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not obtain a patent airway with either device
- \_\_\_ Inserted adjunct in a manner dangerous to the patient

## UPPER AIRWAY MANAGEMENT

| STEPS TO BE PERFORMED                                    | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| OROPHARYNGEAL AIRWAY (OPA)                                                         |                                                                                                    |     |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----|--|
| Select appropriate airway                                                          | I will select the appropriate airway and the approximate size.                                     | (1) |  |
| Measure airway                                                                     | I will measure the airway from the corner of the mouth to the earlobe.                             | (1) |  |
| Insert airway                                                                      | I will insert the airway in a manner that will not push the tongue back into the patient's airway. | (1) |  |
| <b>The examiner states: <i>The patient is gagging and becoming responsive.</i></b> |                                                                                                    |     |  |
| Properly removes airway                                                            | I will remove the airway by pulling it straight out.                                               | (1) |  |
|                                                                                    |                                                                                                    |     |  |

| NASOPHARYNGEAL AIRWAY (NPA)                                                                           |                                                                                            |     |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----|--|
| Select appropriate airway                                                                             | I will select the appropriate airway and the approximate size.                             | (1) |  |
| Measure airway                                                                                        | I will measure the airway from the tip of the nose to the earlobe.                         | (1) |  |
| Lubricate airway                                                                                      | I will lubricate the airway prior to insertion.                                            | (1) |  |
| Insert airway                                                                                         | I will fully insert the airway with the bevel toward the septum.                           | (1) |  |
| <b>The examiner states: <i>What if you meet resistance while attempting to insert the airway?</i></b> |                                                                                            |     |  |
| Attempt to insert on other side                                                                       | I will attempt to insert the airway in the other nostril with the bevel toward the septum. | (1) |  |
|                                                                                                       |                                                                                            |     |  |

|                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 10<br/>MINIMUM PASSING SCORE (80%): 8</b> |
|---------------------------------------------------------|---------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

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

**UPPER AIRWAY MANAGEMENT**

| STEPS TO BE PERFORMED                                    | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>OROPHARYNGEAL AIRWAY (OPA)</b>                                                  |                                                                                                    |            |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--|
| Select appropriate airway                                                          | I will select the appropriate airway and the approximate size.                                     | <b>(1)</b> |  |
| Measure airway                                                                     | I will measure the airway from the corner of the mouth to the earlobe.                             | <b>(1)</b> |  |
| Insert airway                                                                      | I will insert the airway in a manner that will not push the tongue back into the patient's airway. | <b>(1)</b> |  |
| <b>The examiner states: <i>The patient is gagging and becoming responsive.</i></b> |                                                                                                    |            |  |
| Properly removes airway                                                            | I will remove the airway by pulling it straight out.                                               | <b>(1)</b> |  |
|                                                                                    |                                                                                                    |            |  |

| <b>NASOPHARYNGEAL AIRWAY (NPA)</b>                                                                    |                                                                                            |            |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|--|
| Select appropriate airway                                                                             | I will select the appropriate airway and the approximate size.                             | <b>(1)</b> |  |
| Measure airway                                                                                        | I will measure the airway from the tip of the nose to the earlobe.                         | <b>(1)</b> |  |
| Lubricate airway                                                                                      | I will lubricate the airway prior to insertion.                                            | <b>(1)</b> |  |
| Insert airway                                                                                         | I will fully insert the airway with the bevel toward the septum.                           | <b>(1)</b> |  |
| <b>The examiner states: <i>What if you meet resistance while attempting to insert the airway?</i></b> |                                                                                            |            |  |
| Attempt to insert on other side                                                                       | I will attempt to insert the airway in the other nostril with the bevel toward the septum. | <b>(1)</b> |  |
|                                                                                                       |                                                                                            |            |  |

|                                                        |                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------|
| * = <b>CRITICAL CRITERIA</b><br>(Must Perform to Pass) | <b>POINTS POSSIBLE: 10</b><br><b>MINIMUM PASSING SCORE (80%): 8</b> |
|--------------------------------------------------------|---------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not obtain a patent airway with either device
- \_\_\_ Inserted adjunct in a manner dangerous to the patient

## UPPER AIRWAY MANAGEMENT

| STEPS TO BE PERFORMED                                    | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| OROPHARYNGEAL AIRWAY (OPA)                                                         |                                                                                                    |     |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----|--|
| Select appropriate airway                                                          | I will select the appropriate airway and the approximate size.                                     | (1) |  |
| Measure airway                                                                     | I will measure the airway from the corner of the mouth to the earlobe.                             | (1) |  |
| Insert airway                                                                      | I will insert the airway in a manner that will not push the tongue back into the patient's airway. | (1) |  |
| <b>The examiner states: <i>The patient is gagging and becoming responsive.</i></b> |                                                                                                    |     |  |
| Properly removes airway                                                            | I will remove the airway by pulling it straight out.                                               | (1) |  |
|                                                                                    |                                                                                                    |     |  |

| NASOPHARYNGEAL AIRWAY (NPA)                                                                           |                                                                                            |     |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----|--|
| Select appropriate airway                                                                             | I will select the appropriate airway and the approximate size.                             | (1) |  |
| Measure airway                                                                                        | I will measure the airway from the tip of the nose to the earlobe.                         | (1) |  |
| Lubricate airway                                                                                      | I will lubricate the airway prior to insertion.                                            | (1) |  |
| Insert airway                                                                                         | I will fully insert the airway with the bevel toward the septum.                           | (1) |  |
| <b>The examiner states: <i>What if you meet resistance while attempting to insert the airway?</i></b> |                                                                                            |     |  |
| Attempt to insert on other side                                                                       | I will attempt to insert the airway in the other nostril with the bevel toward the septum. | (1) |  |
|                                                                                                       |                                                                                            |     |  |

|                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 10<br/>MINIMUM PASSING SCORE (80%): 8</b> |
|---------------------------------------------------------|---------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not obtain a patent airway with either device
- \_\_\_ Inserted adjunct in a manner dangerous to the patient

**BLEEDING CONTROL/SHOCK MANAGEMENT**

| STEPS TO BE PERFORMED                                                                                                                  | ACTION/VERBAL RESPONSE                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                               | I will take appropriate BSI precautions.                                                  | <b>(1)</b>      |                |
| * Applies direct pressure to wound                                                                                                     | Using an appropriate dressing I am applying direct pressure to the wound.                 | <b>(1)</b>      |                |
| <b>The examiner states: <i>The wound continues to bleed.</i></b>                                                                       |                                                                                           |                 |                |
| * Apply a tourniquet                                                                                                                   | I will apply a tourniquet just proximal to the wound and tighten until the bleeding stops | <b>(1)</b>      |                |
| <b>The examiner states: <i>The bleeding is now controlled. The patient is showing signs and symptoms of shock (hypoperfusion).</i></b> |                                                                                           |                 |                |
| Properly positions the patient                                                                                                         | I will lay the patient down with feet elevated.                                           | <b>(1)</b>      |                |
| *Initiates appropriate oxygen therapy                                                                                                  | I will place the patient on supplemental oxygen.                                          | <b>(1)</b>      |                |
| *Initiates steps to prevent heat loss from the patient                                                                                 | I will cover the patient with a blanket to preserve heat.                                 | <b>(1)</b>      |                |
| * Indicates need for immediate transportation                                                                                          | I will categorize this patient as high priority for transport.                            | <b>(1)</b>      |                |

|                                                 |                                                                    |
|-------------------------------------------------|--------------------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | <b>POINTS POSSIBLE: 7</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |
|-------------------------------------------------|--------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not control bleeding using proper procedure in a timely manner
- \_\_\_ Did not apply high flow oxygen
- \_\_\_ Did not indicate a need for immediate transportation
- \_\_\_ Did not appropriately treat for shock

**BLEEDING CONTROL/SHOCK MANAGEMENT**

| STEPS TO BE PERFORMED                                                                                                                  | ACTION/VERBAL RESPONSE                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                               | I will take appropriate BSI precautions.                                                  | <b>(1)</b>      |                |
| * Applies direct pressure to wound                                                                                                     | Using an appropriate dressing I am applying direct pressure to the wound.                 | <b>(1)</b>      |                |
| <b>The examiner states: <i>The wound continues to bleed.</i></b>                                                                       |                                                                                           |                 |                |
| * Apply a tourniquet                                                                                                                   | I will apply a tourniquet just proximal to the wound and tighten until the bleeding stops | <b>(1)</b>      |                |
| <b>The examiner states: <i>The bleeding is now controlled. The patient is showing signs and symptoms of shock (hypoperfusion).</i></b> |                                                                                           |                 |                |
| Properly positions the patient                                                                                                         | I will lay the patient down with feet elevated.                                           | <b>(1)</b>      |                |
| *Initiates appropriate oxygen therapy                                                                                                  | I will place the patient on supplemental oxygen.                                          | <b>(1)</b>      |                |
| *Initiates steps to prevent heat loss from the patient                                                                                 | I will cover the patient with a blanket to preserve heat.                                 | <b>(1)</b>      |                |
| * Indicates need for immediate transportation                                                                                          | I will categorize this patient as high priority for transport.                            | <b>(1)</b>      |                |

|                                                 |                                                                    |
|-------------------------------------------------|--------------------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | <b>POINTS POSSIBLE: 7</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |
|-------------------------------------------------|--------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not control bleeding using proper procedure in a timely manner
- \_\_\_ Did not apply high flow oxygen
- \_\_\_ Did not indicate a need for immediate transportation
- \_\_\_ Did not appropriately treat for shock

## BLEEDING CONTROL/SHOCK MANAGEMENT

| STEPS TO BE PERFORMED                                                                                                                  | ACTION/VERBAL RESPONSE                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                               | I will take appropriate BSI precautions.                                                  | (1)             |                |
| * Applies direct pressure to wound                                                                                                     | Using an appropriate dressing I am applying direct pressure to the wound.                 | (1)             |                |
| <b>The examiner states: <i>The wound continues to bleed.</i></b>                                                                       |                                                                                           |                 |                |
| * Apply a tourniquet                                                                                                                   | I will apply a tourniquet just proximal to the wound and tighten until the bleeding stops | (1)             |                |
| <b>The examiner states: <i>The bleeding is now controlled. The patient is showing signs and symptoms of shock (hypoperfusion).</i></b> |                                                                                           |                 |                |
| Properly positions the patient                                                                                                         | I will lay the patient down with feet elevated.                                           | (1)             |                |
| *Initiates appropriate oxygen therapy                                                                                                  | I will place the patient on supplemental oxygen.                                          | (1)             |                |
| *Initiates steps to prevent heat loss from the patient                                                                                 | I will cover the patient with a blanket to preserve heat.                                 | (1)             |                |
| * Indicates need for immediate transportation                                                                                          | I will categorize this patient as high priority for transport.                            | (1)             |                |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 7<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not control bleeding using proper procedure in a timely manner
- \_\_\_ Did not apply high flow oxygen
- \_\_\_ Did not indicate a need for immediate transportation
- \_\_\_ Did not appropriately treat for shock

**BLEEDING CONTROL/SHOCK MANAGEMENT**

---

| STEPS TO BE PERFORMED                                                                                                                  | ACTION/VERBAL RESPONSE                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                               | I will take appropriate BSI precautions.                                                  | <b>(1)</b>      |                |
| * Applies direct pressure to wound                                                                                                     | Using an appropriate dressing I am applying direct pressure to the wound.                 | <b>(1)</b>      |                |
| <b>The examiner states: <i>The wound continues to bleed.</i></b>                                                                       |                                                                                           |                 |                |
| * Apply a tourniquet                                                                                                                   | I will apply a tourniquet just proximal to the wound and tighten until the bleeding stops | <b>(1)</b>      |                |
| <b>The examiner states: <i>The bleeding is now controlled. The patient is showing signs and symptoms of shock (hypoperfusion).</i></b> |                                                                                           |                 |                |
| Properly positions the patient                                                                                                         | I will lay the patient down with feet elevated.                                           | <b>(1)</b>      |                |
| *Initiates appropriate oxygen therapy                                                                                                  | I will place the patient on supplemental oxygen.                                          | <b>(1)</b>      |                |
| *Initiates steps to prevent heat loss from the patient                                                                                 | I will cover the patient with a blanket to preserve heat.                                 | <b>(1)</b>      |                |
| * Indicates need for immediate transportation                                                                                          | I will categorize this patient as high priority for transport.                            | <b>(1)</b>      |                |

|                                                 |                                                                    |
|-------------------------------------------------|--------------------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | <b>POINTS POSSIBLE: 7</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |
|-------------------------------------------------|--------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not control bleeding using proper procedure in a timely manner
- \_\_\_ Did not apply high flow oxygen
- \_\_\_ Did not indicate a need for immediate transportation
- \_\_\_ Did not appropriately treat for shock

PATIENT ASSESSMENT - MEDICAL

| DETERMINE PROPER BSI                                     | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                                | ACTION/VERBAL RESPONSE                              |     |  |
|----------------------------------------------|-----------------------------------------------------|-----|--|
| * Assess scene safety                        | I will determine if the scene is safe.              | (1) |  |
| Determine mechanism of injury                | I will determine the mechanism of injury.           | (1) |  |
| Determine number of patients                 | I will determine the number of patients.            | (1) |  |
| Assess need for additional help              | I will determine the need for additional help.      | (1) |  |
| Take cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1) |  |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       |            |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)        |  |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1) |  |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)        |  |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)        |  |
| * Assess breathing/initiate appropriate oxygen therapy    | I will assess breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)                                                                                                                                                                  | (1)<br>(1) |  |
| * Assess circulation                                      | I will assess for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                  | (1)        |  |
| * Assess and control severe bleeding                      | I will assess for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                           | (1)        |  |
| Assess skin signs                                         | I will assess the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                  | (1)        |  |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)        |  |

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                                          | FOCUSED HISTORY-PHYSICAL or RAPID MEDICAL ASSESSMENT                                                                                                                                                                                    |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| State the appropriate assessment path based on level of responsiveness - focused history and physical examination or rapid medical assessment. | I will focus my history and examination on the body part or body system relating to the chief complaint. In the case of an altered mental status I may defer this until enroute to the hospital and move to a rapid medical assessment. | (1) |  |

## PATIENT ASSESSMENT - MEDICAL

| <b>Obtain S.A.M.P.L.E. history if patient is responsive</b>        |                                                                                                                               |     |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * <b><u>S</u>igns and Symptoms of present complaint</b>            | I will ask the patient more detailed questions about their chief complaint.                                                   | (1) |  |
| * <b><u>O</u>" - Onset</b>                                         | What were you doing when this problem began?                                                                                  | (1) |  |
| * <b><u>P</u>" - Provocation</b>                                   | Does anything make it better or worse?                                                                                        | (1) |  |
| * <b><u>Q</u>" - Quality</b>                                       | Can you describe what you are feeling? (ie: tight, sharp, dull, heavy, etc.)                                                  | (1) |  |
| * <b><u>R</u>" - Region/radiation</b>                              | Can you tell me where it hurts the most? Does it move or radiate anywhere?                                                    | (1) |  |
| * <b><u>S</u>" - Severity</b>                                      | On a 1-10 scale, how would you rate your discomfort now? When it began?                                                       | (1) |  |
| * <b><u>T</u>" - Time</b>                                          | How long has this problem been going on?                                                                                      | (1) |  |
| * <b><u>A</u>llergies</b>                                          | Do you have any allergies to foods or medications?                                                                            | (1) |  |
| * <b><u>M</u>edications</b>                                        | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs). | (1) |  |
| * <b><u>P</u>ast pertinent history</b>                             | Has this ever happened before? Do you have any medical conditions?                                                            | (1) |  |
| * <b><u>L</u>ast oral intake</b>                                   | What and when did you last eat or drink?                                                                                      | (1) |  |
| * <b><u>E</u>vent leading to present illness (rule out trauma)</b> | What happened today that led you or someone else to call 911?                                                                 | (1) |  |

|                                                 |                                                                                                                                                           |     |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Obtain Baseline Vital Signs                     | I will obtain a baseline Blood Pressure, Pulse and Respirations. (Skins signs have already been noted)                                                    | (1) |  |
| Interventions                                   | I will perform the following interventions (etc.)                                                                                                         | (1) |  |
| Transport (re-evaluates the transport decision) | At this point I feel the patient is emergent and should be transported immediately OR non-emergent and does not require immediate transport (select one). | (1) |  |

Focused Physical Exam Continued on Next Page

PATIENT ASSESSMENT - MEDICAL

| <b>FOCUSED PHYSICAL EXAMINATION</b>                                                                                  |  |                                                                                                                                     |            |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|------------|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>ACTION/VERBAL RESPONSE</b>                                                                                                       | <b>(1)</b> |
| Head                                                                                                                 |  | I will examine the head for pain, symmetry, scars.                                                                                  |            |
| Face                                                                                                                 |  | I will examine the face for equality of facial muscles.                                                                             |            |
| Eyes                                                                                                                 |  | I will examine the eyes for size, equality, reactivity to light, color, pink-moist conjunctiva.                                     |            |
| Ears                                                                                                                 |  | I will examine the ears for drainage (color).                                                                                       |            |
| Nose                                                                                                                 |  | I will examine the nose for flaring, drainage (color), singed nostrils, and foreign body.                                           |            |
| Mouth                                                                                                                |  | I will examine the mouth for loose/broken teeth, foreign body, blood, pink moist mucosa.                                            |            |
| Neck                                                                                                                 |  | I will examine the neck for jugular vein distention, tracheal deviation, accessory muscle use, stoma, scars, medical alert jewelry. |            |
| Chest                                                                                                                |  | I will examine for pain, equal chest rise, lung sounds, retractions, and scars.                                                     |            |
| Abdomen                                                                                                              |  | I will examine the abdomen for pain, distention, rigidity, guarding, pulsating mass and scars.                                      |            |
| Pelvis                                                                                                               |  | I will examine the pelvis for pain, incontinence, pregnancy.                                                                        |            |
| Legs                                                                                                                 |  | I will examine the legs for distal CSM, scars, track marks, medical alert jewelry, pedal edema.                                     |            |
| Arms                                                                                                                 |  | I will examine the arms for distal CSM, scars, track marks, medical alert bracelet.                                                 |            |
| Back                                                                                                                 |  | I will examine the back for pain, scars.                                                                                            |            |

## PATIENT ASSESSMENT - MEDICAL

| ONGOING ASSESSMENT                                                 |                                                                                                                                   |     |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| Repeats initial assessment                                         | I will now repeat my initial assessment of the patient to determine if there has been any change in their condition.              | (1) |  |  |
| Obtain secondary vital signs and compare to baseline               | I will obtain and record a second set of vital signs and compare with the baseline vitals.                                        | (1) |  |  |
| Repeats focused assessment regarding patient complaint or injuries | I will repeat a focused assessment on the patient to determine any other complaints or injuries not found or reported previously. | (1) |  |  |

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 37<br>MINIMUM PASSING SCORE (80%): 30 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

**Critical Criteria**

- Did not take, or verbalize, body substance isolation precautions
- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to determine scene safety before approaching patient
- Failure to voice and ultimately provide appropriate oxygen therapy
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- Failure to determine the patient's primary problem
- Orders a dangerous or inappropriate intervention
- Failure to provide for spinal protection when indicated

PATIENT ASSESSMENT - MEDICAL

**Point deduction for time greater than 10 minutes.**

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                |                                                                                                                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>          | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                                                                                               |
| <b>Abdominal Rigidity (abdomen)</b>            | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.                                                                                            |
| <b>Accessory Muscle Use (neck &amp; chest)</b> | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress.                                                                                |
| <b>Equality of facial muscles</b>              | A patient who has a noticeable facial droop or cannot smile evenly may be having a stroke.                                                                                                       |
| <b>Guarding (abdomen)</b>                      | When a patient tightens the abdominal muscles during palpation.                                                                                                                                  |
| <b>Incontinence (pelvis)</b>                   | Loss of bladder or bowel control.                                                                                                                                                                |
| <b>Jugular Vein Distention (neck)</b>          | Abnormally bulging neck veins. May be indicative of heart failure.                                                                                                                               |
| <b>Nasal flaring (nose)</b>                    | Indicative of moderate to severe respiratory distress.                                                                                                                                           |
| <b>Patent Airway (mouth)</b>                   | Open and clear airway.                                                                                                                                                                           |
| <b>Pedal Edema</b>                             | Swelling (edema) of the ankles and feet. May be an indication of CHF.                                                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>           | The area around the eye that is visible when the lower eyelid is pulled down.                                                                                                                    |
| <b>Pink &amp; Moist Mucosa (mouth)</b>         | The mucosa is the soft tissue inside the lips and mouth. This should be bright pink and moist upon visual examination. Pale, dull or cyanotic may be an indication of poor perfusion or hypoxia. |
| <b>Pulsating Mass (abdomen)</b>                | A mass in the abdomen that can be felt as pulsating. May be an indication of an abdominal aneurysm.                                                                                              |
| <b>Retractions (chest)</b>                     | The inward movement of the soft tissue above the clavicles, between the ribs and just below the rib cage. Is typically visible upon inhalation and is often a sign of respiratory distress.      |
| <b>Stoma (neck)</b>                            | Hole in anterior neck where patient breathes from.                                                                                                                                               |
| <b>Tracheal Deviation (neck)</b>               | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                                                                                                    |

PATIENT ASSESSMENT - MEDICAL

| DETERMINE PROPER BSI                                     | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                                | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                        | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury                | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients                 | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help              | I will determine the need for additional help.      | (1)             |                |
| Take cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)             |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)      |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)             |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)             |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I will assess breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)                                                                                                                                                                  | (1)<br>(1)      |                |
| * Assess circulation                                      | I will assess for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                  | (1)             |                |
| * Assess and control severe bleeding                      | I will assess for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                           | (1)             |                |
| Assess skin signs                                         | I will assess the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                  | (1)             |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)             |                |

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                                          | FOCUSED HISTORY-PHYSICAL or RAPID MEDICAL ASSESSMENT                                                                                                                                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| State the appropriate assessment path based on level of responsiveness - focused history and physical examination or rapid medical assessment. | I will focus my history and examination on the body part or body system relating to the chief complaint. In the case of an altered mental status I may defer this until enroute to the hospital and move to a rapid medical assessment. | (1)             |                |

PATIENT ASSESSMENT - MEDICAL

| <b>Obtain S.A.M.P.L.E. history if patient is responsive</b>        |                                                                                                                               |     |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * <b><u>S</u>igns and Symptoms of present complaint</b>            | I will ask the patient more detailed questions about their chief complaint.                                                   | (1) |  |
| * <b><u>O</u>" - Onset</b>                                         | What were you doing when this problem began?                                                                                  | (1) |  |
| * <b><u>P</u>" - Provocation</b>                                   | Does anything make it better or worse?                                                                                        | (1) |  |
| * <b><u>Q</u>" - Quality</b>                                       | Can you describe what you are feeling? (ie: tight, sharp, dull, heavy, etc.)                                                  | (1) |  |
| * <b><u>R</u>" - Region/radiation</b>                              | Can you tell me where it hurts the most? Does it move or radiate anywhere?                                                    | (1) |  |
| * <b><u>S</u>" - Severity</b>                                      | On a 1-10 scale, how would you rate your discomfort now? When it began?                                                       | (1) |  |
| * <b><u>T</u>" - Time</b>                                          | How long has this problem been going on?                                                                                      | (1) |  |
| * <b><u>A</u>llergies</b>                                          | Do you have any allergies to foods or medications?                                                                            | (1) |  |
| * <b><u>M</u>edications</b>                                        | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs). | (1) |  |
| * <b><u>P</u>ast pertinent history</b>                             | Has this ever happened before? Do you have any medical conditions?                                                            | (1) |  |
| * <b><u>L</u>ast oral intake</b>                                   | What and when did you last eat or drink?                                                                                      | (1) |  |
| * <b><u>E</u>vent leading to present illness (rule out trauma)</b> | What happened today that led you or someone else to call 911?                                                                 | (1) |  |

|                                                 |                                                                                                                                                           |     |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Obtain Baseline Vital Signs                     | I will obtain a baseline Blood Pressure, Pulse and Respirations. (Skins signs have already been noted)                                                    | (1) |  |
| Interventions                                   | I will perform the following interventions (etc.)                                                                                                         | (1) |  |
| Transport (re-evaluates the transport decision) | At this point I feel the patient is emergent and should be transported immediately OR non-emergent and does not require immediate transport (select one). | (1) |  |

**Focused Physical Exam Continued on Next Page**

## PATIENT ASSESSMENT - MEDICAL

| <b>FOCUSED PHYSICAL EXAMINATION</b>                                                                                  |  |                                                                                                                                     |            |  |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>ACTION/VERBAL RESPONSE</b>                                                                                                       | <b>(1)</b> |  |
| Head                                                                                                                 |  | I will examine the head for pain, symmetry, scars.                                                                                  |            |  |
| Face                                                                                                                 |  | I will examine the face for equality of facial muscles.                                                                             |            |  |
| Eyes                                                                                                                 |  | I will examine the eyes for size, equality, reactivity to light, color, pink-moist conjunctiva.                                     |            |  |
| Ears                                                                                                                 |  | I will examine the ears for drainage (color).                                                                                       |            |  |
| Nose                                                                                                                 |  | I will examine the nose for flaring, drainage (color), singed nostrils, and foreign body.                                           |            |  |
| Mouth                                                                                                                |  | I will examine the mouth for loose/broken teeth, foreign body, blood, pink moist mucosa.                                            |            |  |
| Neck                                                                                                                 |  | I will examine the neck for jugular vein distention, tracheal deviation, accessory muscle use, stoma, scars, medical alert jewelry. |            |  |
| Chest                                                                                                                |  | I will examine for pain, equal chest rise, lung sounds, retractions, and scars.                                                     |            |  |
| Abdomen                                                                                                              |  | I will examine the abdomen for pain, distention, rigidity, guarding, pulsating mass and scars.                                      |            |  |
| Pelvis                                                                                                               |  | I will examine the pelvis for pain, incontinence, pregnancy.                                                                        |            |  |
| Legs                                                                                                                 |  | I will examine the legs for distal CSM, scars, track marks, medical alert jewelry, pedal edema.                                     |            |  |
| Arms                                                                                                                 |  | I will examine the arms for distal CSM, scars, track marks, medical alert bracelet.                                                 |            |  |
| Back                                                                                                                 |  | I will examine the back for pain, scars.                                                                                            |            |  |

## PATIENT ASSESSMENT - MEDICAL

| ONGOING ASSESSMENT                                                 |                                                                                                                                   |     |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| Repeats initial assessment                                         | I will now repeat my initial assessment of the patient to determine if there has been any change in their condition.              | (1) |  |  |
| Obtain secondary vital signs and compare to baseline               | I will obtain and record a second set of vital signs and compare with the baseline vitals.                                        | (1) |  |  |
| Repeats focused assessment regarding patient complaint or injuries | I will repeat a focused assessment on the patient to determine any other complaints or injuries not found or reported previously. | (1) |  |  |

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 37<br>MINIMUM PASSING SCORE (80%): 30 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

**Critical Criteria**

- Did not take, or verbalize, body substance isolation precautions
- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to determine scene safety before approaching patient
- Failure to voice and ultimately provide appropriate oxygen therapy
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- Failure to determine the patient's primary problem
- Orders a dangerous or inappropriate intervention
- Failure to provide for spinal protection when indicated

