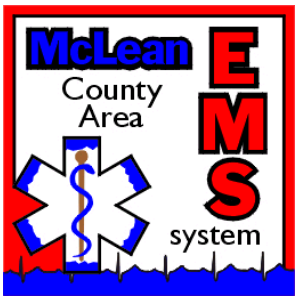

BLS

Skills Assessment Manual

BLS Skill Manual Table of Contents

Skills Assessment Manual

Medical Assessment Adult

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: You are asked to assess the patient and call your findings in to the hospital.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalizes needed body substance isolation precautions			
SCENE SIZE UP			
Assess & secure scene safety			
Determine nature of illness; scan environment for clues; apply appropriate BSI			
Determine number of patients & triage if necessary			
If a potential crime scene, make efforts to preserve evidence			
Determine need for additional assistance and call for help if necessary			
PRIMARY ASSESSMENT/RESUSCITATION			
Form (verbalize) general impression (sick or not sick)			
Determine responsiveness/level of consciousness			
Airway: assess for impairments			
Verbalize interventions for airway access/control if necessary			
Breathing/ventilatory/gas exchange status; assess for impairment ☐ Assess for spontaneous ventilations; general rate (fast or slow) ☐ Assess WOB; symmetry of expansion; use of accessory muscles; retractions ☐ **Assess gas exchange; apply SpO_2 monitor; assess for signs of hypoxia** ☐ Assess capnography digital number and waveform if ventilatory distress ☐ Assess breath sounds if in ventilatory distress ☐ Initiate appropriate O_2 therapy based on SpO_2 and level of distress ☐ Resuscitate compromised breathing/ventilation (not applicable)			
Circulatory status; assess for impairment ☐ Central and peripheral pulses for presence, general rate/quality/rhythmicity ☐ CPR if indicated ☐ Skin (color, temperature, moisture, turgor) ☐ Assess neck veins for distension ☐ Verbalize need for ECG monitor if indicated ☐ Verbalize need for 12-Lead ECG if indicated ☐ Assess for and control bleeding if present ☐ Initiate appropriate vascular access and IV fluids for condition			
Disability if altered mental status			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ Assess glucose level (verbalizes) ☐ Assess pupils for size, shape, equality, reactivity ☐ Assess Glasgow Coma Score			
Exposure/environment ☐ Discretely undress patient to inspect appropriate body areas ☐ Protect patient modesty, maintain body warmth			
Identify time-sensitive patients/makes appropriate transport decision			
SECONDARY ASSESSMENT			
Vital signs ☐ Pulse: rate, quality, rhythmicity ☐ BP; orthostatic changes prn ☐ Resp: rate, pattern, depth ☐ Temp if high or low based on skin			
Obtain chief complaint/concern:			
History of present illness ☐ Onset ☐ Quality ☐ Severity ☐ Provocation/palliation ☐ Region/radiation ☐ Time ☐ Clarifying questions ☐ Date of birth; approx. weight ☐ Associated complaints			
SAMPLE history ☐ Allergies ☐ Past medical hx ☐ Events ☐ Medications ☐ Last meal			
PHYSICAL EXAM – must touch the patient			
Head ☐ Inspect head, eyes, ears, nose, throat ☐ Palpate: skull, orbits, nasal and facial bones **Cranial nerves** ☐ Visual acuity ☐ EOMs ☐ Hearing ☐ Pupil size, shape, equality ☐ Facial sensation ☐ Gag ☐ Pupil reactivity to light ☐ Facial symmetry **Mental status**: affect, behavior, cognition (verbalizes);GCS			
Neck ☐ Inspect: jugular veins, edema ☐ Palpate: position of trachea			
Chest ☐ Inspect: contour/shape; AP/lateral diameter; symmetry of expansion ☐ Palpate ☐ Auscultate breath sounds; heart sounds if applicable			
Abdomen/pelvis - in correct order ☐ Inspect (contour, symmetry) (verbalizes) ☐ Auscultate bowel sounds ☐ Palpate			
Lower extremities ☐ Inspect symmetry, edema, skin changes ☐ Palpate ☐ Assesses SMV status of each limb			
Upper extremities ☐ Inspect symmetry, edema, skin changes ☐ Palpate ☐ Assesses SMV status of each limb			
Back ☐ Inspect ☐ Palpate			
State **paramedic impression**:			
Verbalize treatment plan			
On-going assessment enroute			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Repeat primary & secondary assessments			
Evaluate responses to treatments			
Repeat vital signs at least q. 15 minutes			
Report to hospital			
Identification ☐ Hospital being contacted ☐ EMS provider agency and unit #; call back number			
☐ Age, gender, and approximate weight of patient ☐ Level of consciousness (conscious/unconscious responds to ....)			
Chief complaint (list) ☐ Onset ☐ Quality ☐ Severity ☐ Provocation/palliation ☐ Region/radiation ☐ Time			
Associated complaints:			
History ☐ Allergies ☐ Medications (current): time and amount of last dose if applicable ☐ Past medical history (pertinent) ☐ Last oral intake, last menstrual period if indicated ☐ Events leading up to present illness/injury (history of present illness)			
Vital signs: ☐ BP: Auscultated ☐ Respirations: rate, pattern, depth ☐ Pulse: rate , quality ☐ SpO_2 ☐ Capnography			
Physical examination; include pertinent positive and negative findings			
Treatments initiated prior to hospital contact and patient response to treatment			
ETA			

Critical Criteria

___ Failure to initiate or call for transport of the patient within 15 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to determine scene safety before approaching patient
___ Failure to voice and ultimately provide appropriate oxygen therapy
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation.
___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
___ Orders a dangerous or inappropriate intervention
___ Failure to provide accurate report to arriving EMS unit
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **8** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments:_____

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Skills Assessment Manual

Trauma Assessment Adult

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
SCENE SIZE UP			
Assess and secure scene safety			
Determine mechanism of injury; scan environment for clues; apply appropriate BSI			
Determine number of patients & triage if necessary			
If a potential crime scene, make efforts to preserve evidence			
Determine need for additional assistance and call for help if necessary			
Consider need for spine motion restriction (may or may not need it)			
PRIMARY ASSESSMENT/RESUSCITATION			
Form (verbalize) general impression (sick or not sick)			
Determine responsiveness/level of consciousness			
Airway: Assess for impairment			
Verbalize interventions for airway access/control if necessary			
Breathing/ventilatory/gas exchange status; assess for impairment ☐ Assess for spontaneous ventilations; general rate (fast or slow) ☐ Assess WOB; symmetry of expansion; use of accessory muscles; retractions ☐ **Assess gas exchange; apply SpO_2 monitor; assess for signs of hypoxia** ☐ Assess capnography digital number and waveform if ventilatory distress ☐ Assess breath sounds if in ventilatory distress ☐ Initiate appropriate O_2 therapy based on SpO_2 and level of distress ☐ Resuscitate compromised breathing/ventilation ☐ Assess for immediate life threats: tension pneumo; open pneumo; flail chest ☐ Verbalize appropriate resuscitative intervention for life-threat			
Circulatory status; assess for impairment ☐ Central and peripheral pulses for presence, general rate/quality/rhythmicity ☐ CPR if indicated ☐ Skin (verbalizes color, temperature, moisture, turgor) ☐ Assess neck veins for distension ☐ Verbalize need for ECG monitor if pulse absent/irregular ☐ Assess for and control bleeding if present ☐ Initiate appropriate vascular access and IV fluids for condition ☐ Assess for immediate life threats: Cardiac tamponade; blunt cardiac injury; shock ☐ Verbalize appropriate resuscitative intervention for life-threat			
Disability if altered mental status ☐ Assess glucose level (verbalizes)			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ Assess pupils for size, shape, equality, reactivity ☐ Assess Glasgow Coma Score ☐ Assess and verbalize the need for pain management			
Expose/environment ☐ Discretely undress patient to inspect appropriate body areas ☐ Protect patient modesty, maintain body warmth			
Identify time-sensitive patients/make transport decision			
SECONDARY ASSESSMENT			
Vital signs ☐ Pulse: rate, quality, rhythmicity ☐ BP; orthostatic changes prn ☐ Resp: rate, pattern, depth ☐ Temp if high or low based on skin			
History / chief complaint: ☐ Onset ☐ Quality ☐ Severity ☐ Provocation/palliation ☐ Region/Radiation ☐ Time ☐ Associated complaints			
Past medical history from patient/family/bystanders ☐ Allergies ☐ Past medical hx ☐ Events/MOI ☐ Medications ☐ Last meal/LMP ☐ Age ☐ Approx wt.			
Physical exam – must touch the patient			
Head ☐ Inspect: DCAP-BLS, drainage ☐ Palpate: skull, orbits, nasal and facial bones			
Neuro Exam: Pupil Reactivity**,** Mental Status			
Neck ☐ Inspect: DCAP, BLS; jugular veins ☐ Palpate: position of trachea; C-spines			
Chest ☐ Inspect: DCAP-BLS [ ] Palpate TIC [ ] Auscultate breath/heart sounds ☐ Discover injuries: trauma to thoracic aorta; fractured ribs, hemothorax, pneumothorax			
Abdomen/pelvis - in correct order ☐ Inspect ☐ Auscultate bowel sounds ☐ Palpate ☐ Discover S&S of peritonitis (guarding, rigidity, evidence of rebound tenderness)			
Lower extremities ☐ Inspect ☐ Palpate ☐ Assesses SMV status of each limb			
Upper extremities ☐ Inspect ☐ Palpate ☐ Assesses SMV status of each limb			
Posterior thorax and buttocks ☐ Inspect ☐ Palpate			
State paramedic impression:			
Verbalize treatment plan using appropriate SOP			
Select appropriate receiving hospital based on trauma triage criteria			
On-going assessment			
Repeat initial (primary) assessment			
Evaluate response to treatments			
Repeat vital signs at least every 15 min			
Radio report			
Identification ☐ Hospital being contacted ☐ EMS provider agency and unit #; call back number			
☐ Age, gender, approximate weight of patient ☐ Level of consciousness (conscious/unconscious responds to ....)			
Chief complaint S&S: ☐ Onset ☐ Region/radiation/recurrence ☐ Provokes/palliates			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ Severity 0-10 ☐ Quality ☐ Time			
Associated complaints			
History ☐ Allergies ☐ Medications (current): time and amount of last dose if applicable ☐ Past medical history (pertinent) ☐ Last oral intake, ☐ Events leading up to present illness/injury (history of present illness)			
Vital signs ☐ BP: ☐ Respirations: rate, pattern, depth, effort ☐ SpO_2; capnography ☐ Pulse: rate, regularity, quality			
Physical examination; include pertinent positive and negative findings ☐ HEENT ☐ Abdomen ☐ Extremities ☐ Skin ☐ Chest ☐ Pelvis/GU ☐ Back			
Treatments initiated prior to hospital contact (ITC) and pt response to treatment			
ETA			

