

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

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



**DOH 530-152 January 2013**

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## The EMT Practical Skills Addendum Skill Sheets

### PRACTICAL SKILL EVALUATIONS -

These evaluation sheets are included as additional skills evaluations that can be used in addition to the required practical evaluation skill sheets for course completion in both initial EMT courses and Ongoing Training and Evaluation Programs (OTEP). Each student should receive a copy when beginning the course or OTEP process. The evaluation sheets are used to document the performance of approved EMT skills.

#### Individual Practical Evaluation Addendum Skills Sheets

The practical evaluation addendum skill sheets located on pages 7 through 48 are used to document the performance of students during practical skills evaluations. **Department Of Health-approved EMS Evaluators must complete all evaluations.** Evaluator name and signature must appear on each evaluation. Students **must** achieve a passing score of at least 80% for each skill listed here, **and** successfully pass all critical criteria.

#### BLS Skills Examination Guide

Instructors and EMS Evaluators should refer to this guide for assistance in planning and performing these skills evaluations. It is an addendum to the EMS Instructor Manual.

#### EMS Certification

The process for certification is provided on the office web site at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSPProviderCertificationandRecertification.aspx>

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## ADDITIONAL PRACTICAL SKILLS EVALUATION SHEETS

### Required Scores for Successful Completion

Practical Skill Sheet Page Numbers	Practical Skill	Total Points Possible	Points Required to Successfully Complete Practical Skill
7-8	Acetaminophen Administration	10	8
9-10	Activated Charcoal Administration	10	8
11-12	Aspirin Administration	11	9
13-14	Epinephrine Auto-Injector	12	10
15-16	Epinephrine 1:1000-Administration from Vial or Ampule (experienced provider)	16	13
17-20	Epinephrine 1:1000-Administration from Vial or Ampule (inexperienced provider)	37	30
21-22	Metered Dose Inhaler Administration	12	10
23-24	Oral Glucose Administration	8	7
25-26	Nitroglycerin Administration	13	11
27-28	Nerve-Agent Antidote Administration	14	12
29-32	Continuous Positive Airway Pressure (CPAP)	25	20
33-34	ECG Acquisition	24	20
35-38	Alternative Airway Device (Supraglottic Airway)	18	15
39-40	Intravenous (IV) Therapy	22	18
41-44	Intraosseous (IO) Infusion	24	20
45-46	Comprehensive Evaluation-Major Medical	P/F	P/F
47-48	Comprehensive Evaluation-Major Trauma	P/F	P/F

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### Acetaminophen Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____	Start Time: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions		1	
* Appropriately determines the need for acetaminophen <i>(Asks about patient's history; signs/ symptoms, allergies, medications, last oral intake, events)</i>		1	
Obtains vital signs-R, P, BP, pupils, skin, weight, temperature		1	
* Assesses patient's mental status, determines if patient is alert enough to swallow; or if administering the medication rectally assures patient understands the procedure		1	
* Rechecks if patient is allergic to any medication		1	
Asks if patient has already taken acetaminophen for this event (determines appropriate dose)		1	
Contacts medical direction for authorization as indicated per local protocol		1	
* Checks medication for expiration date		1	
* Appropriately administers the medication: If orally, assures patient swallows medication. If rectally, assures the suppository is lubricated prior to insertion, and assure buttocks are held shut for 5-10 minutes after insertion to allow for retention and absorption		1	
Verbalizes reassessment of the patient		1	
<b>Passing score is 8 (at least 80%)</b>	<b>Total:</b>	<b>10</b>	

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for acetaminophen
- \_\_\_ Failure to assess patient's mental status, determine if patient is alert enough to swallow
- \_\_\_ Failure to explain the procedure if administering rectally
- \_\_\_ Failure to recheck if patient is allergic to any medication
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Asterisk denotes Critical Criteria**