PATIENT ASSESSMENT - MEDICAL

**Point deduction for time greater than 10 minutes.**

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                |                                                                                                                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>          | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                                                                                               |
| <b>Abdominal Rigidity (abdomen)</b>            | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.                                                                                            |
| <b>Accessory Muscle Use (neck &amp; chest)</b> | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress.                                                                                |
| <b>Equality of facial muscles</b>              | A patient who has a noticeable facial droop or cannot smile evenly may be having a stroke.                                                                                                       |
| <b>Guarding (abdomen)</b>                      | When a patient tightens the abdominal muscles during palpation.                                                                                                                                  |
| <b>Incontinence (pelvis)</b>                   | Loss of bladder or bowel control.                                                                                                                                                                |
| <b>Jugular Vein Distention (neck)</b>          | Abnormally bulging neck veins. May be indicative of heart failure.                                                                                                                               |
| <b>Nasal flaring (nose)</b>                    | Indicative of moderate to severe respiratory distress.                                                                                                                                           |
| <b>Patent Airway (mouth)</b>                   | Open and clear airway.                                                                                                                                                                           |
| <b>Pedal Edema</b>                             | Swelling (edema) of the ankles and feet. May be an indication of CHF.                                                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>           | The area around the eye that is visible when the lower eyelid is pulled down.                                                                                                                    |
| <b>Pink &amp; Moist Mucosa (mouth)</b>         | The mucosa is the soft tissue inside the lips and mouth. This should be bright pink and moist upon visual examination. Pale, dull or cyanotic may be an indication of poor perfusion or hypoxia. |
| <b>Pulsating Mass (abdomen)</b>                | A mass in the abdomen that can be felt as pulsating. May be an indication of an abdominal aneurysm.                                                                                              |
| <b>Retractions (chest)</b>                     | The inward movement of the soft tissue above the clavicles, between the ribs and just below the rib cage. Is typically visible upon inhalation and is often a sign of respiratory distress.      |
| <b>Stoma (neck)</b>                            | Hole in anterior neck where patient breathes from.                                                                                                                                               |
| <b>Tracheal Deviation (neck)</b>               | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                                                                                                    |

## PATIENT ASSESSMENT - MEDICAL

| DETERMINE PROPER BSI                                     | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                                | ACTION/VERBAL RESPONSE                              |     |  |
|----------------------------------------------|-----------------------------------------------------|-----|--|
| * Assess scene safety                        | I will determine if the scene is safe.              | (1) |  |
| Determine mechanism of injury                | I will determine the mechanism of injury.           | (1) |  |
| Determine number of patients                 | I will determine the number of patients.            | (1) |  |
| Assess need for additional help              | I will determine the need for additional help.      | (1) |  |
| Take cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1) |  |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       |            |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)        |  |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1) |  |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)        |  |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)        |  |
| * Assess breathing/initiate appropriate oxygen therapy    | I will assess breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)                                                                                                                                                                  | (1)<br>(1) |  |
| * Assess circulation                                      | I will assess for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                  | (1)        |  |
| * Assess and control severe bleeding                      | I will assess for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                           | (1)        |  |
| Assess skin signs                                         | I will assess the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                  | (1)        |  |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)        |  |

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                                          | FOCUSED HISTORY-PHYSICAL or RAPID MEDICAL ASSESSMENT                                                                                                                                                                                    |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| State the appropriate assessment path based on level of responsiveness - focused history and physical examination or rapid medical assessment. | I will focus my history and examination on the body part or body system relating to the chief complaint. In the case of an altered mental status I may defer this until enroute to the hospital and move to a rapid medical assessment. | (1) |  |

## PATIENT ASSESSMENT - MEDICAL

| <b>Obtain S.A.M.P.L.E. history if patient is responsive</b>        |                                                                                                                               |     |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * <b><u>S</u>igns and Symptoms of present complaint</b>            | I will ask the patient more detailed questions about their chief complaint.                                                   | (1) |  |
| * <b><u>O</u>" - Onset</b>                                         | What were you doing when this problem began?                                                                                  | (1) |  |
| * <b><u>P</u>" - Provocation</b>                                   | Does anything make it better or worse?                                                                                        | (1) |  |
| * <b><u>Q</u>" - Quality</b>                                       | Can you describe what you are feeling? (ie: tight, sharp, dull, heavy, etc.)                                                  | (1) |  |
| * <b><u>R</u>" - Region/radiation</b>                              | Can you tell me where it hurts the most? Does it move or radiate anywhere?                                                    | (1) |  |
| * <b><u>S</u>" - Severity</b>                                      | On a 1-10 scale, how would you rate your discomfort now? When it began?                                                       | (1) |  |
| * <b><u>T</u>" - Time</b>                                          | How long has this problem been going on?                                                                                      | (1) |  |
| * <b><u>A</u>llergies</b>                                          | Do you have any allergies to foods or medications?                                                                            | (1) |  |
| * <b><u>M</u>edications</b>                                        | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs). | (1) |  |
| * <b><u>P</u>ast pertinent history</b>                             | Has this ever happened before? Do you have any medical conditions?                                                            | (1) |  |
| * <b><u>L</u>ast oral intake</b>                                   | What and when did you last eat or drink?                                                                                      | (1) |  |
| * <b><u>E</u>vent leading to present illness (rule out trauma)</b> | What happened today that led you or someone else to call 911?                                                                 | (1) |  |

|                                                 |                                                                                                                                                           |     |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Obtain Baseline Vital Signs                     | I will obtain a baseline Blood Pressure, Pulse and Respirations. (Skins signs have already been noted)                                                    | (1) |  |
| Interventions                                   | I will perform the following interventions (etc.)                                                                                                         | (1) |  |
| Transport (re-evaluates the transport decision) | At this point I feel the patient is emergent and should be transported immediately OR non-emergent and does not require immediate transport (select one). | (1) |  |

Focused Physical Exam Continued on Next Page

PATIENT ASSESSMENT - MEDICAL

| <b>FOCUSED PHYSICAL EXAMINATION</b>                                                                                  |  |                                                                                                                                     |            |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|------------|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>ACTION/VERBAL RESPONSE</b>                                                                                                       | <b>(1)</b> |
| Head                                                                                                                 |  | I will examine the head for pain, symmetry, scars.                                                                                  |            |
| Face                                                                                                                 |  | I will examine the face for equality of facial muscles.                                                                             |            |
| Eyes                                                                                                                 |  | I will examine the eyes for size, equality, reactivity to light, color, pink-moist conjunctiva.                                     |            |
| Ears                                                                                                                 |  | I will examine the ears for drainage (color).                                                                                       |            |
| Nose                                                                                                                 |  | I will examine the nose for flaring, drainage (color), singed nostrils, and foreign body.                                           |            |
| Mouth                                                                                                                |  | I will examine the mouth for loose/broken teeth, foreign body, blood, pink moist mucosa.                                            |            |
| Neck                                                                                                                 |  | I will examine the neck for jugular vein distention, tracheal deviation, accessory muscle use, stoma, scars, medical alert jewelry. |            |
| Chest                                                                                                                |  | I will examine for pain, equal chest rise, lung sounds, retractions, and scars.                                                     |            |
| Abdomen                                                                                                              |  | I will examine the abdomen for pain, distention, rigidity, guarding, pulsating mass and scars.                                      |            |
| Pelvis                                                                                                               |  | I will examine the pelvis for pain, incontinence, pregnancy.                                                                        |            |
| Legs                                                                                                                 |  | I will examine the legs for distal CSM, scars, track marks, medical alert jewelry, pedal edema.                                     |            |
| Arms                                                                                                                 |  | I will examine the arms for distal CSM, scars, track marks, medical alert bracelet.                                                 |            |
| Back                                                                                                                 |  | I will examine the back for pain, scars.                                                                                            |            |

## PATIENT ASSESSMENT - MEDICAL

| ONGOING ASSESSMENT                                                 |                                                                                                                                   |     |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| Repeats initial assessment                                         | I will now repeat my initial assessment of the patient to determine if there has been any change in their condition.              | (1) |  |  |
| Obtain secondary vital signs and compare to baseline               | I will obtain and record a second set of vital signs and compare with the baseline vitals.                                        | (1) |  |  |
| Repeats focused assessment regarding patient complaint or injuries | I will repeat a focused assessment on the patient to determine any other complaints or injuries not found or reported previously. | (1) |  |  |

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 37<br>MINIMUM PASSING SCORE (80%): 30 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

**Critical Criteria**

- Did not take, or verbalize, body substance isolation precautions
- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to determine scene safety before approaching patient
- Failure to voice and ultimately provide appropriate oxygen therapy
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- Failure to determine the patient's primary problem
- Orders a dangerous or inappropriate intervention
- Failure to provide for spinal protection when indicated

PATIENT ASSESSMENT - MEDICAL

**Point deduction for time greater than 10 minutes.**

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                |                                                                                                                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>          | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                                                                                               |
| <b>Abdominal Rigidity (abdomen)</b>            | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.                                                                                            |
| <b>Accessory Muscle Use (neck &amp; chest)</b> | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress.                                                                                |
| <b>Equality of facial muscles</b>              | A patient who has a noticeable facial droop or cannot smile evenly may be having a stroke.                                                                                                       |
| <b>Guarding (abdomen)</b>                      | When a patient tightens the abdominal muscles during palpation.                                                                                                                                  |
| <b>Incontinence (pelvis)</b>                   | Loss of bladder or bowel control.                                                                                                                                                                |
| <b>Jugular Vein Distention (neck)</b>          | Abnormally bulging neck veins. May be indicative of heart failure.                                                                                                                               |
| <b>Nasal flaring (nose)</b>                    | Indicative of moderate to severe respiratory distress.                                                                                                                                           |
| <b>Patent Airway (mouth)</b>                   | Open and clear airway.                                                                                                                                                                           |
| <b>Pedal Edema</b>                             | Swelling (edema) of the ankles and feet. May be an indication of CHF.                                                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>           | The area around the eye that is visible when the lower eyelid is pulled down.                                                                                                                    |
| <b>Pink &amp; Moist Mucosa (mouth)</b>         | The mucosa is the soft tissue inside the lips and mouth. This should be bright pink and moist upon visual examination. Pale, dull or cyanotic may be an indication of poor perfusion or hypoxia. |
| <b>Pulsating Mass (abdomen)</b>                | A mass in the abdomen that can be felt as pulsating. May be an indication of an abdominal aneurysm.                                                                                              |
| <b>Retractions (chest)</b>                     | The inward movement of the soft tissue above the clavicles, between the ribs and just below the rib cage. Is typically visible upon inhalation and is often a sign of respiratory distress.      |
| <b>Stoma (neck)</b>                            | Hole in anterior neck where patient breathes from.                                                                                                                                               |
| <b>Tracheal Deviation (neck)</b>               | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                                                                                                    |

PATIENT ASSESSMENT - MEDICAL

| DETERMINE PROPER BSI                                     | ACTION RESPONSE                          | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                                | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                        | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury                | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients                 | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help              | I will determine the need for additional help.      | (1)             |                |
| Take cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)             |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)      |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)             |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)             |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I will assess breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)                                                                                                                                                                  | (1)<br>(1)      |                |
| * Assess circulation                                      | I will assess for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                  | (1)             |                |
| * Assess and control severe bleeding                      | I will assess for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                           | (1)             |                |
| Assess skin signs                                         | I will assess the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                  | (1)             |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)             |                |

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                                          | FOCUSED HISTORY-PHYSICAL or RAPID MEDICAL ASSESSMENT                                                                                                                                                                                    | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| State the appropriate assessment path based on level of responsiveness - focused history and physical examination or rapid medical assessment. | I will focus my history and examination on the body part or body system relating to the chief complaint. In the case of an altered mental status I may defer this until enroute to the hospital and move to a rapid medical assessment. | (1)             |                |

PATIENT ASSESSMENT - MEDICAL

| <b>Obtain S.A.M.P.L.E. history if patient is responsive</b>        |                                                                                                                               |     |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--|
| * <b><u>S</u>igns and Symptoms of present complaint</b>            | I will ask the patient more detailed questions about their chief complaint.                                                   | (1) |  |
| * <b><u>O</u>" - Onset</b>                                         | What were you doing when this problem began?                                                                                  | (1) |  |
| * <b><u>P</u>" - Provocation</b>                                   | Does anything make it better or worse?                                                                                        | (1) |  |
| * <b><u>Q</u>" - Quality</b>                                       | Can you describe what you are feeling? (ie: tight, sharp, dull, heavy, etc.)                                                  | (1) |  |
| * <b><u>R</u>" - Region/radiation</b>                              | Can you tell me where it hurts the most? Does it move or radiate anywhere?                                                    | (1) |  |
| * <b><u>S</u>" - Severity</b>                                      | On a 1-10 scale, how would you rate your discomfort now? When it began?                                                       | (1) |  |
| * <b><u>T</u>" - Time</b>                                          | How long has this problem been going on?                                                                                      | (1) |  |
| * <b><u>A</u>llergies</b>                                          | Do you have any allergies to foods or medications?                                                                            | (1) |  |
| * <b><u>M</u>edications</b>                                        | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs). | (1) |  |
| * <b><u>P</u>ast pertinent history</b>                             | Has this ever happened before? Do you have any medical conditions?                                                            | (1) |  |
| * <b><u>L</u>ast oral intake</b>                                   | What and when did you last eat or drink?                                                                                      | (1) |  |
| * <b><u>E</u>vent leading to present illness (rule out trauma)</b> | What happened today that led you or someone else to call 911?                                                                 | (1) |  |

|                                                 |                                                                                                                                                           |     |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Obtain Baseline Vital Signs                     | I will obtain a baseline Blood Pressure, Pulse and Respirations. (Skins signs have already been noted)                                                    | (1) |  |
| Interventions                                   | I will perform the following interventions (etc.)                                                                                                         | (1) |  |
| Transport (re-evaluates the transport decision) | At this point I feel the patient is emergent and should be transported immediately OR non-emergent and does not require immediate transport (select one). | (1) |  |

**Focused Physical Exam Continued on Next Page**

PATIENT ASSESSMENT - MEDICAL

| <b>FOCUSED PHYSICAL EXAMINATION</b>                                                                                  |  |                                                                                                                                     |            |  |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>ACTION/VERBAL RESPONSE</b>                                                                                                       | <b>(1)</b> |  |
| Head                                                                                                                 |  | I will examine the head for pain, symmetry, scars.                                                                                  |            |  |
| Face                                                                                                                 |  | I will examine the face for equality of facial muscles.                                                                             |            |  |
| Eyes                                                                                                                 |  | I will examine the eyes for size, equality, reactivity to light, color, pink-moist conjunctiva.                                     |            |  |
| Ears                                                                                                                 |  | I will examine the ears for drainage (color).                                                                                       |            |  |
| Nose                                                                                                                 |  | I will examine the nose for flaring, drainage (color), singed nostrils, and foreign body.                                           |            |  |
| Mouth                                                                                                                |  | I will examine the mouth for loose/broken teeth, foreign body, blood, pink moist mucosa.                                            |            |  |
| Neck                                                                                                                 |  | I will examine the neck for jugular vein distention, tracheal deviation, accessory muscle use, stoma, scars, medical alert jewelry. |            |  |
| Chest                                                                                                                |  | I will examine for pain, equal chest rise, lung sounds, retractions, and scars.                                                     |            |  |
| Abdomen                                                                                                              |  | I will examine the abdomen for pain, distention, rigidity, guarding, pulsating mass and scars.                                      |            |  |
| Pelvis                                                                                                               |  | I will examine the pelvis for pain, incontinence, pregnancy.                                                                        |            |  |
| Legs                                                                                                                 |  | I will examine the legs for distal CSM, scars, track marks, medical alert jewelry, pedal edema.                                     |            |  |
| Arms                                                                                                                 |  | I will examine the arms for distal CSM, scars, track marks, medical alert bracelet.                                                 |            |  |
| Back                                                                                                                 |  | I will examine the back for pain, scars.                                                                                            |            |  |

## PATIENT ASSESSMENT - MEDICAL

| ONGOING ASSESSMENT                                                 |                                                                                                                                   |     |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| Repeats initial assessment                                         | I will now repeat my initial assessment of the patient to determine if there has been any change in their condition.              | (1) |  |  |
| Obtain secondary vital signs and compare to baseline               | I will obtain and record a second set of vital signs and compare with the baseline vitals.                                        | (1) |  |  |
| Repeats focused assessment regarding patient complaint or injuries | I will repeat a focused assessment on the patient to determine any other complaints or injuries not found or reported previously. | (1) |  |  |

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 37<br>MINIMUM PASSING SCORE (80%): 30 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

**Critical Criteria**

- Did not take, or verbalize, body substance isolation precautions
- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to determine scene safety before approaching patient
- Failure to voice and ultimately provide appropriate oxygen therapy
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- Failure to determine the patient's primary problem
- Orders a dangerous or inappropriate intervention
- Failure to provide for spinal protection when indicated

PATIENT ASSESSMENT - MEDICAL

**Point deduction for time greater than 10 minutes.**

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                |                                                                                                                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>          | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                                                                                               |
| <b>Abdominal Rigidity (abdomen)</b>            | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.                                                                                            |
| <b>Accessory Muscle Use (neck &amp; chest)</b> | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress.                                                                                |
| <b>Equality of facial muscles</b>              | A patient who has a noticeable facial droop or cannot smile evenly may be having a stroke.                                                                                                       |
| <b>Guarding (abdomen)</b>                      | When a patient tightens the abdominal muscles during palpation.                                                                                                                                  |
| <b>Incontinence (pelvis)</b>                   | Loss of bladder or bowel control.                                                                                                                                                                |
| <b>Jugular Vein Distention (neck)</b>          | Abnormally bulging neck veins. May be indicative of heart failure.                                                                                                                               |
| <b>Nasal flaring (nose)</b>                    | Indicative of moderate to severe respiratory distress.                                                                                                                                           |
| <b>Patent Airway (mouth)</b>                   | Open and clear airway.                                                                                                                                                                           |
| <b>Pedal Edema</b>                             | Swelling (edema) of the ankles and feet. May be an indication of CHF.                                                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>           | The area around the eye that is visible when the lower eyelid is pulled down.                                                                                                                    |
| <b>Pink &amp; Moist Mucosa (mouth)</b>         | The mucosa is the soft tissue inside the lips and mouth. This should be bright pink and moist upon visual examination. Pale, dull or cyanotic may be an indication of poor perfusion or hypoxia. |
| <b>Pulsating Mass (abdomen)</b>                | A mass in the abdomen that can be felt as pulsating. May be an indication of an abdominal aneurysm.                                                                                              |
| <b>Retractions (chest)</b>                     | The inward movement of the soft tissue above the clavicles, between the ribs and just below the rib cage. Is typically visible upon inhalation and is often a sign of respiratory distress.      |
| <b>Stoma (neck)</b>                            | Hole in anterior neck where patient breathes from.                                                                                                                                               |
| <b>Tracheal Deviation (neck)</b>               | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                                                                                                    |

PATIENT ASSESSMENT - TRAUMA

| DETERMINE PROPER BSI                                     | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                           | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                   | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury           | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients            | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help         | I will determine the need for additional help.      | (1)             |                |
| Cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE          | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)                      |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)               |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)                      |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)                      |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I am assessing breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)<br>Manage injuries                                                                                                                                              | (1)<br>(1)<br>(1)<br>(1) |                |
| * Assess circulation                                      | I am assessing for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                 | (1)                      |                |
| * Assess and control severe bleeding                      | I am assessing for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| Assess skin signs                                         | I am assessing the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                 | (1)                      |                |
| Assess for shock                                          | I am assessing for shock and treating as necessary.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)                      |                |

|                                    |                                                                                                                                              |     |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| <b>OBTAIN BASELINE VITAL SIGNS</b> | I will obtain a baseline Blood Pressure, Pulse and Respirations. Skin signs have already been noted. Pupils will be noted in Rapid Physical. | (1) |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|

PATIENT ASSESSMENT - TRAUMA

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                     | FOCUSED HISTORY-PHYSICAL or RAPID TRAUMA ASSESSMENT                                                                                                                                                                                           |            |  |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| State the appropriate assessment path based on MOI - focused history and physical examination or rapid trauma assessment. | I will focus my assessment on the body part or body system relating to the chief complaint. In the case of a significant MOI, I will perform a rapid trauma assessment and appropriately manage any/all life threatening injuries discovered. | <b>(1)</b> |  |

| <b>Obtain S.A.M.P.L.E. history if patient is responsive.</b> (Otherwise, moves to rapid trauma assessment.) |                                                                                                                                                                                           |            |  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>* S - Signs and symptoms of present injury</b>                                                           | I will observe for obvious trauma and question the patient about their complaints. "Tell me again where you have pain."                                                                   | <b>(1)</b> |  |
| <b>* A - Allergies</b>                                                                                      | Do you have any allergies to foods or medications?                                                                                                                                        | <b>(1)</b> |  |
| <b>* M - Medications</b>                                                                                    | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).                                                             | <b>(1)</b> |  |
| <b>* P - Past pertinent medical history</b>                                                                 | Has this ever happened before? When was the last time you saw a physician? Diagnosis? Do you have a history of diabetes, high blood pressure, cardiac or breathing problems, or seizures? | <b>(1)</b> |  |
| <b>* L - Last oral intake</b>                                                                               | What and when did you last eat or drink?                                                                                                                                                  | <b>(1)</b> |  |
| <b>* E - Event(s) leading to present injury.</b>                                                            | What happened today that led you or someone else to call 911?                                                                                                                             | <b>(1)</b> |  |

## PATIENT ASSESSMENT - TRAUMA

| <b>DETAILED PHYSICAL EXAMINATION</b>                                                                                 |  | <b>BOLD</b> items make up the Rapid Trauma Assessment<br><i>Italicized</i> items make up the Detailed Trauma Assessment                                   |     |  |
|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>Bleeding, Pain, Deformities, Open wounds, Crepitus</b>                                                                                                 |     |  |
| Head                                                                                                                 |  | <b>I will examine the head for BPDOC + <i>symmetry, scars.</i></b>                                                                                        | (1) |  |
| Face                                                                                                                 |  | <b>I will examine the face for BPDOC + <i>equality of facial muscles</i></b>                                                                              | (1) |  |
| Eyes                                                                                                                 |  | <b>I will examine the eyes for size, equality, reactivity to light + <i>pink-moist conjunctiva.</i></b>                                                   | (1) |  |
| Ears                                                                                                                 |  | <b>I will examine the ears for BPDOC, drainage.</b>                                                                                                       | (1) |  |
| Nose                                                                                                                 |  | <b>I will examine the nose for BPDOC, drainage, <i>singed nostrils, flaring, + foreign body.</i></b>                                                      | (1) |  |
| Mouth                                                                                                                |  | <b>I will examine the mouth for BPDOC, loose/broken teeth, <i>foreign body, blood, pink moist mucosa.</i></b>                                             | (1) |  |
| Neck                                                                                                                 |  | <b>I will examine the neck for BPDOC, jugular vein distention, tracheal deviation, accessory muscle use + <i>stoma, scars, medical alert jewelry.</i></b> | (1) |  |
| Chest                                                                                                                |  | <b>I will examine the chest for BPDOC, equal chest rise, lung sounds, subcutaneous emphysema, <i>paradoxical movement + scars.</i></b>                    | (1) |  |
| Abdomen                                                                                                              |  | <b>I will examine the abdomen for BPDOC, distention, rigidity, guarding + <i>scars</i></b>                                                                | (1) |  |
| Pelvis                                                                                                               |  | <b>I will examine the pelvis for BPDOC + <i>incontinence.</i></b>                                                                                         | (1) |  |
| Legs                                                                                                                 |  | <b>I will examine the legs for BPDOC, distal CSM, + <i>scars, track marks, medical alert jewelry.</i></b>                                                 | (1) |  |
| Arms                                                                                                                 |  | <b>I will examine the arms for distal BPDOC, distal CSM, <i>scars, track marks, medical alert jewelry.</i></b>                                            | (1) |  |
| Back                                                                                                                 |  | <b>I will examine the back for BPDOC, paradoxical movement + <i>scars.</i></b>                                                                            | (1) |  |
| Manages secondary injuries and wounds appropriately ( <i>verbalizes</i> ).                                           |  | I will perform or delegate the following interventions.                                                                                                   | (1) |  |

| <b>ONGOING ASSESSMENT (verbalized)</b>                   |                                                                           |     |  |
|----------------------------------------------------------|---------------------------------------------------------------------------|-----|--|
| Obtain second set of vital signs and compare to baseline | I will record a second set of vital signs and compare with the first set. | (1) |  |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>      | <b>POINTS POSSIBLE: 41<br/>MINIMUM PASSING SCORE (80%): 33</b>            |     |  |

**Critical Criteria**

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

**Point deduction for time greater than 10 minutes.**

PATIENT ASSESSMENT - TRAUMA

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                  |                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>            | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                |
| <b>Abdominal Rigidity (abdomen)</b>              | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.             |
| <b>Accessory Muscle Use (neck &amp; chest)</b>   | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress. |
| <b>Guarding (abdomen)</b>                        | When a patient tightens the abdominal muscles during palpation.                                                   |
| <b>Incontinence (pelvis)</b>                     | Loss of bladder or bowel control.                                                                                 |
| <b>Jugular Vein Distention (neck)</b>            | Abnormally bulging neck veins. May be indicative of heart failure.                                                |
| <b>Nasal flaring (nose)</b>                      | Indicative of moderate to severe respiratory distress.                                                            |
| <b>Paradoxical Movement (chest &amp; Back)</b>   | When a section of ribs in the chest or back moves opposite from the normal movement of breathing.                 |
| <b>Patent Airway (mouth)</b>                     | Open and clear airway.                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>             | The area around the eye that is visible when the lower eyelid is pulled down.                                     |
| <b>Singed Nostrils (nose)</b>                    | Burning and/or soot around the nostrils. May be indicative of inhalation of hot air and smoke.                    |
| <b>Stoma (neck)</b>                              | Hole in anterior neck where patient breathes from.                                                                |
| <b>Subcutaneous Emphysema (chest &amp; back)</b> | Air that has become trapped beneath the skin. Typically secondary to severe chest trauma.                         |
| <b>Tracheal Deviation (neck)</b>                 | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                     |

PATIENT ASSESSMENT - TRAUMA

| DETERMINE PROPER BSI                                     | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                           | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                   | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury           | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients            | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help         | I will determine the need for additional help.      | (1)             |                |
| Cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE          | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)                      |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)               |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)                      |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)                      |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I am assessing breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)<br>Manage injuries                                                                                                                                              | (1)<br>(1)<br>(1)<br>(1) |                |
| * Assess circulation                                      | I am assessing for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                 | (1)                      |                |
| * Assess and control severe bleeding                      | I am assessing for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| Assess skin signs                                         | I am assessing the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                 | (1)                      |                |
| Assess for shock                                          | I am assessing for shock and treating as necessary.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)                      |                |

|                                    |                                                                                                                                              |     |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| <b>OBTAIN BASELINE VITAL SIGNS</b> | I will obtain a baseline Blood Pressure, Pulse and Respirations. Skin signs have already been noted. Pupils will be noted in Rapid Physical. | (1) |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|

PATIENT ASSESSMENT - TRAUMA

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                     | FOCUSED HISTORY-PHYSICAL or RAPID TRAUMA ASSESSMENT                                                                                                                                                                                           |            |  |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| State the appropriate assessment path based on MOI - focused history and physical examination or rapid trauma assessment. | I will focus my assessment on the body part or body system relating to the chief complaint. In the case of a significant MOI, I will perform a rapid trauma assessment and appropriately manage any/all life threatening injuries discovered. | <b>(1)</b> |  |

| <b>Obtain S.A.M.P.L.E. history if patient is responsive.</b> (Otherwise, moves to rapid trauma assessment.) |                                                                                                                                                                                           |            |  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>* S - Signs and symptoms of present injury</b>                                                           | I will observe for obvious trauma and question the patient about their complaints. "Tell me again where you have pain."                                                                   | <b>(1)</b> |  |
| <b>* A - Allergies</b>                                                                                      | Do you have any allergies to foods or medications?                                                                                                                                        | <b>(1)</b> |  |
| <b>* M - Medications</b>                                                                                    | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).                                                             | <b>(1)</b> |  |
| <b>* P - Past pertinent medical history</b>                                                                 | Has this ever happened before? When was the last time you saw a physician? Diagnosis? Do you have a history of diabetes, high blood pressure, cardiac or breathing problems, or seizures? | <b>(1)</b> |  |
| <b>* L - Last oral intake</b>                                                                               | What and when did you last eat or drink?                                                                                                                                                  | <b>(1)</b> |  |
| <b>* E - Event(s) leading to present injury.</b>                                                            | What happened today that led you or someone else to call 911?                                                                                                                             | <b>(1)</b> |  |