Critical Criteria

___ Failure to initiate or call for transport of the patient within 15 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to determine scene safety before approaching patient
___ Failure to voice and ultimately provide appropriate oxygen therapy
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation.
___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
___ Orders a dangerous or inappropriate intervention
___ Failure to provide accurate report to arriving EMS unit
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **8** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

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Evaluator

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Skills Assessment Manual

BLS Airway Maneuvers Adult

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard HEAD-TILT, CHIN-LIFT MANEUVER	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Identify S&S of upper airway impairment.			
☐ State indications for this maneuver (upper airway impairment) ☐ Affirm no contraindications to this maneuver (no c-spine or jaw injury) ☐ Put on gloves			
Position patient supine.			
Place one hand on pt's forehead; apply firm, downward pressure with the palm of the hand tilting the head backwards. Place fingertips of the other hand underneath the anterior mandible.			
Pull the chin forward, supporting the jaw and tilting the head backward as far as possible. **Do not compress the soft tissues underneath the chin; this may obstruct the airway.**			
Continue to press the other hand on the pt's forehead to keep head tilted backward			
Lift the chin so the teeth are brought nearly together. (may use the thumb to depress the lower lip; this allows the patient's mouth to remain slightly open)			
If pt has dentures; hold them in position, making obstruction by the lips less likely. (It is easier to maintain a seal when dentures are in place. If the dentures cannot be managed, remove them.)			
Assesses airway patency by looking, listening and feeling for unobstructed air movement and spontaneous ventilations.			
☐ If successful, state need for an OPA or NPA to hold airway open. ☐ If unsuccessful, state need to try patient repositioning, suction, or ALS interventions			

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **2** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

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Evaluator

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Skills Assessment Manual

BLS Airway Maneuver Adult

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard JAW-THRUST MANEUVER	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ State indications for maneuver (upper airway impairment w/ possible C-spine injury) ☐ Affirm no contraindications to this maneuver (no jaw injury) ☐ Put on gloves			
Position patient supine.			
Kneel at the top of the patient's head. Place hands along each side of the patient's jaw.			
Grasp the angles of the jaw on both sides. Without moving the neck, lift the jaw forward to pull the tongue away from the posterior oropharynx.			
Use thumb to retract the lower lip if the lips are closed.			
Assesses airway patency: look, listen and feel for unobstructed air movement and spontaneous ventilations.			
☐ ***If unable to open the airway reposition the jaw and attempt again. ☐ If successful, state need for an OPA or NPA to hold airway open. ☐ If unsuccessful, state need to try patient repositioning, suction, or ALS interventions.			

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **1** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

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Evaluator

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Skills Assessment Manual

BLS Airway Maneuver OPA

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult appears unconscious with snoring respirations. You are asked to assemble the equipment, choose the correct size adjunct from those available, and insert an oral airway.

Equipment needed: Airway manikin; various sizes OPAs, tongue blades, suction catheters, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ State indications for this airway (upper airway impairment; need for BVM assist) ☐ Affirm no contraindications to this airway ☐ Intact gag reflex ☐ Oral trauma ☐ Epiglottitis			
Apply BSI (gloves/goggles)			
Prepare patient Explain procedure to patient - even if unconscious			
Position patient supine			
Obtain SpO_2 reading on room air if time permits			
Use appropriate manual maneuver to open airway			
Clear mouth and pharynx of secretions, blood, or vomitus with suction prn			
Confirm absence of gag reflex by assessing lash reflex or glabellar tap			
Prepare equipment: *Sizing: Measure vertical distance from front of teeth to angle of jaw			
Perform procedure Support pt's head with one hand; open mouth w/ cross-finger technique			
☐ Depress tongue with a tongue blade. ☐ Insert airway along curvature of tongue until it approaches posterior oropharynx and points downward. Distal end should rest behind the base of the tongue in the oropharynx. ☐ Flange should rest on patient's lips. Verify that tongue or lips are not caught between teeth and airway.			
Verify airway patency by closing nose and feeling for air movement through mouth. Auscultate bilateral breath sounds.			
Reassess VS and SpO_2			
Verbalize two complications: ☐ Induction of gag/vomiting ☐ Obstruction from malplaced airway ☐ Swelling of epiglottis ☐ Intraoral injuries			
Verbalize steps to take if patient gags: (remove airway and ready suction)			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

BLS Airway Maneuver NPA

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult appears unconscious with snoring respirations. You are asked to assemble the equipment, choose the correct size adjunct from those available, and insert a nasopharyngeal airway.

Equipment needed: Airway manikin; various sizes NPAs, lubricant, suction catheters, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications: upper airway impairment; need for frequent suctioning, BVM assist where gag is still intact			
Affirm no contraindications for inserting this airway ☐ Midface or above trauma/obstruction ☐ Anterior basilar skull fx			
Apply BSI (gloves/goggles)			
Prepare patient Explain procedure to patient - even if unresponsive			
Obtain SpO_2 reading on room air if time permits			
Use appropriate manual maneuver to open airway			
Prepare equipment: Select appropriate airway length by measuring from tip of nose to ear lobe.			
Lubricate airway w/ water-soluble jelly			
Perform procedure Elevate tip of nose and gently insert tube into right nostril. Bevel to septum only applies to insertion on right side.			
Advance gently along floor of nasal passage until flange is against nostril. If resistance is met, withdraw airway and attempt on other side.			
Open mouth to check airway position			
Assess airway patency by closing mouth and feeling for air movement through the airway. Reassess VS & SpO_2.			
Verbalize steps if resistance is met: (withdraw airway and try other side)			
Verbalize at least two complications: ☐ Nasal bleeding ☐ Tissue trauma ☐ Gagging ☐ Vomiting ☐ Gastric distention if airway is too long			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Oropharyngeal Suctioning

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult's mouth is filled with blood. You are asked to assemble the equipment, choose the correct catheter from those available, and perform suctioning.