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

Evaluator Name: \_\_\_\_\_  
Printed
Signature



### Activated Charcoal Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario \_\_\_\_\_ Start Time: \_\_\_\_\_ Points Possible    Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
* Appropriately determines the need for activated charcoal <i>(Asks patient about history; signs/ symptoms, allergies, medications, last oral intake, events)</i>	1	
Attempts to identify poison and amount ingested	1	
* Assesses patient's mental status, determines if patient is alert enough to swallow	1	
Obtains vital signs-R, P, BP, pupils, skin, weight	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
* Shakes container to suspend premixed medication or mixes one gram of activated charcoal per kilogram of body weight in water or other liquid if not pre-mixed	1	
Assists patient in drinking suspension of activated charcoal	1	
Verbalizes reassessment of the patient	1	
<b>Passing score is 8 (at least 80%)</b>	<b>Total:</b>	<b>10</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for activated charcoal
- \_\_\_ Failure to assess patient's mental status, determine if patient is alert enough to swallow
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Failure to properly shake or mix suspension
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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### Aspirin Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario \_\_\_\_\_ Start Time: \_\_\_\_\_ Points Possible    Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
Administers oxygen to the patient	1	
Obtains history about onset, provocation, quality, radiation, severity and time of pain	1	
Asks about history; signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R, P, BP, pupils, skin	1	
* Rechecks if patient is allergic to aspirin	1	
Asks if patient has already taken aspirin for this event (determines appropriate dose)	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
Administers medication appropriately, assuring patient chews the aspirin	1	
Verbalizes reassessment of the patient	1	
<b>Passing score is 9 (at least 80%)</b>	<b>Total:</b>	<b>11</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for aspirin
- \_\_\_ Failure to recheck if patient is allergic to any medication
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Printed
Signature



## Epinephrine Auto-Injector Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____	Start Time: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions		1	
* Appropriately determines the need for an Epinephrine auto-injector <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>		1	
Contacts medical direction for authorization as indicated per local protocol		1	
* Checks medication for expiration date		1	
* Checks medication for cloudiness or discoloration		1	
Removes safety cap from the auto-injector		1	
* Selects (and cleans as appropriate) injection site (thigh)		1	
Pushes injector firmly against site		1	
* Holds injector against site for a minimum of ten (10) seconds		1	
Massages the site for 10 seconds		1	
* Properly discards auto-injector in appropriate container		1	
Verbalizes reassessment of the patient		1	
<b>Passing score is 10 (at least 80%)</b>	<b>Total:</b>	<b>12</b>	

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

### Critical Criteria

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for an Epinephrine auto-injector
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Failure to check medication for cloudiness or discoloration
- \_\_\_ Failure to select appropriate injection site
- \_\_\_ Failure to hold the injector against the site for a minimum of 10 seconds
- \_\_\_ Failure to properly discard auto-injector into appropriate container
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Signature



## Epinephrine 1:1000- Administration from Vial or Ampule (experienced provider)

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
* Appropriately determines the need for Epinephrine <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>	1	
Contacts medical direction for authorization as indicated per protocol	1	
* Selects correct medication (concentration)	1	
* Checks medication for expiration date	1	
* Checks medication for cloudiness or discoloration	1	
* Selects proper needle and syringe	1	
Opens vial or ampule correctly	1	
* Draws up the correct amount of Epinephrine	1	
* Selects and cleans the appropriate site	1	
* Inserts needle at a 90 degree angle (Intramuscular)	1	
* Injects medication	1	
* Withdraws needle and applies pressure over injection site	1	
Covers puncture site	1	
* Properly discards needle in appropriate container	1	
* Verbalizes reassessment of patient	1	
<b>Passing score is 13 (at least 80%)</b>	<b>Total:</b>	<b>16</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for an Epinephrine
- \_\_\_ Failure to select correct medication concentration
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Failure to check medication for cloudiness or discoloration
- \_\_\_ Failure to select proper needle and syringe
- \_\_\_ Failure to draw up correct amount of epinephrine
- \_\_\_ Failure to select appropriate injection site
- \_\_\_ Failure to insert needle at a 90 degree angle (Intramuscular)
- \_\_\_ Failure to inject the medication
- \_\_\_ Failure to withdraw needle and apply pressure over injection site
- \_\_\_ Failure to discard needle in appropriate container
- \_\_\_ Failure to verbalize reassessment of the patient
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Evaluator Name: \_\_\_\_\_