## PATIENT ASSESSMENT - TRAUMA

| <b>DETAILED PHYSICAL EXAMINATION</b>                                                                                 |  | <b>BOLD</b> items make up the Rapid Trauma Assessment<br><i>Italicized</i> items make up the Detailed Trauma Assessment                                   |     |  |
|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>Bleeding, Pain, Deformities, Open wounds, Crepitus</b>                                                                                                 |     |  |
| Head                                                                                                                 |  | <b>I will examine the head for BPDOC + <i>symmetry, scars.</i></b>                                                                                        | (1) |  |
| Face                                                                                                                 |  | <b>I will examine the face for BPDOC + <i>equality of facial muscles</i></b>                                                                              | (1) |  |
| Eyes                                                                                                                 |  | <b>I will examine the eyes for size, equality, reactivity to light + <i>pink-moist conjunctiva.</i></b>                                                   | (1) |  |
| Ears                                                                                                                 |  | <b>I will examine the ears for BPDOC, drainage.</b>                                                                                                       | (1) |  |
| Nose                                                                                                                 |  | <b>I will examine the nose for BPDOC, drainage, <i>singed nostrils, flaring, + foreign body.</i></b>                                                      | (1) |  |
| Mouth                                                                                                                |  | <b>I will examine the mouth for BPDOC, loose/broken teeth, <i>foreign body, blood, pink moist mucosa.</i></b>                                             | (1) |  |
| Neck                                                                                                                 |  | <b>I will examine the neck for BPDOC, jugular vein distention, tracheal deviation, accessory muscle use + <i>stoma, scars, medical alert jewelry.</i></b> | (1) |  |
| Chest                                                                                                                |  | <b>I will examine the chest for BPDOC, equal chest rise, lung sounds, subcutaneous emphysema, <i>paradoxical movement + scars.</i></b>                    | (1) |  |
| Abdomen                                                                                                              |  | <b>I will examine the abdomen for BPDOC, distention, rigidity, guarding + <i>scars</i></b>                                                                | (1) |  |
| Pelvis                                                                                                               |  | <b>I will examine the pelvis for BPDOC + <i>incontinence.</i></b>                                                                                         | (1) |  |
| Legs                                                                                                                 |  | <b>I will examine the legs for BPDOC, distal CSM, + <i>scars, track marks, medical alert jewelry.</i></b>                                                 | (1) |  |
| Arms                                                                                                                 |  | <b>I will examine the arms for distal BPDOC, distal CSM, <i>scars, track marks, medical alert jewelry.</i></b>                                            | (1) |  |
| Back                                                                                                                 |  | <b>I will examine the back for BPDOC, <i>paradoxical movement + scars.</i></b>                                                                            | (1) |  |
| Manages secondary injuries and wounds appropriately ( <i>verbalizes</i> ).                                           |  | I will perform or delegate the following interventions.                                                                                                   | (1) |  |

| <b>ONGOING ASSESSMENT (verbalized)</b>                   |                                                                           |     |  |
|----------------------------------------------------------|---------------------------------------------------------------------------|-----|--|
| Obtain second set of vital signs and compare to baseline | I will record a second set of vital signs and compare with the first set. | (1) |  |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>      | <b>POINTS POSSIBLE: 41<br/>MINIMUM PASSING SCORE (80%): 33</b>            |     |  |

**Critical Criteria**

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

**Point deduction for time greater than 10 minutes.**

PATIENT ASSESSMENT - TRAUMA

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                  |                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>            | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                |
| <b>Abdominal Rigidity (abdomen)</b>              | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.             |
| <b>Accessory Muscle Use (neck &amp; chest)</b>   | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress. |
| <b>Guarding (abdomen)</b>                        | When a patient tightens the abdominal muscles during palpation.                                                   |
| <b>Incontinence (pelvis)</b>                     | Loss of bladder or bowel control.                                                                                 |
| <b>Jugular Vein Distention (neck)</b>            | Abnormally bulging neck veins. May be indicative of heart failure.                                                |
| <b>Nasal flaring (nose)</b>                      | Indicative of moderate to severe respiratory distress.                                                            |
| <b>Paradoxical Movement (chest &amp; Back)</b>   | When a section of ribs in the chest or back moves opposite from the normal movement of breathing.                 |
| <b>Patent Airway (mouth)</b>                     | Open and clear airway.                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>             | The area around the eye that is visible when the lower eyelid is pulled down.                                     |
| <b>Singed Nostrils (nose)</b>                    | Burning and/or soot around the nostrils. May be indicative of inhalation of hot air and smoke.                    |
| <b>Stoma (neck)</b>                              | Hole in anterior neck where patient breathes from.                                                                |
| <b>Subcutaneous Emphysema (chest &amp; back)</b> | Air that has become trapped beneath the skin. Typically secondary to severe chest trauma.                         |
| <b>Tracheal Deviation (neck)</b>                 | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                     |

PATIENT ASSESSMENT - TRAUMA

| DETERMINE PROPER BSI                                     | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                           | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                   | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury           | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients            | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help         | I will determine the need for additional help.      | (1)             |                |
| Cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE          | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)                      |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)               |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)                      |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)                      |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I am assessing breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)<br>Manage injuries                                                                                                                                              | (1)<br>(1)<br>(1)<br>(1) |                |
| * Assess circulation                                      | I am assessing for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                 | (1)                      |                |
| * Assess and control severe bleeding                      | I am assessing for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| Assess skin signs                                         | I am assessing the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                 | (1)                      |                |
| Assess for shock                                          | I am assessing for shock and treating as necessary.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)                      |                |

|                                    |                                                                                                                                              |     |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| <b>OBTAIN BASELINE VITAL SIGNS</b> | I will obtain a baseline Blood Pressure, Pulse and Respirations. Skin signs have already been noted. Pupils will be noted in Rapid Physical. | (1) |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|

PATIENT ASSESSMENT - TRAUMA

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                     | FOCUSED HISTORY-PHYSICAL or RAPID TRAUMA ASSESSMENT                                                                                                                                                                                           |            |  |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| State the appropriate assessment path based on MOI - focused history and physical examination or rapid trauma assessment. | I will focus my assessment on the body part or body system relating to the chief complaint. In the case of a significant MOI, I will perform a rapid trauma assessment and appropriately manage any/all life threatening injuries discovered. | <b>(1)</b> |  |

| <b>Obtain S.A.M.P.L.E. history if patient is responsive.</b> (Otherwise, moves to rapid trauma assessment.) |                                                                                                                                                                                           |            |  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>* S - Signs and symptoms of present injury</b>                                                           | I will observe for obvious trauma and question the patient about their complaints. "Tell me again where you have pain."                                                                   | <b>(1)</b> |  |
| <b>* A - Allergies</b>                                                                                      | Do you have any allergies to foods or medications?                                                                                                                                        | <b>(1)</b> |  |
| <b>* M - Medications</b>                                                                                    | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).                                                             | <b>(1)</b> |  |
| <b>* P - Past pertinent medical history</b>                                                                 | Has this ever happened before? When was the last time you saw a physician? Diagnosis? Do you have a history of diabetes, high blood pressure, cardiac or breathing problems, or seizures? | <b>(1)</b> |  |
| <b>* L - Last oral intake</b>                                                                               | What and when did you last eat or drink?                                                                                                                                                  | <b>(1)</b> |  |
| <b>* E - Event(s) leading to present injury.</b>                                                            | What happened today that led you or someone else to call 911?                                                                                                                             | <b>(1)</b> |  |

## PATIENT ASSESSMENT - TRAUMA

| <b>DETAILED PHYSICAL EXAMINATION</b>                                                                                 |  | <b>BOLD</b> items make up the Rapid Trauma Assessment<br><i>Italicized</i> items make up the Detailed Trauma Assessment                                   |     |  |
|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>Bleeding, Pain, Deformities, Open wounds, Crepitus</b>                                                                                                 |     |  |
| Head                                                                                                                 |  | <b>I will examine the head for BPDOC + <i>symmetry, scars.</i></b>                                                                                        | (1) |  |
| Face                                                                                                                 |  | <b>I will examine the face for BPDOC + <i>equality of facial muscles</i></b>                                                                              | (1) |  |
| Eyes                                                                                                                 |  | <b>I will examine the eyes for size, equality, reactivity to light + <i>pink-moist conjunctiva.</i></b>                                                   | (1) |  |
| Ears                                                                                                                 |  | <b>I will examine the ears for BPDOC, drainage.</b>                                                                                                       | (1) |  |
| Nose                                                                                                                 |  | <b>I will examine the nose for BPDOC, drainage, <i>singed nostrils, flaring, + foreign body.</i></b>                                                      | (1) |  |
| Mouth                                                                                                                |  | <b>I will examine the mouth for BPDOC, loose/broken teeth, <i>foreign body, blood, pink moist mucosa.</i></b>                                             | (1) |  |
| Neck                                                                                                                 |  | <b>I will examine the neck for BPDOC, jugular vein distention, tracheal deviation, accessory muscle use + <i>stoma, scars, medical alert jewelry.</i></b> | (1) |  |
| Chest                                                                                                                |  | <b>I will examine the chest for BPDOC, equal chest rise, lung sounds, subcutaneous emphysema, <i>paradoxical movement + scars.</i></b>                    | (1) |  |
| Abdomen                                                                                                              |  | <b>I will examine the abdomen for BPDOC, <i>distention, rigidity, guarding + scars</i></b>                                                                | (1) |  |
| Pelvis                                                                                                               |  | <b>I will examine the pelvis for BPDOC + <i>incontinence.</i></b>                                                                                         | (1) |  |
| Legs                                                                                                                 |  | <b>I will examine the legs for BPDOC, distal CSM, + <i>scars, track marks, medical alert jewelry.</i></b>                                                 | (1) |  |
| Arms                                                                                                                 |  | <b>I will examine the arms for distal BPDOC, distal CSM, <i>scars, track marks, medical alert jewelry.</i></b>                                            | (1) |  |
| Back                                                                                                                 |  | <b>I will examine the back for BPDOC, <i>paradoxical movement + scars.</i></b>                                                                            | (1) |  |
| Manages secondary injuries and wounds appropriately ( <i>verbalizes</i> ).                                           |  | I will perform or delegate the following interventions.                                                                                                   | (1) |  |

| <b>ONGOING ASSESSMENT (verbalized)</b>                   |                                                                           |     |  |
|----------------------------------------------------------|---------------------------------------------------------------------------|-----|--|
| Obtain second set of vital signs and compare to baseline | I will record a second set of vital signs and compare with the first set. | (1) |  |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>      | <b>POINTS POSSIBLE: 41<br/>MINIMUM PASSING SCORE (80%): 33</b>            |     |  |

**Critical Criteria**

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

**Point deduction for time greater than 10 minutes.**

PATIENT ASSESSMENT - TRAUMA

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                  |                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>            | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                |
| <b>Abdominal Rigidity (abdomen)</b>              | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.             |
| <b>Accessory Muscle Use (neck &amp; chest)</b>   | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress. |
| <b>Guarding (abdomen)</b>                        | When a patient tightens the abdominal muscles during palpation.                                                   |
| <b>Incontinence (pelvis)</b>                     | Loss of bladder or bowel control.                                                                                 |
| <b>Jugular Vein Distention (neck)</b>            | Abnormally bulging neck veins. May be indicative of heart failure.                                                |
| <b>Nasal flaring (nose)</b>                      | Indicative of moderate to severe respiratory distress.                                                            |
| <b>Paradoxical Movement (chest &amp; Back)</b>   | When a section of ribs in the chest or back moves opposite from the normal movement of breathing.                 |
| <b>Patent Airway (mouth)</b>                     | Open and clear airway.                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>             | The area around the eye that is visible when the lower eyelid is pulled down.                                     |
| <b>Singed Nostrils (nose)</b>                    | Burning and/or soot around the nostrils. May be indicative of inhalation of hot air and smoke.                    |
| <b>Stoma (neck)</b>                              | Hole in anterior neck where patient breathes from.                                                                |
| <b>Subcutaneous Emphysema (chest &amp; back)</b> | Air that has become trapped beneath the skin. Typically secondary to severe chest trauma.                         |
| <b>Tracheal Deviation (neck)</b>                 | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                     |

PATIENT ASSESSMENT - TRAUMA

| DETERMINE PROPER BSI                                     | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | (1)             |                |

| SCENE SIZE UP                           | ACTION/VERBAL RESPONSE                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------|-----------------------------------------------------|-----------------|----------------|
| * Assess scene safety                   | I will determine if the scene is safe.              | (1)             |                |
| Determine mechanism of injury           | I will determine the mechanism of injury.           | (1)             |                |
| Determine number of patients            | I will determine the number of patients.            | (1)             |                |
| Assess need for additional help         | I will determine the need for additional help.      | (1)             |                |
| Cervical spine precautions as necessary | I will take/direct appropriate c-spine precautions. | (1)             |                |

| INITIAL ASSESSMENT                                        | ACTION/VERBAL RESPONSE                                                                                                                                                                                                                                                                                                                                       | POINTS POSSIBLE          | POINTS AWARDED |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| Verbalize general impression of patient                   | I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress ( <b>determine one and state it</b> ).                                                                                                                                                                                                 | (1)                      |                |
| Determine responsiveness/level of consciousness           | <b>EYES OPEN/AWAKE:</b> "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?"<br>I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it).<br><b>EYES CLOSED:</b> Determine responsiveness using:<br><b>Alert - Verbal - Painful - Unresponsive</b> | (1)<br>(1)               |                |
| Determine chief complaint/ Identify apparent life threats | "What seems to be the problem?" I will identify and address any obvious life threats.                                                                                                                                                                                                                                                                        | (1)                      |                |
| * Assess airway/initiate appropriate airway management    | <b>IF PATIENT SPEAKS TO YOU:</b> I have determined the airway is patent.<br><b>IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS:</b> I am assessing the airway for patency.                                                                                                                                                                                       | (1)                      |                |
| * Assess breathing/initiate appropriate oxygen therapy    | I am assessing breathing for: adequate rate & tidal volume, labored or easy.<br>At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)<br>Manage injuries                                                                                                                                              | (1)<br>(1)<br>(1)<br>(1) |                |
| * Assess circulation                                      | I am assessing for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.                                                                                                                                                                                                 | (1)                      |                |
| * Assess and control severe bleeding                      | I am assessing for and controlling severe bleeding.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| Assess skin signs                                         | I am assessing the skin for color, temperature and moisture.                                                                                                                                                                                                                                                                                                 | (1)                      |                |
| Assess for shock                                          | I am assessing for shock and treating as necessary.                                                                                                                                                                                                                                                                                                          | (1)                      |                |
| State priority of patient for transport                   | At this time I have determined the patient is <u>low or high</u> priority ( <b>select one</b> )                                                                                                                                                                                                                                                              | (1)                      |                |

|                                    |                                                                                                                                              |     |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| <b>OBTAIN BASELINE VITAL SIGNS</b> | I will obtain a baseline Blood Pressure, Pulse and Respirations. Skin signs have already been noted. Pupils will be noted in Rapid Physical. | (1) |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|--|

PATIENT ASSESSMENT - TRAUMA

| DETERMINE APPROPRIATE ASSESSMENT PATH                                                                                     | FOCUSED HISTORY-PHYSICAL or RAPID TRAUMA ASSESSMENT                                                                                                                                                                                           |            |  |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| State the appropriate assessment path based on MOI - focused history and physical examination or rapid trauma assessment. | I will focus my assessment on the body part or body system relating to the chief complaint. In the case of a significant MOI, I will perform a rapid trauma assessment and appropriately manage any/all life threatening injuries discovered. | <b>(1)</b> |  |

| <b>Obtain S.A.M.P.L.E. history if patient is responsive.</b> (Otherwise, moves to rapid trauma assessment.) |                                                                                                                                                                                           |            |  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>* S - Signs and symptoms of present injury</b>                                                           | I will observe for obvious trauma and question the patient about their complaints. "Tell me again where you have pain."                                                                   | <b>(1)</b> |  |
| <b>* A - Allergies</b>                                                                                      | Do you have any allergies to foods or medications?                                                                                                                                        | <b>(1)</b> |  |
| <b>* M - Medications</b>                                                                                    | Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).                                                             | <b>(1)</b> |  |
| <b>* P - Past pertinent medical history</b>                                                                 | Has this ever happened before? When was the last time you saw a physician? Diagnosis? Do you have a history of diabetes, high blood pressure, cardiac or breathing problems, or seizures? | <b>(1)</b> |  |
| <b>* L - Last oral intake</b>                                                                               | What and when did you last eat or drink?                                                                                                                                                  | <b>(1)</b> |  |
| <b>* E - Event(s) leading to present injury.</b>                                                            | What happened today that led you or someone else to call 911?                                                                                                                             | <b>(1)</b> |  |

## PATIENT ASSESSMENT - TRAUMA

| <b>DETAILED PHYSICAL EXAMINATION</b>                                                                                 |  | <b>BOLD</b> items make up the Rapid Trauma Assessment<br><i>Italicized</i> items make up the Detailed Trauma Assessment                                   |     |  |
|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings. |  | <b>Bleeding, Pain, Deformities, Open wounds, Crepitus</b>                                                                                                 |     |  |
| Head                                                                                                                 |  | <b>I will examine the head for BPDOC + <i>symmetry, scars.</i></b>                                                                                        | (1) |  |
| Face                                                                                                                 |  | <b>I will examine the face for BPDOC + <i>equality of facial muscles</i></b>                                                                              | (1) |  |
| Eyes                                                                                                                 |  | <b>I will examine the eyes for size, equality, reactivity to light + <i>pink-moist conjunctiva.</i></b>                                                   | (1) |  |
| Ears                                                                                                                 |  | <b>I will examine the ears for BPDOC, drainage.</b>                                                                                                       | (1) |  |
| Nose                                                                                                                 |  | <b>I will examine the nose for BPDOC, drainage, <i>singed nostrils, flaring, + foreign body.</i></b>                                                      | (1) |  |
| Mouth                                                                                                                |  | <b>I will examine the mouth for BPDOC, loose/broken teeth, <i>foreign body, blood, pink moist mucosa.</i></b>                                             | (1) |  |
| Neck                                                                                                                 |  | <b>I will examine the neck for BPDOC, jugular vein distention, tracheal deviation, accessory muscle use + <i>stoma, scars, medical alert jewelry.</i></b> | (1) |  |
| Chest                                                                                                                |  | <b>I will examine the chest for BPDOC, equal chest rise, lung sounds, subcutaneous emphysema, <i>paradoxical movement + scars.</i></b>                    | (1) |  |
| Abdomen                                                                                                              |  | <b>I will examine the abdomen for BPDOC, distention, rigidity, guarding + <i>scars</i></b>                                                                | (1) |  |
| Pelvis                                                                                                               |  | <b>I will examine the pelvis for BPDOC + <i>incontinence.</i></b>                                                                                         | (1) |  |
| Legs                                                                                                                 |  | <b>I will examine the legs for BPDOC, distal CSM, + <i>scars, track marks, medical alert jewelry.</i></b>                                                 | (1) |  |
| Arms                                                                                                                 |  | <b>I will examine the arms for distal BPDOC, distal CSM, <i>scars, track marks, medical alert jewelry.</i></b>                                            | (1) |  |
| Back                                                                                                                 |  | <b>I will examine the back for BPDOC, <i>paradoxical movement + scars.</i></b>                                                                            | (1) |  |
| Manages secondary injuries and wounds appropriately ( <i>verbalizes</i> ).                                           |  | I will perform or delegate the following interventions.                                                                                                   | (1) |  |

| <b>ONGOING ASSESSMENT (verbalized)</b>                   |                                                                           |     |  |
|----------------------------------------------------------|---------------------------------------------------------------------------|-----|--|
| Obtain second set of vital signs and compare to baseline | I will record a second set of vital signs and compare with the first set. | (1) |  |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>      | <b>POINTS POSSIBLE: 41<br/>MINIMUM PASSING SCORE (80%): 33</b>            |     |  |

**Critical Criteria**

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

**Point deduction for time greater than 10 minutes.**

PATIENT ASSESSMENT - TRAUMA

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Key Terms**

|                                                  |                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Abdominal Distention (abdomen)</b>            | Swelling of the abdomen. Can be caused by bleeding or trapped air.                                                |
| <b>Abdominal Rigidity (abdomen)</b>              | A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.             |
| <b>Accessory Muscle Use (neck &amp; chest)</b>   | Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress. |
| <b>Guarding (abdomen)</b>                        | When a patient tightens the abdominal muscles during palpation.                                                   |
| <b>Incontinence (pelvis)</b>                     | Loss of bladder or bowel control.                                                                                 |
| <b>Jugular Vein Distention (neck)</b>            | Abnormally bulging neck veins. May be indicative of heart failure.                                                |
| <b>Nasal flaring (nose)</b>                      | Indicative of moderate to severe respiratory distress.                                                            |
| <b>Paradoxical Movement (chest &amp; Back)</b>   | When a section of ribs in the chest or back moves opposite from the normal movement of breathing.                 |
| <b>Patent Airway (mouth)</b>                     | Open and clear airway.                                                                                            |
| <b>Pink Moist Conjunctiva (eyes)</b>             | The area around the eye that is visible when the lower eyelid is pulled down.                                     |
| <b>Singed Nostrils (nose)</b>                    | Burning and/or soot around the nostrils. May be indicative of inhalation of hot air and smoke.                    |
| <b>Stoma (neck)</b>                              | Hole in anterior neck where patient breathes from.                                                                |
| <b>Subcutaneous Emphysema (chest &amp; back)</b> | Air that has become trapped beneath the skin. Typically secondary to severe chest trauma.                         |
| <b>Tracheal Deviation (neck)</b>                 | Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.                     |

## IMMOBILIZATION JOINT INJURY

| STEPS TO BE PERFORMED                                                                | ACTION RESPONSE                                                                                   | POINTS |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--|
| * Takes appropriate body substance isolation precautions                             | I will take appropriate BSI precautions.                                                          | (1)    |  |
| Directs assistant/patient to initiate/maintain manual stabilization of the injury    | I will direct my partner or the patient to manually stabilize the injury.                         | (1)    |  |
| * Assess distal circulation, sensation and motor function in the injured extremity   | I will assess the status of circulation, sensation and motor function in the injured extremity.   | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |
| Selects proper splinting materials                                                   | I will select the appropriate materials/device to immobilize the extremity.                       | (1)    |  |
| * Immobilizes the injury site                                                        | I will apply the appropriate material/device to immobilize the injury site.                       | (1)    |  |
| * Immobilizes bone/joint above the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint above the injury site.  | (1)    |  |
| * Immobilizes bone/joint below the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint below the injury site.  | (1)    |  |
| * Reassess distal circulation, sensation and motor function in the injured extremity | I will reassess the status of circulation, sensation and motor function in the injured extremity. | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 8<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_ Did not take or verbalize BSI

\_\_\_ Did not support the extremity to remove distal weight from the joint.

\_\_\_ Did not immobilize the suspected fracture site.

\_\_\_ Did not immobilize the bone/joint above and below the injury site.

\_\_\_ Did not assess/reassess circulation, sensation and motor function of the injured extremity.

## IMMOBILIZATION JOINT INJURY

| STEPS TO BE PERFORMED                                                                | ACTION RESPONSE                                                                                   | POINTS |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--|
| * Takes appropriate body substance isolation precautions                             | I will take appropriate BSI precautions.                                                          | (1)    |  |
| Directs assistant/patient to initiate/maintain manual stabilization of the injury    | I will direct my partner or the patient to manually stabilize the injury.                         | (1)    |  |
| * Assess distal circulation, sensation and motor function in the injured extremity   | I will assess the status of circulation, sensation and motor function in the injured extremity.   | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |
| Selects proper splinting materials                                                   | I will select the appropriate materials/device to immobilize the extremity.                       | (1)    |  |
| * Immobilizes the injury site                                                        | I will apply the appropriate material/device to immobilize the injury site.                       | (1)    |  |
| * Immobilizes bone/joint above the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint above the injury site.  | (1)    |  |
| * Immobilizes bone/joint below the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint below the injury site.  | (1)    |  |
| * Reassess distal circulation, sensation and motor function in the injured extremity | I will reassess the status of circulation, sensation and motor function in the injured extremity. | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 8<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_ Did not take or verbalize BSI

\_\_\_ Did not support the extremity to remove distal weight from the joint.

\_\_\_ Did not immobilize the suspected fracture site.

\_\_\_ Did not immobilize the bone/joint above and below the injury site.

\_\_\_ Did not assess/reassess circulation, sensation and motor function of the injured extremity.

## IMMOBILIZATION JOINT INJURY

| STEPS TO BE PERFORMED                                                                | ACTION RESPONSE                                                                                   | POINTS |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--|
| * Takes appropriate body substance isolation precautions                             | I will take appropriate BSI precautions.                                                          | (1)    |  |
| Directs assistant/patient to initiate/maintain manual stabilization of the injury    | I will direct my partner or the patient to manually stabilize the injury.                         | (1)    |  |
| * Assess distal circulation, sensation and motor function in the injured extremity   | I will assess the status of circulation, sensation and motor function in the injured extremity.   | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |
| Selects proper splinting materials                                                   | I will select the appropriate materials/device to immobilize the extremity.                       | (1)    |  |
| * Immobilizes the injury site                                                        | I will apply the appropriate material/device to immobilize the injury site.                       | (1)    |  |
| * Immobilizes bone/joint above the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint above the injury site.  | (1)    |  |
| * Immobilizes bone/joint below the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint below the injury site.  | (1)    |  |
| * Reassess distal circulation, sensation and motor function in the injured extremity | I will reassess the status of circulation, sensation and motor function in the injured extremity. | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 8<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_ Did not take or verbalize BSI

\_\_\_ Did not support the extremity to remove distal weight from the joint.

\_\_\_ Did not immobilize the suspected fracture site.

\_\_\_ Did not immobilize the bone/joint above and below the injury site.

\_\_\_ Did not assess/reassess circulation, sensation and motor function of the injured extremity.

## IMMOBILIZATION JOINT INJURY

| STEPS TO BE PERFORMED                                                                | ACTION RESPONSE                                                                                   | POINTS |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--|
| * Takes appropriate body substance isolation precautions                             | I will take appropriate BSI precautions.                                                          | (1)    |  |
| Directs assistant/patient to initiate/maintain manual stabilization of the injury    | I will direct my partner or the patient to manually stabilize the injury.                         | (1)    |  |
| * Assess distal circulation, sensation and motor function in the injured extremity   | I will assess the status of circulation, sensation and motor function in the injured extremity.   | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |
| Selects proper splinting materials                                                   | I will select the appropriate materials/device to immobilize the extremity.                       | (1)    |  |
| * Immobilizes the injury site                                                        | I will apply the appropriate material/device to immobilize the injury site.                       | (1)    |  |
| * Immobilizes bone/joint above the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint above the injury site.  | (1)    |  |
| * Immobilizes bone/joint below the injury site                                       | I will apply the appropriate material/device to immobilize the bone/joint below the injury site.  | (1)    |  |
| * Reassess distal circulation, sensation and motor function in the injured extremity | I will reassess the status of circulation, sensation and motor function in the injured extremity. | (1)    |  |
| <b>The examiner states: <i>Distal CSM is within normal limits.</i></b>               |                                                                                                   |        |  |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 8<br>MINIMUM PASSING SCORE (80%): 6 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_ Did not take or verbalize BSI

\_\_\_ Did not support the extremity to remove distal weight from the joint.

\_\_\_ Did not immobilize the suspected fracture site.

\_\_\_ Did not immobilize the bone/joint above and below the injury site.

\_\_\_ Did not assess/reassess circulation, sensation and motor function of the injured extremity.