Equipment needed: Airway manikin; various sizes suction catheters, suction unit, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications for procedure: Secretions in mouth, nose or pharynx			
Apply BSI (gloves/goggles)			
Prepare patient Explain steps of procedure to patient			
Obtain SpO_2 on room air if available and time allows			
Preoxygenate patient prior to suctioning if time allows			
Prepare equipment: Inspect suction unit for power and proper assemblage			
Select appropriate suction catheter (flexible or rigid); attach to suction tubing			
Perform procedure Open mouth using cross-finger technique			
Turn power on to high. Kink tubing and ensure that unit achieves vacuum of 300 mmHg.			
☐ Insert suction catheter no deeper than pharynx. ☐ If Yankauer tip, insert w/ convex side along roof of mouth.			
Apply suction while limiting suction application to 10 sec on an adult.			
Refrain from jabbing catheter up and down while applying suction			
Reoxygenate patient with O_2 15 L/NRM or BVM			
Verbalize that suction catheter should be flushed with NS or water between suction attempts to remove any material that could clog ports			
Verbalize 2 complications if suction were applied improperly or for too long: ☐ Hypoxia ☐ Atelectasis ☐ Bradycardia ☐ Hypotension ☐ Tissue trauma ☐ ↑ ICP			

Recommendation: ☐ Excellent knowledge of material; no coaching needed.
☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

King LT Airway

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An unconscious adult is apneic and two attempts at intubation have been unsuccessful. Prepare the equipment and provide a rescue airway using the King LT.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
BSI: Gloves, goggles, facemask			
State indications for rescue airway ☐ Need for an advanced airway where 2 attempts at ETI have been unsuccessful ☐ S&S of a difficult intubation make ETI less attractive ☐ Need for chest compressions makes rescue airway preferred over ETI			
State 4 contraindications ☐ < 4 ft tall ☐ Intact gag reflex ☐ Aspiration risk ☐ Esophageal disease ☐ Caustic ingestion			
Prepare patient Explain each step as it is performed even though pt appears unconscious			
Ensure absence of gag reflex			
Preoxygenate for 3 min w/ 15 LO_2/BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before beginning procedure Prepare suction equipment (18 Fr catheter); turn on to ✓ unit; suction prn			
Choose correct size King LTS-D airway based on pt height ☐ 3 (yellow): 4-5 ft ☐ 4 (red): 5-6 ft ☐ 5 (purple): > 6 ft			
☐ Test cuff by injecting max volume of air (maintain tube sterility – use syringe in kit) ☐ Remove all air from both cuffs prior to insertion			
Apply water-based lubricant to beveled distal tip and **posterior** surface of tube; avoid lubricant near anterior ventilatory openings.			
EDD, $EtCO_2$ detector or capnography, tape, head blocks, stethoscope			
Pass the tube ☐ Hold King LT at connector with dominant hand ☐ With non-dominant hand, insert thumb in mouth and lift jaw (hold "like a bass")			
For pt in spine motion restriction, assistant should prevent head movement by placing thumbs on maxilla & hands around head (in-line maneuver)			
With the King LT **rotated laterally 45°-90°**so blue line is touching corner of mouth, introduce tip into mouth & advance behind tongue. Never force tube into position.			
As tube passes behind tongue, **rotate tube to midline** (blue line faces chin).			
Without excessive force, advance until color adaptor is aligned with teeth/gums. Insertion			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
depth is critical for a patent airway.			
After releasing tube, if "bounce back" occurs, tube is probably placed incorrectly into a pyriform fossa. Pull back slightly and re-advance.			
Inflate cuffs with minimum volume necessary to seal airway. To assure full inflation, maintain pressure on plunger until syringe removed from valve. ☐ 3 (yellow) = 45-60 mL ☐ 4 (red) = 60-80 mL ☐ 5 (purple) = 70-90 mL			
While gently bagging w/ 15 LO_2 at 10 BPM, simultaneously withdraw airway until breath sounds are heard and ventilation is easy/free flowing (lg tidal volume w/ minimal pressure) (Have assistant auscultate lungs).			
When good ventilations are established, note depth markings at proximal end of the airway aligned with the gums/upper teeth.			
Confirm proper position by (listed in order) ☐ Auscultation bilateral breath sounds over midaxillary lines & anterior chest ☐ Aspirate EDD (after cuff inflation & lung auscultation) ☐ Verification of CO_2 by capnography or $EtCO_2$ detector			
If breath sound not heard, remove tube & ventilate with BVM			
If air leak, add air to cuff to just seal volume (60 cm H_2O). Avoid over inflating cuff.			
Secure airway (keeping tube midline in mouth) using tape (commercial tube holders may be too small to secure airway) DO NOT cover proximal opening of gastric access lumen.			
If gastric secretions, insert 18 Fr soft suction cath into gastric port to clear vomit			
Reassess: Frequently monitor SpO_2, $EtCO_2$, tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			
If protective reflexes return Remove in an area where suction equipment and the ability to rapidly intubate is present			
Deflate both cuffs completely prior to removal			

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **6** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

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Evaluator

Size	Patient height	Connector color	Inflation volume
3	4-5 feet	Yellow	45-60 mL
4	5-6 feet	Red	60-80 mL
5	Greater than 6 feet	Purple	70-90 mL

Skills Assessment Manual

Oxygen Delivery from a Portable System

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is hypoxic. You are asked to assemble the equipment and prepare an oxygen tank for use.
Equipment needed: Portable oxygen tank, pressure regulator, and wrench (if needed)

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ Maintain oxygen tank stable away from heat ☐ Place cylinder in an upright position if using a ball gauge			
Position self to face gauge when the regulator is attached			
Remove the protective cover from the cylinder valve			
Attach cylinder wrench to the valve			
With spout pointing away from you, "crack" the tank by turning the wrench counterclockwise to open the valve slightly until the escape of O_2 is heard			
When oxygen escape is heard, turn the wrench clockwise to rapidly shut off the O_2. This cleans valve of any debris.			
Inspect regulator to assure that it is the right type and the washer is present and intact (intact gasket/any damage)			
Apply pressure regulator to O_2 cylinder; secure tightly			
Open valve on top of cylinder until the pressure gauge stops moving to check O_2 pressure in tank. Should be above 500 psi.			
Open regulator valve to the desired flow rate in liters/minute			
To D/C O_2: turn flow regulator until the flowmeter needle falls to zero			
Shut off main cylinder valve			
Bleed valves by opening the regulator valve and leaving it open until needle or ball indicator returns to zero flow			
Shut off the control valve			

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Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Nasal Cannula

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is in mild respiratory distress. You are asked to assemble the equipment and administer oxygen using a nasal cannula.

Equipment needed: Airway manikin; nasal cannula, portable oxygen tank; BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize two examples of patients who require a NC ☐ Nose breathing patient who needs minimum FiO_2 ☐ Mild ventilatory distress ☐ To provide extra O_2 during albuterol Tx			
Apply BSI (gloves)			
Prepare equipment: Open adult NC; unwind tubing to prevent kinks; connect to oxygen source.			
Adjust oxygen flow rate to 4-6 L			
Prepare patient: ☐ Explain procedure to patient; instruct them to breathe through the nose ☐ Obtain SpO_2 on room air to confirm need for cannula vs. NRM			
Procedure: Insert nasal prongs into patient's nostrils, oriented upward and posteriorly toward nasopharynx			
Adjust catheter so each side loops over the ears comfortably. Slide plastic ring up under the chin to secure tubing.			
Assess patient for discomfort and response to O_2 therapy			
Verbalize 1 precaution if cannula is used > 2 hours (drying of mucosa)			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **2** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

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_____Evaluator

Skills Assessment Manual

Non-rebreather Mask Application

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult with spontaneous ventilations is c/o dyspnea with a room air pulse ox reading of 90%. You are asked to assemble the equipment and administer oxygen via a non-rebreather mask.

Equipment needed: Airway manikin; adult & peds non-rebreather masks, portable oxygen tank; BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Determine the need for supplemental oxygen. Verbalize two examples of patients who require a NRM ☐ Spontaneously breathing pt. who is or may become hypoxic			
Prepare patient ☐ Position patient for maximum ventilatory capacity ☐ Obtain room air SpO_2			
Assemble and prepare equipment Apply BSI: gloves			
Select proper size mask (Prepare adult size) and O_2 source Open mask and fully uncoil the bag and tubing.			
Connect the female adaptor of the mask to the flow meter of the O_2 source			
Open tank or turn on O_2 and set liter flow at 12 -15 L/min			
Check that one-way exhaust valve is in place on at least one side of the mask and that they appear undamaged.			
Fully inflate non-rebreather bag by pressing down on one-way inlet diaphragm inside of mask between mask and reservoir.			
Perform procedure Apply mask apex over bridge of nose and base just below the lower lip to minimize air leaks.			
Adjust elastic strap around head above ears.			
If metal strip across the mask nose, squeeze slightly to form the mask			
Adjust O_2 so bag remains partially inflated during peak inspiration and completely refills prior to next inspiration (12-15 L/min).			
Verbalize steps if reservoir bag collapses on inhalation. (Increase L flow)			
Verbalize complication if O_2 source is removed (pt receives inadequate O_2)			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments:_____

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Evaluator

Skills Assessment Manual

Bag Valve Mask

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult appears unconscious with inadequate ventilations. You are asked to assemble the equipment and assist ventilations with a bag-valve-mask.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply BSI (gloves/goggles)			
Verbalize an indication for using a BVM ☐ Patient has inadequate ventilations/oxygenation			
Identify the correct size mask & bag to ventilate pt: adult, peds, neonate			
Connect bag to oxygen source			
Fully extend O_2 reservoir tube per manufacturer's instructions			
Set oxygen flow rate to 15 L			
Open airway w/ appropriate manual maneuvers			
Checks for gag reflex by performing glabellar tap or lash reflex ☐ No gag: Insert OPA ☐ Gag present: Insert NPA unless contraindicated			
Apply apex of mask over patient's nose & base over mouth, w/ mask positioned in cleft of chin. Do not occlude nostrils. ☐ Place thumb over apex of mask ☐ Place index finger between the valve and lower mask cushion (forming a C with the thumb) ☐ Use 3rd, 4th, and 5th fingers to lift lower jaw between the chin and ear up into the mask ("E"). This may vary slightly based on the size of the rescuer's hands.			
Maintain adequate mask seal and appropriate head position w/ hand			
If second person available: Have 1st rescuer hold mask on face with both hands. Have 2nd person compress bag & perform Sellick's maneuver to prevent gastric distention.			
☐ With other hand, squeeze bag w/ just enough volume to see chest rise (400-600 mL) ☐ Ventilate over 1 sec at 10-12 BPM (every 5-6 seconds) ☐ Asthma/COPD: ventilate at 6-8 BPM ☐ Verbalize that adequate breath sounds should be heard over all lung fields			
Between breaths, release pressure on the bag; let patient passively exhale and the bag to refill from the O_2 source & reservoir			
Feel for lung compliance w/ each squeeze of the bag			
☐ **Can't ventilate:** Reposition head & jaw, suspect & treat F/B obstruction; consider other causes (tension pneumo) ☐ **Ventilates but no chest rise**: ✓ mask seal, open pneumo (?), ✓ airway misplacement (esophagus)			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Applying a Pulse Oximeter