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Signature



**Epinephrine 1:1000- Administration from Vial or Ampule (inexperienced provider)**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____	Start Time: _____	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions		1	
* Appropriately determines the need for Epinephrine <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>		1	
Contacts medical direction for authorization as indicated per local protocol		1	
* Selects correct medication (concentration)		1	
* Checks medication for expiration date		1	
* Checks medication for cloudiness or discoloration		1	
* Selects proper needle and syringe		1	
Opens vial or ampule correctly		1	
For vial: Removes protective cap from vial		1	
Cleans needle insertion site on vial with alcohol		1	
Draws proper amount of air into syringe		1	
Inverts vial and injects air into vial		1	
Draws proper amount of medication into syringe		1	
Expels air from syringe		1	
Places cap on needle in safe manner		1	
For ampule: Lightly taps the upright ampule to force any trapped medication from the ampule neck and top		1	
Cleans neck of ampule with alcohol sponge (prep pad)		1	
Wraps neck of ampule with same sponge (prep pad)		1	
Grasps ampule with both hands and snaps the neck by bending it away from the break line (the narrowest portion of ampule neck is the weakest point and breaks easily); directs breaking ampule away from self and others		1	
Holds ampule to light - inspect for minute glass particles. If glass is present, discards and replaces		1	
Picks up assembled filter needle and syringe in dominant hand and removes protective cover with free hand		1	
Holds ampule vertically with non-dominant hand or place the ampule upright on a flat surface. Inserts the needle and withdraw the medication		1	
Withdraws the prescribed medication, being careful not to touch the outside edge or bottom of the ampule with the needle		1	
Withdraws the needle and verifies the correct dosage		1	
Holds the syringe with the needle pointing up and pulls back on the plunger slightly to clear all the medication from the needle shaft		1	
Taps the barrel lightly to force bubbles to the top of the barrel		1	
Pushes the plunger forward until the solution is in the needle hub, clearing it of bubbles		1	
Rechecks vial/ampule label to verify that the correct medication and dosage is drawn		1	
Replaces needle on syringe with appropriate size injection needle		1	
* Selects and cleans the appropriate site on the patient		1	
* Inserts needle at a 90 degree angle (Intramuscular)		1	
* Aspirates for absence of blood return		1	
* Injects medication		1	

* Withdraws needle and applies pressure over injection site	1	
Covers puncture site	1	
* Properly discards needle in appropriate container	1	
* Verbalizes reassessment of patient	1	
<b>Passing score is 30 (at least 80%)</b>	<b>Total:</b>	<b>37</b>

**Stop Time:** \_\_\_\_\_ **Elapsed Time:** \_\_\_\_\_ **Max Time Allowed: 5** **Pass / Fail**

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for an Epinephrine
- \_\_\_ Failure to select correct medication concentration
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Failure to check medication for cloudiness or discoloration
- \_\_\_ Failure to select proper needle and syringe
- \_\_\_ Placed cap on needle in a dangerous or unsafe manner
- \_\_\_ Contaminated needle and did not take appropriate action
- \_\_\_ Failure to select appropriate injection site
- \_\_\_ Failure to clean appropriate injection site
- \_\_\_ Failure to insert needle at a 90 degree angle (Intramuscular)
- \_\_\_ Failure to aspirate for absence of blood
- \_\_\_ Failure to inject medication
- \_\_\_ Failure to withdraw needle after administration
- \_\_\_ Failure to apply pressure over the injection site after withdrawing needle
- \_\_\_ Failure to discard needle in appropriate container
- \_\_\_ Failure to verbalize reassessment of the patient
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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**Evaluator Name:** \_\_\_\_\_

**Printed**

**Signature**



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### Metered Dose Inhaler Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
* Administers oxygen to the patient	1	
Obtains history about onset, provocation, quality, radiation, severity and time of shortness of breath/dyspnea	1	
Asks about history; signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R, P, BP, pupils, skin, breath sounds	1	
* Determines if patient has inhaler, and if maximum dose has been met	1	
Obtains patient's metered dose inhaler	1	
* Assures medication is prescribed for the patient	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
Administers medication appropriately	1	
Verbalizes reassessment of the patient, including asking about relief of dyspnea	1	
<b>Passing score is 10 (at least 80%)</b>	<b>Total:</b>	<b>12</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to administer oxygen to the patient
- \_\_\_ Failure to determine if patient has inhaler, has it been used and if maximum dose has been met
- \_\_\_ Failure to assure medication is prescribed to the patient
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Printed