## IMMOBILIZATION LONG BONE

| STEPS TO BE PERFORMED                                                                                       | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                          | I will take appropriate BSI precautions.                                                                        | (1)             |                |
| Direct application of manual stabilization of injury                                                        | I will either direct the patient to continue holding the injury or ask my partner to take over for the patient. | (1)             |                |
| * Assess circulation, sensation and motor function                                                          | I will assess circulation, sensation and motor function of the injured extremity.                               | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |
| Measure immobilization device                                                                               | I will select an appropriate device and size it to ensure that it will fit the extremity.                       | (1)             |                |
| Apply device                                                                                                | I will apply the device to the injured extremity ensuring that it is well padded.                               | (1)             |                |
| * Immobilize joint above the injury site                                                                    | I will immobilize the joint above the injury site.                                                              | (1)             |                |
| * Immobilize the joint below the injury site                                                                | I will immobilize the joint below the injury site.                                                              | (1)             |                |
| Secure entire extremity                                                                                     | I will secure the entire extremity to minimize movement.                                                        | (1)             |                |
| Ensure hand/foot in position of function                                                                    | I will ensure that the hand/foot is in the position of function.                                                | (1)             |                |
| * Reassess circulation, sensation and motor function                                                        | I will reassess circulation, sensation and motor function of the injured extremity.                             | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |

|                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 10<br/>MINIMUM PASSING SCORE (80%): 8</b> |
|---------------------------------------------------------|---------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

Did not take or verbalize BSI

Grossly moves the injured extremity

Did not assess/reassess circulation, sensation and motor function before and after immobilization

Did not immobilize the joint above and below the injury site

## IMMOBILIZATION LONG BONE

| STEPS TO BE PERFORMED                                                                                       | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                          | I will take appropriate BSI precautions.                                                                        | <b>(1)</b>      |                |
| Direct application of manual stabilization of injury                                                        | I will either direct the patient to continue holding the injury or ask my partner to take over for the patient. | <b>(1)</b>      |                |
| * Assess circulation, sensation and motor function                                                          | I will assess circulation, sensation and motor function of the injured extremity.                               | <b>(1)</b>      |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |
| Measure immobilization device                                                                               | I will select an appropriate device and size it to ensure that it will fit the extremity.                       | <b>(1)</b>      |                |
| Apply device                                                                                                | I will apply the device to the injured extremity ensuring that it is well padded.                               | <b>(1)</b>      |                |
| * Immobilize joint above the injury site                                                                    | I will immobilize the joint above the injury site.                                                              | <b>(1)</b>      |                |
| * Immobilize the joint below the injury site                                                                | I will immobilize the joint below the injury site.                                                              | <b>(1)</b>      |                |
| Secure entire extremity                                                                                     | I will secure the entire extremity to minimize movement.                                                        | <b>(1)</b>      |                |
| Ensure hand/foot in position of function                                                                    | I will ensure that the hand/foot is in the position of function.                                                | <b>(1)</b>      |                |
| * Reassess circulation, sensation and motor function                                                        | I will reassess circulation, sensation and motor function of the injured extremity.                             | <b>(1)</b>      |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |

|                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 10<br/>MINIMUM PASSING SCORE (80%): 8</b> |
|---------------------------------------------------------|---------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

Did not take or verbalize BSI

Grossly moves the injured extremity

Did not assess/reassess circulation, sensation and motor function before and after immobilization

Did not immobilize the joint above and below the injury site

## IMMOBILIZATION LONG BONE

| STEPS TO BE PERFORMED                                                                                       | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                          | I will take appropriate BSI precautions.                                                                        | (1)             |                |
| Direct application of manual stabilization of injury                                                        | I will either direct the patient to continue holding the injury or ask my partner to take over for the patient. | (1)             |                |
| * Assess circulation, sensation and motor function                                                          | I will assess circulation, sensation and motor function of the injured extremity.                               | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |
| Measure immobilization device                                                                               | I will select an appropriate device and size it to ensure that it will fit the extremity.                       | (1)             |                |
| Apply device                                                                                                | I will apply the device to the injured extremity ensuring that it is well padded.                               | (1)             |                |
| * Immobilize joint above the injury site                                                                    | I will immobilize the joint above the injury site.                                                              | (1)             |                |
| * Immobilize the joint below the injury site                                                                | I will immobilize the joint below the injury site.                                                              | (1)             |                |
| Secure entire extremity                                                                                     | I will secure the entire extremity to minimize movement.                                                        | (1)             |                |
| Ensure hand/foot in position of function                                                                    | I will ensure that the hand/foot is in the position of function.                                                | (1)             |                |
| * Reassess circulation, sensation and motor function                                                        | I will reassess circulation, sensation and motor function of the injured extremity.                             | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |

|                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 10<br>MINIMUM PASSING SCORE (80%): 8 |
|-------------------------------------------------|-------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

\_\_\_ Did not take or verbalize BSI

\_\_\_ Grossly moves the injured extremity

\_\_\_ Did not assess/reassess circulation, sensation and motor function before and after immobilization

\_\_\_ Did not immobilize the joint above and below the injury site

## IMMOBILIZATION LONG BONE

| STEPS TO BE PERFORMED                                                                                       | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                          | I will take appropriate BSI precautions.                                                                        | (1)             |                |
| Direct application of manual stabilization of injury                                                        | I will either direct the patient to continue holding the injury or ask my partner to take over for the patient. | (1)             |                |
| * Assess circulation, sensation and motor function                                                          | I will assess circulation, sensation and motor function of the injured extremity.                               | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |
| Measure immobilization device                                                                               | I will select an appropriate device and size it to ensure that it will fit the extremity.                       | (1)             |                |
| Apply device                                                                                                | I will apply the device to the injured extremity ensuring that it is well padded.                               | (1)             |                |
| * Immobilize joint above the injury site                                                                    | I will immobilize the joint above the injury site.                                                              | (1)             |                |
| * Immobilize the joint below the injury site                                                                | I will immobilize the joint below the injury site.                                                              | (1)             |                |
| Secure entire extremity                                                                                     | I will secure the entire extremity to minimize movement.                                                        | (1)             |                |
| Ensure hand/foot in position of function                                                                    | I will ensure that the hand/foot is in the position of function.                                                | (1)             |                |
| * Reassess circulation, sensation and motor function                                                        | I will reassess circulation, sensation and motor function of the injured extremity.                             | (1)             |                |
| <b>The examiner states: <i>Distal circulation, sensation and motor function are present and normal.</i></b> |                                                                                                                 |                 |                |

|                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 10<br>MINIMUM PASSING SCORE (80%): 8 |
|-------------------------------------------------|-------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

\_\_\_ Did not take or verbalize BSI

\_\_\_ Grossly moves the injured extremity

\_\_\_ Did not assess/reassess circulation, sensation and motor function before and after immobilization

\_\_\_ Did not immobilize the joint above and below the injury site

## TRACTION SPLINT

| STEPS TO BE PERFORMED                                                                                                                                     | ACTION/VERBAL RESPONSE                                                                                                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                                                                        | I will take appropriate BSI precautions.                                                                                            | (1)             |                |
| Confirm indication for traction splint                                                                                                                    | I will assess for signs and symptoms of a mid shaft femur injury and absence of lower leg or hip involvement                        | (1)             |                |
| * Assess circulation, sensation and motor function                                                                                                        | I will assess circulation, sensation and motor function of the injured extremity.                                                   | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal.</i></b>                                                      |                                                                                                                                     |                 |                |
| Directs application of manual stabilization and directs traction of injured extremity                                                                     | I will ensure to stabilization of the extremity and direct to pull moderate inline traction.                                        | (1)             |                |
| Secures ankle hitch to injured extremity                                                                                                                  | I will secure the ankle hitch just proximal to the ankle bones.                                                                     | (1)             |                |
| Prepares and adjusts device to the proper size                                                                                                            | I will adjust the device to the proper length, tighten the adjustment knobs and release the ratchet strap.                          | (1)             |                |
| Properly positions the device on the extremity                                                                                                            | I will direct my partner to position the leg as appropriate for the device without losing traction.                                 | (1)             |                |
| * Properly secures the ischial strap                                                                                                                      | I will secure the ischial strap and pad as necessary.                                                                               | (1)             |                |
| Properly secures the ankle hitch to the device                                                                                                            | I will attach the ankle hitch to the device.                                                                                        | (1)             |                |
| Applies mechanical traction                                                                                                                               | I will apply mechanical traction and instruct the patient to advise when relief is felt. (Maximum 15lbs of traction if using sager) | (1)             |                |
| Positions and secures the support straps                                                                                                                  | I will secure the extremity to the device using the support straps.                                                                 | (1)             |                |
| Re-evaluates both the ischial strap and ankle hitch                                                                                                       | I will confirm that the ischial strap and ankle hitch are still properly secured.                                                   | (1)             |                |
| * Reassess circulation, sensation and motor function                                                                                                      | I will reassess circulation, sensation and motor function.                                                                          | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal. How would you now prepare the patient for transport?</i></b> |                                                                                                                                     |                 |                |
| Verbalizes securing the patient to a long board                                                                                                           | I will secure the patient on a long board to facilitate immobilization of the hip.                                                  | (1)             |                |
| Verbalizes securing device to long board                                                                                                                  | I will secure the device to the long board to prevent movement.                                                                     | (1)             |                |

TRACTION SPLINT

|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <p>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</p> | <p>POINTS POSSIBLE: 15<br/>MINIMUM PASSING SCORE (80%): 12</p> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Loss of traction at any point after it is initiated
- Did not assess circulation, sensation and motor function before and after application of device
- The foot is excessively rotated or extended after splinting
- Did not secure the ischial strap PRIOR to initiating mechanical traction
- Final immobilization failed to support the femur or prevent rotation of the injured extremity
- Secures extremity to device PRIOR to initiating mechanical traction (Except Sager)

**NOTE:** If the Sager or Kendrick Traction Device is used without elevating the patient's leg, application of manual traction is NOT necessary. The candidate should be awarded 1 point as if manual traction had been applied.

**NOTE:** If the leg is elevated at all, manual traction MUST be initiated PRIOR to elevating the extremity.

## TRACTION SPLINT

| STEPS TO BE PERFORMED                                                                                                                                     | ACTION/VERBAL RESPONSE                                                                                                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                                                                        | I will take appropriate BSI precautions.                                                                                            | (1)             |                |
| Confirm indication for traction splint                                                                                                                    | I will assess for signs and symptoms of a mid shaft femur injury and absence of lower leg or hip involvement                        | (1)             |                |
| * Assess circulation, sensation and motor function                                                                                                        | I will assess circulation, sensation and motor function of the injured extremity.                                                   | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal.</i></b>                                                      |                                                                                                                                     |                 |                |
| Directs application of manual stabilization and directs traction of injured extremity                                                                     | I will ensure to stabilization of the extremity and direct to pull moderate inline traction.                                        | (1)             |                |
| Secures ankle hitch to injured extremity                                                                                                                  | I will secure the ankle hitch just proximal to the ankle bones.                                                                     | (1)             |                |
| Prepares and adjusts device to the proper size                                                                                                            | I will adjust the device to the proper length, tighten the adjustment knobs and release the ratchet strap.                          | (1)             |                |
| Properly positions the device on the extremity                                                                                                            | I will direct my partner to position the leg as appropriate for the device without losing traction.                                 | (1)             |                |
| * Properly secures the ischial strap                                                                                                                      | I will secure the ischial strap and pad as necessary.                                                                               | (1)             |                |
| Properly secures the ankle hitch to the device                                                                                                            | I will attach the ankle hitch to the device.                                                                                        | (1)             |                |
| Applies mechanical traction                                                                                                                               | I will apply mechanical traction and instruct the patient to advise when relief is felt. (Maximum 15lbs of traction if using sager) | (1)             |                |
| Positions and secures the support straps                                                                                                                  | I will secure the extremity to the device using the support straps.                                                                 | (1)             |                |
| Re-evaluates both the ischial strap and ankle hitch                                                                                                       | I will confirm that the ischial strap and ankle hitch are still properly secured.                                                   | (1)             |                |
| * Reassess circulation, sensation and motor function                                                                                                      | I will reassess circulation, sensation and motor function.                                                                          | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal. How would you now prepare the patient for transport?</i></b> |                                                                                                                                     |                 |                |
| Verbalizes securing the patient to a long board                                                                                                           | I will secure the patient on a long board to facilitate immobilization of the hip.                                                  | (1)             |                |
| Verbalizes securing device to long board                                                                                                                  | I will secure the device to the long board to prevent movement.                                                                     | (1)             |                |

TRACTION SPLINT

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 15<br>MINIMUM PASSING SCORE (80%): 12 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Loss of traction at any point after it is initiated
- Did not assess circulation, sensation and motor function before and after application of device
- The foot is excessively rotated or extended after splinting
- Did not secure the ischial strap PRIOR to initiating mechanical traction
- Final immobilization failed to support the femur or prevent rotation of the injured extremity
- Secures extremity to device PRIOR to initiating mechanical traction (Except Sager)

**NOTE:** If the Sager or Kendrick Traction Device is used without elevating the patient's leg, application of manual traction is NOT necessary. The candidate should be awarded 1 point as if manual traction had been applied.

**NOTE:** If the leg is elevated at all, manual traction MUST be initiated PRIOR to elevating the extremity.

## TRACTION SPLINT

| STEPS TO BE PERFORMED                                                                                                                                     | ACTION/VERBAL RESPONSE                                                                                                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                                                                        | I will take appropriate BSI precautions.                                                                                            | (1)             |                |
| Confirm indication for traction splint                                                                                                                    | I will assess for signs and symptoms of a mid shaft femur injury and absence of lower leg or hip involvement                        | (1)             |                |
| * Assess circulation, sensation and motor function                                                                                                        | I will assess circulation, sensation and motor function of the injured extremity.                                                   | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal.</i></b>                                                      |                                                                                                                                     |                 |                |
| Directs application of manual stabilization and directs traction of injured extremity                                                                     | I will ensure to stabilization of the extremity and direct to pull moderate inline traction.                                        | (1)             |                |
| Secures ankle hitch to injured extremity                                                                                                                  | I will secure the ankle hitch just proximal to the ankle bones.                                                                     | (1)             |                |
| Prepares and adjusts device to the proper size                                                                                                            | I will adjust the device to the proper length, tighten the adjustment knobs and release the ratchet strap.                          | (1)             |                |
| Properly positions the device on the extremity                                                                                                            | I will direct my partner to position the leg as appropriate for the device without losing traction.                                 | (1)             |                |
| * Properly secures the ischial strap                                                                                                                      | I will secure the ischial strap and pad as necessary.                                                                               | (1)             |                |
| Properly secures the ankle hitch to the device                                                                                                            | I will attach the ankle hitch to the device.                                                                                        | (1)             |                |
| Applies mechanical traction                                                                                                                               | I will apply mechanical traction and instruct the patient to advise when relief is felt. (Maximum 15lbs of traction if using sager) | (1)             |                |
| Positions and secures the support straps                                                                                                                  | I will secure the extremity to the device using the support straps.                                                                 | (1)             |                |
| Re-evaluates both the ischial strap and ankle hitch                                                                                                       | I will confirm that the ischial strap and ankle hitch are still properly secured.                                                   | (1)             |                |
| * Reassess circulation, sensation and motor function                                                                                                      | I will reassess circulation, sensation and motor function.                                                                          | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal. How would you now prepare the patient for transport?</i></b> |                                                                                                                                     |                 |                |
| Verbalizes securing the patient to a long board                                                                                                           | I will secure the patient on a long board to facilitate immobilization of the hip.                                                  | (1)             |                |
| Verbalizes securing device to long board                                                                                                                  | I will secure the device to the long board to prevent movement.                                                                     | (1)             |                |

TRACTION SPLINT

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 15<br>MINIMUM PASSING SCORE (80%): 12 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Loss of traction at any point after it is initiated
- Did not assess circulation, sensation and motor function before and after application of device
- The foot is excessively rotated or extended after splinting
- Did not secure the ischial strap PRIOR to initiating mechanical traction
- Final immobilization failed to support the femur or prevent rotation of the injured extremity
- Secures extremity to device PRIOR to initiating mechanical traction (Except Sager)

**NOTE:** If the Sager or Kendrick Traction Device is used without elevating the patient's leg, application of manual traction is NOT necessary. The candidate should be awarded 1 point as if manual traction had been applied.

**NOTE:** If the leg is elevated at all, manual traction MUST be initiated PRIOR to elevating the extremity.

## TRACTION SPLINT

| STEPS TO BE PERFORMED                                                                                                                                     | ACTION/VERBAL RESPONSE                                                                                                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or states appropriate body substance isolation precautions                                                                                        | I will take appropriate BSI precautions.                                                                                            | (1)             |                |
| Confirm indication for traction splint                                                                                                                    | I will assess for signs and symptoms of a mid shaft femur injury and absence of lower leg or hip involvement                        | (1)             |                |
| * Assess circulation, sensation and motor function                                                                                                        | I will assess circulation, sensation and motor function of the injured extremity.                                                   | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal.</i></b>                                                      |                                                                                                                                     |                 |                |
| Directs application of manual stabilization and directs traction of injured extremity                                                                     | I will ensure to stabilization of the extremity and direct to pull moderate inline traction.                                        | (1)             |                |
| Secures ankle hitch to injured extremity                                                                                                                  | I will secure the ankle hitch just proximal to the ankle bones.                                                                     | (1)             |                |
| Prepares and adjusts device to the proper size                                                                                                            | I will adjust the device to the proper length, tighten the adjustment knobs and release the ratchet strap.                          | (1)             |                |
| Properly positions the device on the extremity                                                                                                            | I will direct my partner to position the leg as appropriate for the device without losing traction.                                 | (1)             |                |
| * Properly secures the ischial strap                                                                                                                      | I will secure the ischial strap and pad as necessary.                                                                               | (1)             |                |
| Properly secures the ankle hitch to the device                                                                                                            | I will attach the ankle hitch to the device.                                                                                        | (1)             |                |
| Applies mechanical traction                                                                                                                               | I will apply mechanical traction and instruct the patient to advise when relief is felt. (Maximum 15lbs of traction if using sager) | (1)             |                |
| Positions and secures the support straps                                                                                                                  | I will secure the extremity to the device using the support straps.                                                                 | (1)             |                |
| Re-evaluates both the ischial strap and ankle hitch                                                                                                       | I will confirm that the ischial strap and ankle hitch are still properly secured.                                                   | (1)             |                |
| * Reassess circulation, sensation and motor function                                                                                                      | I will reassess circulation, sensation and motor function.                                                                          | (1)             |                |
| <b>The examiner states: <i>Circulation, sensation and motor function are present and normal. How would you now prepare the patient for transport?</i></b> |                                                                                                                                     |                 |                |
| Verbalizes securing the patient to a long board                                                                                                           | I will secure the patient on a long board to facilitate immobilization of the hip.                                                  | (1)             |                |
| Verbalizes securing device to long board                                                                                                                  | I will secure the device to the long board to prevent movement.                                                                     | (1)             |                |

TRACTION SPLINT

|                                                 |                                                        |  |
|-------------------------------------------------|--------------------------------------------------------|--|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 15<br>MINIMUM PASSING SCORE (80%): 12 |  |
|-------------------------------------------------|--------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Loss of traction at any point after it is initiated
- Did not assess circulation, sensation and motor function before and after application of device
- The foot is excessively rotated or extended after splinting
- Did not secure the ischial strap PRIOR to initiating mechanical traction
- Final immobilization failed to support the femur or prevent rotation of the injured extremity
- Secures extremity to device PRIOR to initiating mechanical traction (Except Sager)

**NOTE:** If the Sager or Kendrick Traction Device is used without elevating the patient's leg, application of manual traction is NOT necessary. The candidate should be awarded 1 point as if manual traction had been applied.

**NOTE:** If the leg is elevated at all, manual traction MUST be initiated PRIOR to elevating the extremity.

## SPINAL IMMOBILIZATION SUPINE

| STEPS TO BE PERFORMED                                                                              | ACTION/VERBAL RESPONSE                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                    | I will take appropriate BSI precautions.                                                                                                                                                                     | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary)                       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                                                 | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck                             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                                        | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities</b>           | I will assess the status of circulation, sensation and motor function in all four extremities.                                                                                                               | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar                                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                                            | <b>(1)</b>      |                |
| Properly positions the backboard alongside the patient                                             | I will place the backboard as close to the patient as possible (ensuring that the head is aligned with the top of the board).                                                                                | <b>(1)</b>      |                |
| Directs the movement of the patient onto the board without compromising the integrity of the spine | On the count of three we are going to roll the patient onto his/her side and on another count of three, carefully roll the patient back down onto the board. (The person at the head will perform the count) | <b>(1)</b>      |                |
| Evaluates position of patient's head and pads the head as appropriate                              | I will check that the head is properly positioned on the board and will place a pad behind the head for comfort.                                                                                             | <b>(1)</b>      |                |
| Fills the voids between the torso and the board as necessary                                       | I will use appropriate padding to place beneath the lower back for comfort.                                                                                                                                  | <b>(1)</b>      |                |
| Secures the patient's torso to the device                                                          | I will secure the patient's torso and pelvis to the board using the available straps.                                                                                                                        | <b>(1)</b>      |                |
| Secures the patient's head to the device                                                           | I will secure the patient's head to the board using the available head blocks and straps.                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's legs to the device                                                           | I will secure the patient's legs to the board using the available straps.                                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's arms to the device                                                           | I will secure the patient's arms to ensure they remain close to the body during transport.                                                                                                                   | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities</b>         | I will reassess the status of circulation, sensation and motor function in all four extremities.                                                                                                             | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SUPINE

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|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------------|----------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Releases or orders the release of manual stabilization before patient was secured to the board**
- \_\_\_\_\_ **Patient was manipulated or moved excessively, causing potential spinal compromise**
- \_\_\_\_\_ **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 assess/reassess circulation, sensation and motor function of all extremities**
- \_\_\_\_\_ **Immobilized head to the board before securing torso**

## SPINAL IMMOBILIZATION SUPINE

| STEPS TO BE PERFORMED                                                                              | ACTION/VERBAL RESPONSE                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                    | I will take appropriate BSI precautions.                                                                                                                                                                     | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary)                       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                                                 | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck                             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                                        | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities</b>           | I will assess the status of circulation, sensation and motor function in all four extremities.                                                                                                               | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar                                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                                            | <b>(1)</b>      |                |
| Properly positions the backboard alongside the patient                                             | I will place the backboard as close to the patient as possible (ensuring that the head is aligned with the top of the board).                                                                                | <b>(1)</b>      |                |
| Directs the movement of the patient onto the board without compromising the integrity of the spine | On the count of three we are going to roll the patient onto his/her side and on another count of three, carefully roll the patient back down onto the board. (The person at the head will perform the count) | <b>(1)</b>      |                |
| Evaluates position of patient's head and pads the head as appropriate                              | I will check that the head is properly positioned on the board and will place a pad behind the head for comfort.                                                                                             | <b>(1)</b>      |                |
| Fills the voids between the torso and the board as necessary                                       | I will use appropriate padding to place beneath the lower back for comfort.                                                                                                                                  | <b>(1)</b>      |                |
| Secures the patient's torso to the device                                                          | I will secure the patient's torso and pelvis to the board using the available straps.                                                                                                                        | <b>(1)</b>      |                |
| Secures the patient's head to the device                                                           | I will secure the patient's head to the board using the available head blocks and straps.                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's legs to the device                                                           | I will secure the patient's legs to the board using the available straps.                                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's arms to the device                                                           | I will secure the patient's arms to ensure they remain close to the body during transport.                                                                                                                   | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities</b>         | I will reassess the status of circulation, sensation and motor function in all four extremities.                                                                                                             | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SUPINE

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|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------------|----------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Releases or orders the release of manual stabilization before patient was secured to the board**
- \_\_\_\_\_ **Patient was manipulated or moved excessively, causing potential spinal compromise**
- \_\_\_\_\_ **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 assess/reassess circulation, sensation and motor function of all extremities**
- \_\_\_\_\_ **Immobilized head to the board before securing torso**

## SPINAL IMMOBILIZATION SUPINE

| STEPS TO BE PERFORMED                                                                              | ACTION/VERBAL RESPONSE                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                    | I will take appropriate BSI precautions.                                                                                                                                                                     | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary)                       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                                                 | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck                             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                                        | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities</b>           | I will assess the status of circulation, sensation and motor function in all four extremities.                                                                                                               | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar                                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                                            | <b>(1)</b>      |                |
| Properly positions the backboard alongside the patient                                             | I will place the backboard as close to the patient as possible (ensuring that the head is aligned with the top of the board).                                                                                | <b>(1)</b>      |                |
| Directs the movement of the patient onto the board without compromising the integrity of the spine | On the count of three we are going to roll the patient onto his/her side and on another count of three, carefully roll the patient back down onto the board. (The person at the head will perform the count) | <b>(1)</b>      |                |
| Evaluates position of patient's head and pads the head as appropriate                              | I will check that the head is properly positioned on the board and will place a pad behind the head for comfort.                                                                                             | <b>(1)</b>      |                |
| Fills the voids between the torso and the board as necessary                                       | I will use appropriate padding to place beneath the lower back for comfort.                                                                                                                                  | <b>(1)</b>      |                |
| Secures the patient's torso to the device                                                          | I will secure the patient's torso and pelvis to the board using the available straps.                                                                                                                        | <b>(1)</b>      |                |
| Secures the patient's head to the device                                                           | I will secure the patient's head to the board using the available head blocks and straps.                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's legs to the device                                                           | I will secure the patient's legs to the board using the available straps.                                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's arms to the device                                                           | I will secure the patient's arms to ensure they remain close to the body during transport.                                                                                                                   | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities</b>         | I will reassess the status of circulation, sensation and motor function in all four extremities.                                                                                                             | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SUPINE

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|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------------|----------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Releases or orders the release of manual stabilization before patient was secured to the board**
- \_\_\_\_\_ **Patient was manipulated or moved excessively, causing potential spinal compromise**
- \_\_\_\_\_ **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 assess/reassess circulation, sensation and motor function of all extremities**
- \_\_\_\_\_ **Immobilized head to the board before securing torso**

## SPINAL IMMOBILIZATION SUPINE

| STEPS TO BE PERFORMED                                                                              | ACTION/VERBAL RESPONSE                                                                                                                                                                                       | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                    | I will take appropriate BSI precautions.                                                                                                                                                                     | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary)                       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                                                 | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck                             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                                        | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities</b>           | I will assess the status of circulation, sensation and motor function in all four extremities.                                                                                                               | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar                                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                                            | <b>(1)</b>      |                |
| Properly positions the backboard alongside the patient                                             | I will place the backboard as close to the patient as possible (ensuring that the head is aligned with the top of the board).                                                                                | <b>(1)</b>      |                |
| Directs the movement of the patient onto the board without compromising the integrity of the spine | On the count of three we are going to roll the patient onto his/her side and on another count of three, carefully roll the patient back down onto the board. (The person at the head will perform the count) | <b>(1)</b>      |                |
| Evaluates position of patient's head and pads the head as appropriate                              | I will check that the head is properly positioned on the board and will place a pad behind the head for comfort.                                                                                             | <b>(1)</b>      |                |
| Fills the voids between the torso and the board as necessary                                       | I will use appropriate padding to place beneath the lower back for comfort.                                                                                                                                  | <b>(1)</b>      |                |
| Secures the patient's torso to the device                                                          | I will secure the patient's torso and pelvis to the board using the available straps.                                                                                                                        | <b>(1)</b>      |                |
| Secures the patient's head to the device                                                           | I will secure the patient's head to the board using the available head blocks and straps.                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's legs to the device                                                           | I will secure the patient's legs to the board using the available straps.                                                                                                                                    | <b>(1)</b>      |                |
| Secures the patient's arms to the device                                                           | I will secure the patient's arms to ensure they remain close to the body during transport.                                                                                                                   | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities</b>         | I will reassess the status of circulation, sensation and motor function in all four extremities.                                                                                                             | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SUPINE

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|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------------|----------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Releases or orders the release of manual stabilization before patient was secured to the board**
- \_\_\_\_\_ **Patient was manipulated or moved excessively, causing potential spinal compromise**
- \_\_\_\_\_ **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 assess/reassess circulation, sensation and motor function of all extremities**
- \_\_\_\_\_ **Immobilized head to the board before securing torso**

## SPINAL IMMOBILIZATION SEATED

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                                                                                                  | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes or verbalizes appropriate body substance isolation precautions</b>               | I will take appropriate BSI precautions.                                                                                                                                                | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary).               | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                            | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck.                     | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                   | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities.</b>   | I will assess circulation, sensation and motor function in all four extremities.                                                                                                        | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar.                                                | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                       | <b>(1)</b>      |                |
| Properly positions the device behind the patient.                                           | I will properly position the device behind the patient ensuring that the device is up and under that patients armpits.                                                                  | <b>(1)</b>      |                |
| Secure the device to the patient's torso.                                                   | I will connect the bottom two torso straps tight enough to hold the device in place. (do not cinch straps at this time)                                                                 | <b>(1)</b>      |                |
| Evaluates proper fit of device and adjusts as necessary.                                    | I will double check the fit by ensuring device is snug up against the patient's armpits.                                                                                                | <b>(1)</b>      |                |
| Secures leg straps of the device.                                                           | I will secure both leg straps and cinch up tight.                                                                                                                                       | <b>(1)</b>      |                |
| Evaluates for need and pads behind patient's head as necessary.                             | I will place the necessary padding behind the patient's head to fill any void as appropriate.                                                                                           | <b>(1)</b>      |                |
| <b>*Secures the patient's head to the device.</b>                                           | I will secure the patient's head to the device using the available head and chin straps before releasing manual stabilization.                                                          | <b>(1)</b>      |                |
| Secures top torso strap.                                                                    | I will secure the top torso strap and cinch all three straps prior to extrication.                                                                                                      | <b>(1)</b>      |                |
| Verbalizes extricating patient and placement on a long board.                               | I will ask my partner to assist me in moving the patient onto the backboard. Once on the backboard I will loosen the leg straps and secure the patient to the board prior to transport. | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities.</b> | I will reassess circulation, sensation and motor function in all four extremities.                                                                                                      | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SEATED

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|                                                         |                                                                |
|---------------------------------------------------------|----------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14<br/>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------|----------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions.
- Allows release of manual stabilization before head was secured to the device.
- Patient was manipulated or moved excessively, causing potential spinal compromise.
- Device moves excessively once secured to 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 assess/reassess circulation, sensation and motor function of extremities.
- Head secured to device prior to torso.