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult presents with shortness of breath. Prepare the equipment and apply a pulse oximeter monitor.
Equipment needed: ECG monitor or free standing SpO_2 monitor; peripheral and central sensors

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize indications for the procedure: To non-invasively monitor O_2 saturation in pts who are at risk for hypoxemia			
Prepare the patient Explain procedure to patient and what it is meant to measure.			
Prepare equipment Select appropriate sensor for pt size, age, & condition (peripheral vs. central)			
Perform procedure Choose appropriate sensor site: clean, well perfused, comfortable, age-appropriate ☐ Infants - toe or lateral aspect mid foot ☐ Pediatrics - toe or finger ☐ Adults - fingers, toes, ear lobes, or bridge of nose			
Remove metallic/black nail polish. Clean site if contaminated w/ blood/dirt.			
Apply sensor so optical components are aligned. Attach sensor cable to monitor.			
Turn unit on			
Observe for pulse bar to begin sensing and fluctuating up and down or waveform/ number to appear.			
Correlate palpated to sensed pulse. HR on ECG monitor should correlate to HR on the oximeter & the palpable peripheral pulse. If there is a discrepancy or pulse deficit check the monitor and the patient.			
Interpret reading in light of pt's complaint/exam. State expected readings ($\geq$ 95%)			
If hypoxic: Apply appropriate oxygen delivery device and FiO_2			
Trend pulse ox reading after oxygen delivery			
Give one example when a pulse ox reading may be unreliable ☐ Cold/hypoperfused extremities ☐ Motion ☐ Edema ☐ Light ☐ Nail polish ☐ Venous pulsations ☐ Dyshemoglobins like CO, anemia ☐ ↓ BP			
Set/check the appropriate alarms			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Obtaining a 12 Lead EKG

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Identify indications for 12-L ECG ☐ Chest pain or discomfort nose to navel; front and back ☐ SOB (especially exertional dyspnea) ☐ Syncope or near syncope ☐ Palpitations ☐ Unexplained N / V ☐ Feeling of impending doom ☐ Diaphoresis unexplained by ambient temperature ☐ General weakness ☐ Suspected DKA ☐ Risk factors: MI/HF, age, cholesterol high, diabetes, HTN, smoking ☐ ECG rhythm: ectopy, identify pacer, QRS width determination (VT vs. SVT)			
Timing of 12 L - Verbalize: Preferably, 12-L should be acquired where pt is found, with 1st set of VS & prior to NTG (NTG can change tracing and is contraindicated in pts w/ inferior/RVMI)"			
Explain procedure to pt			
To minimize artifact, electrodes for 12-L ECGs should be fresh and stored in airtight package to preserve moisture of electrode gel			
Prepare the patient/electrode placement			
☐ Prep skin where electrodes are to be placed, by wiping with alcohol and rubbing briskly with a dry towel or gauze (to minimize artifact) ☐ Place limb leads on limbs (white - RA, black - LA, green - RL, red - LL). For accurate 12-L interpretation, limb leads should be place on limbs (not torso).			
☐ Turn on ECG monitor and observe ECG rhythm ☐ * Rhythm should usually be determined from Lead II strip (not 12-L interpretation)			
Position pt lying supine, w/ pillow under head for comfort If pt unable to lie supine (e.g., acute dyspnea), document directly on 12-L tracing "pt sitting up" as position can affect interpretation			
Preserve patient modesty as much as possible by removing unnecessary people from area and covering patient with towel/blanket.			
Identify landmarks for chest leads & prep skin (as described above) In men, may be necessary to shave chest hair for electrode placement; as an alternative can "part & spread" chest hair to allow for skin prep and electrode placement			
☐ Apply V1 in 4th ICS just to right of sternum ☐ Apply V2 in 4th ICS just to left of sternum			
In women, ask pt to hold left breast up with left hand while applying chest electrodes. (Preserves pt modesty while allowing EMT/PM to use both hands to remove electrode backing and apply electrode. If pt unable to do this, use back of hand to lift breast tissue out of way.			
Apply V4 electrode 5th ICS, midclavicular line (avoid common error of too low placement) In women, this electrode should be placed on chest wall, immediately under breast tissue			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply V3 electrode half-way between V2 and V4 electrodes			
Apply V5 electrode in 5th ICS, horizontal with V4 electrode, in anterior axillary line			
Apply V6 electrode in 5th ICS, horizontal with V4 & V5 electrodes in mid-axillary line (avoid common error of too anterior placement of this electrode)			
Attach 12-L cable to main electrode cable (attaching cable prior to this may cause device to beep signaling "leads off")			
Set age & gender of patient on 12-L device (age/gender will affect interpretation)			
Make sure pt's arms and legs are fully supported & relaxed			
Ask pt to hold still while device acquires ECG, takes ~10-15 sec (generally NOT recommended to instruct pt to hold breath as this often causes pt to take a deep breath tensing chest muscles causing artifact)			
Push "acquire" button on device			
Once device states "acquisition complete," "analyzing data" can instruct pt "OK to move"			
After printing of 12-L, assure at least one clear, without artifact, P-QRS-T in each lead.			
If artifact present, remove & discard affected electrode, re-prep skin, apply new electrode, and acquire new tracing			
If 12-L interpretation states "Acute MI Suspected," notify hospital that you have a "*Cardiac Alert - STEMI patient*" ASAP (while on-scene, prior to transport) so preparation of cardiac cath lab can be made - prior to pt's arrival			
Interpret 12-L by looking for: ST elevation with or without pathologic Q waves, left bundle branch block (LBBB), ST depression, hyperacute or inverted T waves.			
Identifies ECG criteria for diagnosis of STEMI (MILIS) – any of these in the presence of chest pain or anginal equivalent ☐ New of presumably new Q waves (at least 30 ms wide & 0.20 mV deep) in at least two leads from any of the following (a) leads II, III, aVF; (b) leads V1 through V6; or (c) leads I and aVL; ☐ New or presumably new ST-T segment elevation or depression (~0.10 mV MEASURED 0.02 s after the J point in two contiguous leads of the previously mentioned lead combination); or ☐ A complete left bundle branch block in the appropriate clinical setting (Hurst's, The Heart 11th Ed, p. 1283)			
Verbalize: "*12-L ECG can NOT be used to rule-out MI, as ⅓ of pts with acute MI will have "normal ECG" initially as it takes time for changes to occur and not all heart locations are seen on 12-L ECG*"			
When contacting hospital, read 12-L interpretative statement verbatim; do not summarize.			
Write name of patient on 12-L tracing			
Upon arrival at hospital, especially if abnormal 12-L - hand tracing directly to MD (preferably), or RN while giving report; do not leave 12-L lying on a counter			
Document 12-L interpretative statement in comments section of PCR; this can be facilitated by either printing 2 copies of the 12-L or making a photocopy immediately upon arrival in ED. Do not keep sole copy of prehospital 12-L with you while completing PCR.			
Document time 12-L acquired in section of PCR where ECG rhythm (e.g., NSR) is documented. Chose most applicable of 3 categories: "Normal ECG," "Abnormal ECG," or "Acute MI suspected"			

Recommendation:
- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **7** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

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_____ Evaluator

Skills Assessment Manual

Cardiac Arrest Management- BLS

CARDIAC ARREST MANAGEMENT	
Name #1 (leader):	Date:
Name #2:	Reason for Testing _____
Name #3:	Attempt #_____ Pass ☐ Fail ☐
Name #4:	
Name #5	
Name #6	

Instructions to the students: This patient was found on the floor by a family member who called 911. Assess the patient and provide care per SOPs.