Signature



### Oral Glucose Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
Asks about history; signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R, P, BP, pupils, skin,( blood glucose test if available)	1	
Assures patient is displaying signs/symptoms of altered mental status with a known history of diabetes	1	
* Assesses patient's mental status and ensures the patient can swallow	1	
Contacts medical direction for authorization as indicated per local protocol	1	
Administers entire tube of glucose properly- by either placing glucose on tongue depressor and inserting it between the cheek and gum, or by allowing patient to squeeze tube into his/her mouth	1	
* Verbalizes reassessment of the patient, including assessing mental status	1	
<b>Passing score is 7 (at least 80%)</b>	<b>Total:</b>	<b>8</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to assess patient's mental status and ability to swallow
- \_\_\_ Failure to reassess patient after administration, to include patient's mental status
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Evaluator Name: \_\_\_\_\_

Printed

\_\_\_\_\_  
Signature



## Nitroglycerin Administration

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
* Administers oxygen to the patient	1	
Obtains history about onset, provocation, quality, radiation, severity and time of pain	1	
Asks about history; signs/ symptoms, allergies, medications, last oral intake, events	1	
Obtains vital signs-R, P, BP, pupils, skin, and pain scale	1	
Asks about use of erectile dysfunction medications within past 48 hours	1	
* Determines if patient has nitroglycerin, has it been used and if maximum dose has been met	1	
Obtains patient's medication	1	
* Assures medication is prescribed for the patient	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
Administers medication appropriately under the tongue	1	
Verbalizes reassessment of the patient, including asking about tingling under the tongue, headache and relief of pain	1	
<b>Passing score is 11 (at least 80%)</b>	<b>Total:</b>	<b>13</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to administer oxygen to the patient
- \_\_\_ Failure to determine if patient has nitroglycerin, has it been used and if maximum dose has been met
- \_\_\_ Failure to assure medication is prescribed to the patient
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Printed

\_\_\_\_\_  
Signature



**Nerve-Agent Antidote Administration**  
(DuoDote® type)

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
* Appropriately determines the need for nerve-agent poisoning antidote, assessing patient's level of nerve agent exposure (mild, moderate, severe)	1	
Obtains vital signs-R, P, BP, pupils, skin, weight	1	
* Asks if patient has already taken any antidotes for this event	1	
Contacts medical direction for authorization as indicated per local protocol	1	
* Checks medication for expiration date	1	
* Checks medication for cloudiness or discoloration	1	
Removes safety cap from the auto-injector	1	
* Selects (and cleans as appropriate) injection site (thigh)	1	
Pushes injector firmly against site	1	
* Holds injector against site for a minimum of ten (10) seconds	1	
Massages the site for 10 seconds	1	
* Properly discards auto-injector in appropriate container	1	
Verbalizes reassessment of the patient	1	
<b>Passing score is 12 (at least 80%)</b>	<b>Total:</b>	<b>14</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to appropriately determine the need for nerve-agent poisoning antidote
- \_\_\_ Failure to ask if patient has already taken any antidotes for this event
- \_\_\_ Failure to check medication for expiration date
- \_\_\_ Failure to check medication for cloudiness or discoloration
- \_\_\_ Failure to select appropriate injection site
- \_\_\_ Failure to hold the injector against the site for a minimum of 10 seconds
- \_\_\_ Failure to properly discard auto-injector into appropriate container
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Printed
Signature