## SPINAL IMMOBILIZATION SEATED

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                                                                                                  | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes or verbalizes appropriate body substance isolation precautions</b>               | I will take appropriate BSI precautions.                                                                                                                                                | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary).               | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                            | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck.                     | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                   | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities.</b>   | I will assess circulation, sensation and motor function in all four extremities.                                                                                                        | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar.                                                | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                       | <b>(1)</b>      |                |
| Properly positions the device behind the patient.                                           | I will properly position the device behind the patient ensuring that the device is up and under that patients armpits.                                                                  | <b>(1)</b>      |                |
| Secure the device to the patient's torso.                                                   | I will connect the bottom two torso straps tight enough to hold the device in place. (do not cinch straps at this time)                                                                 | <b>(1)</b>      |                |
| Evaluates proper fit of device and adjusts as necessary.                                    | I will double check the fit by ensuring device is snug up against the patient's armpits.                                                                                                | <b>(1)</b>      |                |
| Secures leg straps of the device.                                                           | I will secure both leg straps and cinch up tight.                                                                                                                                       | <b>(1)</b>      |                |
| Evaluates for need and pads behind patient's head as necessary.                             | I will place the necessary padding behind the patient's head to fill any void as appropriate.                                                                                           | <b>(1)</b>      |                |
| <b>*Secures the patient's head to the device.</b>                                           | I will secure the patient's head to the device using the available head and chin straps before releasing manual stabilization.                                                          | <b>(1)</b>      |                |
| Secures top torso strap.                                                                    | I will secure the top torso strap and cinch all three straps prior to extrication.                                                                                                      | <b>(1)</b>      |                |
| Verbalizes extricating patient and placement on a long board.                               | I will ask my partner to assist me in moving the patient onto the backboard. Once on the backboard I will loosen the leg straps and secure the patient to the board prior to transport. | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities.</b> | I will reassess circulation, sensation and motor function in all four extremities.                                                                                                      | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SEATED

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|                                                         |                                                                |
|---------------------------------------------------------|----------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14<br/>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------|----------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions.
- Allows release of manual stabilization before head was secured to the device.
- Patient was manipulated or moved excessively, causing potential spinal compromise.
- Device moves excessively once secured to 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 assess/reassess circulation, sensation and motor function of extremities.
- Head secured to device prior to torso.

## SPINAL IMMOBILIZATION SEATED

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                                                                                                  | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes or verbalizes appropriate body substance isolation precautions</b>               | I will take appropriate BSI precautions.                                                                                                                                                | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary).               | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                            | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck.                     | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                   | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities.</b>   | I will assess circulation, sensation and motor function in all four extremities.                                                                                                        | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar.                                                | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                       | <b>(1)</b>      |                |
| Properly positions the device behind the patient.                                           | I will properly position the device behind the patient ensuring that the device is up and under that patients armpits.                                                                  | <b>(1)</b>      |                |
| Secure the device to the patient's torso.                                                   | I will connect the bottom two torso straps tight enough to hold the device in place. (do not cinch straps at this time)                                                                 | <b>(1)</b>      |                |
| Evaluates proper fit of device and adjusts as necessary.                                    | I will double check the fit by ensuring device is snug up against the patient's armpits.                                                                                                | <b>(1)</b>      |                |
| Secures leg straps of the device.                                                           | I will secure both leg straps and cinch up tight.                                                                                                                                       | <b>(1)</b>      |                |
| Evaluates for need and pads behind patient's head as necessary.                             | I will place the necessary padding behind the patient's head to fill any void as appropriate.                                                                                           | <b>(1)</b>      |                |
| <b>*Secures the patient's head to the device.</b>                                           | I will secure the patient's head to the device using the available head and chin straps before releasing manual stabilization.                                                          | <b>(1)</b>      |                |
| Secures top torso strap.                                                                    | I will secure the top torso strap and cinch all three straps prior to extrication.                                                                                                      | <b>(1)</b>      |                |
| Verbalizes extricating patient and placement on a long board.                               | I will ask my partner to assist me in moving the patient onto the backboard. Once on the backboard I will loosen the leg straps and secure the patient to the board prior to transport. | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities.</b> | I will reassess circulation, sensation and motor function in all four extremities.                                                                                                      | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SEATED

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|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------------|----------------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions.
- Allows release of manual stabilization before head was secured to the device.
- Patient was manipulated or moved excessively, causing potential spinal compromise.
- Device moves excessively once secured to 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 assess/reassess circulation, sensation and motor function of extremities.
- Head secured to device prior to torso.

SPINAL IMMOBILIZATION  
SEATED

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                                                                                                  | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes or verbalizes appropriate body substance isolation precautions</b>               | I will take appropriate BSI precautions.                                                                                                                                                | <b>(1)</b>      |                |
| Directs assistant to place head in a neutral in-line position (if necessary).               | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.                                                            | <b>(1)</b>      |                |
| Directs assistant to maintain manual immobilization of the head & neck.                     | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                                                                   | <b>(1)</b>      |                |
| <b>* Assess distal circulation, sensation and motor function in all four extremities.</b>   | I will assess circulation, sensation and motor function in all four extremities.                                                                                                        | <b>(1)</b>      |                |
| Applies an appropriate size cervical collar.                                                | I will apply an appropriate size cervical collar and confirm fit.                                                                                                                       | <b>(1)</b>      |                |
| Properly positions the device behind the patient.                                           | I will properly position the device behind the patient ensuring that the device is up and under that patients armpits.                                                                  | <b>(1)</b>      |                |
| Secure the device to the patient's torso.                                                   | I will connect the bottom two torso straps tight enough to hold the device in place. (do not cinch straps at this time)                                                                 | <b>(1)</b>      |                |
| Evaluates proper fit of device and adjusts as necessary.                                    | I will double check the fit by ensuring device is snug up against the patient's armpits.                                                                                                | <b>(1)</b>      |                |
| Secures leg straps of the device.                                                           | I will secure both leg straps and cinch up tight.                                                                                                                                       | <b>(1)</b>      |                |
| Evaluates for need and pads behind patient's head as necessary.                             | I will place the necessary padding behind the patient's head to fill any void as appropriate.                                                                                           | <b>(1)</b>      |                |
| <b>*Secures the patient's head to the device.</b>                                           | I will secure the patient's head to the device using the available head and chin straps before releasing manual stabilization.                                                          | <b>(1)</b>      |                |
| Secures top torso strap.                                                                    | I will secure the top torso strap and cinch all three straps prior to extrication.                                                                                                      | <b>(1)</b>      |                |
| Verbalizes extricating patient and placement on a long board.                               | I will ask my partner to assist me in moving the patient onto the backboard. Once on the backboard I will loosen the leg straps and secure the patient to the board prior to transport. | <b>(1)</b>      |                |
| <b>* Reassess distal circulation, sensation and motor function in all four extremities.</b> | I will reassess circulation, sensation and motor function in all four extremities.                                                                                                      | <b>(1)</b>      |                |

SPINAL IMMOBILIZATION  
SEATED

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|                                                         |                                                                |
|---------------------------------------------------------|----------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 14<br/>MINIMUM PASSING SCORE (80%): 11</b> |
|---------------------------------------------------------|----------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions.
- Allows release of manual stabilization before head was secured to the device.
- Patient was manipulated or moved excessively, causing potential spinal compromise.
- Device moves excessively once secured to 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 assess/reassess circulation, sensation and motor function of extremities.
- Head secured to device prior to torso.

## AED/CARDIAC ARREST MANAGEMENT

| STEPS TO BE PERFORMED                                                | ACTION RESPONSE                                                                                   | POINTS | POINTS |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------|
| * Takes appropriate body substance isolation precautions             | I will take appropriate BSI precautions.                                                          | (1)    |        |
| <b>ASSESSMENT</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Briefly questions rescuer about events                               | Can anyone tell me how long this person has been down? How long have you been doing CPR?          | (1)    |        |
| Directs rescuer to stop CPR                                          | Please stop CPR.                                                                                  | (1)    |        |
| * Verifies absence of spontaneous pulse 5-10 sec                     | I'm assessing the carotid pulse to verify absence of circulation.                                 | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| Turns on defibrillator power                                         | I will turn on the AED.                                                                           | (1)    |        |
| Appropriately attaches AED pads to patient                           | I will attach the AED pads ensuring good contact.                                                 | (1)    |        |
| * Ensures everyone is clear of patient and initiates rhythm analysis | I'm clear, everyone is clear. I will now initiate rhythm analysis.                                | (1)    |        |
| Appropriately delivers shock when prompted                           | Everyone clear, I will now push the shock button.                                                 | (1)    |        |
| <b>TRANSITION</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| * Directs resumption of CPR                                          | I will direct rescuers to resume CPR.                                                             | (1)    |        |
| Gathers additional information on arrest event                       | Does anyone know how old this patient is? Does anyone know if he has a history of heart problems? | (1)    |        |
| Confirms effectiveness of CPR (ventilation and compressions)         | I am confirming depth of compressions and chest rise and fall during ventilations.                | (1)    |        |
| <b>INTEGRATION</b>                                                   | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Directs insertion of an appropriate airway adjunct                   | I will insert an appropriate airway adjunct.                                                      | (1)    |        |
| Directs ventilation of patient with BVM/Mask and supplemental oxygen | I will direct rescuers to ventilate with the BVM and supplemental oxygen.                         | (1)    |        |
| Re-evaluates patient/CPR in approximately 2 minutes                  | I will expect the AED to initiate an analysis in 2 minutes.                                       | (1)    |        |
| Repeats shock as indicated by AED                                    | I will repeat a shock if indicated by the AED.                                                    | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| <b>TRANSPORTATION</b>                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Verbalizes transportation of patient                                 | I will place the patient on a backboard in preparation for transport.                             | (1)    |        |

**AED/CARDIAC ARREST MANAGEMENT**

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|                                                         |                                                                       |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 18</b><br><b>MINIMUM PASSING SCORE (80% ): 14</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not evaluate the need for immediate use of the AED
- \_\_\_ Did not immediately direct initiation/resumption of CPR at appropriate times
- \_\_\_ Did not assure all individuals were clear of the patient before delivering a shock
- \_\_\_ Did not operate the AED properly or safely (inability to deliver shock)
- \_\_\_ Prevented the defibrillator from delivering any shock
- \_\_\_ Allowed unnecessary/prolonged interruption of CPR

## AED/CARDIAC ARREST MANAGEMENT

| STEPS TO BE PERFORMED                                                | ACTION RESPONSE                                                                                   | POINTS | POINTS |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------|
| * Takes appropriate body substance isolation precautions             | I will take appropriate BSI precautions.                                                          | (1)    |        |
| <b>ASSESSMENT</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Briefly questions rescuer about events                               | Can anyone tell me how long this person has been down? How long have you been doing CPR?          | (1)    |        |
| Directs rescuer to stop CPR                                          | Please stop CPR.                                                                                  | (1)    |        |
| * Verifies absence of spontaneous pulse 5-10 sec                     | I'm assessing the carotid pulse to verify absence of circulation.                                 | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| Turns on defibrillator power                                         | I will turn on the AED.                                                                           | (1)    |        |
| Appropriately attaches AED pads to patient                           | I will attach the AED pads ensuring good contact.                                                 | (1)    |        |
| * Ensures everyone is clear of patient and initiates rhythm analysis | I'm clear, everyone is clear. I will now initiate rhythm analysis.                                | (1)    |        |
| Appropriately delivers shock when prompted                           | Everyone clear, I will now push the shock button.                                                 | (1)    |        |
| <b>TRANSITION</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| * Directs resumption of CPR                                          | I will direct rescuers to resume CPR.                                                             | (1)    |        |
| Gathers additional information on arrest event                       | Does anyone know how old this patient is? Does anyone know if he has a history of heart problems? | (1)    |        |
| Confirms effectiveness of CPR (ventilation and compressions)         | I am confirming depth of compressions and chest rise and fall during ventilations.                | (1)    |        |
| <b>INTEGRATION</b>                                                   | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Directs insertion of an appropriate airway adjunct                   | I will insert an appropriate airway adjunct.                                                      | (1)    |        |
| Directs ventilation of patient with BVM/Mask and supplemental oxygen | I will direct rescuers to ventilate with the BVM and supplemental oxygen.                         | (1)    |        |
| Re-evaluates patient/CPR in approximately 2 minutes                  | I will expect the AED to initiate an analysis in 2 minutes.                                       | (1)    |        |
| Repeats shock as indicated by AED                                    | I will repeat a shock if indicated by the AED.                                                    | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| <b>TRANSPORTATION</b>                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Verbalizes transportation of patient                                 | I will place the patient on a backboard in preparation for transport.                             | (1)    |        |

**AED/CARDIAC ARREST MANAGEMENT**

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|                                                         |                                                                       |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 18</b><br><b>MINIMUM PASSING SCORE (80% ): 14</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not evaluate the need for immediate use of the AED
- \_\_\_ Did not immediately direct initiation/resumption of CPR at appropriate times
- \_\_\_ Did not assure all individuals were clear of the patient before delivering a shock
- \_\_\_ Did not operate the AED properly or safely (inability to deliver shock)
- \_\_\_ Prevented the defibrillator from delivering any shock
- \_\_\_ Allowed unnecessary/prolonged interruption of CPR

## AED/CARDIAC ARREST MANAGEMENT

| STEPS TO BE PERFORMED                                                | ACTION RESPONSE                                                                                   | POINTS | POINTS |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------|
| * Takes appropriate body substance isolation precautions             | I will take appropriate BSI precautions.                                                          | (1)    |        |
| <b>ASSESSMENT</b>                                                    |                                                                                                   |        |        |
| Briefly questions rescuer about events                               | Can anyone tell me how long this person has been down? How long have you been doing CPR?          | (1)    |        |
| Directs rescuer to stop CPR                                          | Please stop CPR.                                                                                  | (1)    |        |
| * Verifies absence of spontaneous pulse 5-10 sec                     | I'm assessing the carotid pulse to verify absence of circulation.                                 | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| Turns on defibrillator power                                         | I will turn on the AED.                                                                           | (1)    |        |
| Appropriately attaches AED pads to patient                           | I will attach the AED pads ensuring good contact.                                                 | (1)    |        |
| * Ensures everyone is clear of patient and initiates rhythm analysis | I'm clear, everyone is clear. I will now initiate rhythm analysis.                                | (1)    |        |
| Appropriately delivers shock when prompted                           | Everyone clear, I will now push the shock button.                                                 | (1)    |        |
| <b>TRANSITION</b>                                                    |                                                                                                   |        |        |
| * Directs resumption of CPR                                          | I will direct rescuers to resume CPR.                                                             | (1)    |        |
| Gathers additional information on arrest event                       | Does anyone know how old this patient is? Does anyone know if he has a history of heart problems? | (1)    |        |
| Confirms effectiveness of CPR (ventilation and compressions)         | I am confirming depth of compressions and chest rise and fall during ventilations.                | (1)    |        |
| <b>INTEGRATION</b>                                                   |                                                                                                   |        |        |
| Directs insertion of an appropriate airway adjunct                   | I will insert an appropriate airway adjunct.                                                      | (1)    |        |
| Directs ventilation of patient with BVM/Mask and supplemental oxygen | I will direct rescuers to ventilate with the BVM and supplemental oxygen.                         | (1)    |        |
| Re-evaluates patient/CPR in approximately 2 minutes                  | I will expect the AED to initiate an analysis in 2 minutes.                                       | (1)    |        |
| Repeats shock as indicated by AED                                    | I will repeat a shock if indicated by the AED.                                                    | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| <b>TRANSPORTATION</b>                                                |                                                                                                   |        |        |
| Verbalizes transportation of patient                                 | I will place the patient on a backboard in preparation for transport.                             | (1)    |        |

**AED/CARDIAC ARREST MANAGEMENT**

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|                                                         |                                                                       |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 18</b><br><b>MINIMUM PASSING SCORE (80% ): 14</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not evaluate the need for immediate use of the AED
- \_\_\_ Did not immediately direct initiation/resumption of CPR at appropriate times
- \_\_\_ Did not assure all individuals were clear of the patient before delivering a shock
- \_\_\_ Did not operate the AED properly or safely (inability to deliver shock)
- \_\_\_ Prevented the defibrillator from delivering any shock
- \_\_\_ Allowed unnecessary/prolonged interruption of CPR

## AED/CARDIAC ARREST MANAGEMENT

| STEPS TO BE PERFORMED                                                | ACTION RESPONSE                                                                                   | POINTS | POINTS |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------|
| * Takes appropriate body substance isolation precautions             | I will take appropriate BSI precautions.                                                          | (1)    |        |
| <b>ASSESSMENT</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Briefly questions rescuer about events                               | Can anyone tell me how long this person has been down? How long have you been doing CPR?          | (1)    |        |
| Directs rescuer to stop CPR                                          | Please stop CPR.                                                                                  | (1)    |        |
| * Verifies absence of spontaneous pulse 5-10 sec                     | I'm assessing the carotid pulse to verify absence of circulation.                                 | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| Turns on defibrillator power                                         | I will turn on the AED.                                                                           | (1)    |        |
| Appropriately attaches AED pads to patient                           | I will attach the AED pads ensuring good contact.                                                 | (1)    |        |
| * Ensures everyone is clear of patient and initiates rhythm analysis | I'm clear, everyone is clear. I will now initiate rhythm analysis.                                | (1)    |        |
| Appropriately delivers shock when prompted                           | Everyone clear, I will now push the shock button.                                                 | (1)    |        |
| <b>TRANSITION</b>                                                    | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| * Directs resumption of CPR                                          | I will direct rescuers to resume CPR.                                                             | (1)    |        |
| Gathers additional information on arrest event                       | Does anyone know how old this patient is? Does anyone know if he has a history of heart problems? | (1)    |        |
| Confirms effectiveness of CPR (ventilation and compressions)         | I am confirming depth of compressions and chest rise and fall during ventilations.                | (1)    |        |
| <b>INTEGRATION</b>                                                   | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Directs insertion of an appropriate airway adjunct                   | I will insert an appropriate airway adjunct.                                                      | (1)    |        |
| Directs ventilation of patient with BVM/Mask and supplemental oxygen | I will direct rescuers to ventilate with the BVM and supplemental oxygen.                         | (1)    |        |
| Re-evaluates patient/CPR in approximately 2 minutes                  | I will expect the AED to initiate an analysis in 2 minutes.                                       | (1)    |        |
| Repeats shock as indicated by AED                                    | I will repeat a shock if indicated by the AED.                                                    | (1)    |        |
| Directs resumption of CPR                                            | I will direct rescuer to resume CPR                                                               | (1)    |        |
| <b>TRANSPORTATION</b>                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                     |        |        |
| Verbalizes transportation of patient                                 | I will place the patient on a backboard in preparation for transport.                             | (1)    |        |

**AED/CARDIAC ARREST MANAGEMENT**

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|                                                         |                                                                       |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 18</b><br><b>MINIMUM PASSING SCORE (80% ): 14</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not evaluate the need for immediate use of the AED
- \_\_\_ Did not immediately direct initiation/resumption of CPR at appropriate times
- \_\_\_ Did not assure all individuals were clear of the patient before delivering a shock
- \_\_\_ Did not operate the AED properly or safely (inability to deliver shock)
- \_\_\_ Prevented the defibrillator from delivering any shock
- \_\_\_ Allowed unnecessary/prolonged interruption of CPR

## ORAL GLUCOSE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                               | ACTION/VERBAL RESPONSE                                                                                                                        | POINTS POSSIBLE                                                    | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------|
| * <b>Takes appropriate body substance isolation precautions</b>                                                     | I am taking appropriate BSI precautions.                                                                                                      | <b>(1)</b>                                                         |                |
| Verbalizes indications (patient with altered mental status with known history of diabetes controlled by medication) | I will verbalize the indications of Oral Glucose (patient with altered mental status with known history of diabetes controlled by medication) | <b>(1)</b>                                                         |                |
| Verbalizes contraindications (altered mental status – unresponsive, and unable to swallow)                          | I will verbalize the contraindications of Oral Glucose (unresponsive, and unable to swallow)                                                  | <b>(1)</b>                                                         |                |
| Obtains direct medical order via radio or telephone                                                                 | I will call for a medical order to administer Oral Glucose.                                                                                   | <b>(1)</b>                                                         |                |
| Administers medication, instructs patient to swallow the medication                                                 | I will administer the medication to the patient and instruct them to swallow the medication.                                                  | <b>(1)</b>                                                         |                |
| Verbalizes documentation of time, dose, response, and MD giving the order                                           | I will document the time, dose given, response to medication, and MD who gave medication order.                                               | <b>(1)</b>                                                         |                |
| Initiates transport (as indicated)                                                                                  | I will transport patient to the hospital.                                                                                                     | <b>(1)</b>                                                         |                |
| Performs ongoing assessment                                                                                         | I will perform an ongoing assessment.                                                                                                         | <b>(1)</b>                                                         |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                 |                                                                                                                                               | <b>POINTS POSSIBLE: 8</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Administers medication in improper manner**

## ORAL GLUCOSE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                               | ACTION/VERBAL RESPONSE                                                                                                                        | POINTS POSSIBLE                                                    | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------|
| * <b>Takes appropriate body substance isolation precautions</b>                                                     | I am taking appropriate BSI precautions.                                                                                                      | <b>(1)</b>                                                         |                |
| Verbalizes indications (patient with altered mental status with known history of diabetes controlled by medication) | I will verbalize the indications of Oral Glucose (patient with altered mental status with known history of diabetes controlled by medication) | <b>(1)</b>                                                         |                |
| Verbalizes contraindications (altered mental status – unresponsive, and unable to swallow)                          | I will verbalize the contraindications of Oral Glucose (unresponsive, and unable to swallow)                                                  | <b>(1)</b>                                                         |                |
| Obtains direct medical order via radio or telephone                                                                 | I will call for a medical order to administer Oral Glucose.                                                                                   | <b>(1)</b>                                                         |                |
| Administers medication, instructs patient to swallow the medication                                                 | I will administer the medication to the patient and instruct them to swallow the medication.                                                  | <b>(1)</b>                                                         |                |
| Verbalizes documentation of time, dose, response, and MD giving the order                                           | I will document the time, dose given, response to medication, and MD who gave medication order.                                               | <b>(1)</b>                                                         |                |
| Initiates transport (as indicated)                                                                                  | I will transport patient to the hospital.                                                                                                     | <b>(1)</b>                                                         |                |
| Performs ongoing assessment                                                                                         | I will perform an ongoing assessment.                                                                                                         | <b>(1)</b>                                                         |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                 |                                                                                                                                               | <b>POINTS POSSIBLE: 8</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Administers medication in improper manner**

## ORAL GLUCOSE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                               | ACTION/VERBAL RESPONSE                                                                                                                        | POINTS POSSIBLE                                                    | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------|
| * <b>Takes appropriate body substance isolation precautions</b>                                                     | I am taking appropriate BSI precautions.                                                                                                      | <b>(1)</b>                                                         |                |
| Verbalizes indications (patient with altered mental status with known history of diabetes controlled by medication) | I will verbalize the indications of Oral Glucose (patient with altered mental status with known history of diabetes controlled by medication) | <b>(1)</b>                                                         |                |
| Verbalizes contraindications (altered mental status – unresponsive, and unable to swallow)                          | I will verbalize the contraindications of Oral Glucose (unresponsive, and unable to swallow)                                                  | <b>(1)</b>                                                         |                |
| Obtains direct medical order via radio or telephone                                                                 | I will call for a medical order to administer Oral Glucose.                                                                                   | <b>(1)</b>                                                         |                |
| Administers medication, instructs patient to swallow the medication                                                 | I will administer the medication to the patient and instruct them to swallow the medication.                                                  | <b>(1)</b>                                                         |                |
| Verbalizes documentation of time, dose, response, and MD giving the order                                           | I will document the time, dose given, response to medication, and MD who gave medication order.                                               | <b>(1)</b>                                                         |                |
| Initiates transport (as indicated)                                                                                  | I will transport patient to the hospital.                                                                                                     | <b>(1)</b>                                                         |                |
| Performs ongoing assessment                                                                                         | I will perform an ongoing assessment.                                                                                                         | <b>(1)</b>                                                         |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                 |                                                                                                                                               | <b>POINTS POSSIBLE: 8</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Administers medication in improper manner**

## ORAL GLUCOSE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                               | ACTION/VERBAL RESPONSE                                                                                                                        | POINTS POSSIBLE                                                    | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------|
| * <b>Takes appropriate body substance isolation precautions</b>                                                     | I am taking appropriate BSI precautions.                                                                                                      | <b>(1)</b>                                                         |                |
| Verbalizes indications (patient with altered mental status with known history of diabetes controlled by medication) | I will verbalize the indications of Oral Glucose (patient with altered mental status with known history of diabetes controlled by medication) | <b>(1)</b>                                                         |                |
| Verbalizes contraindications (altered mental status – unresponsive, and unable to swallow)                          | I will verbalize the contraindications of Oral Glucose (unresponsive, and unable to swallow)                                                  | <b>(1)</b>                                                         |                |
| Obtains direct medical order via radio or telephone                                                                 | I will call for a medical order to administer Oral Glucose.                                                                                   | <b>(1)</b>                                                         |                |
| Administers medication, instructs patient to swallow the medication                                                 | I will administer the medication to the patient and instruct them to swallow the medication.                                                  | <b>(1)</b>                                                         |                |
| Verbalizes documentation of time, dose, response, and MD giving the order                                           | I will document the time, dose given, response to medication, and MD who gave medication order.                                               | <b>(1)</b>                                                         |                |
| Initiates transport (as indicated)                                                                                  | I will transport patient to the hospital.                                                                                                     | <b>(1)</b>                                                         |                |
| Performs ongoing assessment                                                                                         | I will perform an ongoing assessment.                                                                                                         | <b>(1)</b>                                                         |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                 |                                                                                                                                               | <b>POINTS POSSIBLE: 8</b><br><b>MINIMUM PASSING SCORE (80%): 6</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Administers medication in improper manner**

**PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION**

| <b>STEPS TO BE PERFORMED</b>                                                                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                                                                       | <b>POINTS POSSIBLE</b> | <b>POINTS AWARDED</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                             | I am taking appropriate BSI precautions.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes indications for inhaler use                                                                                      | I will verbalize the indications for the use of an Albuterol Inhaler.                                                                               | <b>(1)</b>             |                       |
| Verbalizes contraindications for inhaler use                                                                                | I will verbalize the contraindications for the use of an Albuterol Inhaler.                                                                         | <b>(1)</b>             |                       |
| Checks medication to assure medication is prescribed to the patient and checks for expiration dates                         | I will check to assure the inhaler is prescribed to this patient and check the expiration date.                                                     | <b>(1)</b>             |                       |
| Obtains direct medical order via radio or telephone                                                                         | I will call for a medical order to administer the Albuterol Inhaler.                                                                                | <b>(1)</b>             |                       |
| Shakes inhaler vigorously and removes patient from oxygen.                                                                  | I will shake the inhaler and remove the patient from oxygen.                                                                                        | <b>(1)</b>             |                       |
| Instructs patient to exhale fully, seal lips around mouth piece and pushes down on inhaler while inhaling slowly and deeply | I will instruct the patient to exhale fully, seal lips around mouth piece and push down on the inhaler while the patient inhales slowly and deeply. | <b>(1)</b>             |                       |
| Instructs patient to hold breath as long as possible                                                                        | I will instruct the patient to hold their breath as long as possible.                                                                               | <b>(1)</b>             |                       |
| Places the patient back on oxygen                                                                                           | I will place the patient back on oxygen.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                    | I will document the time, dose, MD who gave order, and the response the patient had to the inhaler.                                                 | <b>(1)</b>             |                       |
| Initiates transport                                                                                                         | I will transport the patient to the hospital.                                                                                                       | <b>(1)</b>             |                       |
| Performs ongoing assessment.                                                                                                | I will continue to perform an ongoing assessment.                                                                                                   | <b>(1)</b>             |                       |

PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80%): 10</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify medication was prescribed to the patient**
- \_\_\_\_\_ **Did not verify medication was not expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer medication in proper manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindication**

**PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION**

| STEPS TO BE PERFORMED                                                                                                       | ACTION/VERBAL RESPONSE                                                                                                                              | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                             | I am taking appropriate BSI precautions.                                                                                                            | <b>(1)</b>      |                |
| Verbalizes indications for inhaler use                                                                                      | I will verbalize the indications for the use of an Albuterol Inhaler.                                                                               | <b>(1)</b>      |                |
| Verbalizes contraindications for inhaler use                                                                                | I will verbalize the contraindications for the use of an Albuterol Inhaler.                                                                         | <b>(1)</b>      |                |
| Checks medication to assure medication is prescribed to the patient and checks for expiration dates                         | I will check to assure the inhaler is prescribed to this patient and check the expiration date.                                                     | <b>(1)</b>      |                |
| Obtains direct medical order via radio or telephone                                                                         | I will call for a medical order to administer the Albuterol Inhaler.                                                                                | <b>(1)</b>      |                |
| Shakes inhaler vigorously and removes patient from oxygen.                                                                  | I will shake the inhaler and remove the patient from oxygen.                                                                                        | <b>(1)</b>      |                |
| Instructs patient to exhale fully, seal lips around mouth piece and pushes down on inhaler while inhaling slowly and deeply | I will instruct the patient to exhale fully, seal lips around mouth piece and push down on the inhaler while the patient inhales slowly and deeply. | <b>(1)</b>      |                |
| Instructs patient to hold breath as long as possible                                                                        | I will instruct the patient to hold their breath as long as possible.                                                                               | <b>(1)</b>      |                |
| Places the patient back on oxygen                                                                                           | I will place the patient back on oxygen.                                                                                                            | <b>(1)</b>      |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                    | I will document the time, dose, MD who gave order, and the response the patient had to the inhaler.                                                 | <b>(1)</b>      |                |
| Initiates transport                                                                                                         | I will transport the patient to the hospital.                                                                                                       | <b>(1)</b>      |                |
| Performs ongoing assessment.                                                                                                | I will continue to perform an ongoing assessment.                                                                                                   | <b>(1)</b>      |                |

**PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION**

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80%): 10</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify medication was prescribed to the patient**
- \_\_\_\_\_ **Did not verify medication was not expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer medication in proper manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindication**

**PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION**

| <b>STEPS TO BE PERFORMED</b>                                                                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                                                                       | <b>POINTS POSSIBLE</b> | <b>POINTS AWARDED</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                             | I am taking appropriate BSI precautions.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes indications for inhaler use                                                                                      | I will verbalize the indications for the use of an Albuterol Inhaler.                                                                               | <b>(1)</b>             |                       |
| Verbalizes contraindications for inhaler use                                                                                | I will verbalize the contraindications for the use of an Albuterol Inhaler.                                                                         | <b>(1)</b>             |                       |
| Checks medication to assure medication is prescribed to the patient and checks for expiration dates                         | I will check to assure the inhaler is prescribed to this patient and check the expiration date.                                                     | <b>(1)</b>             |                       |
| Obtains direct medical order via radio or telephone                                                                         | I will call for a medical order to administer the Albuterol Inhaler.                                                                                | <b>(1)</b>             |                       |
| Shakes inhaler vigorously and removes patient from oxygen.                                                                  | I will shake the inhaler and remove the patient from oxygen.                                                                                        | <b>(1)</b>             |                       |
| Instructs patient to exhale fully, seal lips around mouth piece and pushes down on inhaler while inhaling slowly and deeply | I will instruct the patient to exhale fully, seal lips around mouth piece and push down on the inhaler while the patient inhales slowly and deeply. | <b>(1)</b>             |                       |
| Instructs patient to hold breath as long as possible                                                                        | I will instruct the patient to hold their breath as long as possible.                                                                               | <b>(1)</b>             |                       |
| Places the patient back on oxygen                                                                                           | I will place the patient back on oxygen.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                    | I will document the time, dose, MD who gave order, and the response the patient had to the inhaler.                                                 | <b>(1)</b>             |                       |
| Initiates transport                                                                                                         | I will transport the patient to the hospital.                                                                                                       | <b>(1)</b>             |                       |
| Performs ongoing assessment.                                                                                                | I will continue to perform an ongoing assessment.                                                                                                   | <b>(1)</b>             |                       |

PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80%): 10</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify medication was prescribed to the patient**
- \_\_\_\_\_ **Did not verify medication was not expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer medication in proper manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindication**

**PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION**

| <b>STEPS TO BE PERFORMED</b>                                                                                                | <b>ACTION/VERBAL RESPONSE</b>                                                                                                                       | <b>POINTS POSSIBLE</b> | <b>POINTS AWARDED</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                             | I am taking appropriate BSI precautions.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes indications for inhaler use                                                                                      | I will verbalize the indications for the use of an Albuterol Inhaler.                                                                               | <b>(1)</b>             |                       |
| Verbalizes contraindications for inhaler use                                                                                | I will verbalize the contraindications for the use of an Albuterol Inhaler.                                                                         | <b>(1)</b>             |                       |
| Checks medication to assure medication is prescribed to the patient and checks for expiration dates                         | I will check to assure the inhaler is prescribed to this patient and check the expiration date.                                                     | <b>(1)</b>             |                       |
| Obtains direct medical order via radio or telephone                                                                         | I will call for a medical order to administer the Albuterol Inhaler.                                                                                | <b>(1)</b>             |                       |
| Shakes inhaler vigorously and removes patient from oxygen.                                                                  | I will shake the inhaler and remove the patient from oxygen.                                                                                        | <b>(1)</b>             |                       |
| Instructs patient to exhale fully, seal lips around mouth piece and pushes down on inhaler while inhaling slowly and deeply | I will instruct the patient to exhale fully, seal lips around mouth piece and push down on the inhaler while the patient inhales slowly and deeply. | <b>(1)</b>             |                       |
| Instructs patient to hold breath as long as possible                                                                        | I will instruct the patient to hold their breath as long as possible.                                                                               | <b>(1)</b>             |                       |
| Places the patient back on oxygen                                                                                           | I will place the patient back on oxygen.                                                                                                            | <b>(1)</b>             |                       |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                    | I will document the time, dose, MD who gave order, and the response the patient had to the inhaler.                                                 | <b>(1)</b>             |                       |
| Initiates transport                                                                                                         | I will transport the patient to the hospital.                                                                                                       | <b>(1)</b>             |                       |
| Performs ongoing assessment.                                                                                                | I will continue to perform an ongoing assessment.                                                                                                   | <b>(1)</b>             |                       |

PATIENT ASSISTED ALBUTEROL INHALER  
ADMINISTRATION

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|                                                               |                                                                      |  |
|---------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA</b><br><b>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12</b><br><b>MINIMUM PASSING SCORE (80%): 10</b> |  |
|---------------------------------------------------------------|----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify medication was prescribed to the patient**
- \_\_\_\_\_ **Did not verify medication was not expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer medication in proper manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindication**

## ACTIVATED CHARCOAL ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                                                                                        | ACTION/VERBAL RESPONSE                                                                                                                                                | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                     | I will take appropriate BSI precautions.                                                                                                                              | (1)             |                |
| *Verbalizes indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                                            | I will verbalize the indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                            | (1)             |                |
| Assures baseline vital signs                                                                                                                                                 | I will direct my partner to obtain a baseline set of vital signs.                                                                                                     | (1)             |                |
| *Verbalizes contraindications (ingestion of acids or alkalis, unable to swallow)                                                                                             | I will verbalize the contraindications (ingestion of acids or alkalis, unable to swallow, unable to follow commands, unconscious)                                     | (1)             |                |
| *Obtains direct medical order via radio or telephone                                                                                                                         | I will call for a medical order to administer the Activated Charcoal.                                                                                                 | (1)             |                |
| *Administer medication (checked expiration date, shake pre-mixed bottle, persuade patient to drink via straw, if it takes a long time the container will need to be remixed) | I will administer the Activated Charcoal to the patient, after checking the expiration date, shaking the bottle, and instructing patient to drink it through a straw) | (1)             |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                                                                     | I will document the time, dose, MD who gave order, and the response the patient had to the medication.                                                                | (1)             |                |
| Initiates transport                                                                                                                                                          | I will transport the patient to the hospital.                                                                                                                         | (1)             |                |
| Performs ongoing assessment.                                                                                                                                                 | I will continue to perform an ongoing assessment.                                                                                                                     | (1)             |                |

|                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 9<br/>MINIMUM PASSING SCORE (80%): 7</b> |
|---------------------------------------------------------|--------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

\_\_\_\_\_ Did not take or verbalize body substance isolation precautions

\_\_\_\_\_ Unable to recite indications

\_\_\_\_\_ Unable to recite contraindications

\_\_\_\_\_ Did not obtain on-line medical control

\_\_\_\_\_ Did not administer charcoal properly

## ACTIVATED CHARCOAL ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                                                                                        | ACTION/VERBAL RESPONSE                                                                                                                                                | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                     | I will take appropriate BSI precautions.                                                                                                                              | (1)             |                |
| *Verbalizes indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                                            | I will verbalize the indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                            | (1)             |                |
| Assures baseline vital signs                                                                                                                                                 | I will direct my partner to obtain a baseline set of vital signs.                                                                                                     | (1)             |                |
| *Verbalizes contraindications (ingestion of acids or alkalis, unable to swallow)                                                                                             | I will verbalize the contraindications (ingestion of acids or alkalis, unable to swallow, unable to follow commands, unconscious)                                     | (1)             |                |
| *Obtains direct medical order via radio or telephone                                                                                                                         | I will call for a medical order to administer the Activated Charcoal.                                                                                                 | (1)             |                |
| *Administer medication (checked expiration date, shake pre-mixed bottle, persuade patient to drink via straw, if it takes a long time the container will need to be remixed) | I will administer the Activated Charcoal to the patient, after checking the expiration date, shaking the bottle, and instructing patient to drink it through a straw) | (1)             |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                                                                     | I will document the time, dose, MD who gave order, and the response the patient had to the medication.                                                                | (1)             |                |
| Initiates transport                                                                                                                                                          | I will transport the patient to the hospital.                                                                                                                         | (1)             |                |
| Performs ongoing assessment.                                                                                                                                                 | I will continue to perform an ongoing assessment.                                                                                                                     | (1)             |                |

|                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 9<br/>MINIMUM PASSING SCORE (80%): 7</b> |
|---------------------------------------------------------|--------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_\_\_ Did not take or verbalize body substance isolation precautions

\_\_\_\_\_ Unable to recite indications

\_\_\_\_\_ Unable to recite contraindications

\_\_\_\_\_ Did not obtain on-line medical control

\_\_\_\_\_ Did not administer charcoal properly

## ACTIVATED CHARCOAL ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                                                                                        | ACTION/VERBAL RESPONSE                                                                                                                                                | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                     | I will take appropriate BSI precautions.                                                                                                                              | (1)             |                |
| *Verbalizes indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                                            | I will verbalize the indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                            | (1)             |                |
| Assures baseline vital signs                                                                                                                                                 | I will direct my partner to obtain a baseline set of vital signs.                                                                                                     | (1)             |                |
| *Verbalizes contraindications (ingestion of acids or alkalis, unable to swallow)                                                                                             | I will verbalize the contraindications (ingestion of acids or alkalis, unable to swallow, unable to follow commands, unconscious)                                     | (1)             |                |
| *Obtains direct medical order via radio or telephone                                                                                                                         | I will call for a medical order to administer the Activated Charcoal.                                                                                                 | (1)             |                |
| *Administer medication (checked expiration date, shake pre-mixed bottle, persuade patient to drink via straw, if it takes a long time the container will need to be remixed) | I will administer the Activated Charcoal to the patient, after checking the expiration date, shaking the bottle, and instructing patient to drink it through a straw) | (1)             |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                                                                     | I will document the time, dose, MD who gave order, and the response the patient had to the medication.                                                                | (1)             |                |
| Initiates transport                                                                                                                                                          | I will transport the patient to the hospital.                                                                                                                         | (1)             |                |
| Performs ongoing assessment.                                                                                                                                                 | I will continue to perform an ongoing assessment.                                                                                                                     | (1)             |                |

|                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 9<br/>MINIMUM PASSING SCORE (80%): 7</b> |
|---------------------------------------------------------|--------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

\_\_\_\_\_ Did not take or verbalize body substance isolation precautions

\_\_\_\_\_ Unable to recite indications

\_\_\_\_\_ Unable to recite contraindications

\_\_\_\_\_ Did not obtain on-line medical control

\_\_\_\_\_ Did not administer charcoal properly

## ACTIVATED CHARCOAL ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                                                                                        | ACTION/VERBAL RESPONSE                                                                                                                                                | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                     | I will take appropriate BSI precautions.                                                                                                                              | (1)             |                |
| *Verbalizes indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                                            | I will verbalize the indications (poisoning by mouth, patient awake/alert with gag reflex)                                                                            | (1)             |                |
| Assures baseline vital signs                                                                                                                                                 | I will direct my partner to obtain a baseline set of vital signs.                                                                                                     | (1)             |                |
| *Verbalizes contraindications (ingestion of acids or alkalis, unable to swallow)                                                                                             | I will verbalize the contraindications (ingestion of acids or alkalis, unable to swallow, unable to follow commands, unconscious)                                     | (1)             |                |
| *Obtains direct medical order via radio or telephone                                                                                                                         | I will call for a medical order to administer the Activated Charcoal.                                                                                                 | (1)             |                |
| *Administer medication (checked expiration date, shake pre-mixed bottle, persuade patient to drink via straw, if it takes a long time the container will need to be remixed) | I will administer the Activated Charcoal to the patient, after checking the expiration date, shaking the bottle, and instructing patient to drink it through a straw) | (1)             |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the inhaler                                                                                     | I will document the time, dose, MD who gave order, and the response the patient had to the medication.                                                                | (1)             |                |
| Initiates transport                                                                                                                                                          | I will transport the patient to the hospital.                                                                                                                         | (1)             |                |
| Performs ongoing assessment.                                                                                                                                                 | I will continue to perform an ongoing assessment.                                                                                                                     | (1)             |                |

|                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 9<br/>MINIMUM PASSING SCORE (80%): 7</b> |
|---------------------------------------------------------|--------------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

\_\_\_\_\_ Did not take or verbalize body substance isolation precautions

\_\_\_\_\_ Unable to recite indications

\_\_\_\_\_ Unable to recite contraindications

\_\_\_\_\_ Did not obtain on-line medical control

\_\_\_\_\_ Did not administer charcoal properly

## ASPIRIN ADMINISTRATION

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                 | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                             | I am taking appropriate BSI precautions.                                                               | <b>(1)</b>      |                |
| Verbalizes indications for Aspirin administration                                           | I will verbalize the indications for Aspirin administration.                                           | <b>(1)</b>      |                |
| Checks for allergies to medication                                                          | I will determine if my patient has any allergies to Aspirin.                                           | <b>(1)</b>      |                |
| Verbalizes contraindications for Aspirin administration                                     | I will verbalize the contraindications for Aspirin administration.                                     | <b>(1)</b>      |                |
| Checks for the expiration date                                                              | I will check the expiration date of the medication.                                                    | <b>(1)</b>      |                |
| Obtains direct medical order via radio or telephone                                         | I will call for a medical order to administer Aspirin.                                                 | <b>(1)</b>      |                |
| States the appropriate dose.                                                                | The appropriate dose for Aspirin is 81mg x 4 = 324mg                                                   | <b>(1)</b>      |                |
| Instructs the patient to chew the baby Aspirin                                              | I will instruct the patient to chew the baby Aspirin.                                                  | <b>(1)</b>      |                |
| Verbalizes the side effects                                                                 | I will verbalize the side effects of Aspirin.                                                          | <b>(1)</b>      |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the medication | I will document the time, dose, MD who gave order, and the response the patient had to the medication. | <b>(1)</b>      |                |
| Initiates transport                                                                         | I will transport the patient to the hospital.                                                          | <b>(1)</b>      |                |
| Performs ongoing assessment.                                                                | I will continue to perform an ongoing assessment.                                                      | <b>(1)</b>      |                |

ASPIRIN  
ADMINISTRATION

|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not verify that the medication was expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer the medication in the appropriate manner
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications
- \_\_\_\_\_ Unable to recite the appropriate dose
- \_\_\_\_\_ Did not ask for allergies to the medication

## ASPIRIN ADMINISTRATION

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                 | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                             | I am taking appropriate BSI precautions.                                                               | <b>(1)</b>      |                |
| Verbalizes indications for Aspirin administration                                           | I will verbalize the indications for Aspirin administration.                                           | <b>(1)</b>      |                |
| Checks for allergies to medication                                                          | I will determine if my patient has any allergies to Aspirin.                                           | <b>(1)</b>      |                |
| Verbalizes contraindications for Aspirin administration                                     | I will verbalize the contraindications for Aspirin administration.                                     | <b>(1)</b>      |                |
| Checks for the expiration date                                                              | I will check the expiration date of the medication.                                                    | <b>(1)</b>      |                |
| Obtains direct medical order via radio or telephone                                         | I will call for a medical order to administer Aspirin.                                                 | <b>(1)</b>      |                |
| States the appropriate dose.                                                                | The appropriate dose for Aspirin is 81mg x 4 = 324mg                                                   | <b>(1)</b>      |                |
| Instructs the patient to chew the baby Aspirin                                              | I will instruct the patient to chew the baby Aspirin.                                                  | <b>(1)</b>      |                |
| Verbalizes the side effects                                                                 | I will verbalize the side effects of Aspirin.                                                          | <b>(1)</b>      |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the medication | I will document the time, dose, MD who gave order, and the response the patient had to the medication. | <b>(1)</b>      |                |
| Initiates transport                                                                         | I will transport the patient to the hospital.                                                          | <b>(1)</b>      |                |
| Performs ongoing assessment.                                                                | I will continue to perform an ongoing assessment.                                                      | <b>(1)</b>      |                |

ASPIRIN  
ADMINISTRATION

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|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify that the medication was expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer the medication in the appropriate manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Unable to recite the appropriate dose**
- \_\_\_\_\_ **Did not ask for allergies to the medication**

## ASPIRIN ADMINISTRATION

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                 | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                             | I am taking appropriate BSI precautions.                                                               | <b>(1)</b>      |                |
| Verbalizes indications for Aspirin administration                                           | I will verbalize the indications for Aspirin administration.                                           | <b>(1)</b>      |                |
| Checks for allergies to medication                                                          | I will determine if my patient has any allergies to Aspirin.                                           | <b>(1)</b>      |                |
| Verbalizes contraindications for Aspirin administration                                     | I will verbalize the contraindications for Aspirin administration.                                     | <b>(1)</b>      |                |
| Checks for the expiration date                                                              | I will check the expiration date of the medication.                                                    | <b>(1)</b>      |                |
| Obtains direct medical order via radio or telephone                                         | I will call for a medical order to administer Aspirin.                                                 | <b>(1)</b>      |                |
| States the appropriate dose.                                                                | The appropriate dose for Aspirin is 81mg x 4 = 324mg                                                   | <b>(1)</b>      |                |
| Instructs the patient to chew the baby Aspirin                                              | I will instruct the patient to chew the baby Aspirin.                                                  | <b>(1)</b>      |                |
| Verbalizes the side effects                                                                 | I will verbalize the side effects of Aspirin.                                                          | <b>(1)</b>      |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the medication | I will document the time, dose, MD who gave order, and the response the patient had to the medication. | <b>(1)</b>      |                |
| Initiates transport                                                                         | I will transport the patient to the hospital.                                                          | <b>(1)</b>      |                |
| Performs ongoing assessment.                                                                | I will continue to perform an ongoing assessment.                                                      | <b>(1)</b>      |                |

ASPIRIN  
ADMINISTRATION

|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not verify that the medication was expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer the medication in the appropriate manner
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications
- \_\_\_\_\_ Unable to recite the appropriate dose
- \_\_\_\_\_ Did not ask for allergies to the medication

## ASPIRIN ADMINISTRATION

| STEPS TO BE PERFORMED                                                                       | ACTION/VERBAL RESPONSE                                                                                 | POINTS POSSIBLE | POINTS AWARDED |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                             | I am taking appropriate BSI precautions.                                                               | <b>(1)</b>      |                |
| Verbalizes indications for Aspirin administration                                           | I will verbalize the indications for Aspirin administration.                                           | <b>(1)</b>      |                |
| Checks for allergies to medication                                                          | I will determine if my patient has any allergies to Aspirin.                                           | <b>(1)</b>      |                |
| Verbalizes contraindications for Aspirin administration                                     | I will verbalize the contraindications for Aspirin administration.                                     | <b>(1)</b>      |                |
| Checks for the expiration date                                                              | I will check the expiration date of the medication.                                                    | <b>(1)</b>      |                |
| Obtains direct medical order via radio or telephone                                         | I will call for a medical order to administer Aspirin.                                                 | <b>(1)</b>      |                |
| States the appropriate dose.                                                                | The appropriate dose for Aspirin is 81mg x 4 = 324mg                                                   | <b>(1)</b>      |                |
| Instructs the patient to chew the baby Aspirin                                              | I will instruct the patient to chew the baby Aspirin.                                                  | <b>(1)</b>      |                |
| Verbalizes the side effects                                                                 | I will verbalize the side effects of Aspirin.                                                          | <b>(1)</b>      |                |
| Verbalizes documentation of time, dose, MD giving order, and the response to the medication | I will document the time, dose, MD who gave order, and the response the patient had to the medication. | <b>(1)</b>      |                |
| Initiates transport                                                                         | I will transport the patient to the hospital.                                                          | <b>(1)</b>      |                |
| Performs ongoing assessment.                                                                | I will continue to perform an ongoing assessment.                                                      | <b>(1)</b>      |                |

ASPIRIN  
ADMINISTRATION

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|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</b> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not verify that the medication was expired**
- \_\_\_\_\_ **Did not obtain on-line medical control**
- \_\_\_\_\_ **Did not administer the medication in the appropriate manner**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**
- \_\_\_\_\_ **Unable to recite the appropriate dose**
- \_\_\_\_\_ **Did not ask for allergies to the medication**

## EPINEPHRINE AUTO-INJECTOR ADMINISTRATION

| STEPS TO BE PERFORMED                                           | ACTION/VERBAL RESPONSE                                                      | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b> | I am taking appropriate BSI precautions.                                    | <b>(1)</b>      |                |
| Verbalized indications                                          | I will verbalize the indications for epinephrine.                           | <b>(1)</b>      |                |
| Verbalizes contraindications                                    | I will verbalize the contraindications for epinephrine.                     | <b>(1)</b>      |                |
| Contacts medical direction for authorization                    | I will contact medical direction for authorization to give this medication. | <b>(1)</b>      |                |
| Obtains patient's auto-injector                                 | I will obtain the patients epinephrine auto-injector.                       | <b>(1)</b>      |                |
| Assures injector is prescribed for the patient                  | I will check to make sure the medication belongs to the patient.            | <b>(1)</b>      |                |
| Checks medication for expiration date                           | I will check the expiration date.                                           | <b>(1)</b>      |                |
| Checks medication for cloudiness or discoloration               | I will check the medication for cloudiness or discoloration.                | <b>(1)</b>      |                |
| Removes safety cap from the injector                            | I will remove the cap from the injector.                                    | <b>(1)</b>      |                |
| Selects appropriate injection site (lateral thigh)              | I will administer the medication in the appropriate site (lateral thigh)    | <b>(1)</b>      |                |
| Pushes injector firmly against site                             | I will push the injector firmly against site.                               | <b>(1)</b>      |                |
| Holds injector against site for a minimum of ten (10) seconds   | I will hold the injector against the site for a minimum of ten (10) seconds | <b>(1)</b>      |                |
| Properly discards auto-injector                                 | I will dispose of the auto-injector in the proper manner.                   | <b>(1)</b>      |                |
| Verbalizes monitoring the patient while transporting            | I will monitor the patient during transport.                                | <b>(1)</b>      |                |
| Initiates transport                                             | I will transport the patient to the hospital                                | <b>(1)</b>      |                |
| Performs ongoing assessment                                     | I will perform an ongoing assessment.                                       | <b>(1)</b>      |                |

**EPINEPHRINE AUTO-INJECTOR  
ADMINISTRATION**

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 16<br/>MINIMUM PASSING SCORE (80%): 13</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not contact medical direction for authorization**
- \_\_\_\_\_ **Did not check medication for prescription, cloudiness, or discoloration**
- \_\_\_\_\_ **Did not use an appropriate injection site**
- \_\_\_\_\_ **Did not hold the injector against the injection site for ten (10) seconds or longer**
- \_\_\_\_\_ **Did not discard auto-injector into appropriate container**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**

## EPINEPHRINE AUTO-INJECTOR ADMINISTRATION

| STEPS TO BE PERFORMED                                           | ACTION/VERBAL RESPONSE                                                      | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b> | I am taking appropriate BSI precautions.                                    | <b>(1)</b>      |                |
| Verbalized indications                                          | I will verbalize the indications for epinephrine.                           | <b>(1)</b>      |                |
| Verbalizes contraindications                                    | I will verbalize the contraindications for epinephrine.                     | <b>(1)</b>      |                |
| Contacts medical direction for authorization                    | I will contact medical direction for authorization to give this medication. | <b>(1)</b>      |                |
| Obtains patient's auto-injector                                 | I will obtain the patients epinephrine auto-injector.                       | <b>(1)</b>      |                |
| Assures injector is prescribed for the patient                  | I will check to make sure the medication belongs to the patient.            | <b>(1)</b>      |                |
| Checks medication for expiration date                           | I will check the expiration date.                                           | <b>(1)</b>      |                |
| Checks medication for cloudiness or discoloration               | I will check the medication for cloudiness or discoloration.                | <b>(1)</b>      |                |
| Removes safety cap from the injector                            | I will remove the cap from the injector.                                    | <b>(1)</b>      |                |
| Selects appropriate injection site (lateral thigh)              | I will administer the medication in the appropriate site (lateral thigh)    | <b>(1)</b>      |                |
| Pushes injector firmly against site                             | I will push the injector firmly against site.                               | <b>(1)</b>      |                |
| Holds injector against site for a minimum of ten (10) seconds   | I will hold the injector against the site for a minimum of ten (10) seconds | <b>(1)</b>      |                |
| Properly discards auto-injector                                 | I will dispose of the auto-injector in the proper manner.                   | <b>(1)</b>      |                |
| Verbalizes monitoring the patient while transporting            | I will monitor the patient during transport.                                | <b>(1)</b>      |                |
| Initiates transport                                             | I will transport the patient to the hospital                                | <b>(1)</b>      |                |
| Performs ongoing assessment                                     | I will perform an ongoing assessment.                                       | <b>(1)</b>      |                |

**EPINEPHRINE AUTO-INJECTOR  
ADMINISTRATION**

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 16<br/>MINIMUM PASSING SCORE (80%): 13</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not contact medical direction for authorization**
- \_\_\_\_\_ **Did not check medication for prescription, cloudiness, or discoloration**
- \_\_\_\_\_ **Did not use an appropriate injection site**
- \_\_\_\_\_ **Did not hold the injector against the injection site for ten (10) seconds or longer**
- \_\_\_\_\_ **Did not discard auto-injector into appropriate container**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**