Performance standard			Performs w/o coaching	Needs additional practice
Assess responsiveness (unresponsive) Call for AED				
Open airway using head tilt-chin lift; assess for spontaneous ventilations: look, listen, feel for air movement for no more than 10 sec. (none present)				
Suction as necessary				
Give 2 breaths 1 sec each w/ just enough volume to see chest rise				
Assess for carotid pulse (5-10 sec) (none present)				
Initiate good chest compressions at 100/min. in cycles of 30:2 for 2 min.				
Apply AED w/ chest compressions in progress.				
After 2 min of CPR; pause compressions (<10 sec); Press Analyze on AED				
If shockable rhythm: Follow Prompts from AED				
Immediately resume CPR starting w/ chest compressions at 100/min (30:2) for 2 min.				
After 2 min of CPR; pause compressions (<10 sec); Follow Prompts on AED	**Rating**	15 L O_2/BVM at 8-10 BPM		**Rating**
Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions at 100/min for 2 min.				
After 2 min of CPR; pause compressions (<10 sec); Follow Prompts on AED				

Performance standard			Performs w/o coaching	Needs additional practice
Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.				
After 2 min of CPR; pause compressions (<10 sec); Follow Prompts on AED				
Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.				
If successful and return of spontaneous circulation: ☐ Assess VS; support ABCs; **remove ITD (ResQPod)***;* follow appropriate SOP				

Notes on good CPR:

- ☐ Push hard (1½ - 2") and fast (100); ensure full chest recoil; minimize interruptions in chest compressions (≤ 10 sec)
- ☐ Continue CPR while defibrillator is charging and drugs are prepared & given.
- ☐ Interrupt chest compressions only for ventilations (until advanced airway placed), rhythm check & shock delivery.
- ☐ Rotate person providing compressions every 2 minutes during ECG rhythm checks
- ☐ Pts should not be moved while CPR is progress unless in a dangerous environment or pt is in need of intervention not immediately available. CPR is better and has fewer interruptions when resuscitation is conducted where the pt. is found.

Recommendation: ☐ Excellent knowledge of material; no coaching needed.
☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments:

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Evaluator

Skills Assessment Manual

Medication from a Vial

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is in need of a medication that comes packaged in a glass vial. You are asked to give 1 mL of the drug. Assemble the equipment and draw up the appropriate dose from the vial.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Apply appropriate PPE			
Prepare the equipment/medication ☐ Medication vial ☐ CHG/IPA prep ☐ Sharps container ☐ Luer lock syringe ☐ Vent/needle			
Open package and verify sterility of medication (all seals in place)			
Verify appropriate name and concentration of the drug			
Check solution for color, clarity and expiration date			
Calculate appropriate amount of medication for administration			
Select appropriate syringe for volume of fluid to be withdrawn			
Remove plastic covering from the top of the vial without contaminating diaphragm. Use aseptic technique when exposing medication to the environment.			
Medication removal Fill syringe with air in an amount equal to the *mL*s that will be removed. Connect needle/vent to syringe.			
With vial upright, insert needle/vent into vial, but not into the liquid. Inject air into the vial. Note: If removing medication from a multi-dose vial and this is not the first dose being removed, cleanse vial stopper prior to inserting needle or vent.			
Invert vial			
Withdraw appropriate amount of medication into the syringe. Remove syringe from vial.			
Hold syringe up and tap barrel to move air bubble to the top. Eject air through needle or vent.			
Reconfirm medication order and appropriate dose prepared			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Medication from an AutoInjector

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Apply appropriate PPE			
Prepare/assess patient			
Confirm the need for Mark I kit or Epi-Pen Autoinjector use			
Confirm the absence of allergy or contraindications to the drug			
Explain drug actions and procedure to patient.			
Explain side effects of medication to patient			
Prepare equipment ☐ Medication ☐ Sharps container			
Select the appropriate syringe or number of auto-injectors for the age/size of the patient. Inspect the auto-injector(s) to confirm the name of the drug, integrity of the container; concentration, clarity & color of the medication, and expiration date.			
ADMINISTRATION			
If time allows, prep skin. If urgent proceed w/o skin prep.			
Remove safety cap from injector(s)			
Place tip of auto injector against pt's thigh (Lateral portion, midway between waist and knee)			
Push injector firmly against thigh until it activates			
Hold injector in place until medication is injected			
Discard injector directly into a sharps container			
Record medication name, dose (including concentration), route and time given			
Assess response: Reassess VS, breath sounds, resp. distress, drooling, etc.			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Assisting with a Metered Dose Inhaler

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is in need of Proventil given via MDI. You are asked to assemble the equipment, choose the correct medication from those available, and administer the appropriate dose using the MDI technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Prepare/assess patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
Confirm the need for Proventil (hx asthma, c/o bronchoconstriction w/ wheezing; SpO_2 on RA < 95%			
Confirm the absence of allergy or contraindications to the drug			
Explain procedure to patient. Explain the parts of the MDI and how to coordinate breathing through the mouth with inhaling the medication.			
Explain that they may feel a little jittery and pulse may increase			
Prepare equipment Inspect the MDI to confirm the name of the drug, integrity of the container; concentration of the medication, and expiration date.			
Shake the inhaler well			
Remove the cap from the mouthpiece. Check mouthpiece for foreign objects and remove them if present.			
Ensure that the canister is fully and firmly inserted into the plastic mouthpiece			
If using the inhaler for the first time, or they have not used it for more than 7 days, "test spray" it 2 times into the air; avoid spraying into the eyes			
Apply a spacer, if available			
Administer medication Have patient exhale steadily and as comfortably as they can through their mouth			
Hold inhaler upright 1 – 2 inches in front of patient's mouth. If using a spacer, insert MDI into the open space and place mouthpiece in pt's mouth, instruct them to seal their lips tightly over mouthpiece.			
Have patient breathe in slowly through their mouth, and then press down on inhaler once.			
Have pt hold their breath for 10 sec to allow the medicine to reach deeply into the lungs			
Remove inhaler and instruct them to exhale slowly			
If order is for two puffs, wait 1-2 min & shake inhaler again before giving the 2nd puff			
Have patient rinse out mouth so no drug remains (Especially inhaled steroids)			
Record medication name, dose, route and time given			

Assess response to medication: Reassess VS, breath sounds, degree of distress			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **4** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a Nebulizer

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is in need of Albuterol 2.5 mg administered via a hand held nebulizer. You are asked to assemble the equipment, choose the correct medication from those available, and give the correct dose using the HHN technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Prepare/assess patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
Confirm need for drug: Hx asthma/COPD, diffuse wheezing			
Confirm the absence of allergy or contraindications to the drug			
Explain procedure to patient. Explain the parts of the HHN; stress that they need to breathe through their mouth to inhale the nebulized medication.			
Explain that they may feel a little jittery and pulse may increase			
Prepare/assemble equipment [ ] Medication [ ] HHN unit [ ] O_2 source & tubing [ ] Nasal cannula			
Inspect the medication packaging to confirm the drug name, integrity of the medication packaging; color, clarity, & concentration, dose, and expiration date.			
Unscrew nebulizer lid to expose the medication cup			
Open the medication by twisting off the top. Hold the medication cup upright. Without contaminating the medication, pour the liquid into the cup and attach the nebulizer lid.			
Attach the mouthpiece and O_2 reservoir tubing T piece to the top of the medication cup			
Connect O_2 tubing to the bottom of the medication cup			
Attach the other end of the O_2 tubing to the oxygen source and adjust O_2 flow to 6 L			
Watch for mist to come out of the nebulizer mouthpiece			
Administer medication *Instruct patient to hold HHN firmly in their mouth and to breathe as deeply as they can through their mouth to inhale the mist			
Attach supplemental O_2 via NC at 6 L if patient is hypoxic			
Record medication name, dose, route and time given			
Begin transport (verbalizes)			
Monitor pt throughout treatment; reassess breath sounds, SpO_2, VS and ventilatory adequacy			
Alternative technique mask using NRM Remove bag from mask and attach medication cup to mask. Adjust O_2 flow at 6 L.			
Alternative technique: In-line via BVM: *Insert adaptors to connect medication cup in a T piece to the adaptor of a BVM and administer medication with ventilatory assist.			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
If successful & wheezing resolves: Continue assessment and give O_2 as needed.			
If unsuccessful and wheezing persists: Repeat procedure while enroute			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **4** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a MAD Devise

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Prepare the patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
Confirm need for drug			
Confirm the absence of allergy or contraindication to the drug if able			
Explain drug actions and procedure to the patient (if conscious).			
Explain side effects of medication to patient			
*Inspect nostrils for problems that might inhibit absorption ☐ Trauma to nasal mucosa ☐ URI secretions ☐ Epistaxis ☐ Damaged mucosa from chronic cocaine use ☐ Severe hypotension or severe vasoconstriction			
Prepare the equipment/medication Select the appropriate medication ☐ naloxone 1mg/1mL ☐ Glucagon 1 mg/1 mL ☐ MAD device ☐ Syringe			
Inspect the medication packaging to confirm the drug name, integrity of the medication packaging; color, clarity, & concentration, dose, and expiration date.			
Calculate appropriate amount of medication for administration			
Draw up into a syringe; expel air from syringe			
Remove needle and firmly attach the MAD to the end of the syringe			
Procedure Place tip of MAD 1.5 cm within the nostril; seat firmly to avoid leaks.			
Briskly compress syringe plunger to give up to 1 mL of spray per nostril. If less than a total dose of 2 mL of liquid is to be given, divide the dose equally between nostrils. (The nose may leak fluid so have a gauze pad or towel ready to catch secretions).			
If patient does not respond to IN naloxone within the time it takes to establish venous access and an airway is necessary, give naloxone 2 mg IVP as soon as the IV is started or 4 mg ETT.			
Successful awakening eliminates need for further naloxone. Gradual awakening with adequate respiratory efforts: Continue to monitor for 3-5 min. Reassess need for second dose of IN naloxone.			
Record medication name, concentration, dose, route, and time administered			
Assess patient for response to medication			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **4** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Oral Medication Administration