**Continuous Positive Airway Pressure (CPAP)**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	
Contacts medical direction for authorization as indicated per local protocol	1	
<b>POSITION THE PATIENT</b>		
* Checks for adequate blood pressure by the presence of radial pulses	1	
Places patient in position that will optimize ease of ventilation (sitting up, etc.)	1	
<b>PREPARE THE PATIENT</b>		
Assesses patient prior to confirm need for CPAP	1	
Performs primary and secondary assessment, to include checking breath sounds	1	
Assures patient is on monitoring device(s): pulse oximetry, VS (if able ECG, ETCO <sub>2</sub> )	1	
* Explains procedure to the patient	1	
<b>PREPARE THE EQUIPMENT</b>		
Connects CPAP generator to a 50 psi oxygen source and/or power source as required	1	
Assembles mask and tubing according to manufacturer instructions	1	
Turns power/oxygen on (per device)	1	
Sets device parameters	1	
Turns the rate (frequency) dial to 8-12 per minute (per local protocol)	1	
Turns the oxygen concentration dial to the lowest setting (28-29% O <sub>2</sub> )(per device)	1	
Titrate oxygen concentration to an oxygen saturation >92% (per local protocol)	1	
Sets tidal volume to 10-12 mL/kg (per local protocol/device)	1	
Sets pressure relief valve at +/- 40cm H <sub>2</sub> O (per local protocol/device)	1	
* Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary (per local protocol/device)	1	
<b>PERFORM PROCEDURE</b>		
Has the patient hold mask to their own face and applies head straps	1	
Inserts the CPAP valve into the mask (5,7.5, or 10 cm H <sub>2</sub> O per local protocol/device)	1	
Checks for air leaks	1	
Coaches patient to breath normally and adjusts air pressure	1	
* Monitors and documents patient's respiratory response to treatment	1	
<b>REASSESSMENT</b>		
Reassesses and documents patient's respiratory response to treatment	1	
* Provides accurate verbal report to arriving EMS unit or receiving facility	1	
<b>Passing score is 20 (at least 80%)</b>	<b>TOTAL:</b>	<b>25</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to check patient for adequate blood pressure by the presence of radial pulses
- \_\_\_ Failure to ensure patient understands procedure
- \_\_\_ Failure to test pressure relief valve prior to application
- \_\_\_ Failure to monitor and document patient's respiratory response to treatment
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide an accurate report to arriving EMS unit or receiving facility
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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Evaluator Name: \_\_\_\_\_

**Printed**

\_\_\_\_\_

**Signature**



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## ECG Acquisition

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario \_\_\_\_\_ Start Time: \_\_\_\_\_ Points Possible    Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
<b>PREPARE EQUIPMENT</b>		
Assures there is sufficient paper in monitor or unit is ready for transmission	1	
Attaches monitor cables to self-adhesive leads	1	
<b>PREPARE PATIENT</b>		
Explains procedure to the patient	1	
Exposes chest	1	
* Ensures skin is not broken or bleeding	1	
* Cleanses area with alcohol prep pad if dirty	1	
* Shaves hair from site if particularly thick	1	
<b>PERFORM PROCEDURE</b>		
Turns monitor on	1	
* Attaches the 4 limb leads (RA, LA, RL, LL) to appropriate areas, selects sites at least 10 cm/4 inches from heart for adults (1 point per lead)	4	
* Attaches precordial chest leads: (1 point per lead) V <sub>1</sub> - 4 <sup>th</sup> intercostal space, just right of the sternum V <sub>2</sub> - 4 <sup>th</sup> intercostal space, just left of the sternum V <sub>4</sub> - 5 <sup>th</sup> intercostal space, at the midclavicular line V <sub>3</sub> - on a line directly between V <sub>2</sub> and V <sub>4</sub> V <sub>5</sub> - level with V <sub>4</sub> , at the anterior axillary line V <sub>6</sub> - level with V <sub>4</sub> and V <sub>5</sub> , at the left midaxillary line	6	
Assures all connections are made (cable to monitor and leads to patient)	1	
Asks the patient to stay still but breaths normally	1	
Acquires the ECG tracing by following the machine specific acquisition procedure	1	
Checks ECG for artifact, repositions leads as needed, verbalizes rerun of ECG	1	
Verbalizes documentation of procedure	1	
<b>Passing score is 20 (at least 80%)</b>	<b>Total:</b>	<b>24</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

### Critical Criteria

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to ensure skin is intact, clean and clear prior to placing leads
- \_\_\_ Failure to accurately attach leads to patient
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Asterisk denotes Critical Criteria**