## EPINEPHRINE AUTO-INJECTOR ADMINISTRATION

| STEPS TO BE PERFORMED                                           | ACTION/VERBAL RESPONSE                                                      | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b> | I am taking appropriate BSI precautions.                                    | <b>(1)</b>      |                |
| Verbalized indications                                          | I will verbalize the indications for epinephrine.                           | <b>(1)</b>      |                |
| Verbalizes contraindications                                    | I will verbalize the contraindications for epinephrine.                     | <b>(1)</b>      |                |
| Contacts medical direction for authorization                    | I will contact medical direction for authorization to give this medication. | <b>(1)</b>      |                |
| Obtains patient's auto-injector                                 | I will obtain the patients epinephrine auto-injector.                       | <b>(1)</b>      |                |
| Assures injector is prescribed for the patient                  | I will check to make sure the medication belongs to the patient.            | <b>(1)</b>      |                |
| Checks medication for expiration date                           | I will check the expiration date.                                           | <b>(1)</b>      |                |
| Checks medication for cloudiness or discoloration               | I will check the medication for cloudiness or discoloration.                | <b>(1)</b>      |                |
| Removes safety cap from the injector                            | I will remove the cap from the injector.                                    | <b>(1)</b>      |                |
| Selects appropriate injection site (lateral thigh)              | I will administer the medication in the appropriate site (lateral thigh)    | <b>(1)</b>      |                |
| Pushes injector firmly against site                             | I will push the injector firmly against site.                               | <b>(1)</b>      |                |
| Holds injector against site for a minimum of ten (10) seconds   | I will hold the injector against the site for a minimum of ten (10) seconds | <b>(1)</b>      |                |
| Properly discards auto-injector                                 | I will dispose of the auto-injector in the proper manner.                   | <b>(1)</b>      |                |
| Verbalizes monitoring the patient while transporting            | I will monitor the patient during transport.                                | <b>(1)</b>      |                |
| Initiates transport                                             | I will transport the patient to the hospital                                | <b>(1)</b>      |                |
| Performs ongoing assessment                                     | I will perform an ongoing assessment.                                       | <b>(1)</b>      |                |

**EPINEPHRINE AUTO-INJECTOR  
ADMINISTRATION**

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 16<br/>MINIMUM PASSING SCORE (80%): 13</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not contact medical direction for authorization**
- \_\_\_\_\_ **Did not check medication for prescription, cloudiness, or discoloration**
- \_\_\_\_\_ **Did not use an appropriate injection site**
- \_\_\_\_\_ **Did not hold the injector against the injection site for ten (10) seconds or longer**
- \_\_\_\_\_ **Did not discard auto-injector into appropriate container**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**

## EPINEPHRINE AUTO-INJECTOR ADMINISTRATION

| STEPS TO BE PERFORMED                                           | ACTION/VERBAL RESPONSE                                                      | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b> | I am taking appropriate BSI precautions.                                    | <b>(1)</b>      |                |
| Verbalized indications                                          | I will verbalize the indications for epinephrine.                           | <b>(1)</b>      |                |
| Verbalizes contraindications                                    | I will verbalize the contraindications for epinephrine.                     | <b>(1)</b>      |                |
| Contacts medical direction for authorization                    | I will contact medical direction for authorization to give this medication. | <b>(1)</b>      |                |
| Obtains patient's auto-injector                                 | I will obtain the patients epinephrine auto-injector.                       | <b>(1)</b>      |                |
| Assures injector is prescribed for the patient                  | I will check to make sure the medication belongs to the patient.            | <b>(1)</b>      |                |
| Checks medication for expiration date                           | I will check the expiration date.                                           | <b>(1)</b>      |                |
| Checks medication for cloudiness or discoloration               | I will check the medication for cloudiness or discoloration.                | <b>(1)</b>      |                |
| Removes safety cap from the injector                            | I will remove the cap from the injector.                                    | <b>(1)</b>      |                |
| Selects appropriate injection site (lateral thigh)              | I will administer the medication in the appropriate site (lateral thigh)    | <b>(1)</b>      |                |
| Pushes injector firmly against site                             | I will push the injector firmly against site.                               | <b>(1)</b>      |                |
| Holds injector against site for a minimum of ten (10) seconds   | I will hold the injector against the site for a minimum of ten (10) seconds | <b>(1)</b>      |                |
| Properly discards auto-injector                                 | I will dispose of the auto-injector in the proper manner.                   | <b>(1)</b>      |                |
| Verbalizes monitoring the patient while transporting            | I will monitor the patient during transport.                                | <b>(1)</b>      |                |
| Initiates transport                                             | I will transport the patient to the hospital                                | <b>(1)</b>      |                |
| Performs ongoing assessment                                     | I will perform an ongoing assessment.                                       | <b>(1)</b>      |                |

**EPINEPHRINE AUTO-INJECTOR  
ADMINISTRATION**

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|                                                         |                                                                |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b> | <b>POINTS POSSIBLE: 16<br/>MINIMUM PASSING SCORE (80%): 13</b> |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Did not contact medical direction for authorization**
- \_\_\_\_\_ **Did not check medication for prescription, cloudiness, or discoloration**
- \_\_\_\_\_ **Did not use an appropriate injection site**
- \_\_\_\_\_ **Did not hold the injector against the injection site for ten (10) seconds or longer**
- \_\_\_\_\_ **Did not discard auto-injector into appropriate container**
- \_\_\_\_\_ **Unable to recite indications**
- \_\_\_\_\_ **Unable to recite contraindications**

## NITROGLYCERINE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                            | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                  | I am taking appropriate BSI precautions.                                                                        | <b>(1)</b>      |                |
| Assure baseline vital signs (systolic BP must be greater than 100)                                               | I will check the vital signs and assure the systolic BP is greater than 100.                                    | <b>(1)</b>      |                |
| Verbalizes indications                                                                                           | I will verbalize the indications.                                                                               | <b>(1)</b>      |                |
| Verbalizes contraindications                                                                                     | I will verbalize the contraindications.                                                                         | <b>(1)</b>      |                |
| Checks medication for prescription and expiration date                                                           | I will check the prescription and expiration date.                                                              | <b>(1)</b>      |                |
| Calls for medical direction                                                                                      | I will call for medical direction.                                                                              | <b>(1)</b>      |                |
| Place under tongue (or spray under tongue)                                                                       | I will place the medication under the tongue or spray into the mouth.                                           | <b>(1)</b>      |                |
| Reassess vital signs                                                                                             | I will reassess vital signs.                                                                                    | <b>(1)</b>      |                |
| Verbalizes repeat of NTG in 3-5 minutes if no relief and if systolic BP is greater than 100 (maximum of 3 doses) | I will repeat the administration of NTG in 3-5 minutes if no relief and if the systolic BP is greater than 100. | <b>(1)</b>      |                |
| Verbalized documentation of time, response to NTG, and MD giving order                                           | I will document the time, response to medication, and MD who gave the order.                                    | <b>(1)</b>      |                |
| Initiates transport                                                                                              | I will transport the patient.                                                                                   | <b>(1)</b>      |                |
| Performs ongoing assessment                                                                                      | I will perform an ongoing assessment.                                                                           | <b>(1)</b>      |                |

NITROGLYCERINE  
ADMINISTRATION

|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <p>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</p> | <p>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</p> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not assure BP was greater than 100 systolic
- \_\_\_\_\_ Did not verify medication was prescribed to patient
- \_\_\_\_\_ Did not verify medication was not expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer medication in proper manner
- \_\_\_\_\_ Verbalized improper dosing regimen
- \_\_\_\_\_ Did not verbalize reassessing BP after administration of medication
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications

## NITROGLYCERINE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                            | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                  | I am taking appropriate BSI precautions.                                                                        | <b>(1)</b>      |                |
| Assure baseline vital signs (systolic BP must be greater than 100)                                               | I will check the vital signs and assure the systolic BP is greater than 100.                                    | <b>(1)</b>      |                |
| Verbalizes indications                                                                                           | I will verbalize the indications.                                                                               | <b>(1)</b>      |                |
| Verbalizes contraindications                                                                                     | I will verbalize the contraindications.                                                                         | <b>(1)</b>      |                |
| Checks medication for prescription and expiration date                                                           | I will check the prescription and expiration date.                                                              | <b>(1)</b>      |                |
| Calls for medical direction                                                                                      | I will call for medical direction.                                                                              | <b>(1)</b>      |                |
| Place under tongue (or spray under tongue)                                                                       | I will place the medication under the tongue or spray into the mouth.                                           | <b>(1)</b>      |                |
| Reassess vital signs                                                                                             | I will reassess vital signs.                                                                                    | <b>(1)</b>      |                |
| Verbalizes repeat of NTG in 3-5 minutes if no relief and if systolic BP is greater than 100 (maximum of 3 doses) | I will repeat the administration of NTG in 3-5 minutes if no relief and if the systolic BP is greater than 100. | <b>(1)</b>      |                |
| Verbalized documentation of time, response to NTG, and MD giving order                                           | I will document the time, response to medication, and MD who gave the order.                                    | <b>(1)</b>      |                |
| Initiates transport                                                                                              | I will transport the patient.                                                                                   | <b>(1)</b>      |                |
| Performs ongoing assessment                                                                                      | I will perform an ongoing assessment.                                                                           | <b>(1)</b>      |                |

NITROGLYCERINE  
ADMINISTRATION

|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <p>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</p> | <p>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</p> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not assure BP was greater than 100 systolic
- \_\_\_\_\_ Did not verify medication was prescribed to patient
- \_\_\_\_\_ Did not verify medication was not expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer medication in proper manner
- \_\_\_\_\_ Verbalized improper dosing regimen
- \_\_\_\_\_ Did not verbalize reassessing BP after administration of medication
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications

## NITROGLYCERINE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                            | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                  | I am taking appropriate BSI precautions.                                                                        | <b>(1)</b>      |                |
| Assure baseline vital signs (systolic BP must be greater than 100)                                               | I will check the vital signs and assure the systolic BP is greater than 100.                                    | <b>(1)</b>      |                |
| Verbalizes indications                                                                                           | I will verbalize the indications.                                                                               | <b>(1)</b>      |                |
| Verbalizes contraindications                                                                                     | I will verbalize the contraindications.                                                                         | <b>(1)</b>      |                |
| Checks medication for prescription and expiration date                                                           | I will check the prescription and expiration date.                                                              | <b>(1)</b>      |                |
| Calls for medical direction                                                                                      | I will call for medical direction.                                                                              | <b>(1)</b>      |                |
| Place under tongue (or spray under tongue)                                                                       | I will place the medication under the tongue or spray into the mouth.                                           | <b>(1)</b>      |                |
| Reassess vital signs                                                                                             | I will reassess vital signs.                                                                                    | <b>(1)</b>      |                |
| Verbalizes repeat of NTG in 3-5 minutes if no relief and if systolic BP is greater than 100 (maximum of 3 doses) | I will repeat the administration of NTG in 3-5 minutes if no relief and if the systolic BP is greater than 100. | <b>(1)</b>      |                |
| Verbalized documentation of time, response to NTG, and MD giving order                                           | I will document the time, response to medication, and MD who gave the order.                                    | <b>(1)</b>      |                |
| Initiates transport                                                                                              | I will transport the patient.                                                                                   | <b>(1)</b>      |                |
| Performs ongoing assessment                                                                                      | I will perform an ongoing assessment.                                                                           | <b>(1)</b>      |                |

NITROGLYCERINE  
ADMINISTRATION

|                                                         |                                                                 |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|
| <p>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</p> | <p>POINTS POSSIBLE: 12<br/>MINIMUM PASSING SCORE (80% ): 10</p> |  |
|---------------------------------------------------------|-----------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not assure BP was greater than 100 systolic
- \_\_\_\_\_ Did not verify medication was prescribed to patient
- \_\_\_\_\_ Did not verify medication was not expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer medication in proper manner
- \_\_\_\_\_ Verbalized improper dosing regimen
- \_\_\_\_\_ Did not verbalize reassessing BP after administration of medication
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications

## NITROGLYCERINE ADMINISTRATION

| STEPS TO BE PERFORMED                                                                                            | ACTION/VERBAL RESPONSE                                                                                          | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b>                                                  | I am taking appropriate BSI precautions.                                                                        | <b>(1)</b>      |                |
| Assure baseline vital signs (systolic BP must be greater than 100)                                               | I will check the vital signs and assure the systolic BP is greater than 100.                                    | <b>(1)</b>      |                |
| Verbalizes indications                                                                                           | I will verbalize the indications.                                                                               | <b>(1)</b>      |                |
| Verbalizes contraindications                                                                                     | I will verbalize the contraindications.                                                                         | <b>(1)</b>      |                |
| Checks medication for prescription and expiration date                                                           | I will check the prescription and expiration date.                                                              | <b>(1)</b>      |                |
| Calls for medical direction                                                                                      | I will call for medical direction.                                                                              | <b>(1)</b>      |                |
| Place under tongue (or spray under tongue)                                                                       | I will place the medication under the tongue or spray into the mouth.                                           | <b>(1)</b>      |                |
| Reassess vital signs                                                                                             | I will reassess vital signs.                                                                                    | <b>(1)</b>      |                |
| Verbalizes repeat of NTG in 3-5 minutes if no relief and if systolic BP is greater than 100 (maximum of 3 doses) | I will repeat the administration of NTG in 3-5 minutes if no relief and if the systolic BP is greater than 100. | <b>(1)</b>      |                |
| Verbalized documentation of time, response to NTG, and MD giving order                                           | I will document the time, response to medication, and MD who gave the order.                                    | <b>(1)</b>      |                |
| Initiates transport                                                                                              | I will transport the patient.                                                                                   | <b>(1)</b>      |                |
| Performs ongoing assessment                                                                                      | I will perform an ongoing assessment.                                                                           | <b>(1)</b>      |                |

NITROGLYCERINE  
ADMINISTRATION

|                                                                       |                                                                               |  |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| <p><b>* = CRITICAL CRITERIA</b><br/><b>(Must Perform to Pass)</b></p> | <p><b>POINTS POSSIBLE: 12</b><br/><b>MINIMUM PASSING SCORE (80% ): 10</b></p> |  |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not assure BP was greater than 100 systolic
- \_\_\_\_\_ Did not verify medication was prescribed to patient
- \_\_\_\_\_ Did not verify medication was not expired
- \_\_\_\_\_ Did not obtain on-line medical control
- \_\_\_\_\_ Did not administer medication in proper manner
- \_\_\_\_\_ Verbalized improper dosing regimen
- \_\_\_\_\_ Did not verbalize reassessing BP after administration of medication
- \_\_\_\_\_ Unable to recite indications
- \_\_\_\_\_ Unable to recite contraindications

## SPINAL IMMOBILIZATION CERVICAL COLLAR

| STEPS TO BE PERFORMED                                                               | ACTION/VERBAL RESPONSE                                                                                                                 | POINTS POSSIBLE           | POINTS AWARDED   |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| * Takes appropriate body substance isolation precautions                            | I am taking appropriate BSI precautions.                                                                                               | (1)                       |                  |
| *Directs assistant to place head in a neutral in-line position (if necessary)       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.           | (1)                       |                  |
| *Directs assistant to maintain manual immobilization of the head & neck             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                  | (1)                       |                  |
| * Assess distal circulation, sensation and motor function in all four extremities   | I will assess the status of circulation, sensation and motor function in all four extremities.                                         | (1)                       |                  |
| *Measures patient and appropriately sizes c-collar                                  | I will appropriately measure the patient from the bottom of the jaw to the top of the clavicle, and adjust the c-collar appropriately. | (1)                       |                  |
| *Applies an appropriate size cervical collar                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                      | (1)                       |                  |
| * Reassess distal circulation, sensation and motor function in all four extremities | I will reassess the status of circulation, sensation and motor function in all four extremities.                                       | (1)                       |                  |
| * = CRITICAL CRITERIA<br>(Must Perform to Pass)                                     |                                                                                                                                        | <b>POINTS POSSIBLE: 7</b> | <b>Pass/Fail</b> |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not instruct partner to manually immobilize head in neutral, in-line position
- \_\_\_\_\_ Did not properly measure patient
- \_\_\_\_\_ Did not properly size cervical collar
- \_\_\_\_\_ Application of collar causes excessive movement/rotation of the head
- \_\_\_\_\_ Head not in neutral, in-line position after application of collar
- \_\_\_\_\_ Selected collar allows for excessive movement/rotation of the head
- \_\_\_\_\_ Did not assess/reassess circulation, sensation and motor function of all extremities

## SPINAL IMMOBILIZATION CERVICAL COLLAR

| STEPS TO BE PERFORMED                                                               | ACTION/VERBAL RESPONSE                                                                                                                 | POINTS POSSIBLE           | POINTS AWARDED   |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| * Takes appropriate body substance isolation precautions                            | I am taking appropriate BSI precautions.                                                                                               | (1)                       |                  |
| *Directs assistant to place head in a neutral in-line position (if necessary)       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.           | (1)                       |                  |
| *Directs assistant to maintain manual immobilization of the head & neck             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                  | (1)                       |                  |
| * Assess distal circulation, sensation and motor function in all four extremities   | I will assess the status of circulation, sensation and motor function in all four extremities.                                         | (1)                       |                  |
| *Measures patient and appropriately sizes c-collar                                  | I will appropriately measure the patient from the bottom of the jaw to the top of the clavicle, and adjust the c-collar appropriately. | (1)                       |                  |
| *Applies an appropriate size cervical collar                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                      | (1)                       |                  |
| * Reassess distal circulation, sensation and motor function in all four extremities | I will reassess the status of circulation, sensation and motor function in all four extremities.                                       | (1)                       |                  |
| * = CRITICAL CRITERIA<br>(Must Perform to Pass)                                     |                                                                                                                                        | <b>POINTS POSSIBLE: 7</b> | <b>Pass/Fail</b> |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not instruct partner to manually immobilize head in neutral, in-line position
- \_\_\_\_\_ Did not properly measure patient
- \_\_\_\_\_ Did not properly size cervical collar
- \_\_\_\_\_ Application of collar causes excessive movement/rotation of the head
- \_\_\_\_\_ Head not in neutral, in-line position after application of collar
- \_\_\_\_\_ Selected collar allows for excessive movement/rotation of the head
- \_\_\_\_\_ Did not assess/reassess circulation, sensation and motor function of all extremities

## SPINAL IMMOBILIZATION CERVICAL COLLAR

| STEPS TO BE PERFORMED                                                               | ACTION/VERBAL RESPONSE                                                                                                                 | POINTS POSSIBLE           | POINTS AWARDED   |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| * Takes appropriate body substance isolation precautions                            | I am taking appropriate BSI precautions.                                                                                               | (1)                       |                  |
| *Directs assistant to place head in a neutral in-line position (if necessary)       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.           | (1)                       |                  |
| *Directs assistant to maintain manual immobilization of the head & neck             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                  | (1)                       |                  |
| * Assess distal circulation, sensation and motor function in all four extremities   | I will assess the status of circulation, sensation and motor function in all four extremities.                                         | (1)                       |                  |
| *Measures patient and appropriately sizes c-collar                                  | I will appropriately measure the patient from the bottom of the jaw to the top of the clavicle, and adjust the c-collar appropriately. | (1)                       |                  |
| *Applies an appropriate size cervical collar                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                      | (1)                       |                  |
| * Reassess distal circulation, sensation and motor function in all four extremities | I will reassess the status of circulation, sensation and motor function in all four extremities.                                       | (1)                       |                  |
| * = CRITICAL CRITERIA<br>(Must Perform to Pass)                                     |                                                                                                                                        | <b>POINTS POSSIBLE: 7</b> | <b>Pass/Fail</b> |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not instruct partner to manually immobilize head in neutral, in-line position
- \_\_\_\_\_ Did not properly measure patient
- \_\_\_\_\_ Did not properly size cervical collar
- \_\_\_\_\_ Application of collar causes excessive movement/rotation of the head
- \_\_\_\_\_ Head not in neutral, in-line position after application of collar
- \_\_\_\_\_ Selected collar allows for excessive movement/rotation of the head
- \_\_\_\_\_ Did not assess/reassess circulation, sensation and motor function of all extremities

## SPINAL IMMOBILIZATION CERVICAL COLLAR

| STEPS TO BE PERFORMED                                                               | ACTION/VERBAL RESPONSE                                                                                                                 | POINTS POSSIBLE           | POINTS AWARDED   |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| * Takes appropriate body substance isolation precautions                            | I am taking appropriate BSI precautions.                                                                                               | (1)                       |                  |
| *Directs assistant to place head in a neutral in-line position (if necessary)       | I will direct my partner to place both hands on the patient's head and bring the head into neutral alignment with the spine.           | (1)                       |                  |
| *Directs assistant to maintain manual immobilization of the head & neck             | I will direct my partner to maintain manual stabilization of the head and neck and do not let go until I tell you to.                  | (1)                       |                  |
| * Assess distal circulation, sensation and motor function in all four extremities   | I will assess the status of circulation, sensation and motor function in all four extremities.                                         | (1)                       |                  |
| *Measures patient and appropriately sizes c-collar                                  | I will appropriately measure the patient from the bottom of the jaw to the top of the clavicle, and adjust the c-collar appropriately. | (1)                       |                  |
| *Applies an appropriate size cervical collar                                        | I will apply an appropriate size cervical collar and confirm fit.                                                                      | (1)                       |                  |
| * Reassess distal circulation, sensation and motor function in all four extremities | I will reassess the status of circulation, sensation and motor function in all four extremities.                                       | (1)                       |                  |
| * = CRITICAL CRITERIA<br>(Must Perform to Pass)                                     |                                                                                                                                        | <b>POINTS POSSIBLE: 7</b> | <b>Pass/Fail</b> |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not instruct partner to manually immobilize head in neutral, in-line position
- \_\_\_\_\_ Did not properly measure patient
- \_\_\_\_\_ Did not properly size cervical collar
- \_\_\_\_\_ Application of collar causes excessive movement/rotation of the head
- \_\_\_\_\_ Head not in neutral, in-line position after application of collar
- \_\_\_\_\_ Selected collar allows for excessive movement/rotation of the head
- \_\_\_\_\_ Did not assess/reassess circulation, sensation and motor function of all extremities

## VITAL SIGNS

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>Blood Pressure by AUSCULTATION</b>                                                       |                                                                                                                          |            |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                       | I will apply the proper size cuff above the arterial point.                                                              | <b>(1)</b> |  |
| Palpates arterial point distal to cuff and applies stethoscope diaphragm to arterial point  | I will locate an arterial point distal to the cuff. I will place the diaphragm of the stethoscope on the arterial point. | <b>(1)</b> |  |
| Inflates cuff to above level of top Korotkoff sound                                         | I will inflate the cuff above the Korotkoff sound.                                                                       | <b>(1)</b> |  |
| SLOWLY releases air at 2-4 mmHg per heartbeat                                               | I will slowly release the cuff pressure.                                                                                 | <b>(1)</b> |  |
| <b>*Accurately identifies systolic and diastolic Korotkoff points (checked by examiner)</b> | I will identify the systolic and diastolic pressures.                                                                    | <b>(1)</b> |  |
| Records result (checked against examiners)                                                  | I will record results.                                                                                                   | <b>(1)</b> |  |
| Verbalizes results                                                                          | I will verbalize the results.                                                                                            | <b>(1)</b> |  |

## VITAL SIGNS

| <b>Blood Pressure by PALPATION</b>                                                        |                                                                 |     |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|--|
| Applies proper size cuff to extremity                                                     | I will apply the proper size cuff above the arterial point.     | (1) |  |
| Palpates arterial point distal to cuff                                                    | I will locate and palpate an arterial point distal to the cuff. | (1) |  |
| Inflates cuff to above loss of pulse                                                      | I will inflate the cuff until the pulse is lost.                | (1) |  |
| SLOWLY releases air until palpation of arterial pulse possible                            | I will slowly release air until pulse returns.                  | (1) |  |
| <b>*Accurately identifies systolic pressure (checked against BP obtained by examiner)</b> | I will identify the systolic pressure.                          | (1) |  |
| Records result                                                                            | I will record results.                                          | (1) |  |
| Verbalizes results                                                                        | I will verbalize the results.                                   | (1) |  |

| <b>Pulse</b>                                |                                                   |     |  |
|---------------------------------------------|---------------------------------------------------|-----|--|
| Palpates arterial point                     | I will palpate an arterial pulse point.           | (1) |  |
| <b>*Appropriately calculates heart rate</b> | I will appropriately calculate the heart rate.    | (1) |  |
| Records pulse rate (checked by examiner)    | I will record results including rate and quality. | (1) |  |
| Verbalizes results                          | I will verbalize the results.                     | (1) |  |

VITAL SIGNS

| Respirations                                   |                                                   |     |  |
|------------------------------------------------|---------------------------------------------------|-----|--|
| *Appropriately calculates respirations         | I will appropriately calculate respirations.      | (1) |  |
| Records respiration rate (checked by examiner) | I will record results including rate and quality. | (1) |  |
| Verbalizes results                             | I will verbalize the results.                     | (1) |  |

|                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 22<br>MINIMUM PASSING SCORE (80%): 18 |
|-------------------------------------------------|--------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not accurately identify systolic and diastolic points (Auscultation)
- \_\_\_ Did not accurately identify systolic pressure (Palpation)
- \_\_\_ Did not appropriately calculate heart rate (Pulse)
- \_\_\_ Did not appropriately calculate respirations

## VITAL SIGNS

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>Blood Pressure by AUSCULTATION</b>                                                       |                                                                                                                          |            |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                       | I will apply the proper size cuff above the arterial point.                                                              | <b>(1)</b> |  |
| Palpates arterial point distal to cuff and applies stethoscope diaphragm to arterial point  | I will locate an arterial point distal to the cuff. I will place the diaphragm of the stethoscope on the arterial point. | <b>(1)</b> |  |
| Inflates cuff to above level of top Korotkoff sound                                         | I will inflate the cuff above the Korotkoff sound.                                                                       | <b>(1)</b> |  |
| SLOWLY releases air at 2-4 mmHg per heartbeat                                               | I will slowly release the cuff pressure.                                                                                 | <b>(1)</b> |  |
| <b>*Accurately identifies systolic and diastolic Korotkoff points (checked by examiner)</b> | I will identify the systolic and diastolic pressures.                                                                    | <b>(1)</b> |  |
| Records result (checked against examiners)                                                  | I will record results.                                                                                                   | <b>(1)</b> |  |
| Verbalizes results                                                                          | I will verbalize the results.                                                                                            | <b>(1)</b> |  |

## VITAL SIGNS

| <b>Blood Pressure by PALPATION</b>                                                        |                                                                 |            |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                     | I will apply the proper size cuff above the arterial point.     | <b>(1)</b> |  |
| Palpates arterial point distal to cuff                                                    | I will locate and palpate an arterial point distal to the cuff. | <b>(1)</b> |  |
| Inflates cuff to above loss of pulse                                                      | I will inflate the cuff until the pulse is lost.                | <b>(1)</b> |  |
| SLOWLY releases air until palpation of arterial pulse possible                            | I will slowly release air until pulse returns.                  | <b>(1)</b> |  |
| <b>*Accurately identifies systolic pressure (checked against BP obtained by examiner)</b> | I will identify the systolic pressure.                          | <b>(1)</b> |  |
| Records result                                                                            | I will record results.                                          | <b>(1)</b> |  |
| Verbalizes results                                                                        | I will verbalize the results.                                   | <b>(1)</b> |  |

| <b>Pulse</b>                                |                                                   |            |  |
|---------------------------------------------|---------------------------------------------------|------------|--|
| Palpates arterial point                     | I will palpate an arterial pulse point.           | <b>(1)</b> |  |
| <b>*Appropriately calculates heart rate</b> | I will appropriately calculate the heart rate.    | <b>(1)</b> |  |
| Records pulse rate (checked by examiner)    | I will record results including rate and quality. | <b>(1)</b> |  |
| Verbalizes results                          | I will verbalize the results.                     | <b>(1)</b> |  |

VITAL SIGNS

| Respirations                                   |                                                   |     |  |
|------------------------------------------------|---------------------------------------------------|-----|--|
| *Appropriately calculates respirations         | I will appropriately calculate respirations.      | (1) |  |
| Records respiration rate (checked by examiner) | I will record results including rate and quality. | (1) |  |
| Verbalizes results                             | I will verbalize the results.                     | (1) |  |

|                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 22<br>MINIMUM PASSING SCORE (80%): 18 |
|-------------------------------------------------|--------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not accurately identify systolic and diastolic points (Auscultation)
- \_\_\_ Did not accurately identify systolic pressure (Palpation)
- \_\_\_ Did not appropriately calculate heart rate (Pulse)
- \_\_\_ Did not appropriately calculate respirations