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: A patient is complaining of chest pain that started 15 minutes ago. You are asked to assemble the equipment, choose the correct medication, and to administer the appropriate dose of ASA using the PO technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs Additional Practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Prepare the patient Confirm the need for the drug			
Confirm the absence of allergy or contraindications to the drug			
Explain the action of the drug, including possible side effects to the patient			
Prepare the equipment/medication Select the appropriate medication			
Inspect the container or packaging to confirm the name of the drug, integrity of the medication packaging/container; color and concentration of the medication, dose of the tablet, and expiration date.			
Determine the amount of aspirin to be administered 4 (81mg) tablets			
Put on gloves			
Drug administration If a multiple dose container; shake 4 tablets into the lid of the container; do not touch multiple tablets. If single dose packaging; open and prepare to administer.			
Pour the tablets from the container lid into the patient's hand. Watch the patient place all of the tablets into their mouth. If patient needs assistance; place all 4 tablets into the patient's mouth.			
Instruct the patient to chew and swallow the tablets.			
Paramedic may give a small amount of water to help wash down the medication. Confirm that the patient has swallowed all the medication.			
Monitor patient's response to the medication (repeat vital signs)			
Record drug, concentration, dose, route and time given and pt response			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Sublingual Medication Administration

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult is in need of a medication to be administered sublingually. You are asked to assemble the equipment, choose the correct medication, and to administer the appropriate dose using the SL technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: ☐ Right person ☐ Right dose ☐ Right route ☐ Right drug ☐ Right time ☐ Right documentation			
Prepare the patient Confirm the need for the drug (Hx, PE, 12-lead ECG)			
Confirm the absence of allergy or contraindications to the drug			
Explain drug actions and procedure to the patient			
Explain side effects of medication to patient			
Prepare the equipment/medication Select the appropriate medication			
Inspect the container or packaging to confirm the name of the drug, integrity of the medication packaging/container; color and concentration of the medication, dose of the tablet, and expiration date.			
Determine appropriate amount of medication for administration			
Put on gloves			
Drug administration With gloved hand, take one tablet from the container or pour one tablet into the lid of the container. Remove O_2 mask. Instruct pt to open mouth and lift tongue. Place tablet under the pt's tongue. Instruct pt to close their mouth.			
Advise patient not to swallow or chew the medication. If the patient's mouth is dry, may place a few drops of NS or water under the tongue.			
Replace O_2 mask and monitor pt's response to the medication (repeat VS; reassess pain, degree of distress)			
Record drug, concentration, dose, route and time administered and pt responses			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Blood Glucose Testing

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Instructions: An adult with type 1 diabetes is tremulous, light headed, tachycardic and diaphoretic. You are asked to assemble the equipment and obtain a blood glucose reading using the Precision Xtra monitoring system.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare and assemble equipment ☐ Blood Glucose monitor ☐ Lancing device ☐ Test strips ☐ CHG/IPA prep			
Apply gloves			
Perform procedure Open a test strip packet by tearing at the notch on each side of the packet. Tear off the end of the packet so the contact bars of the test strip are showing.			
Grasp the contact bars and pull the test strip out of the packet. Save the test strip packet for disposal of the used test strip.			
Inspect the strip and discard if bent, scratched, wet, or damaged			
Insert the contact bars of the test strip into the test port of the monitor			
Advance test strip until it stops. Observe the monitor turn on. Recognize that the monitor will display the five digit lot number and then apply blood.			
Troubleshoot monitor if the calibration code does not appear before applying blood. Pull test strip out of the test port, press and release the button and reinsert the test strip.			
Cleanse the side of the finger with a CHG/IPA prep			
☐ Obtain a blood drop using a lancing device and correct technique (side of finger, not pad) ☐ Do not squeeze finger any more than necessary. ☐ Dispose of lancet in a sharps container			
Touch blood to target area of test strip. Hold finger on the target area while blood is drawn into the strip.			
Observe test start automatically when the sample is detected			
Move finger away from the target area when the display shows --- (three dashes). Do **not** press the button.			
Verbalize that monitor will display --- -- - followed by a countdown from 5			
Correctly read blood glucose reading after 5 seconds Below 20 = LO Above 500 = HI Above 300 will also flash Check Ketones			
Turn off the monitor by pressing and releasing the button			
Place test strip packet over used strip and remove it from monitor for proper disposal			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **4** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Hemorrhage Control

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply PPE			
Assess pt for nature of bleeding: ☐ Type ☐ Source ☐ Amount ☐ Rate			
Apply direct digital pressure over a single layer sterile dressing placed over wound unless contraindicated (deep open skull wound)			
Bleeding persists: ☐ Cover entire bleeding surface; including deep areas of wound with QuikClot dressing ☐ Apply direct digital pressure over dressing ☐ If blood soaks through 1st layer, apply a 2nd ☐ Once bleeding stops, apply a pressure bandage (roller gauze or ACE wrap) to hold dressing in place. ☐ Do not remove blood-soaked bandages from wound, may cause more bleeding			
Severe extremity bleeding Verbalize need for a tourniquet ☐ Mangled extremity; amputation ☐ Arterial bleed ☐ Hemostatic dressing ineffective in hemostasis			
Prepare equipment and explain procedure to patient.			
Documentation (verbalize) ☐ MOI: Blunt, penetrating ☐ Site of tourniquet application: arm, leg; R or L ☐ Measures used prior to tourniquet application ☐ Time tourniquet applied &/or removed (if applicable) ☐ Who applied and/or removed tourniquet ☐ Success of hemorrhage control ☐ Total tourniquet time in minutes ☐ Whether pt required pain meds d/t tourniquet pain ☐ Tourniquet-related complications if known: ischemia damage, compartment syndrome			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Application of s C-Collar

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Assesses need for spine motion restriction: Positive MOI and/or + PE findings; unreliable patients with + or uncertain MOI			
RESCUER #1 provides manual splinting of head/neck as found (in neutral alignment if possible)			
Assess/open/maintain airway, ventilations & gas exchange			
Select and prepare equipment Rescuer #2: Use fingers to measure key dimension for proper collar sizing (imaginary line from top of shoulder where collar will sit to bottom plane of chin)			
Rescuer #2: Apply key dimension to the collar by aligning fingers with the bottom edge of the plastic neck band. Select sizing window closest to the height of the stacked fingers. Adjust chin piece until the markers are visible in both windows of the chosen size collar. Press tab locks on both sides of collar to secure.			
Rescuer #2: Pre-form collar by flexing end w/o strap inward to triangular trach hole			
Collar application **PT SITTING:** Rescuer #2: Apply collar by sliding chin support up the chest wall until collar is placed under the chin. Pt's chin should at least cover the central fastener.			
Rescuer #2: Secure collar by using the trach hole as an anchor point. Gently pull posterior portion around back of neck and secure Velcro tab.			
Position pt on long spine board without moving spine.			
PT SUPINE: Rescuer #2: Slide back of collar under the neck. Position chin piece and fasten Velcro as above.			
Lift onto long board with a scoop stretcher; position in center of board.			
Both positions: ☐ Heavy or bulky clothing takes up extra space beneath the collar. If this clothing is removed, the patient should be resized for an appropriately fitting collar ☐ *Pad occiput to keep head and neck in neutral alignment; apply lateral immobilizers.			
Secure pt to long board with straps across shoulders, hips, knees			
Verbalize the following: The collar should not ☐ impede mouth opening or airway clearance. ☐ obstruct airway passages or breathing. ☐ be loose as to allow the chin to sink below the collar chin piece.			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Standing LSB Technique

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

An adult is found walking around a vehicle with major metal deformity following a high speed MVC. The patient is dazed and admits to some neck pain. You are asked to apply spine motion restriction using the standing backboard technique.

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications for procedure: Pt found standing and requires spine motion restriction.			
Assess pain, motor, sensory, & circulatory integrity prior to pt movement or splinting			
Need at least 3 rescuers ☐ Rescuer 1: Apply manual splinting of head & neck standing behind or in front of the pt. Instruct patient to remain still; explain procedure to pt ☐ Rescuer 2: Apply appropriately sized c-collar per procedure.			
Rescuer 3: Bring long spine board in from side & position directly behind pt; align properly. Check board position from in front of pt. Place padding behind occiput to fill gap between head and board. Rescuer 1 Keep board pressed against pt with hip and leg.			
Rescuers 2 & 3: Stand facing patient at each side ☐ Each inserts hand nearest pt under the pt's arm and grasps the handle hold on the board *above* the armpit ☐ Grasp pt's elbows with their other hand to provide additional stabilization ☐ Each rescuer puts foot closest to board against the base at the ground and steps forward with other foot to keep board from sliding			
☐ Under direction of rescuer at the head: slowly lower board part way to ground, stopping about halfway down ☐ Rescuer 1 must move hands without losing stabilization as the board is lowered			
☐ Lower board fully to ground ☐ *Rescuer 1 must go to a kneeling position to avoid moving head out of alignment			
☐ Move pt to proper position on the board ☐ Apply lateral head immobilizers and secure pt to board per procedure			
Assess & document pain & SMV in all extremities after procedure			
State possible complications ☐ Movement of a pt founding standing with a spine injury could cause an unstable injury to worsen or a stable injury to become unstable ☐ Permanent paralysis, persistent pain or death can result			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **2** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a KED Devise

Name #1:	Attempt #_____ Pass ☐ Fail ☐
Name #2	Reason for Testing _____
Date	

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Assesses pain, SMV in all extremities & need for extrication and spine motion restriction			
Verbalize at least 2 contraindications to use of KED or vest-type device: ☐ Unstable pt. or scene w/ possible spine injury. (use rapid extrication) ☐ A vest-type device could cause hypoventilation in a pt w/ dyspnea ☐ Reliable pt. w/ uncertain or neg MOI w/ normal neuro exam			
Rescuer #1 Apply manual stabilization to head and neck Rescuer #2 Correctly size and apply c-collar			
Rescuer #2 Prepare KED for insertion behind patient			
Rescuer #2: Slip body portion of KED behind pt. w/ smooth side towards pt's back. Straighten KED so pt. is centered in device and head support is behind head.			
Move leg straps down from stored position			
Bring chest flaps around pt. Fasten middle strap first. (*MBLHT)			
Position firmly under armpits by using lift handles on side of unit			
Fasten bottom chest strap next			
Bring leg straps under buttocks; cross over to opposite side and secure into device unless contraindicated. Pad groin as needed.			
Adjust head pad to fill gap between head and head support			
Bring head flap forward and secure with straps over forehead and under chin piece of c-collar			
Release manual stabilization			
Secure top chest strap last Check all straps for snugness before moving patient			
☐ Place foot end of long spine board next to pt's buttocks, perpendicular to pt. Pivot pt. parallel to the board ☐ Lift pt slightly onto board and position supine maintaining axial alignment. Keep knees bent during position change.			
Once supine, disengage leg straps and lower legs to board; may loosen chest straps to ensure adequate ventilations			
Secure pt & KED to the long board with straps			
Reassess spine pain, SMV in all extremities			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Helmet Removal

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
☐ Rescuer#1: Kneel at pt's head, apply manual stabilization by palming each side of helmet & curling fingertips over helmet's lower edge so thumbs are on pt's mandible and index fingers are on the occipital ridges. ☐ Rescuer #2: Position at pt's side near shoulder			
☐ Perform primary assessment while patient supine w/ helmet in place ☐ Remove chin strap or face shield if more direct access required for airway assessment ☐ If airway/ventilations adequate; immobilize w/ helmet (pads) in place using tape and blanket roll and padding as necessary to maintain axial alignment			
State indications for procedure: ☐ Helmet fails to hold head securely (loose-fitting) ☐ Helmet/face shield prevent airway control even after removal of face shield ☐ Helmet has a face shield that cannot be removed within a reasonable period of time ☐ Helmet prevents proper immobilization for transport			
State contraindications for procedure: Untrained personnel unless obvious airway impairment evident & failure to remove helmet would compromise patient			
If pt awake, explain the procedure. Instruct pt not to attempt to help or to move. (Assess & document SMV status prior to procedure).			
If helmet has snap-out ear protectors, pry them loose with a tongue blade and remove. If helmet has an inflatable pad, DO NOT decompress air bladder until after the next step.			
Rescuer #2: Place one hand on mandible: thumb on one side and the long and index fingers on the other. Place other hand under base of occiput under the helmet and maintain axial alignment.			
If helmet has an inflatable air bladder, deflate bladder with an air pump needle while the Rescuer #2 continues to hold C-spine motion restriction. Detach any other removable padding to make helmet easier to remove.			
If no inflatable air bladder: Rescuer #1 should reach inside helmet & spread sides away from pt's head and ears while gently pulling and tilting helmet upward slightly, clearing pt's nose. As helmet comes over the occiput, it may be necessary to tilt the helmet FORWARD slightly about 30° following curvature of pt's head. Remove helmet by carefully pulling it in a straight line.			
Rescuer #2: Maintain in-line stabilization throughout the process to prevent c-spine motion. Slide hand under neck upwards as helmet is removed to provide occipital support and prevent head from falling back once helmet is removed.			
After removal, apply padding under head to maintain neutral position. Apply a c-collar and lateral immobilization and secure pt. to long board with straps.			
Assess pain and SMV in all extremities after procedure.			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **2** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Log Roll Technique to LSB

Name #1:	Date:
Name #2:	Attempt #_____ Pass ☐ Fail ☐
Name #3:	Reason for Testing _____
Name #4:	

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare patient: Position pt. supine. Rescuer 1 holds patient's head in axial alignment WITHOUT any traction on neck or spine and instructs pt not to move.			
Rescuer 2 correctly applies appropriate size C-collar			
Rescuers 3&4 assemble equipment: Long spine board, lateral head immobilizer, straps or spider, towels or padding			
Rescuers position themselves at head & same side of patient: ☐ Rescuer 1 holds pt's head ☐ Rescuer 2 kneels at pt's shoulders ☐ Rescuer 3 kneels at pt's buttocks & hips			
Rescuers reach across patient and grasp: Rescuer 2 - Patient's farther shoulder and hips Rescuer 3 – Patient's waist and thigh (cross hands & arms)			
Perform procedure Rescuer 1 stabilizes head & neck. Gives command to roll pt on 3. Counts 1, 2, 3.			
On signal, pt is rolled as a unit onto their side with head supported & turned with body			
Rescuer 4 slides board parallel to back of body, tilted up at a 45° angle until it is snug to body with pivot point on floor			
On signal from Rescuer 1 lower pt as a unit on board until board is flat on floor – keeping head slightly elevated in axial alignment if no occipital padding yet			
Centering patient on board: If pt is not centered on board, Rescuers maintain their position and on signal from Rescuer 1 move pt slightly downwards on board towards midline			
On signal from Rescuer 1 all rescuers move pt slightly upwards on board towards midline so pt is centered on board. (Maintains axial alignment of spine and eliminates sideways motion)			
Securing patient to board: Rescuer 2 slides occipital pad under patient's head to fill gap between board and back of head			
Reassess position of c-collar. Secure lateral head immobilizers with straps or Velcro.			
Secure straps over patient's forehead and chin piece of cervical collar to board			
Secure pt to board with straps across shoulders/chest, thighs and below knees or use a spider strap			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a Triangle Bandage
Swing and Swath

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply PPE (gloves)			
Expose injured area (cut away clothing as appropriate, preserving evidence as necessary)			
Assess need for splint: pain, deformity, motor deficit, paresthesia, pallor, and/or pulselessness of injured shoulder, clavicle, or arm. Compare injured to uninjured side.			
Remove all jewelry & clothing from injured areas and distal extremity			
Cover all open wounds w/ sterile dressings			
Consider need for morphine and benzodiazepine prior to splinting			
Apply gentle support and stabilization to the fracture/dislocation site while applying sling			
Place padding between arm and chest in axillary area			
Fold forearm of injured side across chest, with hand slightly elevated toward opposite shoulder			
Place **triangular bandage** under and over arm with point at elbow and two ends tied around the neck. Knot should be to the side of the neck.			
Envelope wrist and most of hand in the sling. Hand and wrist should not be able to drop out of sling. Keep fingers exposed to check neurovascular status. Keep hand and wrist slightly elevated.			
Pin or tie point end of a triangular bandage to form a cup for the elbow			
Alternative approach: Apply commercially available sling by inserting forearm into the sleeve and securing the strap (at the elbow) behind the shoulder and forward around the opposite side of the neck to attach to the hand portion of the sling. The sling straps should not hang forward in front of the neck on both sides.			
Reassess motor, sensory, and circulatory integrity of injured extremity after splinting to compare injured to uninjured sides			
Wrap a wide cravat or roller gauze around injured arm and body as a swathe to pull shoulder back and secure injured arm to body			
Transport in a sitting position			
Apply cold pack to reduce swelling			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of Rigid Splints

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State purpose of splinting ☐ Reduce pain ☐ Stabilize injury; provide substitute support ☐ Facilitate transfer and transport ☐ Prevent/minimize skin laceration; motion of broken bone ends; damage to muscle, nerves; restriction of distal blood flow; excessive bleeding			
Prepare/assess patient Explain procedure to pt			
Completely expose the injured area (limb)			
Assess need for splint and distal motor & neurovascular function prior to moving injured area: pain, position, paralysis or motor deficit, paresthesia, pallor, pulselessness, pressure. Compare injured to uninjured side.			
Remove jewelry on affected limb. Secure w/ pt belongings. If unable to remove a ring with soap/lubricant, cold or string, consider a ring cutter.			
Offer pain/antispasmodic meds before splinting if not contraindicated			
☐ If angulated long bone fx with SMV impairment: apply gentle traction to both bone ends and attempt to realign. Constant firm pressure; NO jerky movements ☐ If resistance encountered or pt c/o severe pain – STOP. Splint in position of deformity ☐ Splint joint injury as found			
Cover all open wounds w/ sterile dressings			
Prepare equipment: Select a splint that immobilizes one joint above and one joint below a suspected fx.			
Pad splint or wrap limb distally to proximately with Webril if available. Overlap each layer by ½ the width. Smooth out creases. Apply extra padding to fill voids and over bony prominences. Omit step if using prepadded splint.			
Perform procedure – Generalized approach – adapt to device ☐ Manually support site & minimize movement until splint is applied & secured ☐ Apply splint per manufacturer's recommendations w/ minimal mvmt. of limb ☐ Splint knees straight unless injured or angulated ☐ If forearm injury, have pt hold (flex fingers over) a bandage wrap. Flex elbow to 90° if possible. Extend wrist to 20°; abduct thumb and flex finger joints to 70°.			
Secure by fastening Velcro straps or w/ bandage or ACE wrap. Do not tape circumferentially (allow pressure relief).			
Reassess distal motor & neurovascular integrity after splinting. Instruct pt to alert you if they experience numbness, color change, increasing pressure or pain.			
☐ If possible; elevate injured extremity above level of heart ☐ Apply cold pack over injury site unless contraindicated			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of Traction Splints

Name #1:	Attempt #_____ Pass ☐ Fail ☐
Name #2:	
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient Assess need for traction splint: Midthigh femur fracture & no need for immediate transport			
Verbalize at least 3 **contraindications** ☐ Partial amputation ☐ Hip, pelvis injury ☐ *Knee or lower leg injury ☐ Exposed bone ends			
State at least two **purposes** of traction splinting ☐ Elongate muscle and decrease bleeding ☐ *Reduce pain ☐ Reduce or overcome muscle spasm ☐ Better alignment of bone ends prevents further nerve, vascular & tissue damage			
Remove shoe & sock if easily accomplished and expose leg; remove toe rings			
Compare and note motion, sensation and circulation in both feet			
Offer pain/antispasmodic medications if not contraindicated			
Prepare equipment: May use unipolar device (Sager or Faretec) or bipolar device (Hare or Donway style); scoop stretcher or long spine board ☐ Place splint beside pt's uninjured leg; adjust to 8-10" longer than uninjured leg; lock splint length ☐ Adjust proximal and distal support straps			
Perform procedure – Generalized approach – know your device ☐ Manually stabilize site above & below fx so minimal to no motion occurs ☐ Apply ankle hitch under heel, crossing side straps over instep OR apply ankle strap			
☐ Hare: Elevate leg slightly, apply manual traction by pulling on ankle hitch straps (not rings); exert slow, steady pull in axial alignment. Use enough force to align limb to fit into splint; do not attempt to align fragments anatomically. ☐ If pain is severe, stop and immobilize as found with rigid splint or spine board. ☐ Single post: No elevation or manual traction			
☐ Hare: Once manual traction applied; 2nd RESCUER: Slide splint under the leg from the foot upward until the padded ring rests against pt's. ischial tuberosity ☐ Pad the groin area if necessary and secure the ischial strap ☐ Fold down foot stand until it locks into place			
Connect ankle strap to end of splint and turn ratchet until manual traction is replaced by mechanical traction. Traction is sufficient when injured leg is as long as uninjured leg or pt feels relief.			
☐ Ensure that foot remains midline; not inverted or everted ☐ Verbalize action if pulse disappears after application of splint (inform OLMC; await orders)			
Secure proximal and distal support straps leaving injured area and knee open			
☐ Reassess motor, sensory and circulatory integrity of both feet ☐ Warn pt to tell you if they experience weakness or numbness, ↑ pressure, or pain			
Place pt on a long spine board, scoop stretcher, or vacuum mattress for transport			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of Vacuum Splints

Name #1:	Attempt #_____ Pass ☐ Fail ☐
Name #2:	
Date:	Reason for Testing_____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient Assess need for splint: Swollen, painful or deformed extremity or possible spine injury			
Advantage of vacuum splints: Angulated fractures can be splinted as found as opposed to fitting them into a preformed splint			
Inform patient about the procedure			
Expose injured area; remove all clothing, jewelry and secure w/ pt belongings Remove any sharp or bulky items that may injure pt or damage the splint			
Compare and note motion, sensation and circulation proximal & distal to injury			
Cover open wounds with sterile dressings			
Offer pain/antispasmodic medications if not contraindicated			
Prepare equipment: Select appropriate size splint			
Lay splint out flat, with all straps open and inner surface that will touch patient's skin (face up). May need to pad splint if using on frail skin.			
Check integrity of splint: rigidity will be compromised due to a leak or tear in splint or if valve is damaged or open			
Perform procedure – Generalized approach – know your device Gently elevate and support area of injury as splint is placed beneath, then around injured limb, or use a scoop stretcher to place pt into a body mattress splint (maintain spine alignment)			
Wrap splint around sides of limb, or lift edges of mattress to conform around contour of pt, starting at the head; secure with straps (chest, hips, legs)			
Attach vacuum pump to splint and evacuate air until the splint feels firm and solid Splint should be rigid, conforming to the shape of the limb or body			
Close off vacuum valve and disconnect pump			
Ensure that splint does not shrink too much and become too tight when air is removed Readjust straps as necessary			
Reassess pain; motor, sensory and circulatory integrity distal to the injury			
May place pt on a long spine board, scoop stretcher for transport if indicated (vacuum mattress may take place of spine board)			
Monitor for cautions: ☐ Loss of vacuum will soften the splint and cause loss of immobilization ☐ Vacuum splints can make motor, sensory and neurovascular checks difficult			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a Pelvic Splint

Name #1:	Attempt #_____ Pass ☐ Fail ☐
Name #2:	
Date:	Reason for Testing _____

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient Assess hemodynamic stability and need for splint: possible pelvic fracture ☐ Blood at urinary meatus ☐ Scrotal swelling/hematoma			
Verbalize no contraindications in emergent setting except open fracture			
Inform patient about the procedure			
Compare and note motion, sensation and circulation distal to injury			
Provide pain medication if not contraindicated			
Prepare equipment:			
Select appropriate size splint			
Perform procedure – Generalized approach – know your device Gently slide sheet or pelvic splint under patient from the feet up to the level of the greater trochanters without rocking the patient			
Draw ends of the sheet or pelvic splint together and create circumferential tension to stabilize the pelvis; ensure that splint is not too tight			
Secure feet together			
Reassess motor, sensory and circulatory integrity distal to the injury			
Use scoop stretcher or vacuum body mattress to place pt on stretcher			

Recommendation:

☐ Excellent knowledge of material; no coaching needed.
☐ Satisfactory knowledge of material: minimal coaching needed. No more than **2** marked "Performs with Coaching"
☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

Skills Assessment Manual

Use of a Scoop Stretcher

Name:	Attempt #_____ Pass ☐ Fail ☐
Date:	Reason for Testing _____

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications: Supine pt requires movement to the stretcher when log-rolling onto a long spine board is not advised or contraindicated (impaled objects to posterior body, possible SCI; hip fx)			
State contraindication: Pt size exceeds capacity of device			
Prepare scoop stretcher ☐ Adjust stretcher to length of pt; turn lock pegs where the stretcher narrows to open sliding mechanism ☐ Pull the bottom of stretcher out to desired length ☐ Lock back into place by turning lock pegs in opposite direction (will hear a distinct click when it locks in place)			
Open mechanism at top and bottom of stretcher to separate into right & left halves			
Prepare the patient Explain process to patient			
☐ Position pt supine unless contraindicated (impaled object on posterior of body ☐ Hold axial alignment and apply C-collar if indicated			
Fold patient's arms across chest			
Procedure Slide one stretcher half beneath pt on each side, taking care not to pinch skin or clothing. Use a gentle see-saw motion to get each side under pt.			
Lock stretcher back together at head and foot			
☐ Properly position head support & lateral immobilization; pad as necessary ☐ Secure pt to scoop stretcher with straps over chest, pelvis & knees			
Bring ambulance stretcher close to pt; put side rails down; lock wheels			
Place a long board on ambulance stretcher if desired. Note: New model scoop stretchers may replace need for long spine boards on stretcher.			
Lift scoop stretcher by end-carry method			
Lower scoop stretcher gently onto backboard or directly onto stretcher			
Secure patient to stretcher with straps per procedure			
Reassess patient			

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed. No more than **3** marked "Performs with Coaching"
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

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Evaluator

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Manual template was developed by Connie Mattera.