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

Evaluator Name: \_\_\_\_\_  
Printed
Signature



### Alternative Airway Device (Supraglottic Airway)

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario \_\_\_\_\_ Start Time: \_\_\_\_\_ Points Possible    Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
<b>NOTE: The examiner now informs the candidate, “No gag reflex is present and the patient accepts the adjunct.”</b>		
* Ventilates the patient immediately using a BVM device unattached to oxygen (Award this point if candidate elects to ventilate initially with BVM attached to reservoir & oxygen so long as first ventilation is delivered within 30 seconds)	1	
<b>NOTE: The examiner now informs the candidate, “Ventilation is being performed without difficulty and the pulse oximetry indicates the patient’s blood oxygen saturation is 85%”</b>		
* Verbalizes or attaches BVM to high flow oxygen (15L/minute)	1	
* Ventilates the patient at a rate of 10-12/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, the examiner auscultates and reports, “Breath sounds are present and equal bilaterally, and Medical Direction has ordered the insertion of a supraglottic airway”. The examiner must now take over ventilation.</b>		
* Directs assistant to pre-oxygenate patient	1	
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device (may be verbalized)	1	
<b>NOTE: Examiner will remove the OPA and move out of the way when the candidate is prepared to insert device.</b>		
Positions head properly	1	
Performs a tongue-jaw lift	1	
* Inserts device to proper depth	1	
* Secures device in patient [inflates cuff(s) with proper volumes and immediately removes syringe or secures strap]	1	
* Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over epigastrium and over lungs)	1	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	1	
Verifies proper tube placement by secondary confirmation (capnography, capnometry, EDD or colormetric device)	1	
<b>NOTE: The examiner must now ask the candidate, “How would you know if you are delivering appropriate volumes with each ventilation?”</b>		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
<b>Passing score is 15 (at least 80%)</b>	<b>TOTAL:</b>	<b>18</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Attempts per Time Allowed: 2 in 6 minutes

Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to initiate ventilations within 30 seconds after taking standard precautions or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_ Failure to verbalize or attach BVM to high flow oxygen (15L/minute)
- \_\_\_ Failure to ventilate the patient at a rate of 10-12/minute with appropriate volumes
- \_\_\_ Failure to ventilate the patient adequately (maximum 2 errors/minute permissible)
- \_\_\_ Failure to direct assistant to pre-oxygenate patient prior to insertion of the supraglottic airway
- \_\_\_ Failure to insert the supraglottic airway device at the proper depth within 2 attempts in 6 minutes
- \_\_\_ Failure to inflate cuff(s) properly and immediately remove syringe
- \_\_\_ Failure to secure the strap (if present) prior to cuff inflation
- \_\_\_ Failure to confirm proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over epigastrium and over lungs)
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Asterisk denotes Critical Criteria**

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

Evaluator Name: \_\_\_\_\_

**Printed**

\_\_\_\_\_

**Signature**



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## Intravenous (IV) Therapy

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____	Start Time: _____	Points Possible	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)		3	
Selects appropriate catheter		1	
Selects proper administration set		1	
Connects IV tubing to the IV bag		1	
Prepares administration set (fills drip chamber and flushes tubing)		1	
Cuts or tears tape (at any time before venipuncture)		1	
* Takes or verbalizes appropriate standard precautions		1	
Applies tourniquet		1	
Palpates suitable vein		1	
Cleanses site appropriately		1	
Performs venipuncture: -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)		5	
* Disposes/verbalizes immediate proper disposal of needle in proper container		1	
Releases tourniquet		1	
* Runs IV for a brief period to assure patent line		1	
Secures catheter (tapes or verbalizes taping securely)		1	
* Adjusts flow as appropriate		1	
<b>Passing score is 18 (at least 80%)</b>	<b>TOTAL:</b>	<b>22</b>	

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Attempts per Time Allowed: 3 in 6 minutes

**Critical Criteria** **Pass / Fail**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to successfully establish a patent IV within 3 attempts during 6 minute time limit
- \_\_\_ Failure to establish a patent and properly adjusted IV within 6 minute time limit
- \_\_\_ Contaminates equipment or site without appropriately correcting the situation
- \_\_\_ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- \_\_\_ Failure to dispose/verbalize immediate proper disposal of needle in proper container
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Asterisk denotes Critical Criteria**

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

Evaluator Name: \_\_\_\_\_  
Printed Signature



### Intraosseous (IO) Infusion

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____ Start Time: _____	Points Possible	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape (at any time before IO puncture)	1	
*Takes or verbalizes appropriate standard precautions prior to IO puncture	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
* Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and 'cupping' leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until 'pop' is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
* Disposes/verbalizes immediate proper disposal of needle in proper container	1	
* Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle and watches for infiltration (aspiration is not required for any of these as many IO sticks are 'dry' sticks)	1	
* Slowly injects saline to assure proper placement of needle	1	
* Adjusts flow/bolus as appropriate	1	
Secures needle and supports with bulky dressing (or verbalizes taping securely)	1	
<b>Passing score is 20 (at least 80%)</b>	<b>TOTAL:</b>	<b>24</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Attempts per Time Allowed: 2 in 6 minutes

**Critical Criteria**

**Pass / Fail**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to successfully establish a patent and properly adjusted IO line within 2 attempts during 6 minute time limit
- \_\_\_ Contaminates equipment or site without appropriately correcting the situation
- \_\_\_ Failure to assure correct needle placement (must aspirate or verbalizes watching for infiltration)
- \_\_\_ Performs any improper technique resulting in the potential for uncontrolled hemorrhage or air embolism
- \_\_\_ Failure to dispose/verbalize immediate proper disposal of needle in proper container

- \_\_\_ Performs IO puncture in an unacceptable manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.)
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Asterisk denotes Critical Criteria**

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

Evaluator Name: \_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature



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<b>COMPREHENSIVE EVALUATION</b>				<b>Major Medical</b>				
<b>NAME</b>	PRINT STUDENT'S NAME				<b>DATE</b>			
	PRINT STUDENT'S NAME							
<b>Objective:</b> Given a team approach, appropriate equipment and a patient with a major medical emergency, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.								
<b>Scene Size-up (MUST VERBALIZE)</b>								
<input type="checkbox"/> Standard Precautions	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI	<input type="checkbox"/> # of Pts	<input type="checkbox"/> Additional Resources				
<b>Primary Assessment (MUST VERBALIZE)</b>								
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> Appropriate General Impression			
<input type="checkbox"/> Chief Complaint			<input type="checkbox"/> Skin Signs					
<b>Subjective (history)</b>								
<input type="checkbox"/> <b>Establishes rapport</b> with patient (reassures and calms) and obtains <b>consent to treat</b> (implied/actual) <input type="checkbox"/> Determines patient's <b>chief complaint</b> <input type="checkbox"/> Thoroughly <b>investigates patient history, NOI</b> (follows <b>SAMPLE</b> and <b>OPQRST</b> investigation) <input type="checkbox"/> Obtains names/dosages of current <b>medications</b> and if any were taken (if possible)								
<b>Objective (physical exam)</b>								
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> - listens to <b>lung sounds</b> and compares sides <input type="checkbox"/> Performs appropriate <b>medical assessment</b> based on clinical presentation <input type="checkbox"/> Appreciates patient's body position (distressed, tripod, normal) <input type="checkbox"/> Obtains <b>second set of vital signs</b> and compares to baseline								
<b>Assessment (impression)</b>								
<input type="checkbox"/> <b>Verbalizes</b> to evaluator what ' <b>you think is going on</b> ' <input type="checkbox"/> <b>Determines</b> the need for <b>immediate transport</b> — states rationale _____								
<b>Plan (treatment)</b>								
<b>GENERAL CARE</b> <i>(Check all that apply)</i> <input type="checkbox"/> Properly <b>positions patient</b> <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated) <input type="checkbox"/> Properly <b>ventilates</b> patient with a BVM (if indicated) <input type="checkbox"/> Suctions airway (if indicated) <input type="checkbox"/> Considers/uses <b>medications</b> appropriately (if indicated)			<input type="checkbox"/> <b>Monitors</b> patient vital signs <input type="checkbox"/> Considers Index of Suspicion ( <b>IOS</b> ) and states rationale <input type="checkbox"/> Performs reassessment <input type="checkbox"/> Properly performs other care/treatment (as indicated) <input type="checkbox"/> _____(additional) <input type="checkbox"/> _____(additional)			<b>CRITICAL (FAIL) CRITERIA</b> <i>DID NOT...</i> <input type="checkbox"/> Take/verbalize <b>Standard Precautions</b> <input type="checkbox"/> Appropriately manage airway, breathing, shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> <b>Determine</b> the need for <b>immediate transport</b>		
<b>Communication and Documentation</b>			<b>Meets Standards</b>					
<input type="checkbox"/> Delivers accurate and effective <b>verbal report</b> (if indicated)			<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN					
EVALUATOR SIGN YOUR NAME		PRINT NAME						

TIME →						
Respiratory Rate						
Pulse Rate						
Blood Pressure						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Narrative (SOAP)

Subjective

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Objective

\_\_\_\_\_  
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 \_\_\_\_\_

Assessment

\_\_\_\_\_  
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Plan

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 \_\_\_\_\_  
 \_\_\_\_\_

<b>COMPREHENSIVE EVALUATION</b>				<b>Major Trauma</b>	
<b>NAME</b>	PRINT STUDENT'S NAME				<b>Date</b>
	PRINT STUDENT'S NAME				
<b>Objective:</b> Given a team approach, appropriate equipment and a patient with major trauma, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.					
<b>Scene Size-up (MUST VERBALIZE)</b>					
<input type="checkbox"/> Standard Precautions	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI	<input type="checkbox"/> # of Pts	<input type="checkbox"/> Additional Resources	
<b>Primary Assessment (MUST VERBALIZE)</b>					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Appropriate General Impression
<input type="checkbox"/> Chief Complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	
<b>Subjective (history)</b>					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains <b>consent to treat</b> (implied/actual) <input type="checkbox"/> Determines patient's <b>chief complaint</b> and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation <input type="checkbox"/> Determines <b>mechanism of injury (MOI)</b> as soon as possible – considers <b>NOI</b> and acts accordingly <input type="checkbox"/> Obtains names/dosages of current <b>medications</b> and if any were taken (if possible)					
<b>Objective (physical exam)</b>					
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> - listens to <b>lung sounds</b> and compares sides <input type="checkbox"/> Performs proper <b>trauma exam</b> based on clinical presentation: exposes/checks for bleeding and/or injuries <input type="checkbox"/> Assesses pulse, sensation, and movement before and after wound care/splinting (as indicated) <input type="checkbox"/> Obtains <b>second set of vital signs</b> and compares to baseline					
<b>Assessment (impression)</b>					
<input type="checkbox"/> <b>Verbalizes</b> to evaluator what ' <b>you think is going on</b> ' <input type="checkbox"/> <b>Determines</b> the need for <b>immediate transport</b> — states rationale _____					
<b>Plan (treatment)</b>					
<b>GENERAL CARE</b> ( <i>Check all that apply</i> ) <input type="checkbox"/> Applies proper and immediate bleeding control technique: <b>direct pressure, pressure dressing, tourniquet</b> <input type="checkbox"/> Provides immediate fracture stabilization (if indicated) <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated) <input type="checkbox"/> Appropriately applies splint <input type="checkbox"/> Properly <b>positions patient</b>		<input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> <b>Monitors</b> patient's vital signs <input type="checkbox"/> Considers Index of Suspicion ( <b>IOS</b> ) and states rationale <input type="checkbox"/> Performs reassessment <input type="checkbox"/> Proper spinal immobilization <input type="checkbox"/> Bag-valve-mask (BVM) use <input type="checkbox"/> Suction (as needed) <input type="checkbox"/> _____(additional) <input type="checkbox"/> _____(additional)		<b>CRITICAL (FAIL) CRITERIA DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>Standard Precautions</b> <input type="checkbox"/> Appropriately manage airway, breathing, shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> <b>Determine</b> the need for <b>immediate transport</b>	
<b>Communication and Documentation</b>				<b>Meets Standards</b>	
<input type="checkbox"/> Delivers accurate and effective <b>verbal report</b> (if indicated)				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN	
EVALUATOR SIGN YOUR NAME			PRINT NAME		

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Narrative (SOAP)

**Subjective**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Objective**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assessment**

\_\_\_\_\_  
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 \_\_\_\_\_

**Plan**

\_\_\_\_\_  
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## Practical Skills Evaluation Summary Sheet

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Test Site:** \_\_\_\_\_

Practical Skill Sheet Page Numbers	Practical Skill	S	U	SEI Signature
7-8	Acetaminophen Administration			
9-10	Activated Charcoal Administration			
11-12	Aspirin Administration			
13-14	Epinephrine Auto-Injector			
15-16	Epinephrine 1:1000-Administration from Vial or Ampule (experienced provider)			
17-20	Epinephrine 1:1000-Administration from Vial or Ampule (inexperienced provider)			
21-22	Metered Dose Inhaler Administration			
23-24	Oral Glucose Administration			
25-26	Nitroglycerin Administration			
27-28	Nerve-Agent Antidote Administration			
29-32	Continuous Positive Airway Pressure (CPAP)			
33-34	ECG Acquisition			
35-38	Alternative Airway Device (Supraglottic Airway)			
39-40	Intravenous (IV) Therapy			
41-44	Intraosseous (IO) Infusion			
45-46	Comprehensive Evaluation-Major Medical			
47-48	Comprehensive Evaluation-Major Trauma			

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