## VITAL SIGNS

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>Blood Pressure by AUSCULTATION</b>                                                       |                                                                                                                          |            |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                       | I will apply the proper size cuff above the arterial point.                                                              | <b>(1)</b> |  |
| Palpates arterial point distal to cuff and applies stethoscope diaphragm to arterial point  | I will locate an arterial point distal to the cuff. I will place the diaphragm of the stethoscope on the arterial point. | <b>(1)</b> |  |
| Inflates cuff to above level of top Korotkoff sound                                         | I will inflate the cuff above the Korotkoff sound.                                                                       | <b>(1)</b> |  |
| SLOWLY releases air at 2-4 mmHg per heartbeat                                               | I will slowly release the cuff pressure.                                                                                 | <b>(1)</b> |  |
| <b>*Accurately identifies systolic and diastolic Korotkoff points (checked by examiner)</b> | I will identify the systolic and diastolic pressures.                                                                    | <b>(1)</b> |  |
| Records result (checked against examiners)                                                  | I will record results.                                                                                                   | <b>(1)</b> |  |
| Verbalizes results                                                                          | I will verbalize the results.                                                                                            | <b>(1)</b> |  |

## VITAL SIGNS

| <b>Blood Pressure by PALPATION</b>                                                        |                                                                 |            |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                     | I will apply the proper size cuff above the arterial point.     | <b>(1)</b> |  |
| Palpates arterial point distal to cuff                                                    | I will locate and palpate an arterial point distal to the cuff. | <b>(1)</b> |  |
| Inflates cuff to above loss of pulse                                                      | I will inflate the cuff until the pulse is lost.                | <b>(1)</b> |  |
| SLOWLY releases air until palpation of arterial pulse possible                            | I will slowly release air until pulse returns.                  | <b>(1)</b> |  |
| <b>*Accurately identifies systolic pressure (checked against BP obtained by examiner)</b> | I will identify the systolic pressure.                          | <b>(1)</b> |  |
| Records result                                                                            | I will record results.                                          | <b>(1)</b> |  |
| Verbalizes results                                                                        | I will verbalize the results.                                   | <b>(1)</b> |  |

| <b>Pulse</b>                                |                                                   |            |  |
|---------------------------------------------|---------------------------------------------------|------------|--|
| Palpates arterial point                     | I will palpate an arterial pulse point.           | <b>(1)</b> |  |
| <b>*Appropriately calculates heart rate</b> | I will appropriately calculate the heart rate.    | <b>(1)</b> |  |
| Records pulse rate (checked by examiner)    | I will record results including rate and quality. | <b>(1)</b> |  |
| Verbalizes results                          | I will verbalize the results.                     | <b>(1)</b> |  |

VITAL SIGNS

| Respirations                                   |                                                   |     |  |
|------------------------------------------------|---------------------------------------------------|-----|--|
| *Appropriately calculates respirations         | I will appropriately calculate respirations.      | (1) |  |
| Records respiration rate (checked by examiner) | I will record results including rate and quality. | (1) |  |
| Verbalizes results                             | I will verbalize the results.                     | (1) |  |

|                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 22<br>MINIMUM PASSING SCORE (80%): 18 |
|-------------------------------------------------|--------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not accurately identify systolic and diastolic points (Auscultation)
- \_\_\_ Did not accurately identify systolic pressure (Palpation)
- \_\_\_ Did not appropriately calculate heart rate (Pulse)
- \_\_\_ Did not appropriately calculate respirations

## VITAL SIGNS

---

| STEPS TO BE PERFORMED                                    | ACTION/VERBAL RESPONSE                   | POINTS POSSIBLE | POINTS AWARDED |
|----------------------------------------------------------|------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions | I will take appropriate BSI precautions. | <b>(1)</b>      |                |

| <b>Blood Pressure by AUSCULTATION</b>                                                      |                                                                                                                          |            |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                      | I will apply the proper size cuff above the arterial point.                                                              | <b>(1)</b> |  |
| Palpates arterial point distal to cuff and applies stethoscope diaphragm to arterial point | I will locate an arterial point distal to the cuff. I will place the diaphragm of the stethoscope on the arterial point. | <b>(1)</b> |  |
| Inflates cuff to above level of top Korotkoff sound                                        | I will inflate the cuff above the Korotkoff sound.                                                                       | <b>(1)</b> |  |
| SLOWLY releases air at 2-4 mmHg per heartbeat                                              | I will slowly release the cuff pressure.                                                                                 | <b>(1)</b> |  |
| *Accurately identifies systolic and diastolic Korotkoff points (checked by examiner)       | I will identify the systolic and diastolic pressures.                                                                    | <b>(1)</b> |  |
| Records result (checked against examiners)                                                 | I will record results.                                                                                                   | <b>(1)</b> |  |
| Verbalizes results                                                                         | I will verbalize the results.                                                                                            | <b>(1)</b> |  |

## VITAL SIGNS

| <b>Blood Pressure by PALPATION</b>                                                        |                                                                 |            |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|--|
| Applies proper size cuff to extremity                                                     | I will apply the proper size cuff above the arterial point.     | <b>(1)</b> |  |
| Palpates arterial point distal to cuff                                                    | I will locate and palpate an arterial point distal to the cuff. | <b>(1)</b> |  |
| Inflates cuff to above loss of pulse                                                      | I will inflate the cuff until the pulse is lost.                | <b>(1)</b> |  |
| SLOWLY releases air until palpation of arterial pulse possible                            | I will slowly release air until pulse returns.                  | <b>(1)</b> |  |
| <b>*Accurately identifies systolic pressure (checked against BP obtained by examiner)</b> | I will identify the systolic pressure.                          | <b>(1)</b> |  |
| Records result                                                                            | I will record results.                                          | <b>(1)</b> |  |
| Verbalizes results                                                                        | I will verbalize the results.                                   | <b>(1)</b> |  |

| <b>Pulse</b>                                |                                                   |            |  |
|---------------------------------------------|---------------------------------------------------|------------|--|
| Palpates arterial point                     | I will palpate an arterial pulse point.           | <b>(1)</b> |  |
| <b>*Appropriately calculates heart rate</b> | I will appropriately calculate the heart rate.    | <b>(1)</b> |  |
| Records pulse rate (checked by examiner)    | I will record results including rate and quality. | <b>(1)</b> |  |
| Verbalizes results                          | I will verbalize the results.                     | <b>(1)</b> |  |

VITAL SIGNS

| Respirations                                   |                                                   |     |  |
|------------------------------------------------|---------------------------------------------------|-----|--|
| *Appropriately calculates respirations         | I will appropriately calculate respirations.      | (1) |  |
| Records respiration rate (checked by examiner) | I will record results including rate and quality. | (1) |  |
| Verbalizes results                             | I will verbalize the results.                     | (1) |  |

|                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 22<br>MINIMUM PASSING SCORE (80%): 18 |
|-------------------------------------------------|--------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take body substance isolation precautions
- \_\_\_ Did not accurately identify systolic and diastolic points (Auscultation)
- \_\_\_ Did not accurately identify systolic pressure (Palpation)
- \_\_\_ Did not appropriately calculate heart rate (Pulse)
- \_\_\_ Did not appropriately calculate respirations

## GLUCOMETER

| STEPS TO BE PERFORMED                                                                                                                                                                                                           | ACTION/VERBAL RESPONSE                                                    | POINTS POSSIBLE                                                      | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                                                                        | I will take appropriate BSI precautions.                                  | <b>(1)</b>                                                           |                |
| Checks equipment <ul style="list-style-type: none"> <li>• Glucose machine (1 point)</li> <li>• Test strip (1point)</li> <li>• Needle or spring-loaded puncture device (1 point)</li> <li>• Alcohol prep(s) (1 point)</li> </ul> | I will check the equipment.                                               | <b>(4)</b>                                                           |                |
| Explains the procedure to the patient                                                                                                                                                                                           | I will explain the procedure to the patient.                              | <b>(1)</b>                                                           |                |
| Turns on power to the machine                                                                                                                                                                                                   | I will turn the power on to the machine.                                  | <b>(1)</b>                                                           |                |
| Preps finger tip with alcohol prep                                                                                                                                                                                              | I will prep the finger tip with alcohol prep.                             | <b>(1)</b>                                                           |                |
| Lances the prepped site with a needle/lancet device, drawing blood                                                                                                                                                              | I will lance the prepped site with a needle/lancet device, drawing blood. | <b>(1)</b>                                                           |                |
| Expresses blood sample and transfers it to test strip                                                                                                                                                                           | I will take the blood sample and transfer it to the test strip.           | <b>(1)</b>                                                           |                |
| Dresses puncture site                                                                                                                                                                                                           | I will appropriately dress the puncture site.                             | <b>(1)</b>                                                           |                |
| Records reading from monitor and documents appropriately                                                                                                                                                                        | I will records the reading from the monitor and document appropriately.   | <b>(1)</b>                                                           |                |
| Identifies the normal parameters for blood glucose                                                                                                                                                                              | The normal parameter for blood glucose is 60-120mg/dl                     | <b>(1)</b>                                                           |                |
| Disposes/verbalizes disposal of needle/lancet in appropriate container                                                                                                                                                          | I will dispose of the needle/lancet in the appropriate container.         | <b>(1)</b>                                                           |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                                                                                                                             |                                                                           | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- Did not take or verbalize BSI
- Failure to identify normal parameters
- Took dangerous or inappropriate actions
- Failure to dispose of needle/lancet in an appropriate container

## GLUCOMETER

| STEPS TO BE PERFORMED                                                                                                                                                                                                           | ACTION/VERBAL RESPONSE                                                    | POINTS POSSIBLE                                                      | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                                                                        | I will take appropriate BSI precautions.                                  | <b>(1)</b>                                                           |                |
| Checks equipment <ul style="list-style-type: none"> <li>• Glucose machine (1 point)</li> <li>• Test strip (1point)</li> <li>• Needle or spring-loaded puncture device (1 point)</li> <li>• Alcohol prep(s) (1 point)</li> </ul> | I will check the equipment.                                               | <b>(4)</b>                                                           |                |
| Explains the procedure to the patient                                                                                                                                                                                           | I will explain the procedure to the patient.                              | <b>(1)</b>                                                           |                |
| Turns on power to the machine                                                                                                                                                                                                   | I will turn the power on to the machine.                                  | <b>(1)</b>                                                           |                |
| Preps finger tip with alcohol prep                                                                                                                                                                                              | I will prep the finger tip with alcohol prep.                             | <b>(1)</b>                                                           |                |
| Lances the prepped site with a needle/lancet device, drawing blood                                                                                                                                                              | I will lance the prepped site with a needle/lancet device, drawing blood. | <b>(1)</b>                                                           |                |
| Expresses blood sample and transfers it to test strip                                                                                                                                                                           | I will take the blood sample and transfer it to the test strip.           | <b>(1)</b>                                                           |                |
| Dresses puncture site                                                                                                                                                                                                           | I will appropriately dress the puncture site.                             | <b>(1)</b>                                                           |                |
| Records reading from monitor and documents appropriately                                                                                                                                                                        | I will records the reading from the monitor and document appropriately.   | <b>(1)</b>                                                           |                |
| Identifies the normal parameters for blood glucose                                                                                                                                                                              | The normal parameter for blood glucose is 60-120mg/dl                     | <b>(1)</b>                                                           |                |
| Disposes/verbalizes disposal of needle/lancet in appropriate container                                                                                                                                                          | I will dispose of the needle/lancet in the appropriate container.         | <b>(1)</b>                                                           |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                                                                                                                             |                                                                           | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- Did not take or verbalize BSI
- Failure to identify normal parameters
- Took dangerous or inappropriate actions
- Failure to dispose of needle/lancet in an appropriate container

## GLUCOMETER

| STEPS TO BE PERFORMED                                                                                                                                                                                                           | ACTION/VERBAL RESPONSE                                                    | POINTS POSSIBLE                                                      | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                                                                        | I will take appropriate BSI precautions.                                  | <b>(1)</b>                                                           |                |
| Checks equipment <ul style="list-style-type: none"> <li>• Glucose machine (1 point)</li> <li>• Test strip (1point)</li> <li>• Needle or spring-loaded puncture device (1 point)</li> <li>• Alcohol prep(s) (1 point)</li> </ul> | I will check the equipment.                                               | <b>(4)</b>                                                           |                |
| Explains the procedure to the patient                                                                                                                                                                                           | I will explain the procedure to the patient.                              | <b>(1)</b>                                                           |                |
| Turns on power to the machine                                                                                                                                                                                                   | I will turn the power on to the machine.                                  | <b>(1)</b>                                                           |                |
| Preps finger tip with alcohol prep                                                                                                                                                                                              | I will prep the finger tip with alcohol prep.                             | <b>(1)</b>                                                           |                |
| Lances the prepped site with a needle/lancet device, drawing blood                                                                                                                                                              | I will lance the prepped site with a needle/lancet device, drawing blood. | <b>(1)</b>                                                           |                |
| Expresses blood sample and transfers it to test strip                                                                                                                                                                           | I will take the blood sample and transfer it to the test strip.           | <b>(1)</b>                                                           |                |
| Dresses puncture site                                                                                                                                                                                                           | I will appropriately dress the puncture site.                             | <b>(1)</b>                                                           |                |
| Records reading from monitor and documents appropriately                                                                                                                                                                        | I will records the reading from the monitor and document appropriately.   | <b>(1)</b>                                                           |                |
| Identifies the normal parameters for blood glucose                                                                                                                                                                              | The normal parameter for blood glucose is 60-120mg/dl                     | <b>(1)</b>                                                           |                |
| Disposes/verbalizes disposal of needle/lancet in appropriate container                                                                                                                                                          | I will dispose of the needle/lancet in the appropriate container.         | <b>(1)</b>                                                           |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                                                                                                                             |                                                                           | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- Did not take or verbalize BSI
- Failure to identify normal parameters
- Took dangerous or inappropriate actions
- Failure to dispose of needle/lancet in an appropriate container

## GLUCOMETER

| STEPS TO BE PERFORMED                                                                                                                                                                                                           | ACTION/VERBAL RESPONSE                                                    | POINTS POSSIBLE                                                      | POINTS AWARDED |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                                                                        | I will take appropriate BSI precautions.                                  | <b>(1)</b>                                                           |                |
| Checks equipment <ul style="list-style-type: none"> <li>• Glucose machine (1 point)</li> <li>• Test strip (1point)</li> <li>• Needle or spring-loaded puncture device (1 point)</li> <li>• Alcohol prep(s) (1 point)</li> </ul> | I will check the equipment.                                               | <b>(4)</b>                                                           |                |
| Explains the procedure to the patient                                                                                                                                                                                           | I will explain the procedure to the patient.                              | <b>(1)</b>                                                           |                |
| Turns on power to the machine                                                                                                                                                                                                   | I will turn the power on to the machine.                                  | <b>(1)</b>                                                           |                |
| Preps finger tip with alcohol prep                                                                                                                                                                                              | I will prep the finger tip with alcohol prep.                             | <b>(1)</b>                                                           |                |
| Lances the prepped site with a needle/lancet device, drawing blood                                                                                                                                                              | I will lance the prepped site with a needle/lancet device, drawing blood. | <b>(1)</b>                                                           |                |
| Expresses blood sample and transfers it to test strip                                                                                                                                                                           | I will take the blood sample and transfer it to the test strip.           | <b>(1)</b>                                                           |                |
| Dresses puncture site                                                                                                                                                                                                           | I will appropriately dress the puncture site.                             | <b>(1)</b>                                                           |                |
| Records reading from monitor and documents appropriately                                                                                                                                                                        | I will records the reading from the monitor and document appropriately.   | <b>(1)</b>                                                           |                |
| Identifies the normal parameters for blood glucose                                                                                                                                                                              | The normal parameter for blood glucose is 60-120mg/dl                     | <b>(1)</b>                                                           |                |
| Disposes/verbalizes disposal of needle/lancet in appropriate container                                                                                                                                                          | I will dispose of the needle/lancet in the appropriate container.         | <b>(1)</b>                                                           |                |
| <b>* = CRITICAL CRITERIA (Must Perform to Pass)</b>                                                                                                                                                                             |                                                                           | <b>POINTS POSSIBLE: 14</b><br><b>MINIMUM PASSING SCORE (80%): 11</b> |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Critical Criteria

- Did not take or verbalize BSI
- Failure to identify normal parameters
- Took dangerous or inappropriate actions
- Failure to dispose of needle/lancet in an appropriate container

MOUTH TO MASK

| STEPS TO BE PERFORMED                                                                                       | ACTION/VERBAL RESPONSE                                                                                                                                                   | POINTS POSSIBLE | POINTS AWARDED |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes or verbalizes appropriate body substance isolation precautions                                      | I will take appropriate BSI precautions.                                                                                                                                 | (1)             |                |
| Connects one-way valve to mask                                                                              | I will place an appropriate one-way-valve to the mask.                                                                                                                   | (1)             |                |
| Opens airway (manually or with adjunct)                                                                     | I will insure an open airway either manually or by inserting an appropriate airway.                                                                                      | (1)             |                |
| Establishes and maintains a proper mask to face seal                                                        | I will place the mask over the patient's face and insure a tight seal around the mask.                                                                                   | (1)             |                |
| * Ventilates the patient at the proper volume and rate (700-1000 ml per breath/10 to 12 breaths per minute) | I will ventilate the patient once every 5 to 6 seconds or approximately 10 - 12 times per minute. I will watch for chest rise and fall to determine proper tidal volume. | (1)             |                |
| <b>NOTE: the examiner must witness ventilations for at least 30 seconds</b>                                 |                                                                                                                                                                          |                 |                |

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| * = CRITICAL CRITERIA<br>(Must Perform to Pass) | POINTS POSSIBLE: 5<br>MINIMUM PASSING SCORE (80%): 4 |
|-------------------------------------------------|------------------------------------------------------|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not provide proper volume per breath
- \_\_\_ Did not ventilate the patient at 10 -12 breaths per minute
- \_\_\_ Did not allow for complete exhalation

## HELMET REMOVAL

| STEPS TO BE PERFORMED                                                  | ACTION/VERBAL RESPONSE                                                              | POINTS POSSIBLE | POINTS AWARDED |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions               | I am taking appropriate BSI precautions.                                            | (1)             |                |
| Instructs partner to provide in-line stabilization                     | I will instruct my partner to provide in-line stabilization.                        | (1)             |                |
| Disconnect chin straps                                                 | I will disconnect the chin straps.                                                  | (1)             |                |
| Grasps lower edge of helmet and pulls laterally to expand opening      | I will grasp the lower edge of the helmet and pull laterally to expand the opening. | (1)             |                |
| Maneuvers helmet over and under occiput to clear head                  | I will maneuver helmet over and under occiput to clear head.                        | (1)             |                |
| Places padding under head as needed to maintain neutral neck alignment | I will place padding under head as needed to maintain neutral neck alignment.       | (1)             |                |
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b>                | <b>POINTS POSSIBLE: 6<br/>MINIMUM PASSING SCORE (80%): 5</b>                        |                 |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not instruct partner to take/maintain manual immobilization of the head
- \_\_\_\_\_ Removal of helmet caused excessive manipulation of the head/spine
- \_\_\_\_\_ Did not pad adequately under head to maintain neutral alignment

## SCOOP STRETCHER

| STEPS TO BE PERFORMED                                                                                                 | ACTION/VERBAL RESPONSE                                                               | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------|----------------|
| * <b>Takes appropriate body substance isolation precautions</b>                                                       | I am taking appropriate BSI precautions.                                             | (1)             |                |
| Scoop stretcher measured for patient and divided in half                                                              | I will size the scoop stretcher to an appropriate length and separate the two sides. | (1)             |                |
| One side of scoop is placed under patient (Patient may be log rolled slightly to facilitate positioning of stretcher) | I will place one side of the scoop under the patient.                                | (1)             |                |
| Second side of scoop positioned and latch is secured                                                                  | I will position the second side and secure the latches.                              | (1)             |                |
| Straps thorax                                                                                                         | I will strap the thorax.                                                             | (1)             |                |
| Secures pelvis/hips with straps over iliac crests                                                                     | I will secure the pelvis/hips by strapping over the iliac crest.                     | (1)             |                |
| Places padding behind head to maintain neutral position                                                               | I will place padding behind the head to maintain a neutral position.                 | (1)             |                |
| Secures blanket rolls, towel rolls, or head immobilizer to scoop                                                      | I will secure blanket rolls, towel rolls, or head immobilizers to scoop.             | (1)             |                |
| Places the scoop stretcher on a backboard                                                                             | I will place the scoop stretcher on the backboard.                                   | (1)             |                |
| * = <b>CRITICAL CRITERIA</b><br>(Must Perform to Pass)                                                                | <b>POINTS POSSIBLE: 9</b><br><b>MINIMUM PASSING SCORE (80%): 7</b>                   |                 |                |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ **Did not take or verbalize body substance isolation precautions**
- \_\_\_\_\_ **Scoop sized inappropriately for patient's length**
- \_\_\_\_\_ **Patient moved excessively while being placed on stretcher**
- \_\_\_\_\_ **Patient not secured to stretcher**

## CHILDBIRTH

| STEPS TO BE PERFORMED                                           | ACTION/VERBAL RESPONSE                                                       | POINTS POSSIBLE | POINTS AWARDED |
|-----------------------------------------------------------------|------------------------------------------------------------------------------|-----------------|----------------|
| <b>* Takes appropriate body substance isolation precautions</b> | I am taking appropriate BSI precautions.                                     | (1)             |                |
| Examines for fetal presentation                                 | I will examine for fetal presentation.                                       | (1)             |                |
| Assembles equipment                                             | I will assemble equipment.                                                   | (1)             |                |
| Supports head and allows for delivery                           | I will support the head and allow for delivery.                              | (1)             |                |
| Checks for presence of nuchal cord                              | I will check for presence of nuchal cord.                                    | (1)             |                |
| Suctions airway (mouth, then nose) with bulb syringe            | I will suction the infant's airway, mouth then nose.                         | (1)             |                |
| Delivers upper and lower shoulders                              | I will assist with delivery of the upper and lower shoulders.                | (1)             |                |
| Delivers remaining body and holds securely                      | I will assist with delivery of the remaining body.                           | (1)             |                |
| Suctions airway (mouth then nose) with bulb syringe             | I will suction the infant's airway, mouth then nose again.                   | (1)             |                |
| Dries infant and wraps to keep warm                             | I will dry the infant and wrap it to keep warm.                              | (1)             |                |
| First APGAR score (1 min)                                       | I will perform the first APGAR test,                                         | (1)             |                |
| Clamps and cuts cord                                            | I will clamp and cut the cord at the appropriate measurements.               | (1)             |                |
| Places infant into mother's breast                              | I will encourage the mother to breast feed and promote warmth.               | (1)             |                |
| Second APGAR score (5 min)                                      | I will perform the second APGAR test.                                        | (1)             |                |
| Delivers placenta and places in container                       | I will assist with the delivery of the placenta and place it in a container. | (1)             |                |
| Apply pad to opening of vagina                                  | I will apply a pad to the opening of the vagina                              | (1)             |                |
| Massages fundus                                                 | I will massage the fundus if excessive bleeding presents.                    | (1)             |                |
| Positions mother for transport                                  | I will position mother for transport                                         | (1)             |                |
| Treat for shock as necessary                                    | I will treat for shock as necessary.                                         | (1)             |                |

CHILDBIRTH

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|                                                                |                                                                       |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------|--|
| <p><b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b></p> | <p><b>POINTS POSSIBLE: 19<br/>MINIMUM PASSING SCORE (80%): 15</b></p> |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------|--|

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not support head during delivery
- \_\_\_\_\_ Did not assess for cord around neck
- \_\_\_\_\_ Did not suction airway immediately after head delivers
- \_\_\_\_\_ Did not take measures to dry/warm infant properly
- \_\_\_\_\_ Clamps/cuts cord in improper manner

## SUPRA-GLOTTIC AIRWAY

| STEPS TO BE PERFORMED                                                                                                                                                                                                          | ACTION/VERBAL RESPONSE                                              | POINTS POSSIBLE | POINTS AWARDED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------|----------------|
| * Takes appropriate body substance isolation precautions                                                                                                                                                                       | I will take appropriate BSI precautions.                            | (1)             |                |
| Opens the airway manually                                                                                                                                                                                                      | I will manually open the airway.                                    | (1)             |                |
| Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]                                                                                                                                               | I will elevate the tongue and insert a simple adjunct.              | (1)             |                |
| <b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>                                                                                                                               |                                                                     |                 |                |
| **Ventilates patient immediately with bag-valve-mask device unattached to oxygen                                                                                                                                               | I will ventilate the patient with BVM.                              | (1)             |                |
| <b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty</b>                                                                                                                             |                                                                     |                 |                |
| Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 L/minute]                                                                                                                 | I will attach oxygen to BVM.                                        | (1)             |                |
| Ventilates patient at a rate of 10-12 breaths per minute with appropriate volumes                                                                                                                                              | I will ventilate the patient at a rate of 10-12 breaths per minute. | (1)             |                |
| <b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a dual lumen airway. The examiner must now take over ventilation.</b> |                                                                     |                 |                |
| Directs assistant to pre-oxygenate patient                                                                                                                                                                                     | I will direct my assistant to pre-oxygenate the patient.            | (1)             |                |
| Checks/prepares airway device                                                                                                                                                                                                  | I will check and prepare the airway device.                         | (1)             |                |
| Lubricates distal tip of the device [may be verbalized]                                                                                                                                                                        | I will lubricate the distal tip of the device.                      | (1)             |                |
| <b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device</b>                                                                                                                        |                                                                     |                 |                |
| Positions head properly                                                                                                                                                                                                        | I will properly position the head.                                  | (1)             |                |
| Performs a tongue-jaw lift                                                                                                                                                                                                     | I will perform a tongue-jaw lift.                                   | (1)             |                |
| Inserts the device to proper depth                                                                                                                                                                                             | I will insert the device to the proper depth.                       | (1)             |                |
| Inflates cuffs with proper volumes                                                                                                                                                                                             | I will inflate the cuffs with the proper volumes.                   | (1)             |                |
| Immediately removes the syringe.                                                                                                                                                                                               | I will immediately remove the syringe.                              | (1)             |                |
| Ventilates patient at appropriate rate and volume                                                                                                                                                                              | I will ventilate the patient.                                       | (1)             |                |

## SUPRA-GLOTTIC AIRWAY

|                                                                                                                                                     |                                                                                                            |                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung                       | I will confirm placement and ventilate by observing chest rise, and auscultation of epigastrium and lungs. | (1)                                                                  |  |
| <b>NOTE: (For Combitube Only) The examiner states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."</b>   |                                                                                                            |                                                                      |  |
| Attaches/directs attachment of BVM to the second [endotracheal placement] lumen and ventilates                                                      | I will attach the BVM to the second lumen and ventilate.                                                   | (1)                                                                  |  |
| Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung | I will confirm placement and ventilate by observing chest rise, and auscultation of epigastrium and lungs. | (1)                                                                  |  |
| <b>NOTE: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.</b>                      |                                                                                                            |                                                                      |  |
| Secures device or confirms that the device remains properly secured                                                                                 | I will secure the device.                                                                                  | (1)                                                                  |  |
| <b>* = CRITICAL CRITERIA<br/>(Must Perform to Pass)</b>                                                                                             |                                                                                                            | <b>POINTS POSSIBLE: 19</b><br><b>MINIMUM PASSING SCORE (80%): 15</b> |  |

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Critical Criteria**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_\_\_ Failure to ventilate patient at a rate of 10-12 breaths per minute
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_\_ Failure to pre-oxygenate patient prior to insertion of the dual lumen airway device
- \_\_\_\_\_ Failure to insert the supra-glottic airway device at a proper depth or proper place within 3 attempts
- \_\_\_\_\_ Failure to inflate both cuffs properly
- \_\_\_\_\_ Failure to remove the syringe immediately after inflation of cuffs
- \_\_\_\_\_ Failure to confirm ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient