



TEXARKANA  
COLLEGE

# **EMERGENCY MEDICAL TECHNOLOGY PROGRAM**



**Advanced Skills Manual**  
***2016 Edition***

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**DISCLAIMER:** The contents of these psychomotor evaluation instruments will be demonstrated and repeatedly practiced in the classroom and skills laboratory setting in order to document the student’s progress from novice to entry level competency for each skill set. Prior to performing any of these interventions on a live patient, the student must have confirmed proficiency in the appropriate virtual situation as verified by the Program Faculty and Coordinator. While all of these skills will be discussed and/or taught in the Advanced Paramedic Program Course of study; they may not be allowed within the respective local, regional or state Scope of Practice regulations and guidelines.

## Patient Assessment Skills:

### Vital Signs: Temperature / Pulse / Respirations

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
						<b>Oral Temperature Using Mercury Thermometer:</b>
1						Shake down thermometer so mercury is below lowest reading on the thermometer.
1						Place thermometer under the patient's tongue for 3 minutes.
1						Remove thermometer and record temperature.
1						Dispose of equipment using approved technique.
						<b>Pulse:</b>
3						Locate radial, carotid, brachial, and femoral pulses.
1						Palpate selected pulse for 15 seconds multiply times 4. (If irregular, palpate for 1 minute).
1						Record minute rate, quality, and regularity
						<b>Respirations:</b>
1						Count patient's respirations for 30 seconds, multiply times 2
1						Record minute rate, pattern, and tidal volume.
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 15 Fail ≤ 12</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure to shake down thermometer					
	Reading temperature prior to 3 minutes					
	Unable to locate required pulses or inappropriate technique					
	Inaccurate results (greater than 0.2° for temperature, >2/minute for pulse and/or respirations)					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Vital Signs: Blood Pressure

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Select appropriate sized blood pressure cuff
1						Place cuff snugly around at about 1" above antecubital space. Center bladder over brachial artery. Ensure bulb and tubing are in downward direction
						<b>Auscultate Blood Pressure:</b>
2						Palpate brachial artery. Place diaphragm of stethoscope over artery. Inflate cuff rapidly
1						Deflate cuff slowly (3-4 mmHg/sec). Note first sound heard (systolic pressure). Note point where sound changes or stops. Deflate remainder of cuff rapidly
1						Record readings
						<b>Palpated Blood Pressure:</b>
2						Palpate brachial or radial artery. Inflate cuff rapidly
1						Deflate cuff slowly. Note point at which pulse is palpable. Deflate remainder of cuff rapidly
1						Record reading
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 14 Fail ≤ 11</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Inappropriate cuff size (too large or too small for patient)					
	Inaccurate reading (greater than 4mm Hg difference between candidate and instructor)					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Auscultation of Breath Sounds

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Direct patient to breathe deeply through open mouth
1						Place diaphragm of stethoscope on anterior surface of chest (bilaterally): - 3 finger breadths below clavicle at mid clavicular line - 4-5th intercostal space at mid to anterior axillary line
1						Place diaphragm of stethoscope on posterior surface of chest (bilaterally): - vertebral border at the level of 3rd rib - inferior angle of scapula - 3 finger breadths below the inferior angle of the scapula at the level of the diaphragm (approximately 10th rib)
1						Record any abnormal sounds and equality
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 8 Fail ≤ 6</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Inaccurate interpretation of abnormal sounds					
	Inappropriate placement of stethoscope when auscultating breath sounds					
	Failure to auscultate in all required fields					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Blood Glucose Test – Finger Stick

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Prepare site, either the side or tip of finger: Place hand in dependent position for 10-15 seconds Grasp finger of non-dominant hand to be used Cleanse site using aseptic technique
1						Puncture site with appropriate safety lancet
1						Dispose of lancet in an appropriate sharps container
1						Squeeze finger to attain a drop of blood
1						Lightly touch drop of blood to reagent test pad / strip, completely covering test zone(s)
1						Wipe blood from finger with sterile dry wipe
1						Apply pressure until bleeding stops
1						Apply sterile adhesive dressing
1						Read blood glucose analysis from machine and record appropriately (normal range 80-120 mg/dl)
1						Dispose of reagent test pad / strip in an appropriate sharps container
1						Reassess patient for any adverse reactions (swelling, irritation, etc.)
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / ask appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 15 Fail ≤ 12</b>
<b>Initials</b>						<b>Time Limit = 3 mins</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Selection of inappropriate site					
	Contaminates site or equipment without appropriately correcting situation					
	Failure to dispose of equipment in safe or approved manner					
	Failure to properly read blood glucose analysis					


**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Initial Assessment

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
5						Perform Scene Size Up / Scene Survey Dangers Self, crew, patient, by-standards MOI / NOI / IOS Number of patients Additional resources required / extrication C-spine indicated	<i>PENMAN – PPE's, Environment, Number of Patients, MOI, Additional Resources/Extrication, Need for C-Spine</i>
1						Verbalize General Impression of the patient	<i>Level of distress, positioning, surroundings, environment, family members</i>
1						Determine Level of Responsiveness AVPU	
1						Determine Chief Complaint Name, age, weight ( <i>gather for reporting information</i> )	<i>Does not have to be done here, but must be done by the end of the initial assessment</i>
4						Assess for patent Airway Open Head tilt chin lift / jaw thrust / tongue jaw lift Look inside Take stuff out Suction / finger sweep / Magill forceps Put stuff in OPA / NPA	<i>Perform steps only if applicable to your patient</i>
4						Assess Breathing for rate, rhythm, tidal volume, chest rise & equality Inspect anterior / posterior chest wall Bare chest Auscultate baseline lung sounds Palpate for chest wall integrity Interventions Oxygen delivery device Nasal cannula / non-rebreather Mask / BVM Trauma management Needle thoracostomy / seal wounds	<i>Oxygen must be applied here!</i>  <i>Perform steps only if applicable to your patient</i>



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
4						Assess Circulation for rate, rhythm / regularity, quality Skin signs Color Temperature Moisture Distal Circulation Capillary refill - $\leq$ 6yo Distal pulse Present or not Bleeding Obvious Control hemorrhage Interventions Maintain heat Shock position (medical c/c only) Consider IV therapy (critical pt get en route) or PASG	<i>Initiate shock management only if indicated. If circulation is absent or bradycardia in peds begins CPR.</i>  <i>Perform steps only if applicable to your patient</i>
1						Determine <b>Disability / Deficits</b> GCS, pupils, A & O x ?, PMS, posturing	<i>A &amp; O x 3 or 4 Person / Self</i> <i>Place Time <b>Event</b> GCS Eyes – 4 Verbal – 5 Motor – 6</i>
2						<b>Expose</b> patient As indicated to look for life threatening injuries / other conditions / pertinent negatives Rapid trauma assessment ( <i>only if indicated for your patient</i> )	<i>Perform rapid trauma assess of patient to look for other life threats if load and go assessment is required (not a detailed physical exam) <b>UNDRESS TO ASSESS!!</b></i>
						<b>End of Initial / Primary Assessment</b>	
3						<b>Decide</b> appropriate assessment / transport decision Stay and play <b>or</b> load and go <b>Delegate</b> Packaging / transport method Vitals / diagnostic tools BP, HR, RR, SPO2, ECG, 12 Lead, BS (Blood Sugar) Pain Scale Wong-Baker FACES pain rating scale or 1-10 scale ( <i>only if indicated for your patient</i> )	<i>Vitals are to be done en route for critical patients.</i>  
1						Report findings Name, age, wt, LOC, ABC, skins, C/C	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Total						Total Points = 31 Fail ≤ 25	
Initials						Time Limit =	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing assessment						
	Failure to determine scene safety before approaching patient						
	Failure to voice and / or ultimately provide appropriate oxygen therapy						
	Failure to find or appropriately manage problems associated with airway, breathing, circulation						
	Failure to provide for spinal protection when indicated						
	Improper assessment of the patient's condition or priority						
	Failure to take or verbalize infection control precautions prior to performing assessment						
	Failure to determine scene safety before approaching patient						
	Failure to voice and / or ultimately provide appropriate oxygen therapy						
	Failure to find or appropriately manage problems associated with airway, breathing, circulation						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Medical Patient Assessment

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
						<b>Scene Size Up / Scene Survey</b>	
5						Determines: Scene / situation is safe Mechanism of injury / nature of illness Number of patients Additional resources if necessary / extrication Need for spinal immobilization	<i>PENMAN - PPE's, Environment, Number of pt's, MOI, Additional Resources/Extrication, Need for C-spine</i>
						<b>Initial Assessment</b>	
1						Verbalizes general impression of the patient	<i>Level of distress, positioning, environment &amp; surroundings</i>
1						Determines level of responsiveness	<i>AVPU</i>
1						Determines chief complaint / apparent life threats & name, age, weight	<i>Does not have to done here, as long as done by the end of the initial assessment</i>
4						Airway: Open for patency Look inside Take stuff out – suction, Magill forceps Put stuff in – OPA / NPA	
5						Breathing: Assess / inspect breathing (TV, rate, rhythm & quality) Bare chest Auscultate lung sounds Palpate chest wall Oxygen therapy Interventions to manage any injury which may compromise breathing / ventilation	<i>Apply OXYGEN</i>
5						Circulation: Checks pulse (rate, rhythm & quality) Assess skin (color, temperature, moisture) Checks for distal circulation Assesses for and controls major bleeding if present Interventions to initiate shock management	
3						Disability / Deficit: GCS / A & O x? PMS, posturing Pupils	<i>Report GCS as EVM</i>
1						Expose as appropriate	<i>Either entire body or specific area dependent on C/C UNDRESS TO ASSESS!!</i>
						<b>End of Initial / Primary Assessment</b>	
1						<b>Rapid medical assessment only if patient is unresponsive</b> Quick body systems check to see if anything else is life threatening	<i>RMA is not a detailed physical exam</i>
1						Decide: Identifies need for continued assessment versus initiation of treatment or transport ( <i>Note: Begin lifesaving interventions immediately; it is common to treat medical patients on-scene when EMS has the treatment for the patient condition</i> )	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
4						Delegate: Vitals / diagnostics if appropriate BP, HR, RR, SPO2, ECG, 12 Lead, BS (Blood Sugar), Pain scale Treatments as needed (nebulized treatment, CPAP, IN/IM/SQ injections) Packaging / transport method	<i>As appropriate for patient C/C</i>
1						Report findings from initial assessment / RMA	
						<b>Focused History and Physical Examination</b>	
5						History of present illness: Respiratory Associated CP? Pain on breathing / palpation? Cough? One-word dyspnea? Orthopnea? Cardiac Onset? Provokes / Palliation? Quality? Radiates? Severity? Time? Interventions? Associated SOB? N/V? W/D? Orthopnea? Altered Mental Status Description of the episode. Onset? Duration? Associated symptoms? Evidence of trauma? Interventions? Seizure? Fever? Allergic Reaction Hx of allergies? What were you exposed to? How were you exposed? Effects? Progression? Interventions? Poisoning / Overdose Substance? When did you ingest/become exposed? How much did you ingest? Over what time period? Interventions? Weight? Environmental Emergency Source? Environment? Duration? Loss of consciousness? Effects general or local? Obstetrics Are you pregnant? Complications? How long have you been pregnant? Pain or contractions? Bleeding or discharge? Do you feel the need to push? Last menstrual period? Prenatal care? Behavioral How do you feel? Determine suicidal tendencies. Is the pt a threat to self or others? Is there a medical problem? Interventions? Hallucinations? Delusions? Violence? Weak / dizzy Orthostatics? Syncope? Anxious? Nausea/vomit? Over/under dose medications? Recent activity/trauma? CP? SOB? Recent illness/fever?	
6						Past medical history: Signs / symptoms Allergies Medications Medication compliance Past medical history Last oral intake Events leading to present illness	<i>If pt has poor GCS / ALOC, ask bystanders or family members for pertinent information, or look for medical alert tags, wallets, etc.</i>

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
3						Performs focused physical examination: Cardiovascular Peripheral edema, JVD, scars, medication patches, pacemaker / defibrillator, accessory muscle use, tripodding, diaphoresis, medical alert jeweler? Pulmonary Color of sputum, tripod position, accessory muscle use, pedal edema, JVD, ascites, diaphoresis, oxygen line? Neurological Facial droop, incontinence, slurred speech, emesis, ticks, medical alert jewelry? Musculoskeletal Twitching / shaking, tetany of muscles, spasms? Integumentary Scars, difference in pigment, blotches, burns? GI / GU Emesis, incontinence, diarrhea? Reproductive Prolapsed rectum / uterus, abnormal bleeding / fluids, hemorrhoids, signs of child birth? Psychological / social Suicide marks, scratch marks, ticks, Tourette’s?	Perform focused exam of body system part that is effected, or deals with the patient’s C/C
1						State field impression of patient	
1						Verbalize treatment plan for patient and call for appropriate interventions	
						Ongoing Assessment	
1						Repeat initial assessment	
1						Update vital signs – HR, RR, BP	
1						Evaluate response to treatments	
1						Repeat focused assessment regarding patient complaint or injuries	
						Affective	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / ask appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 57 Fail ≤ 47	
Initials						Time Limit = 15 mins	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to take or verbalize infection control precautions prior to performing assessment							

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to conduct the appropriate assessment based on responsiveness	
						Failure to call for or initiate transport within 15 minute time limit	
						Failure to determine scene safety prior to approaching patient	
						Failure to voice and / or ultimately provide appropriate oxygen therapy (Critical patient must have oxygen on within 3 mins of the start of the scenario or failure)	
						Failure to assess / provide adequate ventilation in a timely fashion	
						Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, shock or dysrhythmia	
						Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene	
						Does other detailed or focused history or physical examination before assessing and treating threat to airway, breathing and circulation	
						Failure to determine the patient's primary problem	
						Orders a dangerous or inappropriate intervention / drug	
						Does not complete treatment modality for complaint of the patient / scenario	
						Failure to provide for spinal protection when indicated	
						Performs any action that is considered to be dangerous or inappropriate for the performed skill	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Trauma Patient Assessment

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes body substance isolation	
						<b>Scene Size-Up</b>	
5						Determines: Scene / situation is safe Mechanism of injury / nature of illness Number of patients Additional resources if necessary / extrication Need for spinal immobilization	<i>PPE's, Environment, Number of pt.'s, MOI, Additional Resources/Extrication, Need for C-spine (PENMAN)</i>
						<b>Initial Assessment / Resuscitation</b>	
1						Verbalizes general impression of the patient	<i>Level of distress, positioning &amp; surroundings</i>
1						Determines level of responsiveness	<i>AVPU</i>
1						Determines chief complaint / apparent life-threats & name, age, weight	<i>Does not have to be done here, as long as done by end of initial assessment</i>
4						Airway: Open for patency Look inside Take stuff out – suction, Magill forceps Put stuff in – OPA / NPA	
6						Breathing: Assess / inspect breathing (TV, rate, rhythm & quality) Bare chest Auscultate lung sounds Palpate chest wall Oxygen therapy Interventions to manage any injury which may compromise breathing / ventilation	<i>Apply OXYGEN / BVM</i>
5						Circulation: Assesses for and controls major bleeding if present Checks pulse (rate, rhythm & quality) Assess skin (color, temperature, moisture) Checks for distal circulation Interventions to initiate shock management	
3						Disability / Deficit: GCS ( <i>Report as EVM</i> ) A & O x? ( <i>Person, place, time &amp; event</i> ) Pupils	<i>Check distal PMS and look for posturing at some point, but abnormal findings in these areas does not make them a critical patient</i>

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Expose as appropriate	<i>Either entire body or specific area dependent on C/C UNDRESS TO ASSESS!!</i>
						<b>End of Initial / Primary Assessment</b>	
1						Decide Identifies appropriate assessment / makes transport decisions	
2						Delegate Vitals if appropriate Packaging / transport method	
						<b><i>If critical patient (load and go criteria) perform rapid trauma assessment while packaging patient. Then initiate transport to appropriate facility. While en route, continue with the assessment and interventions as time &amp; resources permit</i></b>	
1						<b>Rapid trauma assessment</b> Quick body systems check to see if anything else is life threatening	
1						Report findings from initial assessment / RTA	
						<b><i>If non-critical patient (stay and play criteria) continue on-scene assessment and treatment; otherwise the following can be completed en route</i></b>	
2						Obtains or directs assistants to obtain vital signs / diagnostic tools BP, HR, RR, SPO2, ECG, 12 Lead, BS (Blood Sugar) Pain scale	
						<b>Focused History</b>	
2						Obtain: SAMPLE OPQRST	<i>If pt has poor GCS / ALOC, ask bystanders or family members for pertinent information, or look for medical alert tags, wallets, etc</i>
						<b>Detailed Physical Exam</b>	
2						Head Inspects mouth, nose, and facial area Inspects and palpates scalp and ears	
3						Neck Checks position of trachea Check for JVD Palpates cervical spine before applying c-collar	
3						Chest Inspects, palpates, auscultate chest	
3						Abdomen / Pelvis Inspects, palpates abdomen Palpates pelvis Verbalizes assessment of genitalia / perineum as needed	
2						Lower Extremities Inspects, palpates, and assesses motor, sensory and distal circulatory function	



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
2						Upper Extremities Inspects, palpates, and assesses motor, sensory and distal circulatory function			
2						Posterior Thorax, Lumbar and Buttocks Inspects and palpates posterior thorax Inspects and palpates lumbar and buttocks area			
1						Manages secondary injuries and wounds appropriately			
						<b>Ongoing Assessment</b>			
1						Repeat initial assessment			
1						Update vital signs – HR, RR, BP			
1						Evaluate response to treatments			
1						Repeat focused assessment regarding patient complaint or injuries			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 62 Fail ≤ 51</b>			
<b>Initials</b>						<b>Time Limit = 15 mins</b>			
<b>Date</b>									
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>								
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to initiate or call for transport of the patient within 10 minute time limit								
	Failure if not have critical patient loaded up and off scene within 10 minutes (all straps on backboard must be in place)								
	Failure to determine scene safety								
	Failure to assess for and provide spinal protection when indicated								
	Failure to voice and / or ultimately provide high concentration of oxygen								
	Failure to assess / provide adequate ventilation								
	Failure to find or appropriately manage problems associated with airway, breathing and circulation								
	Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment on scene								
	Does other detailed / focused history or physical exam before assessing / treating threats to airway, breathing, circulation								
	Orders a dangerous or inappropriate intervention								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Comprehensive History

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
						<b>Demographic data</b>
1						Determines age
1						Determines weight - estimated/translated to kg
1						Determines gender (if information is obvious, may not need to ask)
1						Determines ethnic origin
1						Source of referral-“Who called EMS?”
1						Source of historical information- Patient? Family? Witness? Other Responder?
3						Reliability Do you believe the patient to be a reliable historian? Does the patient have the capacity to consent for care? Is the patient oriented and is orientation normal for patient?
						<b>Chief complaint</b>
1						“How can we help you?” or “What’s bothering you today?”
1						Duration of this episode of the complaint
						<b>History of the Present Illness</b>
1						Onset/Setting “Where were you and what were you doing when this came on?”
2						Factors Provocation/Aggravation – “Does anything make it worse?” Palliation/Relief – “Does anything make it feel better?”
1						Quality “What does it feel like?” or “Can you describe the sensation?”
2						Location Region-“Where is your pain or symptoms?” Radiation-“Does the pain stay there, or goes elsewhere?”
1						Severity “On a scale of 0-10, with 10 being the worst pain ever, how would you rate your pain/discomfort right now?”
2						Timing Onset – “What time did this start?” Duration – “How long has this lasted?”
1						Treatments “Have you done or taken anything to feel better?”
2						Associated Symptoms and Pertinent negatives Symptoms expected and present or expected but conspicuously missing
1						Converges-able to move history from broad to focused for a field impression
						<b>Past medical history</b>
1						General health status What the patient says about how healthy he/she considers himself/herself to be or statement of caregiver impression of sick or not sick

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
6						Current medications "What prescribed medications do you currently take?" "What over-the-counter medications or home remedies are you currently using?" "When did you take your last dose of medication?" "Do you take all your medications as directed?" "Have you started or stopped any medications recently?" Records medications or brings meds to hospital with patient
4						Adult illnesses "When was the last time something like this happened to you?" "Is this an acute or chronic illness?" "What medical care do you currently receive for this illness?" "What other illnesses are you being treated for?"
2						Allergies "What allergies do you have to any medications?" "Do you have any other environmental, food or injection allergies?"
1						Operations-"What previous surgeries have you had?"
4						Environmental/Social History Patient nutritional status "How often do you drink alcohol?" "Are you a smoker or do you use chewing tobacco?" "Any drug use now or in the past?"
						<b>Family history</b>
2						Number of members in primary family? Married? Young children? Caring for a dependent?
1						Health status of primary family
1						Health status of the patient's parents
1						Diseases noted in genetic family
						<b>Psychological history</b>
1						"Are you able to take care of yourself at home?"
1						"Please tell me about your daily life activity and routine."
1						"What is your outlook on life?"
						<b>Verbal report</b>
1						Identifies chief complaint
1						Identifies presenting problem or field diagnosis
1						Identifies pertinent findings/associated symptoms
1						Identifies pertinent negatives
1						Organizes report in logical sequence
						<b>Affective</b>
1						Introduces him/herself to patient
1						Learns patient's name before beginning the interview
1						Makes the patient feel comfortable
1						Uses appropriate eye contact
1						Establishes and maintains proper distance

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
5						Uses communication techniques that show interest in the patient Uses reflection to gain patient confidence Uses mostly open-ended questions Uses clarification/confrontation when needed to get accurate information Follows patient lead to converge questions Shows empathy
1						Professional appearance
1						Takes notes of findings during history
<b>Total</b>						<b>Total points = 67    Fail <math>\leq</math> 57</b>
<b>Initials</b>						
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
Failure to take or verbalize appropriate PPE precautions						
Failure to introduce him/herself and learn the patient's name before beginning the interview						
Failure to complete an appropriate, accurate, thorough history						
Failure to obtain vital information necessary for the proper assessment, management and diagnosis of the patient's condition						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Normal Adult Physical Exam

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
						<b>Start Time:</b>
						<b>Initial General Impression</b>
						<b>Appearance</b>
1						Speaks when approached
1						Facial expression
1						Skin color
1						Eye contact
1						Weight - estimated/translated to kg
1						Work of breathing
1						Posture, ease of movement
1						Odors of body or breath
1						Dress, hygiene, grooming
						<b>Level of Consciousness/Mental Status</b>
						<b>Speech</b>
1						Quantity
1						Rate
1						Loudness
1						Articulation of words
1						Fluency
1						Mood
						<b>Orientation</b>
1						Time
1						Place
1						Person
						<b>Memory</b>
1						Recent
1						Long term
						<b>Assesses Baseline Vital Signs</b>
						<b>Vital Signs</b>
1						Blood pressure
						<b>Pulses – radial, carotid</b>
1						Pulse rate
1						Pulse amplification
						<b>Respirations</b>
1						Respiratory rate
1						Tidal volume
1						Temperature – oral, tympanic, or rectal
1						SpO <sub>2</sub>

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
						<b>Secondary Physical Examination</b>
						<b>Skin</b>
1						Colors – red, yellow, pallor, cyanotic
1						Moisture – dryness, sweating, oiliness
1						Temperature – hot or cool to touch
1						Turgor
1						Lesions – types, location, arrangement
1						Nails – condition, cleanliness, growth
						<b>Head and Neck</b>
1						Hair
1						Scalp
1						Skull
1						Face
						<b>Eyes</b>
1						Acuity – vision is clear and free of disturbance
1						Appearance – color, iris clear
1						Pupil – size, reaction to light
1						Extraocular movements – up, down, both sides
						<b>Ears</b>
1						External ear
1						Ear canal – drainage, clear
1						Hearing – present/absent
						<b>Nose</b>
1						Deformity
1						Air movement
						<b>Mouth</b>
1						Opens willingly
1						Jaw tension
1						Mucosa color
1						Moisture
1						Upper airway patent
						<b>Neck</b>
1						Trachea – midline
1						Jugular veins – appearance with patient position
						<b>Chest</b>
1						Chest wall movement – expansion
1						Skin color – closed wounds
						<b>Integrity</b>
1						Open wounds

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Rib stability
1						Presence/absence pain
						<b>Lower Airway</b>
						<b>Auscultation – anterior and posterior</b>
						<b>Normal Sounds and Location</b>
1						Tracheal
1						Bronchial
1						Bronchovesicular
1						Vesicular
						<b>Heart and Blood Vessels</b>
						<b>Heart</b>
1						Apical pulse
						<b>Sounds</b>
1						S <sub>1</sub>
1						S <sub>2</sub>
						<b>Arterial pulses</b>
1						Locate with each body area examined
						<b>Abdomen</b>
1						Color – closed wounds
1						Open wounds
1						Size, symmetry and shape
1						Scars
1						Distention
1						Auscultation
1						Palpation – quadrants, masses, tenderness, rigidity
						<b>Back</b>
1						Color – closed wounds
1						Open wounds
1						Size, symmetry and shape
1						Scars
1						Palpation – tenderness, rigidity, masses
						<b>Pelvis</b>
1						Stability
						<b>Male Genitalia – inquiries about:</b>
1						Wounds
1						Drainage
						<b>Female Genitalia (non-pregnant) – inquiries about:</b>
1						Wounds
1						Drainage

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Asks about bleeding or discharge
						<b>Legs</b>
						<b>Skin</b>
1						Color
1						Closed wounds
1						Open wounds
						<b>Bones</b>
1						Non-angulated
						<b>Pulses</b>
1						Femoral
1						Popliteal
1						Range of motion – flexion, extension, abduction, adduction
						<b>Feet</b>
1						Range of motion – flexion, extension, rotation
						<b>Pulses</b>
1						Post tibial
1						Dorsalis pedis
						<b>Arms</b>
						<b>Skin</b>
1						Color
1						Closed wounds
1						Open wounds
						<b>Bones</b>
1						Non angulated
						<b>Pulses</b>
1						Brachial
1						Radial
1						Range of motion
						<b>Hands</b>
1						Range of motion – flexion, extension, supination, pronation, rotation
						<b>End Time:</b>
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty
<b>Total</b>						<b>Total Points: 105      Fail &lt;88</b>



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
Initials						
Date						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize appropriate PPE precautions					
	Performs assessment in a disorganized manner					
	Failure to assess the patient as a competent Paramedic					
	Exhibits unacceptable affect with patient or other personnel					
	Performs assessment inappropriately resulting in potential injury to the patient					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Airway Skills

### Insertion of Oropharyngeal (OP) Airway

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Open airway correctly	Head-tilt/chin lift for medical patients or jaw thrust for trauma patients
1						Choose appropriate size OP airway.	Measure from angle of jaw to level of incisors Measure from earlobe to corner of mouth OR Use of resuscitation tape for pediatric patients.
1						Insert airway correctly	Point tip toward roof of the mouth until flange reaches the lips; gently rotate 180° OR Depress tongue and place airway directly until flange reaches mouth OR Point tip toward midline and rotate 90° along curve of oropharynx.
1						Ensure patient's airway remains open and reassess ventilation.	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 8 Fail ≤ 6</b>	
<b>Initials</b>							
<b>Date</b>							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Selection of inappropriate size airway (too large or too small)						
	Inability to insert airway after a maximum of 3 attempts						
	Failure to reassess airway after insertion and/or to maintain patent airway						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Insertion of Nasopharyngeal (NP) Airway

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
3						1) Select appropriate size airway. 2) Lubricate tube. 3) Open airway	Method for sizing airway: tip of nose to tragus of ear (length); outside diameter of tube equal to patients little finger.
1						If placing airway in right naris: · Insert with bevel towards septum · Advance tip directed along floor of nasal cavity · Continue until flange is seated against outside of nostril If placing airway in left naris: · Insert airway with bevel towards septum · Advance tip directed along floor of nasal cavity · Rotate tube 180° after inserting approximately 1" or until resistance is met.	
1						Ensure patient's airway remains open and reassess ventilation.	
1						Dispose of equipment using approved technique.	
						Affective	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 7 Fail ≤ 5	
Initials							
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to take or verbalize infection control precautions prior to performing procedure							
Selection of inappropriate size airway (too large or too small)							
Inability to insert airway after a maximum of 3 attempts							
Failure to reassess airway after insertion							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Ventilation Using BVM Device

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
4						1) Select appropriate size device and mask. Attach mask to device 2) Connect oxygen tubing 3) Set O <sub>2</sub> flow rate to 15-25L/minute 4) Insert appropriate airway adjunct (OP/NP airway)	
3						Secure mask to face · Place mask over mouth and nose · Using one hand, place thumb on mask at apex and index finger on mask at chin level (C-E seal) · With remaining three fingers, pull mandible forward to maintain patent airway	<i>If 2 rescuers are needed to create a good seal, use the Double C-E clamp technique</i>
4						1) Ventilate by squeezing bag with other hand once every 5-6 secs seconds 2) Observe for chest rise 3) Auscultate breath sounds (4th-5th ICS mid-anterior axillary line) 4) Assess lung compliance while ventilating	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crews, etc...	
<b>Total</b>						<b>Total Points = 15 Fail ≤ 11</b>	
<b>Initial</b>							
<b>Date</b>							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Selection of inappropriately sized equipment (too large or too small)						
	Failure to maintain adequate mask to face seal						
	Failure to obtain adequate chest rise with ventilation						
	Failure to assess chest rise and/or breath sounds						
	Inappropriate rate/depth of ventilation (too fast or slow; too shallow or deep)						
	Failure to maintain patent airway						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

### Oropharyngeal Suctioning (Hard Catheter)

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection precautions.			
2						1) Explain procedure to patient if conscious. 2) Attach hard catheter to suction tubing.			
2						Assess airway and ventilation.	<b>Note:</b> Patient should be attached to EKG monitor prior to suctioning if reasonable		
1						Turn on suction machine. Insert catheter into back of pharynx.	<b>Caution:</b> Extended suctioning may lead to hypoxia. Generally, suction should take no longer than 10-15 seconds. Hard catheter may or may not have a thumb port.		
1						Irrigate suction catheter with normal saline.			
1						Repeat suction procedure as needed.			
1						Dispose of equipment using approved technique.			
1						Reassess airway and ventilation.			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally.			
1						Shows willingness to learn / asks appropriate questions.			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc.			
<b>Total</b>						<b>Total Points = 13 Fail ≤ 10</b>			
<b>Initials</b>									
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Failure to dispose of equipment/supplies in approved manner									
Failure to reassess airway and/or ventilation									
Exceeding 10 second time limit for suctioning									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

### Oral / Nasopharyngeal Suctioning (Soft Catheter)

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions.
2						Explain procedure to patient if conscious. Attach soft catheter to suction tubing. Turn on suction machine.
2						Assess airway and ventilation. <b>Note:</b> Patient should be attached to EKG monitor prior to suctioning if reasonable.
2						Remove thumb from air vent or uncramp suction tubing. Insert catheter into back of pharynx or into nares. Place thumb over air vent or un-crimp suction tubing and suction for maximum of 10 seconds.
1						Irrigate suction catheter with normal saline and repeat suction procedure prn.
1						Dispose of equipment using approved technique.
1						Reassess airway and ventilation.
						<b>Affective</b>
1						Accepts evaluation and criticism professionally.
1						Shows willingness to learn / asks appropriate questions.
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc.
<b>Total</b>						<b>Total Points = 13 Fail ≤ 10</b>
<b>Initials</b>						
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Exceeding 10 second time limit for suctioning					
	Failure to dispose of equipment/supplies in approved manner					
	Failure to reassess airway and/or ventilation					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Endotracheal (ET) Tube Suctioning

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Ventilate patient with BVM on high flow oxygen	1 breath every 6 seconds
1						Determine correct suction catheter length & size	Measure from pt's nipple line to the patient's ear, then from the ear to the top of the ET tube. Catheter should not exceed ½ the inner diameter of ET tube
1						Turn on suction machine	Do before putting on sterile gloves, or can be done by partner at a later time just before suctioning
1						Open package using aseptic technique. Using sterile technique to put on sterile glove. With gloved hand holding catheter, connect catheter to suction tubing using aseptic technique.	Partner can help hold the suction tubing to maintain sterile equipment
3						Instruct assistant to pre-oxygenate patient. Disconnect BVM from ET tube. With thumb off air vent, insert catheter through ET tube and down trachea until resistance is met. Place thumb over air vent while withdrawing and rotating catheter (maximum time 10 seconds)	
1						Instruct assistant to reconnect BVM to ET tube and oxygenate the patient. Irrigate catheter with sterile saline to clear the line. Repeat suctioning sequence as needed.	
3						Confirm correct placement of ET tube. · Observe for bilateral chest rise for 2 breaths · Auscultate for absent air sounds over epigastrium for 2 breaths · Auscultate for breath sounds bilaterally at 4-5th ICS mid-anterior axillary line for 2 breaths each side.	
1						Dispose of equipment using approved technique.	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...	
<b>Total</b>						<b>Total Points = 16 Fail ≤ 14</b>	
<b>Initials</b>							

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Date							
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to maintain aseptic technique during procedure						
	Failure to pre-oxygenate the patient prior to and / or after suctioning						
	Exceeding 10 second time limit for suctioning						
	Suctioning on tube insertion (failure to move thumb off air vent or to un-crimp tubing)						
	Failure to confirm ET tube placement after suctioning						
	Disposal of equipment/supplies in unsafe manner						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_



## Tracheostomy Suctioning

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Ventilate patient with BVM on high flow oxygen	1 breath every 6-8 seconds
1						If poor compliance with BVM and inner cannula is present in tracheostomy, remove inner cannula and clean. Replace inner cannula after clean to continue ventilation	
1						If continued poor compliance with BVM, then prepare to suction tracheostomy	
1						Determine correct suction catheter size	Use largest size catheter
1						Open packages/prepare equipment using aseptic technique. Prepare syringe of normal saline if thick secretions are present(3-5ml for adult; 2ml for Peds)	
2						Using sterile technique and put on sterile glove. Connect suction catheter to suction machine using aseptic technique and turn on suction unit.	Partner can turn on suction unit
2						With thumb off air vent, insert catheter through tracheostomy tube and down trachea until resistance is met. Withdraw catheter slightly (approximately ½”). Place thumb over air vent while withdrawing and rotating suction catheter	Maximum time 10 seconds for adults; 5 seconds for Peds
2						Provide O <sub>2</sub> to patient via tracheostomy tube with BVM and irrigate suction catheter with sterile saline. Repeat suctioning procedure if continued poor compliance with BVM or thick secretions are still present	
1						Dispose of equipment using approved technique	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 16 Fail ≤ 12	
Initials							
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
	Failure to take or verbalize infection control precautions prior to performing procedure						

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to maintain aseptic technique during procedure	
						Exceeding time limit for suctioning (more than 10 seconds for adults; 5 seconds for Peds)	
						Suction on tube insertion (failure to move thumb off air vent or to un-crimp tubing)	
						Installation of incorrect amount of normal saline (too much or too little)	
						Disposal of equipment/supplies in unsafe manner	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Obstructed Airway: Laryngoscopy and Magill Forceps

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Confirm complete airway obstruction by attempting to ventilate. Reposition the airway and reattempt ventilation	Perform finger sweep only if object is visualized
1						Begin or direct chest compression for BLS FBAO removal	Perform Heimlich maneuver for conscious patients
1						Prepare equipment necessary to perform direct visualization Magill forceps, suction & laryngoscope Place patient in sniffing position and open patient's mouth	Use neutral in-line position for a trauma patient.
1						If using curved blade, insert into right side of mouth parallel to right side of tongue and move blade to midline sweeping tongue to the left. If using straight blade, insert at midline and compress tongue.	<b>DO NOT USE UPPER TEETH OR GUMS AS A FULCRUM.</b>
2						Advance blade while visualizing tip until foreign body is seen. Suction fluid material as needed. Insert Magill forceps with tips closed.	Do not put Magill forceps past the glottic opening.
2						Open forceps, grasp foreign body and remove. Remove laryngoscope blade.	
2						Assess patient's respiratory status. Suction and provide ventilation and advanced airway support, or supplemental oxygen as needed	
1						Dispose of equipment using approved technique.	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 15 Fail ≤ 12</b>	
<b>Initials</b>							
<b>Date</b>							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Inability to assemble equipment						
	Inability to use Magill forceps effectively (unable to open/close forceps, insert upside down, etc.)						
	Failure to reassess respirations after removal of foreign object						
	Using upper teeth/gums as a fulcrum						
	Failure to suction as needed						
	Contamination of equipment that is to be introduced into the airway						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Ventilatory Management Adult Endotracheal (ET) Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s) <i>NOTE: If candidate elects to initially ventilate with BVM attached to oxygen, full credit must be awarded for points denoted by ** so long as first ventilation is delivered within 30 seconds</i>	Comment(s)
1						Takes or verbalizes infection control precautions.	
1						Open the airway manually	Assume no FBAO
1						Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	Give 2 breaths to confirm there is not a foreign body airway obstruction
						<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>	
1						**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique
1						**Ventilate patient with room air	1 breath every 3-5 sec
						<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty</b>	
1						Attached oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12-15 liters/min]	
1						Ventilates patient at a rate of 10-12 breaths/min	1 breath every 5-6 seconds
						<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and that medical control has ordered intubation. The examiner must now take over ventilation.</b>	
1						Directs assistant to pre-oxygenate patient	
1						Identifies & selects proper equipment for intubation: - Appropriately sized ET tube, blade and handle	
1						Prepare and check equipment for: - Cuff leaks & operational laryngoscope light bulb	Remove syringe when testing cuff for leaks (8-10cc). Recess tip of stylet 1 cm from end of tube. Bulb – “white, tight & bright”
1						Assures additional equipment is available to assist with intubation - Suction, Magill forceps, EDD, colorimetric device, pulse oximetry, waveform capnography monitor & ET tube introducer	Mnemonic – “SOAP ME” Suction, oxygen, airways, position & pre-oxygen, monitor, EDD & ETCO2
						<b>NOTE: Examiner to remove OPA and moves out of the way when candidate is prepared to intubate.</b>	
1						Position head properly. Sniffing position with elevation of the head, if no trauma	Time counts at 20 & 30 seconds
1						Inserts blade while displacing tongue	
1						Elevates mandible with laryngoscope	
1						Introduces ET tube and advances to proper depth	Considers external laryngeal manipulation to better visualize glottic opening
1						Inflates cuff to proper pressure and disconnects syringe	
1						Directs ventilation of patient at a rate of 8-10 breaths/min (1 breath every 6-8 seconds)	If more than 1 attempt is required, pt. must be oxygenated a minimum of 30 secs between attempts
1						Confirms proper placement by auscultation of lungs and over epigastrium	4-5 ICS anterior or middle axillary
						<b>Examiner to ask student “if you had proper placement, what would you expect to hear?”</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s) <i>NOTE: If candidate elects to initially ventilate with BVM attached to oxygen, full credit must be awarded for points denoted by ** so long as first ventilation is delivered within 30 seconds</i>	Comment(s)		
1						Use a secondary confirmation device - colorimetric or EDD	<i>If using EDD, apply and use prior to ventilation for confirmation</i>		
1						Attaches waveform capnography monitor for continuous airway monitoring	<i>Refer to capnography / capnometry skill sheet for proper steps</i>		
1						Secures ET tube [may be verbalized]			
1						Perform ongoing patient re-assessment			
1						Dispose / sterilize equipment in an approved container / manner			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crews, etc...			
<b>Total</b>						<b>Total Points = 26 Fail ≤ 20</b>			
<b>Initials</b>									
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time								
	Failure to take or verbalize infection control precautions								
	Failure to voice and ultimately provide high oxygen concentrations [at least 85%]								
	Failure to ventilate patient at proper rates								
	Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]								
	Failure to pre-oxygenate patient prior to intubation								
	Failure to successfully intubate within 3 attempts								
	Use teeth as a fulcrum								
	Leaving syringe(s) attached after injecting air or injecting inappropriate amounts of air (too little or too much)								
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium								
	If used, stylet extends beyond end of the ET tube								
	Insert adjunct in a manner dangerous to the patient								
	Failure to properly dispose equipment								
	Improper use / technique of any intubation / confirmation equipment used during intubation (uses EDD incorrectly) / ET tube is let go and is not secured at any time after intubation								
	Does not maintain aseptic technique with ET equipment during intubation (touches ET cuff with hands outside of package, sets laryngoscope on the ground, place bare ET on the patient prior to ET)								
	Failure if not able to properly show how to acquire and interrupt the capnography waveform for given monitor, or not be able to properly treat the capnometry reading that is given for the scenario								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

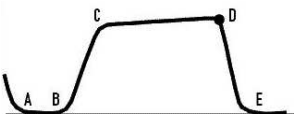
## Endotracheal Tube Extubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions.			
1						Turn patient left lateral and suction oropharynx.			
3						Deflate ET tube cuff completely, and withdraw ET rapidly at the end of inspiration. Continue to suction. Ensure patent airway and reassess ventilation.			
1						Place patient on oxygen, re-intubate, or use other airway adjunct as needed.			
1						Dispose of equipment using approved technique.			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 10 Fail ≤ 8</b>			
<b>Initials</b>									
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to position patient in left lateral position prior to deflating ET cuff								
	Failure to suction airway								
	Failure to deflate cuff completely prior to removing tube								
	Failure to reassess respiratory status after extubation								
	Failure to dispose of equipment appropriately								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## End Tidal CO<sub>2</sub> Monitoring – Capnography / Capnometry

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Turn on capnography / capnometry monitor and prepare all necessary equipment. Perform zeroing procedure <i>if</i> necessary	<i>Attach in-line ETCO<sub>2</sub> cord w/adaptor to the monitor</i>
1						Attain patent airway using an advanced airway	
1						Assess ET tube placement: = Observe bilateral chest rise for 2 breaths = Absence of air sound over epigastrium for 2 breaths = Breath sounds bilaterally for 2 breaths each side (4 <sup>th</sup> – 5 <sup>th</sup> ICS, mid to anterior axillary line).	
1						Pre-oxygenate the patient	<i>Give 4 - 5 quick breaths</i>
1						Remove bag-valve-device from advanced airway tube. Attach the small end of the CO <sub>2</sub> detector to the bag-valve-device, and connect the large end of the CO <sub>2</sub> detector to the advanced airway tube.	
1						Ventilate the patient	<i>1 breath every 6-8 secs</i>
1						Reassess ET tube placement	
1						Read capnometry on the monitor	<i>Capnometry = number Range = 35-45 mmHg</i>
1						Read capnography, and identify the parts of the waveform 	<i>Capnography = graph A – B = Exhale of CO<sub>2</sub> free gas contained in dead space B – C = Exhale of mixed dead space and alveolar gas C – D = Exhale of mostly alveolar gas D = End-tidal value D – E = Inhalation</i>
1						Initiate or modify treatment based on monitor readings	
1						Perform ongoing assessment	
1						Dispose of equipment using approved technique	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 16 Fail ≤ 13</b>	
<b>Initials</b>							

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to properly connect CO <sub>2</sub> detector to Bag-valve-device and/or Bag-valve-device to O <sub>2</sub> source						
	Failure to auscultate for absent epigastric sounds or for the presence of bilateral breath sounds						
	Failure to provide for adequate ventilation of the patient (inappropriate rate or tidal volume)						
	Failure if unable to correctly identify the parts of the waveform						
	Treat monitor readings in an inappropriate/unsafe manner						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_



### Trauma Endotracheal Intubation - Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes appropriate PPE precautions	
1						Manually maintains in-line immobilization throughout the procedure	
1						Opens airway using jaw thrust maneuver	
1						Inserts appropriate airway adjunct	OPA
1						Ventilates patient at a rate of 1 breath every 5-6 seconds or 10-12 breaths / min with sufficient volume to make the chest rise	If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique
2						Attaches pulse oximeter and prepares equipment for intubation	Maintain SpO <sub>2</sub> ≥94%
2						Places patient in neutral position maintaining spinal immobilization and pre oxygenates patient before intubation	Cervical collar may already be applied
1						Inserts laryngoscope blade and displaces tongue or lifts epiglottis	
1						Elevates mandible and laryngoscope	
1						Inserts ET tube and advances to proper depth	
1						Inflates cuff to proper pressure and immediately removes syringe (if applicable)	
1						Ventilates patient and confirms proper tube placement by auscultation bilaterally of the lungs and epigastrium	1 breath every 6-8 seconds
2						Verifies proper tube placement by auscultating lung sounds and negative epigastric sounds and uses a secondary confirmation device	EED / colorimetric then capnography
1						Attaches capnography / capnometry for continuous confirmation of ET tube placement	
1						Secures ET tube	
1						Ventilates patient at proper rate and volume while observing pulse ox & capnography	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 22 Fail ≤ 19</b>	
<b>Initials</b>						<b>Time Limit = 3 mins</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Date							
	Failure Criteria (Commission of any of the below actions will result in failure of the station)						
	Failure to initiate ventilations within 30 seconds after taking PPE precautions						
	Failure to take or verbalize appropriate PPE precautions						
	If used, Stylette extends beyond end of ET tube						
	Failure to pre-oxygenation patient prior to intubation						
	Failure to disconnect syringe immediately after inflating cuff of ET tube (if applicable)						
	Uses teeth or gums as a fulcrum						
	Failure to assure proper tube placement by auscultation of lungs bilaterally and over the epigastrium						
	Failure to voice and ultimately provide high oxygen concentration (at least >85%)						
	Failure to ventilate the patient at a rate of at least 10 breaths / minute and no more than 12 breaths / minute						
	Inserts or use of any adjunct in a manner dangerous to the patient						
	Failure to assure that the head is in neutral, in-line position throughout						
	Uses or orders a dangerous or inappropriate intervention						
	Attempts to use any equipment not appropriate for the adult patient						
	Failure to demonstrate the ability to manage the patient as a minimally competent Paramedic						
	Exhibits unacceptable affect with patient or other personnel						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Endotracheal Tube Introducer – Bougie

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Confirm patient is being properly ventilated with airway adjunct, BVM and high concentration oxygen	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						Checks and assembles all necessary equipment for ET intubation, including endotracheal tube introducer	<i>Check for leaks, and remove syringe when checking cuff. Check the light for white, tight, bright.</i>
1						Instruct assistant to stop ventilating patient, and insert the laryngoscope blade in to the patient's mouth using the appropriate technique for the blade used.	<i>Suction PRN</i>
1						Grab or have assistant hand the ET tube introducer into your right hand, with the tip angled upward.	
1						Advance gently anterior of the arytenoids cartilage and under the epiglottis through the glottic opening.	<i>If vocal cords are visualized, then direct introducer through the vocal cords</i>
1						Insert the introducer until it can no longer be advanced or vibrations are felt If no resistance is felt, and the entire length of the introducer is inserted, the device is in the esophagus. Remove and reattempt If resistance is met, slowly withdrawal the introducer while feeling for vibrations from the tracheal rings. Withdrawal until the thick black line is at the lip line	<i>Vibration will feel like a "washboard" effect.</i>  <i>Keep laryngoscope in place.</i>
1						Take control of the ET tube while the assistant helps stabilize the introducer.	
1						Advance the tube until the cuff is at the oropharynx and under the epiglottis.	<i>If resistance is met, rotate the ET tube 90 degrees counterclockwise and attempt to advance</i>
1						Advance the tube until it is between: Male : 21 – 23 cm at the lip line Female : 19 – 22 cm at the lip line	
1						While maintaining control of the ET tube, remove the laryngoscope; inflate the cuff, and direct assistant to remove the ET tube introducer.	
1						Directs ventilation of the patient.	
1						Confirm proper ET tube placement, and secure tube.	
1						Dispose of equipment using approved technique.	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally.	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Shows willingness to learn / asks appropriate questions.	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc.	
Total						Total Points = 17 Fail ≤ 13	
Initials							
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time						
	Failure to take or verbalize infection control precautions						
	Failure to voice and ultimately provide high oxygen concentrations [at least 85%]						
	Failure to ventilate patient at a rate of at least 10/minute						
	Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]						
	Failure to pre-oxygenate patient prior to intubation						
	Failure to successfully intubate within 3 attempts						
	Use teeth as a fulcrum						
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium						
	Insert airway adjunct or ET tracheal tube introducer in a manner dangerous to the patient.						
	Failure to properly dispose equipment						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Nasotracheal Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes infection control precautions			
1						Inserts basic airway, and provides high flow oxygen or BVM	<i>Lube NPA with KY lube or lidocaine based jelly</i>		
1						Selects appropriate size ETT and tests cuff	<i>Fits into patient's nares</i>		
1						Sprays nasal decongestant spray into patient's nares	<i>Eg. Neosynephrine per protocol</i>		
1						Lubricates nares or distal tip of ET tube with topical anesthetic	<i>Topical lidocaine or Hurricane spray is used to anesthetize the nostrils &amp; pharynx per protocol</i>		
1						Gently inserts tube in nares and nasopharynx. Continues to slide the tube down until vapor appears in the tube & breath sounds are heard			
1						Inserts tube into trachea during patient's inspiration. Advances tube until the adapter meets the nares			
1						Inflates ET cuff			
1						Ventilates / oxygenates the patient			
1						Verifies chest rise and auscultates lung sounds, and attaches ETCO2 monitoring device			
1						Secures tube as necessary			
1						Dispose / sterilize equipment in an appropriate container / manner			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / ask appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...			
<b>Total</b>						<b>Total Points = 15 Fail ≤ 11</b>			
<b>Initials</b>						<b>Time Limit = 3 mins</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Failure to recognize need for intubation									
Failure to correctly place the tube in the trachea.									
Failure to ventilate with chest rise									
Failure to inflate ET cuff									
Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium									
Failure to successfully intubate within 3 attempts									
Aggressive management which causes soft tissue trauma.									
Failure to complete each intubation attempt within two minutes before re-oxygenating									
Failure to dispose of equipment in a safe manner									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Orotracheal Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Maintain manual stabilization of the patient's head and neck in a neutral inline position.	
1						Insert basic airway and BVM with high flow oxygen.	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						Select appropriate size ET tube and prepare all equipment.	<i>Use appropriate size and type of blade to make visualization of vocal cords easier.</i>
1						Position yourself in front of the patient.	
1						Pre-oxygenate the patient.	
1						Hold laryngoscope in right hand, open the airway with your left hand, and move the tongue and mandible down and out to visualize the vocal cords.	
1						Gently insert tube with the left hand through the vocal cords.	<i>Looking into the airway from a position above</i>
1						Inflate ET tube cuff, and remove the stylet.	
1						Ventilate the patient, and verify chest rise and fall.	
1						Use secondary confirmation device.	
1						Secure tube.	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally.	
1						Shows willingness to learn / asks appropriate questions.	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc.	
Total						Total Points = 15 Fail ≤ 12	
Initials						Time Limit = 3 minutes	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to take or verbalize infection control precautions prior to performing procedure							
Failure to recognize need for intubation							
Failure to correctly place the tube in the trachea.							
Failure to ventilate with chest rise.							
Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium							
Failure to successfully intubate within 3 attempts							
Failure to maintain c-spine precautions.							
Failure to complete each intubation attempt within two minutes before re-oxygenating							
Failure to dispose of equipment in a safe manner							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Digital Endotracheal Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes infection control procedures			
1						Assures adequate ventilation and oxygenation			
2						Verbalize 1) Indications-Intubation equipment fails or in short supply; entrapment with inability to perform face-to-face ET; airway is obscured or blocked because of large volumes of blood or vomitus 2) Contraindications-Pt who is not comatose and may bite down			
1						Identify landmarks	<i>Epiglottis &amp; tracheal inlet</i>		
1						Place bite block in patients mouth			
1						Insert middle and index fingers of gloved hand and gently elevate the epiglottis			
1						Advance ET tube between middle and index finger			
1						Inflate cuff and confirm ET tube placement			
1						Secure ET tube			
1						Attach ETCO2 detector / capnography device			
1						Perform ongoing assessment and document appropriate information			
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 17   Fail ≤ 14</b>			
<b>Initials</b>						<b>Time Limit = 3 minutes</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time								
	Failure to take or verbalize infection control precautions								
	Failure to voice and ultimately provide high oxygen concentrations [at least 85%]								
	Failure to ventilate patient at a rate of at least 10/minute								
	Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]								
	Failure to pre-oxygenate patient prior to intubation								
	Failure to successfully intubate within 3 attempts								
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium								
	If used, stylet extends beyond end of the ET tube								
	Insertion any adjunct in a manner dangerous to the patient.								
	Failure to dispose of equipment appropriately								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Transillumination Endotracheal Intubation – Lighted Stylet

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Open the airway manually, elevate tongue, inserts simple airway adjunct	
1						Instruct assistant to ventilate patient with BVM using 100% oxygen	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						Identifies and selects proper equipment for intubation. Identify indications for transillumination intubation	
1						Checks, assembles, and prepares all equipment.	
1						Instruct assistant to hyperventilate the patient	
1						Life the patients tongue and jaw and insert ET tube and stylet from the right side to the back of the tongue	
1						Position the tube midline, and advance the tip up behind the tongue to visualize the “glow” at the laryngeal prominence.	
1						Advance the tube 1-2 cm until resistance is felt. Visualize a light “glow” just below the laryngeal prominence.	<i>Tube has passed through glottic opening, and rests against anterior wall of the trachea</i>
1						Further advance the tube and stylet until the glow is visualized at the level of the sternal notch.	<i>Tube now rests half way b/t the glottic opening and carina</i>
1						Inflate cuff to proper pressure and disconnects syringe, and remove stylet.	
1						Directs ventilation of the patient	
1						Confirm proper ET tube placement, and secure tube	
1						Dispose of equipment using approved technique	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 17 Fail ≤ 13	
Initials						Time Limit = 3 minutes	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time						
	Failure to take or verbalize infection control precautions						



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to voice and ultimately provide high oxygen concentrations [at least 85%]	
						Failure to ventilate patient at a rate of at least 10/minute	
						Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]	
						Failure to pre-oxygenate patient prior to intubation	
						Failure to successfully intubate within 3 attempts	
						Failure to assure proper tube placement by auscultation bilaterally <b><i>and</i></b> over the epigastrium	
						If used, stylet extends beyond end of the ET tube	
						Insertion any adjunct in a manner dangerous to the patient.	
						Failure to dispose of equipment appropriately	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Rapid Sequence Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes infection control procedures	
1						Medical Control Physician advised of patient condition and need for RSI <i>Indications for RSI-Pt requires secure airway but difficult to intubate, uncooperative, gag reflex, alert with an uncontrolled airway</i>	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						Assures adequate ventilation and oxygenation. Patient observed with cardiac monitor and pulse-oximetry	
1						Physical and baseline neurological exam completed.	<i>Student verbalizes physical findings that suggest difficult airway and results of neuro exam</i>
2						Student verbalizes choice of pretreatment agent(s) and explains rational for choices(s) based on findings of patient history	<i>Lidocaine – Indicated for brain injury Atropine – Peds Et, prevent bradycardia and excess secretions</i>
1						Verbalize contingency plan for airway management and/or reversal of paralysis/sedation if RSI unsuccessful	
1						Establish large bore IV access	
1						Assemble and prepare all intubation equipment	
1						Patient pre-medicated and/or sedated	<i>Midazolam 0.1-0.15 mg/kg Fentanyl 2-3 mcg/kg Etomidate 0.2-0.3 mg/kg</i>
1						Cricoid pressure maintained after sedation until intubation is accomplished and cuff inflated	
1						Correct dose of appropriate paralyzing agent administered and verbalizes signs that neuromuscular blockade has occurred	<i>Succinylcholine 0.1 mg/kg</i>
2						Performs intubation, confirms ET tube placement	
1						Secures ET tube and attaches ETCO2 device	
1						Performs ongoing re-assessment	
1						Use long-acting paralytic agent to continue paralysis	<i>Rocuronium 0.6 mg/kg Vecuronium .01 mg/kg Pancuronium 0.04-0.1 mg/kg</i>
1						Dispose of equipment using approved technique	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Total						Total Points = 21 Fail ≤ 18	
Initials						Time Limit =	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time						
	Failure to take or verbalize infection control precautions						
	Failure to voice and ultimately provide high oxygen concentrations [at least 85%]						
	Failure to ventilate patient at a rate of at least 10/minute						
	Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]						
	Failure to hyperventilate patient prior to intubation						
	Failure to successfully intubate within 3 attempts						
	Using teeth as a fulcrum						
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium						
	If used, stylet extends beyond end of the ET tube						
	Insertion of any adjunct in a manner dangerous to the patient.						
	Failure if administer harmful drug dose, or wrong drug						
	Failure to dispose equipment/supplies in appropriate manner						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

### Esophageal Tracheal Combitube (ETC) Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Open patient's airway. Insert OP airway using correct technique.	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
						<b><i>Examiner informs student that patient does not have gag reflex and accepts airway</i></b>	
1						Instruct assistant to pre-oxygenate the patient.	
1						<p>Select appropriate equipment and assemble components.</p> <ul style="list-style-type: none"> <li>• Inflate cuff #1 (blue) with 100ml or 85 ml of air and remove syringe</li> <li>• Check for integrity of cuff then remove air but leave syringe attached with 100ml of air</li> <li>• Inflate cuff #2 (clear) with 15ml or 12 ml of air and remove syringe</li> <li>• Check for integrity of cuff then remove air but leave syringe attached with 15ml of air</li> <li>• Attach fluid deflector to tube #2 (clear). Lubricate tube (distal to air holes).</li> </ul>	<p>37 Fr – Small Adult (SA) 4' – 5.5' tall 41 Fr – Adult &gt; 5" tall</p>
1						Instruct assistant to pre-oxygenate patient (5-6 breaths). Instruct assistant to prepare for 30 second time count.	
1						<p>Position patient's head</p> <ul style="list-style-type: none"> <li>• No trauma - neutral or slightly extended position</li> <li>• Trauma - neutral position with in-line axial spinal stabilization.</li> <li>• Open patient's mouth and remove OP airway. Insert tube into patient's mouth.</li> </ul>	
3						<p>1) Advance tube until teeth or gums are between the two black rings.</p> <p>2) Inflate cuff #1 (blue) with 100ml or 85 ml of air and detach syringe.</p> <p>3) Inflate cuff #2 (clear) with 15ml or 12 ml of air and detach syringe. Instruct assistant to connect BVM to tube #1 (blue) and ventilate.</p>	<i>Tube position may change when 100cc cuff is inflated.</i>
1						If breath sounds are present bilaterally, chest rises with ventilation and epigastric sounds are absent – ventilate through tube #1 (blue). <i>(You may skip the next 3 steps if breath sounds are present)</i>	<i>Head-tilt or modified jaw thrust may or may not be required to obtain patency.</i>
1						If breath sounds are absent, there is no chest rise, and epigastric sounds are auscultated – immediately remove deflector and ventilate through tube #2 (clear).	<i>Secure tube with tape if patent airway</i>

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						If breath sounds are still absent, there is no chest rise, and epigastric sounds are not auscultated - deflate both cuffs, withdraw the tube 2- 3cm, re-inflate both cuffs, ventilate tube #1 and reassess breath sounds.			
1						If you are still unable to verify placement, there is no chest rise, and breath sounds are absent – deflate both cuffs, remove tube and resume BVM ventilation with NP or OP airway.	<i>Patient should be oxygenated a minimum of 60 seconds between each ETC insertion attempts.</i>		
1						Provide ventilation instructions specific to patient's condition. Reassess patient's respiratory and secure tube.	<i>1 breath every 6-8 secs or 8-10 breaths/min</i>		
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crews, etc...			
<b>Total</b>						<b>Total Points = 18 Fail ≤ 14</b>			
<b>Initials</b>						<b>Time Limit = 3 minutes</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to initiate ventilation within 30 seconds after beginning tube insertion or interrupts ventilation for greater than 30 seconds at any time								
	Failure to successfully intubate within 3 attempts								
	Failure to pre-oxygenate prior to procedure or between intubation attempts								
	Failure to assure proper tube placement by auscultation bilaterally <b>and</b> over the epigastrium								
	Failure to assure proper tube placement or inappropriate decision as to required intervention								
	Leaving syringe(s) attached after injecting air or injecting inappropriate amounts of air (too little or too much)								
	Insertion of any airway adjunct in a manner dangerous to the patient								
	Disposal of equipment/supplies in unsafe manner								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## King LT(S)-D Airway

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Perform basic airway procedures and properly ventilate patient	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						Choose the correct sized KING LTS-D based on patient height	3 = 4'-5' tall 4 = 5'-6' tall 5 = >6' tall
1						Test cuff by injecting the maximum recommended volume of air	
1						Lubricate the distal and posterior aspect of the KING airway	
1						Instruct assistant to pre-oxygenate patient (5-6 breaths). Instruct assistant to prepare for 30 second time count	
1						Position the patient into the sniffing or neutral position, and insert the KING airway with the blue orientation line touching the corner of the mouth	<i>Positioned laterally 45-90 degrees to the corner of the mouth</i>
1						Advance the KING airway behind the base of the tongue	<i>Do not force into position</i>
1						As the tube tip passes under the tongue, rotate the tube back to midline	<i>Blue orientation line should now face the chin</i>
1						Advance the KING airway until base of BVM connector aligns with the teeth or gums	<i>Do not exert excessive force</i>
1						Inflate cuff using maximum air volume allowed	
1						Attach BVM to 15 mm connector of the KING airway and ventilate the patient at appropriate rate while seating device in proper position. Gently begin bagging the pt to assess ventilation, simultaneously withdraw the airway until ventilation is free & easy	
1						Reassess patient for chest rises, lung sounds, color change, pulse oximetry	
1						Secure KING airway to patient (if appropriate, and can be verbalized)	<i>A bite block/OPA can also be used. Do not cover gastric access lumen with tape.</i>
1						<b>For gastric suction (LTS-D model only):</b> Lubricate gastric tube prior to insertion, advance gastric tube, and suction as appropriate	<i>Can use up to a 18 Fr diameter gastric tube</i>
1						<b>Removal of KING airway:</b> Have suction ready, fully deflate both cuffs, and remove KING airway carefully to avoid the teeth	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...	
<b>Total</b>						<b>Total Points = 19 Fail ≤ 15</b>	
<b>Initials</b>						<b>Time Limit = 3 minutes</b>	
<b>Date</b>							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to perform BLS airway maneuvers and properly ventilate patient						
	Failure to properly secure device (if applicable)						
	Failure to pre-oxygenate patient prior to procedure or between KING insertion attempts						
	Failure to ventilate at appropriate rates / tidal volume						
	Failure to ultimately provide (verbalize) high flow oxygen						
	Failure to establish patent airway in 3 attempts of the KING airway						
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium						
	Leaving syringe attached after injecting air or injecting inappropriate amounts of air (too little or too much)						
	Insertion of any airway adjunct in a manner dangerous to the patient						
	Disposal of equipment/supplies in unsafe manner						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Laryngeal Mask Airway – LMA

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes infection control procedure			
1						Demonstrates proper technique to manually open airway & insert simple airway adjunct.	<i>Scissor technique</i>		
1						Instruct assistant to ventilate patient with BVM using 100% oxygen	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>		
1						Discuss the indications and contraindications for using the LMA. Picks and prepares appropriately sized LMA			
1						Prepare equipment, and insure that cuff is properly deflated and lubricates airway device			
1						Instruct assistant to pre-oxygenate patient (5-6 breaths). Instruct assistant to prepare for 30 second time count.			
1						Positions patient's head properly and removes airway adjunct	<i>Neutral in line position</i>		
1						Gently inserts and advances airway device to correct depth and inflates cuff			
1						Confirm LMA placement by auscultation over epigastrium & chest			
1						Attach colorimetric device / capnography cord & secure LMA			
1						Reassess patient for chest rise, lung sounds, color change, pulse oximetry			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...			
<b>Total</b>						<b>Total Points = 14 Fail ≤ 11</b>			
<b>Initials</b>						<b>Time Limit = 3 minutes</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize body substance isolation precautions								
	Failure to obtain a patent airway with airway adjunct								
	Failure to ultimately provide high concentration oxygen								
	Failure to assure adequate ventilation								
	Failure to pre-oxygenate prior to attempting insertion								
	Failure to use appropriately sized LMA								
	Failure to confirm correct placement of device								
	Failure to perform an ongoing assessment								
	Failure to assure proper tube placement by auscultation bilaterally <b>and</b> over the epigastrium								
	Failure to place LMA within 3 attempts								
	Performed skill in a dangerous/hazardous manner								
	Failure to dispose of equipment in an inappropriate manner								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_



### Continuous Positive Airway Pressure - CPAP

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Attach the CPAP face-mask oxygen connecting tubing to the oxygen tank regulator and adjust to 25 LPM			
1						Set the airway pressure at 3-5 cm H <sub>2</sub> O and ensure that the FiO <sub>2</sub> is between 95-100%	CPAP cannot be used on a hypotensive patient and check for other contraindications		
1						Place the patient on the pulse oximeter			
1						Explain the procedure to the patient			
1						Assist the patient with holding the mask to their face for a few breaths to acclimate them to the mask	Use nose masks or nasal cushions for newborns and infants		
1						Secure the face mask according to manufacturer directions			
1						Reassess the patient			
1						If clinical conditions have not adequately improved, adjust the pressure in 2 cm H <sub>2</sub> O increments until improvement is noted			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 12 Fail ≤ 9</b>			
<b>Initials</b>						<b>Time Limit = 3 minutes</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Failure to properly connect O <sub>2</sub> cord and set to appropriate LPM									
Failure if patient is not placed on a pulse oximeter device									
Failure to properly secure device to face / nose									
Failure to recognize the patient's need for increased pressure if required									
Failure to ultimately provide the required settings to achieve the desired affect									
Failure to dispose of all material in approved manner									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail Initials**\_\_\_\_\_ **Test 2: Pass / Fail Initials**\_\_\_\_\_ **Test 3: Pass / Fail Initials**\_\_\_\_\_

## Needle Cricothyrotomy

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions.			
1						Cleanse the skin of the neck overlying the cricothyroid membrane with alcohol, then betadine if available.			
2						Advance the angiocatheter into the cricothyroid membrane at a 90 degree angle until a pop is felt. Advance the catheter caudally at a 45 degree angle while removing the needle.	10-16 gauge catheter Be careful not to insert the needle more than ¼ -1/2"		
1						Advance the catheter until the hub rests against the skin.			
1						Attach syringe to catheter and aspirate to verify that the catheter is in the trachea.	If using a needle-syringe combo, aspiration may be performed before advancing the catheter		
1						Attach oxygen flow modulator set, or ET hub to catheter.			
1						Ventilate the patient using the oxygen flow modulator set by covering inlet holes for 4 seconds and release for 6 seconds, or attach 3.0 mm ET tube adapter to catheter and ventilate using BVM attached to ET hub			
1						Continue verification that the catheter is in trachea by visualizing chest rise and fall and listening to lung sounds.			
1						Evaluate the neck and airway for edema, subcutaneous emphysema or hematoma.			
1						Secure the catheter in place.			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally.			
1						Shows willingness to learn / asks appropriate questions.			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...			
<b>Total</b>						<b>Total Points = 14 Fail ≤ 11</b>			
<b>Initials</b>						<b>Time Limit = 2 minutes</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to recognize need for surgical airway management								
	Performs an improper or poor technique causing harm to patient								
	Contaminates equipment or site without appropriately correcting situation								
	Failure to correctly identify cricothyroid membrane								
	Failure to confirm proper placement by aspiration								
	Failure to dispose/verbalize disposal of needle in sharps container								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Surgical Cricothyrotomy

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Takes or verbalizes infection control precautions
1						Prepares / checks all equipment necessary for surgical cricothyrotomy
1						Cleanses the skin of the neck overlying the cricothyroid membrane with alcohol, then betadine if available
1						Make a 2cm incision through the skin over the cricothyroid membrane
1						Uses the scalpel blade to puncture through the membrane
1						Uses the hemostats / handle of the scalpel to open the incision by rotating 90°
1						Inserts the ET tube into the trachea 1-2cm beyond the end of the cuff (DO NOT use a stylet to insert the ET tube)
1						Inflates the cuff
1						Ventilates the patient and verifies tube placement by watching for chest rise & fall, skin sign change, ease of ventilation
1						Stabilizes / secures the tube
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / ask appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc...
<b>Total</b>						<b>Total Points = 13 Fail ≤ 10</b>
<b>Initials</b>						<b>Time Limit = 2 min</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure if not maintain aseptic technique while performing surgical cricothyrotomy					
	Failure to recognize need for surgical airway management					
	Contaminates equipment or site without appropriately correcting situation					
	Performs an improper or uses poor technique causing harm to patient					
	Failure to correctly identify cricothyroid membrane					
	Failure to assure proper tube placement by auscultation bilaterally <b>and</b> over the epigastrium					
	Makes an incision too large to potentially cut thyroid tissue					
	Failure to dispose/verbalize disposal of needle in proper container					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_

Test 2: Pass / Fail Initials\_\_\_\_\_

Test 3: Pass / Fail Initials\_\_\_\_\_

## Pediatric Endotracheal Intubation

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes infection control precautions	
1						Position head properly	<i>Neutral or sniffing position – use some form of padding under the shoulders</i>
1						Open the airway manually	
1						Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	<i>Use tongue depressor</i>
						<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>	
1						**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	<i>If 2 rescuers are needed to maintain a tight seal, use the Double C-E technique</i>
1						**Ventilates patient with room air	
						<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty</b>	
1						Attached oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12-15 liters/min.]	
1						Ventilates patient at a rate of 1 breath every 3-5 seconds (until chest rise)	<i>12-20/min</i>
						<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and that medical control has ordered intubation. The examiner must now take over ventilation.</b>	
1						Directs assistant to pre-oxygenate patient	
1						Identifies/selects proper equipment for intubation	<i>Suction, Magill's, Blades, Handle</i>
2						Checks equipment for: • cuff leaks (if applicable) • laryngoscope operational and bulb tight	
						<b>NOTE: Examiner to remove OPA and moves out of the way when candidate is prepared to intubate.</b>	
1						Inserts blade while displacing tongue	
1						Elevates mandible with laryngoscope	
1						Introduces ET tube and advances to proper depth	
1						Inflates cuff to proper pressure and disconnects syringe	
1						Directs ventilation of patient at a rate of 1 breath every 6-8 seconds	<i>If more than 1 attempt is required, pt. should be oxygenated a minimum of 60 secs between attempts</i>
1						Confirms proper placement by auscultation of lungs and epigastrium, and use a secondary confirmation device.	<i>Capnography, capnometry, colorimetric device, or pediatric EDD</i>
						<b>NOTE: Examiner asks "if you had proper placement, what would you expect to hear?"</b>	
1						Secures ET tube [may be verbalized]	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 22 Fail ≤ 17	
Initials						Time Limit = 3 mins	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time						
	Failure to take or verbalize infection control precautions						
	Failure to voice and ultimately provide high oxygen concentrations [at least 85%]						
	Failure to ventilate patient at a proper rate (12-20/min prior to intubation or 8-10/min post intubation)						
	Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]						
	Failure to pre-oxygenate patient prior to intubation						
	Failure to successfully intubate within 3 attempts						
	Failure to pad under the torso to allow neutral head / sniffing position						
	Use teeth as a fulcrum						
	Failure to assure proper tube placement by auscultation bilaterally <u>and</u> over the epigastrium						
	If used, stylet extends beyond end of the ET tube						
	Insert adjunct in a manner dangerous to the patient						
	Failure to properly dispose equipment						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Pediatric Endotracheal Intubation – Trauma

[illegible]

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to preoxygenation patient prior to intubation	
						Failure to disconnect syringe immediately after inflating cuff of ET tube (if applicable)	
						Uses teeth or gums as a fulcrum	
						Failure to assure proper tube placement by auscultation of lungs bilaterally and over the epigastrium	
						Failure to voice and ultimately provide high oxygen concentration (at least >85%)	
						Failure to ventilate the patient at a rate of at least 12 breaths / minute and no more than 20 breaths / minute	
						Inserts or use of any adjunct in a manner dangerous to the patient	
						Failure to assure that the head is in neutral, in-line position throughout	
						Uses or orders a dangerous or inappropriate intervention	
						Attempts to use any equipment not appropriate for the pediatric patient	
						Failure to demonstrate the ability to manage the patient as a minimally competent Paramedic	
						Exhibits unacceptable affect with patient or other personnel	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Needle Decompression

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Recognize / verbalize indication for needle decompression: (Evidence of worsening respiratory distress or difficulty with BVM, decreased or absent lung sounds & decompensated shock (SBP <90 mm /Hg or S/S poor perfusion/hemodynamic compromise)	
1						Expose chest area and explain procedure to patient if conscious	
3						Prepare all necessary equipment: Angiocatheter - Use <b>either</b> a syringe attached to the catheter <b>or</b> no syringe at all One-way flutter valve kit (if desired) Material to secure device	10-14 gauge or larger catheter, 2" in length
1						Locate appropriate landmark - 2 <sup>nd</sup> or 3 <sup>rd</sup> ICS, mid-clavicular line superior to the rib	Alternate location: 4 <sup>th</sup> or 5 <sup>th</sup> ICS, mid-axillary line
1						Prepare site using aseptic technique	
1						Stretch skin taut, and insert catheter at 90° angle to chest wall	
1						Verify entry into pleural space by either: Feel a "pop" as enter the pleura May hear a "hiss" as air is decompressed	
1						Advance catheter hub to chest wall and remove needle	
1						If desired, attach a one-way flutter valve kit to catheter	Attaching flutter valve is no longer required. If you do use a flutter valve, any one-way flutter valve kits can be used.
1						Stabilize catheter with bulky dressing	
1						Reassess patient's vital signs and respiratory status	If procedure is unsuccessful or patient's condition worsens, remove catheter and apply occlusive dressing.
1						Dispose of equipment in an approved sharps container	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 18 Fail ≤ 16</b>	



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Initials						Time Limit = 3 mins	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to take or verbalize infection control precautions prior to performing procedure							
Failure to maintain aseptic technique during procedure							
Inaccurate needle placement for decompression							
Failure to adequately stabilize needle							
Obstruction of flutter valve once applied(if applicable)							
Failure to dispose/verbalize disposal of needle in proper container							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Nasogastric (NG) / Orogastric Tube Insertion

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
2						1) Measure correct tube length and note mark on tube - Nasogastric tube - nose to ear to stomach - Orogastric tube - mouth to ear to stomach 2) Lubricate tube			
3						1) Place patient's head in flexed or neutral position. 2) Insert tube into nose or mouth directing it toward oropharynx and continue insertion until noted mark reaches teeth or nostril. 3) Attach syringe to tube	<i>If patient is conscious, coach patient to swallow or sip water through a straw.</i>		
2						Confirm tube placement in stomach: 1) Aspirate syringe and observe for return of stomach contents 2) Auscultate epigastrium for bubbling sounds while injecting 30-35ml of air. Secure tube to patient's nose.			
1						Aspirate with syringe until stomach is decompressed OR place end of tube into glove and tape securely			
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 13 Fail ≤ 10</b>			
<b>Initials</b>									
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Incorrect measurement of correct tube length (too short or too long)									
Failure to confirm tube placement or inaccurate confirmation									
Failure to dispose of equipment/supplies in approved manner									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Medication Administration Skills

### Intravenous Therapy

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalize infection control precautions	
1						Explains procedure to the patient	
1						Chooses correct medication for patient including dose, integrity, clarity, and expiration of medication	6 Rights: patient, drug, dose, route, time, documentation
1						Selects appropriate catheter for patient / situation	
1						Selects appropriate IV fluid / bag for patient / situation	
1						Selects proper administration set for patient / situation	
1						Connects IV tubing to the IV bag	Shuts flow adjusting clamp before inserting IV tubing into IV bag
1						Prepares administration set [fills drip chamber half way and flushes tubing]	Removes all air bubbles in tubing
1						Prepares securing device or cut / tear tape [at any time before venipuncture]	
1						Applies tourniquet proximal to angiocatheter insertion site	
1						Palpates suitable vein	
1						Cleanses site appropriately using aseptic technique	
1						Inserts angiocatheter at appropriate angle	
1						Notes or verbalize flashback	
1						Advances catheter while withdrawing / retracting needle	
1						Releases tourniquet	
1						Occludes vein proximal to catheter	
1						Disconnects & removes needle	
1						Disposes of needle in appropriate sharps container	
1						Connects IV tubing to catheter	
1						Runs IV for a brief period to assure patent line	
1						Adjusts flow rate as appropriate	
1						Secures catheter [tape securely or verbalize]	
1						Reassess patient & IV site for any adverse reactions	Infiltration, lack of flow, etc
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 27 Fail ≤ 22</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Initials						Time Limit = 6 mins	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Exceed the 6 minute time limit in establishing a patent and properly adjusted IV						
	Failure to take or verbalize infection control precautions prior to performing venipuncture						
	Contaminates equipment or site without appropriately correcting situation						
	Any improper technique resulting in the potential for catheter shear or air embolism						
	Failure to successfully establish IV within 3 attempts during 6 minute time limit <b><i>Enter in amount of time over 6 min time limit(____)</i></b>						
	Failure to not use a properly placed tourniquet						
	Failure to dispose/verbalize disposal of needle in proper container						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Saline / Heparin Lock

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions.
1						Tape catheter and saline / heparin lock / tubing into place
1						Dispose of equipment using approved technique
						<b>IVP Medication Administration:</b>
5						1) Prepare injection port with alcohol swab. 2) Aspirate for blood return. (IF NO RETURN, DO NOT USE.) 3) Flush with 3-5 ml normal saline. 4) Inject medication into injection port. 5) Follow medication with 3-5 ml of normal saline/heparin.
2						Dispose of equipment using approved technique. Document medication administration. Reassess patient
						<b>IVPB Medication Administration:</b>
4						1) Aspirate to confirm IV placement. 2) Prepare appropriate IV solution with medication and tubing. 3) Attach IV tubing to saline/heparin lock with 18g needle or attach IV tubing directly to IV catheter. 4) Set IV flow rate and tape securely in place.
2						Dispose of equipment using approved technique. Document medication administration. Reassess patient
						<b>IV Fluid Administration:</b>
4						1) Prepare appropriate IV solution and tubing. 2) Attach IV tubing to saline/heparin lock with 18g needle or attach IV tubing directly to IV catheter. 3) Set IV flow rate. 4) Tape securely in place.
2						Dispose of equipment using appropriate technique. Document medication administration. Reassess patient
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 29 Fail ≤ 24</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Contaminates equipment or site without appropriately correcting situation					
	Improper technique resulting in the potential for catheter shear or air embolism					
	Failure to dispose of sharps in proper or safe manner (recapping needle, etc.)					
	Incorrect drug dosage or rate of administration					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Intraosseous Infusion

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes universal precautions			
1						Explains procedure to the patient / family			
1						Selects appropriate equipment IO solution, administration set, IO needle and insertion device			
1						Assembles IO solution set and dispels all air in the IV tubing	<i>6 rights: patient, drug, dose, route, time &amp; documentation</i>		
1						Shuts down IO solution set and puts aside maintaining sterility			
1						Cuts or tears tape (at any time before IO puncture)			
1						Identifies proper anatomical site(s) for IO puncture	<i>2-3 cm below tibial tuberosity on the flat portion of the tibia</i>		
1						Cleanses site using aseptic technique			
4						Performs IO puncture Stabilizes insertion site for IO puncture without holding underneath the insertion site Insert IO needle at 90 degree angle (away from epiphyseal plates) Advance needle until properly placed in intermedullary canal (feels "pop" or notices less resistance) Unscrew IO cap and remove stylet	<i>If using hand held IO device, use a twisting motion to insert IO needle until properly seated in the bone. If using mechanical device, use downward pressure until device stops. Do not hold tibia in the palm of hand while performing IO puncture.</i>		
1						Disposes of needle in sharps container			
1						Attaches IO solution set tubing to IO needle	<i>Buretrol can be used and 3 way valve system is optional</i>		
1						Aspirates to verify needle placement and slowly injects at least 3 ml of solution while observing for signs of infiltration	<i>Edema at the catheter site, pain / tightness at IV site, etc. Must aspirate and then flush with normal saline.</i>		
1						Adjusts flow rate as appropriate			
1						Secures needle and supports with bulky dressing			
1						Assesses patient for desired effect or adverse reactions			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 21 Fail ≤ 17</b>			
<b>Initials</b>						<b>Time Limit = 6 mins</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize universal precautions								
	Failure to dispose of sharps immediately after use in appropriate sharps container								
	Contaminates equipment without appropriately correcting situation								
	Performs any improper technique resulting in the potential for air embolism								
	Failure to assure correct needle placement (does not aspirate, does not recognize fluid forming in the interstitial space)								
	Failure if not clear IO needle using an NS flush								
	Performs IO puncture in an unacceptable manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc)								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## EZ-IO Gun Infusion – Adult / Pediatric

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						DICE selected IV fluid for: <ul style="list-style-type: none"> <li>Proper drug, integrity, clarity and expiration</li> </ul>	
4						Select appropriate equipment to include: <ul style="list-style-type: none"> <li>IO needle set &amp; driver</li> <li>10 cc syringe with saline</li> <li>EZ-IO extension set or standard lure lock extension set</li> <li>Wrist band</li> </ul>	40 kg = EZ-IO AD 3 – 39 kg = EZ-IO PD
1						Prepare 10 cc syringe and extension tubing	Fill extension tubing with saline, and fill 10 cc syringe with NS
1						Prepare IV administration set. Fill drip chamber and flush tubing	Using Buretrol administration set will give an exact amount of fluid to bolus.
1						Identify proper anatomical site for IO insertion	1 finger width medial of the tibial tuberosity on tibia or proximal humerus
1						Cleanse site using aseptic technique	
1						Consider local anesthetic	
4						Perform IO insertion <ul style="list-style-type: none"> <li>Stabilize tibia</li> <li>Insert needle at 90 degree angle</li> <li>Power the needle set through the skin and into the cortex of the bone</li> <li>Remove driver from the needle set</li> </ul>	Stop powering the needle set when the flange touches the skin or a sudden decrease in resistance is felt.
1						Unscrew the stylet from the catheter, and dispose of the stylet	Turn counterclockwise
1						Attach the primed extension tubing	
1						Syringe flush the IO space through the extension tubing with 10 cc NS	To insure patency and proper placement of needle
1						Attach IV tubing and set flow rate to appropriate setting	Conscious patient – may want to administer 20-50 mg of 2% Lidocaine in the IO port prior to initial bolus. May need pressure infuser or infusion pump to maintain adequate flow rates.
1						Reassess patient for desired affects or adverse reactions	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Total						Total Points = 23 Fail ≤ 19	
Initials						Time Limit =	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to establish a patent and properly adjusted IO line within the 6 minute time limit							
Failure to take or verbalize body substance isolation precautions prior to performing IO insertion							
Contaminates equipment or site without correcting situation							
Performs any improper technique resulting in the potential for air embolism							
Failure to assure correct needle placement before attaching administration set							
Performing IO insertion in an unacceptable manner (improper site, incorrect needle angle, etc.)							
Failure to dispose of needle in proper container							
Failure to establish a patent and properly adjusted IO line within the 6 minute time limit <i>Enter in amount of time over 6 min time limit(____)</i>							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_

Test 2: Pass / Fail Initials\_\_\_\_\_

Test 3: Pass / Fail Initials\_\_\_\_\_



### Withdrawal of Medication - Ampule / Vial

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions.
						<b>Withdrawing medication from an ampule:</b>
1						Select appropriate drug
1						Check ampule for: correct drug name, concentration, clarity and color of solution, integrity, and expiration date.
1						Prepare syringe and needle
1						Break off tip of ampule while protecting fingers
1						Insert needle into open ampule. Withdraw correct amount of medication into syringe. Confirm drug order prior to medication administration
						<b>Withdrawing medication from a vial:</b>
1						Select appropriate drug
1						Check vial for: correct drug name, concentration, clarity and color of solution, integrity, and expiration date
1						Remove protective cap from vial or cleanse rubber stopper using proper aseptic technique
1						Inject appropriate amount of air into vial (best to use an 18 gauge needle)
1						Invert vial and aspirate correct amount of medication into syringe
1						Confirm drug order prior to medication administration
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 17 Fail ≤ 13</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Contaminates equipment without appropriately correcting situation					
	Fails to re-confirm drug order					
	Upon completion of the procedure, has incorrect amount of drug in syringe					
	Failure to dispose of equipment in safe or approved manner					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Intravenous Bolus – IV Push (IVP)

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes infection control precautions	
1						Explains the procedure to the patient	
1						Ascertains if patient has any allergies to medications	
1						Selects correct medication for patient / scenario	
1						Checks selected medication for dose, integrity, clarity / concentration / color, expiration date	6 Rights: patient, drug, dose, route, time, documentation
1						Prepares syringe / preload correctly and dispels air	Zero out medication / use an 18 gauge needle to withdrawal medications
1						Cleanses injection site using appropriate aseptic technique	
1						Reaffirms medication prior to administration	
1						Stop IV flow prior to medication administration	Pinch IV tubing above injection site, or shut off flow regulator of IV line
2						Administers correct dose at proper push rate (if applicable)	Check for needle versus needless ports
1						Flushes tubing (10 ml of fluid or runs wide open for a brief period)	
1						Adjusts drip rate to proper flow rate	
1						Disposes of needle / syringe in an appropriate sharps container	
1						Verbalizes need to observe patient for desired effect / adverse side effects	
						Affective	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / ask appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 18   Fail ≤ 14	
Initials						Time Limit = 5 mins	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to take or verbalize infection control precautions prior to performing procedure							
Failure to ascertain drug allergies prior to administering medication							
Failure to ascertain 6 patient medication administration rights prior to medication administration							

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to begin administration of medication within 3 minute time limit <b><i>Enter in amount of time over 5 min time limit(____)</i></b>	
						Contaminates equipment or site without appropriately correcting situation	
						Failure to stop flow of IV prior to medication administration	
						Failure to “zero” out medication properly prior to administration	
						Injects improper drug or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)	
						Failure to flush IV tubing after injecting medication	
						Failure if damage any IV ports due to improper connection of administering medication device without correcting the situation	
						Recaps needle or failure to dispose / verbalize disposal of syringe and needle in proper sharps container	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Intravenous Piggyback Medications - IVPB

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes infection control precautions	
1						Chooses correct medication for patient including correct dose, integrity, clarity / color / concentration and expiration date (DICE)	<i>6 rights: patient, drug, dose, route, time &amp; documentation</i>
1						Ascertains if patient has any allergies to medications	
1						Explains the procedure to the patient	
1						Calculates appropriate drip rate for patient / scenario	
1						Checks IVPB bag for correct drug / dose, integrity, clarity / concentration / color & expiration date	
1						Reconfirms medication to be put into IVPB	
1						Injects correct amount of medication into IVPB bag using aseptic technique and agitate bag to mix the solution	
1						Labels medication / IVPB fluid bag	
1						Connects appropriate administration set to IVPB medication solution bag, and prepares administration set by expelling all the air in the line	<i>60 gtts / ml tubing</i>
1						Cleanses port of primary IV line to be used for IVPB tubing	
1						Inserts needle or needleless adapter into primary IV line port using proper aseptic technique	
1						Secures IVPB line into main IV line	<i>Must use tape if using a needle into a needle port to secure. Twist tight for needleless port.</i>
1						Shuts off flow to primary IV line	
1						Adjusts flow rate of secondary IVPB line as required for patient / scenario	
1						Observes patient for desired effect / adverse side effects	
1						Disposes of all material in an appropriate container	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 18 Fail ≤ 14</b>	
<b>Initials</b>						<b>Time Limit = 6 mins</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to begin administration of medication within 6 minute time limit <b><i>Enter in amount of time over 6 min time limit(____)</i></b>						
	Failure to ascertain drug allergies prior to administering medication						
	Failure to maintain aseptic technique at any time during the skill						
	Failure to ascertain 6 patient medication administration rights prior to medication administration						
	Contaminates equipment or site without appropriately correcting situation						
	Administers improper drug or dosage (wrong drug, incorrect amount, or infuses at inappropriate rate)						
	Failure to flush IV tubing of secondary line resulting in potential for air embolism						
	Failure to shut-off flow of primary line (or leaves main line on while trying adjust IVPB flow rate)						
	Allows IVPB line to run wide open for $\geq 10$ secs before setting IVPB flow rate						
	Flushes/primes IVPB tubing prior to mixing of medication						
	Failure to properly attach IVPB line to mainline prior to use						
	Failure to dispose/verbalize disposal of syringe and needle in proper container						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_

Test 2: Pass / Fail Initials\_\_\_\_\_

Test 3: Pass / Fail Initials\_\_\_\_\_

## Intranasal Medication Administration

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes infection control precautions			
1						Places appropriate oxygen delivery system for the scenario / patient	<i>Mask, cannula, CPAP, BVM, etc</i>		
1						Assures that the patient is being ventilated adequately – skin signs, pulse ox, chest rise, etc			
1						Chooses correct medication for patient including dose, integrity, clarity, and expiration of medication	<i>6 Rights: patient, drug, dose, route, time, documentation</i>		
1						Prepares appropriate drug in syringe for patient complaint			
1						Attaches nasal atomizer to prepared syringe			
1						Stops ventilating / administering oxygen and place nasal atomizer into appropriate nostril	<i>May need to suction prior to insertion</i>		
1						Briskly compress syringe to administer maximum of 1 ml of fluid in each nares at a time			
1						Removes syringe and repeats steps in alternate nares(s) until all the medication is administered			
1						Continues ventilating / oxygenating patient as needed			
1						Reassess patient and watches for desired / adverse effects			
1						Discards the syringe in an appropriate container			
1						Documents medication administration / wasting of remaining controlled substance appropriately	<i>Versed, morphine, valium, fentanyl, etc.</i>		
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 16 Fail ≤ 13</b>			
<b>Initials</b>						<b>Time Limit = 3 mins</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing intranasal medication administration								
	Contaminates equipment or site without appropriately correcting situation								
	Any improper technique resulting in trauma to the patient's nares / nostril								
	Failure to ascertain any drug allergies prior to intranasal medication administration								
	Failure to ascertain 6 patient medication administration rights prior to medication administration								
	Failure to dispose/verbalize disposal of equipment in proper container								
	Administration of inappropriate amount of medication for patient / complaint								
	Failure to "zero" out medication properly prior to administration								
	Failure to verbalize proper documentation / wasting of controlled substances								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Medication Injection – Intramuscular / Subcutaneous

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Takes or verbalizes infection control precautions	
1						Chooses correct medication for patient including dose, integrity, clarity, and expiration of medication	<i>6 Rights: patient, drug, dose, route, time, documentation</i>
1						Explains procedure to the patient	
1						Ascertains if patient has any allergies to medications	<i>Ask family or look for medical alert bracelets / wallet / purse for unconscious patients</i>
1						Selects appropriate route / site and identify landmarks for administration – 90 degree to deltoid <i>or</i> vastus lateralis muscle – 45 degree to fatty area of thigh <i>or</i> outer aspect of upper arm	
1						Selects and prepares appropriate equipment	<i>IM: Needle 21-23 g, 1 ½” SQ: Needle 23-25 g, ½- 5/8”</i>
1						Appropriately withdraws medication from container while maintaining aseptic technique.	
1						Zeros out medication	
1						Prepares site while maintaining aseptic technique	
1						Appropriately pinches or spreads skin around injection site without contaminating site	<i>IM: Spread skin for injection SQ: Pinch skin for injection</i>
1						Inserts needle with bevel up at appropriate angle	<i>IM – 90 degree SQ – 45 degree</i>
1						Aspirates and observe for blood return (If positive for blood return, discontinue procedure and begin again in another location)	<i>Can be done for both medication admin methods, but MUST be done for IM injection</i>
1						Injects medication	
1						Withdraws needle and apply counter-pressure with sterile gauze over injection site	
1						Disposes of needle into a sharps container	
1						Applies bandage if needed	
1						Documents medication administration	
1						Assess injection site for any adverse reactions	<i>Swelling, redness, irritation, etc</i>
1						Verbalizes need to observe patient for desired effect / adverse side effects	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 22   Fail ≤ 18</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Initials						Time Limit = 5 mins	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to begin administration of medication within 5 minute time limit <i><b>Enter in amount of time over 5 min time limit(____)</b></i>						
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to correctly identify landmarks						
	Contaminates equipment or site without appropriately correcting situation(blowing on site or touching after swabbing with alcohol)						
	Failure to “zero” out medication properly prior to administration						
	Injection of incorrect drug, dosage, or route						
	Failure to aspirate prior to injecting drug for IM injection						
	Failure to dispose of sharps in a sharps container						
	Failure to ascertain allergies prior to administration						
	Failure to ascertain 6 patient medication administration rights prior to medication administration						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_



### Inhaled Medication Administration

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes or verbalizes standard universal precautions			
1						Places appropriate oxygen delivery system for the scenario / patient	Mask, cannula, CPAP, BVM, etc		
1						Assures that the patient is being ventilated adequately – skin signs, pulse ox, chest rise, etc			
1						Ascertains any known drug allergies			
1						Explains procedure to the patient			
1						Chooses correct medication for patient including correct dose / drug, integrity, color / concentration / clarity & expiration date	DICE. 6 rights: patient drug, dose, route, time, documentation		
1						Adds medication to cup and reattaches lid			
1						Attaches mouthpiece and extension tubing to the nebulizer unit			
1						Attaches oxygen supply tubing to nebulizer unit and turns on oxygen until medication begins mist	Approximately 6 – 8 LPM for nebulization		
1						Removes oxygen mask / nasal cannula / BVM / CPAP from patient's face and direct patient to bite on mouthpiece and firmly hold onto nebulizer in mouth			
1						Directs patient to breathe deeply through the mouth			
1						Resumes oxygen administration after medication is gone			
1						Observes patient for desired effects and adverse side effects			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 16 Fail ≤ 13</b>			
<b>Initials</b>						<b>Time Limit = 3 mins</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failures to take or verbalize appropriate PPE precautions									
Administers improper medication or dosage (wrong medication, incorrect amount, or administers at an inappropriate rate)									
Failures to observe the patient for desired effect and adverse side effects after administering medication									
Failures to ensure that patient is being oxygenated / ventilated during assembly of nebulizer									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Endotracheal (ET) Drug Administration

[illegible]

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Installation of inappropriate/incorrect volume	
						Failure to confirm correct placement of ET tube prior to installation of medication	
						Failure to instruct assistant to hyperventilate the patient prior to installation of medication	
						Failure to re-confirm correct placement of ET tube after installation of medication	
						Failure to discontinue or resume CPR at appropriate times	
						Failure to dispose/verbalize disposal of needle in proper container	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## External Jugular Vein Catheterization

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Takes/verbalizes infection control precautions			
2						Checks selected IV fluid for: Proper fluid (1 point) Clarity (1 point)			
1						Selects appropriate catheter	14 – 16 Gauge x 1.5 Inch		
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						Prepares patient- places them in Trendelenburg position or supine – Turn the patient's head to the opposite side and places one gloved finger on the proximal portion of the external jugular vein just above the clavicle to occlude blood flow			
1						Palpates suitable vein			
1						Cleanses site appropriately			
4						Performs venipuncture Inserts angiocatheter (1 point) Notes or verbalizes flashback (1 point) Removes needle (1 point) Connects IV tubing to catheter (1 point)	-Point catheter in the direction of the shoulder -Puncture vein midway b/t angle of the jaw and your finger		
1						Runs IV for a brief period to assure patent line			
1						Secures catheter [tapes securely or verbalizes]			
1						Adjusts flow rate as appropriate			
1						Disposes/verbalizes disposal of needle in proper container			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 22 Fail ≤ 19</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Exceed 6 minute time limit in establishing a patent and properly adjusted IV								
	Failure to take or verbalize infection control precautions prior to performing venipuncture								
	Contaminates equipment or site without appropriately correcting situation								
	Any improper technique resulting in the potential for catheter shear or air embolism								
	Failure to successfully establish IV within 3 attempts during 6 minute time limit								
	Failure to dispose/verbalize disposal of needle in proper container								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Administration of Rectal Medication

Points	Practi ce 1	Practi ce 2	Practi ce 3	Practi ce 4	Practi ce 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Ascertain patient's allergies to medication and explain the procedure to the patient / caregiver / family			
1						Select appropriate drug and confirm drug order	DICE		
1						Withdraw correct dose of medication for patient into TB/1 ml syringe			
1						Remove needle from syringe and dispose of needle appropriately			
1						Lubricate the distal end of syringe with water soluble lubricant			
1						Properly position the patient – lying on side			
1						Spread buttocks so anus is visible			
1						Slowly insert syringe into rectum, advancing approximately 4cm, and inject medication	Do not force if resistance is encountered.		
1						Slowly withdraw syringe and press buttocks together for at least 30-60 seconds to facilitate retention of medication			
1						Dispose of contaminated equipment using appropriate technique			
1						Reassess patient			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 15 Fail ≤ 12</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Failure to deliver drug appropriately									
Contaminates equipment or site without appropriately correcting situation									
Inject incorrect drug or dosage									
Failure to ascertain drug allergies prior to administering medication									
Failure to ascertain 6 patient medication administration rights prior to medication administration									
Failure to reassess patient status									
Failure to dispose of equipment in safe or approved manner (recapping needle, etc.)									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Medication Administration Using Pre-existing Vascular Access Device - PVAD

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Ascertain patient allergies to medication and explain the procedure to the patient			
1						Prepare three 10 ml syringes of normal saline for flushes	DICE		
1						Prepare desired medication to administer	DICE		
8						Establish patency of PVAD by: Don sterile gloves Identify appropriate lumen to use for medication administration Prep port/lumen to be used with alcohol swab twice using appropriate aseptic technique Unclamp PVAD catheter if clamped Administer 3-5 ml of 1 <sup>st</sup> normal saline flush into port/lumen Aspirate 3-5 ml for blood return Disconnect syringe and dispose Attach 2 <sup>nd</sup> normal saline flush to port/lumen and flush the line	<i>If resistance is met or no blood return on aspiration, re clamp/close port/lumen catheter and do not use PVAD</i>		
1						Attach medication syringe to port/lumen and administer desired medication at appropriate rate			
1						Flush line with 3 <sup>rd</sup> normal saline syringe, and close/re-clamp PVAD line			
1						Reassess patient and document medication administration and the effects			
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 19 Fail ≤ 15</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Contaminates equipment or site without appropriately correcting situation								
	Failure to recognize rationale for discontinuing attempt (resistance to injection of NS or lack of blood return)								
	Failure to begin infusion of medication within 3 minutes of beginning procedure								
	Failure to dispose of contaminated equipment using approved technique (recapping needle, etc.)								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Phlebotomy – Blood Specimen Collection

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions.			
1						Assemble all equipment. Select the correct tubes for the blood samples you are going to need.			
1						Identify the correct patient.			
1						Explain the procedure to the patient.	<i>Emphasize the need to hold the selected arm.</i>		
1						Attach the needle to the Vacutainer holder.			
1						Apply the tourniquet 3 – 4 inches above the elbow.			
1						Select a site for venipuncture.	<i>Antecubital is the preferred site.</i>		
1						Clean the site with alcohol.			
1						Carefully insert the needle bevel up through the skin, until a flash is noted in the tubing.			
1						Secure the Vacutainer holder with one hand, insert the desired tube in the holder, and firmly push tube with the thumb of the other hand until required amount of blood is attained.	<i>If the tube has additives, gently invert the tube to prevent coagulation.</i>		
1						Release the tourniquet.			
1						Place sterile gauze over the venipuncture site, and withdraw the needle.			
1						Apply pressure with a gauze or bandage.	<i>Approx 2 – 3 minutes</i>		
1						Discard the needle in an appropriate container.			
1						Label the tubes, and document the procedure.			
1						Reassess patient			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 19   Fail ≤ 15</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing venipuncture									
Contaminates equipment or site without appropriately correcting situation									
Any improper technique resulting in the potential for air embolism									
Failure to successfully obtain blood samples within 3 attempts during 6 minute time limit									
Failure to dispose/verbalize disposal of needle in proper container									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

### Administration of Oral Glucose

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions.
						<b>Dextrose Carbonated Solution (conscious patient):</b>
1						Explain procedure to patient.
1						Instruct patient to hold the bottle and drink entire contents.
1						Reassess patient's LOC
						<b>Glucose Paste (conscious or unconscious patient):</b>
1						If alert, repeat steps 1-4 above.
1						Turn patient to left lateral position if altered LOC and no signs/symptoms of trauma
1						Apply approximately 1" of paste between patient's cheek and gum.
1						Reassess patient's LOC
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 11   Fail ≤ 8</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure to reassess patient's LOC after administration					
	Failure to position unconscious patient in left lateral position if no trauma					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_



## Trauma Skills

### Traction Splinting

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Direct manual stabilization of injured leg
1						Assess motor, sensory, and distal circulation
1						Directs application of manual traction
1						Assesses motor, sensory, and distal circulation; expose affected area
						<b>NOTE: Examiner acknowledges present and normal</b> <b>NOTE: Examiner acknowledges "motor, sensory and circulatory functions are present and normal."</b>
1						Prepares/adjust splint to proper length
1						Positions splint at injured leg
1						Applies proximal securing device (e.g. ischial strap)
1						Applies distal securing device (e.g. ankle hitch)
1						Applies mechanical traction
1						Positions/secures support straps
1						Re-evaluates proximal/distal securing devices
1						Reassesses motor, sensory, and distal circulation
						<b>NOTE: Examiner acknowledges present and normal</b> <b>NOTE: Examiner acknowledges "motor, sensory and circulatory function is present and normal."</b>
						<b>NOTE: Examiner must ask candidate how he/she would prepare for transport</b>
1						Verbalizes securing torso to long board to immobilize hip
1						Verbalizes securing splint to long board to prevent movement of splint
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 18 Fail ≤ 14</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
Failure to take or verbalize infection control precautions prior to performing procedure						
Loss of traction at any point after it is assumed						
Did not reassess motor, sensory, and distal circulation <b>after</b> splinting						
The foot is excessively rotated or extended after splinting						
Did not secure ischial strap <b>before</b> taking mechanical traction						
Final immobilization failed to support femur or prevent rotation of injured leg						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Joint Immobilization

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Direct manual stabilization of injured appendage / joint			
1						Assess motor, sensory, and distal circulation	<i>Expose affected area and remove any jewelry and watches to not inhibit circulation as additional swelling occurs</i>		
						<b>NOTE: Examiner acknowledges "motor, sensory and circulatory functions are present and normal."</b>			
1						If applicable, attempt to gently return injured area to normal anatomical position	<i>If significant pain or resistance to movement is experienced, stop and splint in place.</i>		
1						Select the proper splinting material	<i>Rigid, formable or traction</i>		
1						Immobilize the site of the injury			
1						Immobilize the bone above the injured joint			
1						Immobilize the bone below the injured joint	<i>If applicable, pad inside the splint to prevent movement inside the splint, increase comfort and prevent pressure sores</i>		
1						Reassess motor, sensory, and distal circulation in the injured extremity			
						<b>NOTE: Examiner acknowledges "motor, sensory and circulatory functions are present and normal."</b>			
1						Elevate the extremity and apply ice or cold packs to decrease edema, throbbing and pain (if applicable)			
1						Consider pain management (if applicable)	<i>Morphine / Fentanyl</i>		
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 14 Fail ≤ 12</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Loss of traction at any point after it is assumed									
Did not assess motor, sensory, and distal circulation before & after splinting									
Did not support the joint so that the joint did not bear distal weight									
Did not immobilize the bone above and below the injured site									
Applies splint in an inappropriate manner									
Attempts to continue to place injury into anatomical position after pain or resistance to movement is experienced									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Long Bone Immobilization

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Direct manual stabilization of the injury			
1						Assess motor, sensory and distal circulation <i>Expose affected area and remove any jewelry and watches to not inhibit circulation as additional swelling occurs</i>			
						<b>NOTE: Examiner acknowledges "motor, sensory and circulatory functions are present and normal."</b>			
1						If applicable, attempt to gently return injured area to normal anatomical position			
1						Select the proper splinting material	<i>Rigid, formable or traction</i>		
1						Measure and prepare the splint for application			
1						Apply the splint as to not cause any further damage / pain to the patient			
1						Immobilize the joint above the injury site			
1						Immobilize the joint below the injury site			
1						Secure the entire injured extremity			
1						Immobilize the hand / foot in the position of function			
1						Reassess motor, sensory, and distal circulation in the injured extremity			
						<b>NOTE: Examiner acknowledges "motor, sensory and circulatory functions are present and normal."</b>			
1						Elevate the extremity and apply ice or cold packs to decrease edema, throbbing and pain (if applicable)			
1						Consider pain management (if applicable)	<i>Morphine / Fentanyl</i>		
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 17 Fail ≤ 14</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Loss of traction at any point after it is assumed (if applicable)									
Did not assess motor, sensory and distal circulation <b>before &amp; after</b> splinting									
Did not support the joint so that the joint did not bear distal weight									
Did not immobilize the joint above and below the injured site									
Grossly moves the injured extremity									
Applies splint in an inappropriate manner									
Attempts to continue to place injury into anatomical position after pain or resistance to movement is experienced									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Spinal Immobilization: Seated Patient

[illegible]

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Releases or orders release of manual immobilization before it was maintained mechanically	
						Patient manipulated or moved excessively causing potential spinal compromise	
						Did not complete immobilization of the torso prior to immobilizing the head	
						Device moves excessively up, down, left, or right on patient's torso	
						Torso Fixation inhibits chest rise resulting in respiratory compromise	
						Head immobilization allows for excessive movement	
						Upon completion of immobilization, head is not in neutral, in-line position	
						Did not choose appropriate extrication tool / technique for scenario	
						Failure to treat patient appropriately for given scenario	
						Did not assess motor, sensory and distal circulation <u>prior</u> to putting on a cervical collar	
						Did not assess motor, sensory and distal circulation <u>before</u> securing patient in immobilization device	
						Did not reassess motor, sensory, and distal circulation <u>after</u> immobilization onto board is complete	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Spinal Immobilization: Supine / Prone Patient

[illegible]

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to take or verbalize infection control precautions prior to performing procedure	
						Did not immediately direct manual immobilization of head	
						Orders release or manual immobilization before it was maintained mechanically	
						Did not complete immobilization of the torso prior to immobilizing the head	
						Device excessively moves up, down, left, or right on patient's torso	
						Head immobilization allows for excessive movement	
						Head is not immobilized in the neutral in-line position	
						Places cervical collar on prone patient prior to rolling supine	
						Patient moved excessively causing potential spinal compromise	
						Did not assess motor, sensory and distal circulation <b>prior</b> to putting on a cervical collar	
						Did not assess or reassess motor, sensory, and distal circulation in all extremities <b>before &amp; after</b> immobilization	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

### Rapid Extrication: 3+ Person

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Hold manual in-line stabilization			
1						Perform initial assessment to determine need for rapid extrication or not <i>Find &amp; correct life threats while in the car. Perform only necessary interventions.</i>			
1						Recognize and state need for rapid extrication <ul style="list-style-type: none"> <li><i>Danger to rescuers, insult to ABC or D found during initial assessment, or fatal patient blocking a critical patient</i></li> </ul>			
1						Direct a rescuer to apply manual cervical spinal immobilization			
1						Apply properly sized cervical collar			
1						Assess distal pulse, motor & sensation			
1						Position other rescuers properly with one on each side of the patient and one outside of the vehicle to hold the backboard			
1						Lift the patient as a unit far enough to slide the backboard between the patient and the seat without manipulating the spine			
1						Turn the patient as a unit a quarter turn or until the rear seat rescuer is unable to turn any further			
1						Transfer immobilization of the head and neck to the rescuer outside of the vehicle and complete another quarter turn until the patient is in-line with the backboard			
1						Lay the patient supine on the backboard			
1						Slide the patient into position for full immobilization onto the backboard			
1						Carefully move the patient on the backboard to a safe location to fully assess and immobilize to the backboard			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 16 Fail ≤ 13</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Gross manipulation of the head, neck or spine during the rapid extrication procedure								
	Use of the rapid extrication technique when no threat to patient or rescuer exists								
	Failure to treat patient appropriately for given scenario (uses KED for rapid extrication, no oxygen for SOB pt, no BVM / NT if indicated, etc)								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_



### Rapid Extrication: 2 Person

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Rescuer 1 performs initial assessment to determine need for rapid extrication or not while maintaining spinal immobilization. <b>Note:</b> Find & correct life threats while still in the car. Perform only necessary interventions
1						Recognize and state need for rapid extrication: Danger to rescuers, insult to ABC or D found during initial assessment, or fatal patient blocking a critical patient
1						Rescuer 1 maintains c-spine precautions, and directs Rescuer 2 to the opposite side of the patient in the front seat to apply manual cervical spinal immobilization
1						Assess distal pulse, motor & sensation (Rescuer 1)
1						Apply properly sized cervical collar (Rescuer 1)
1						Apply pre-rolled blanket around the patient (Rescuer 1)
1						Rescuer outside of the vehicle prepares the backboard and gurney (Rescuer 1)
1						Prepare the backboard and gurney next to the patient for extrication without manipulating the spine (Rescuer 1 & 2)
1						Rescuer 1 grabs the blanket handles, and turns the patient a quarter turn, while Rescuer 2 assists with the hips
1						Rescuer 1 pulls on the blanket handles sliding the patient supine onto the backboard, while Rescuer 2 moves and controls the patient's lower torso, pelvis, and legs.
1						Slide the patient into position for full immobilization onto the backboard
1						Carefully move the patient on the backboard to a safe location to fully assess and immobilize.
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 16 Fail ≤ 13</b>
<b>Initials</b>						<b>Time Limit = 5 mins</b>
<b>Date</b>						
						<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>
						Failure to take or verbalize infection control precautions prior to performing procedure
						Gross manipulation of the head, neck or spine during the rapid extrication procedure
						Use of the rapid extrication technique when no threat to patient or rescuer exists
						Let's go of c-spine when tension is not being applied to the tails of the extrication device
						Improperly place extrication device around patient's neck / torso
						Did not choose appropriate extrication tool / technique for scenario
						Failure to treat patient appropriately for given scenario (uses KED for rapid extrication, no oxygen for SOB pt, no BVM / NT if indicated, etc)

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Helmet Removal

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Explain procedure to patient if conscious
1						Take position above the victim and place hands on either side of the helmet
1						Instruct assistant to assume spinal stabilization by placing hands at side of the neck at angle of jaw
1						Release or cut chin straps
1						Remove helmet by pulling out on the sides until the ears are cleared and pulling straight back (full face helmets may be tilted to clear the nose)
1						Apply cervical collar and maintain spinal immobilization
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 10 Fail ≤ 8</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
Failure to take or verbalize infection control precautions prior to performing procedure						
Failure to adequately immobilize spine while removing helmet						
Failure to apply cervical collar appropriately						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Bleeding Control / Shock Management

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Takes or verbalizes body substance isolation precautions
1						Applies direct pressure to the wound
						<b>NOTE: The examiner states that the wound continues to bleed</b>
1						Applies tourniquet (tourniquet should be 2-4" wide, and tightened until arterial bleeding stops and distal pulses cannot be palpated)
						<b>NOTE: The examiner states that the patient is exhibiting signs and symptoms of hypoperfusion</b>
1						Properly positions the patient (shock position for medical; supine for trauma)
1						Administers high concentration oxygen
1						Initiates steps to prevent heat loss from the patient
1						Indicates the need for immediate transportation
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 10 Fail ≤ 7</b>
<b>Initials</b>						<b>Time Limit = 2 mins</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Does not take or verbalize body substance isolation precautions					
	Did not apply high concentration of oxygen					
	Did not control hemorrhage using correct procedures in a timely manner					
	Did not indicate the need for immediate transportation					
	Applies the tourniquet incorrectly					
	Fail if student does not use tourniquet if applicable for scenario					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

### Pneumatic Anti-Shock Garment (PASG)

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions.	
1						Remove clothing and check for sharp objects.	<i>Quickly assess areas that will be under the trousers</i>
1						Place trousers on patient for: Suspected pelvic fracture with hypotension (SBP <90 mmHg) Suspected intraperitoneal hemorrhage with hypotension (SBP <90 mmHg) Suspected retroperitoneal hemorrhage with hypotension (SBP <90 mmHg) Profound hypotension (SBP <60 mmHg)	<i>Roll patient onto the trousers or slide pants on like a diaper. Ensure top of trousers are positioned just below the costal margins</i>
1						Wrap leg and abdominal compartments securely and seal Velcro	
1						Connect all inflation tubes to foot pump	
						<b>Inflation</b>	
1						Open / close appropriate stopcocks <i>three compartments may be inflated simultaneously. The abdominal compartment should never be inflated before the leg compartments.</i>	
1						Inflate appropriate chambers until Velcro straps begin to “crackle” and close stopcock(s)	<i>PSI inside PASG is around 60 – 80 mmHg</i>
1						Assess vital signs	<i>Check suit for leaks</i>
						<b>Deflation- The main reason to deflate the PASG in the field is due to onset of difficulty with breathing (Pulmonary Edema) Obtain On-Line Medical Direction</b>	
1						Reassess vital signs (if just done, no need to do again)	<i>Need a baseline before deflating</i>
1						Slowly deflate the abdominal compartment while monitoring the patient’s blood pressure	<i>If patient’s BP drops 5 mmHg or more, stop deflation and infuse IV fluid until vitals stabilize again.</i>
1						Slowly deflate the right leg reassess the patient’s blood pressure <i>continue to monitor the patient’s vital signs. If patient experiences a sudden steep drop in BP, stop deflating and re-inflate the garment. If patient’s BP drops 5 mmHg or more, stop deflation and infuse IV fluid until vitals stabilize again.</i>	
1						Slowly deflate the left leg reassess the patient’s blood pressure	
1						Reassess vital signs after complete deflation	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 16 Fail ≤ 13	
Initials						Time Limit = 10 mins	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to apply suit correctly (e.g., inside-out, upside-down or above level of lowest rib)						
	Failure to secure Velcro straps adequately or allowing deflation of chambers after inflation						
	Incorrect order of compartment inflation or deflation						
	Failure to reassess vital signs before deflation of compartments or after inflation and / or deflation						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Valsalva maneuver

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions.
1						1) Explain procedure to patient. 2) Assess baseline vital signs (pulse and blood pressure). 3) Identify and document EKG rhythm.
1						Instruct patient to do one of the below: Tell patient to bare down until arrhythmia ends or for a maximum of 5 seconds Blow into uncapped syringe (without needle) until arrhythmia ends or for a maximum of 5 seconds Blow vigorously against thumb until arrhythmia ends or for a maximum of 5 seconds Pinch nostrils together and blow against closed glottis until arrhythmia ends or for maximum of 5 seconds.
1						Identify and document EKG rhythm. <b>Note:</b> EKG paper should be running while Valsalva is in progress for documentation purposes
1						Dispose of equipment using approved technique.
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 10 Fail ≤ 8</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure to assess baseline vital signs					
	Failure to instruct patient to stop procedure after 5 seconds have elapsed					
	Failure to accurately identify EKG rhythms					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Cardiac Skills

### 12 Lead Placement & Acquisition

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
1						Explain procedure to the patient and family
1						Prepare the monitor
1						Place patient in recumbent position
1						Expose the chest and prep the skin
1						Attach limb leads to patient
1						Identify Angle of Louis Find jugular notch of sternum, move down approx 1.5", or until a slight horizontal ridge or elevation is felt
1						Place V1 (Red) lead 4 <sup>th</sup> IC space to the right of the sternum
1						Place V2 (Yellow) lead 4 <sup>th</sup> IC space to the left of the sternum
1						Place V4 (Blue) lead 5 <sup>th</sup> IC space left midclavicular line
1						Place V3 (Green) lead Directly between V2 & V4
1						Place V5 (Orange) lead Level with V4 at left anterior axillary line
1						Place V6 (Purple) lead Level with V5 at left midaxillary line
1						Instruct patient to remain still
1						Press the appropriate button to acquire the 12 lead ECG
1						Advise base hospital of findings, and transmit ECG data to the appropriate receiving hospital if requested
1						Document the procedure, time, and results on report form
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 20 Fail ≤ 16</b>
<b>Initials</b>						<b>Time Limit = 5 mins</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
						Failure to take or verbalize infection control precautions prior to performing procedure
						Failure to place leads in proper anatomical location
						Failure to acquire 12 lead within 5 minutes
						Failure to acquire a clear 12 lead (no wavy baselines to decrease false positives)

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_



Vfib / VTach Algorithm - Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Consider c-spine precautions and check level of responsiveness	<i>Check for no breathing, or no normal breathing (only gasping)</i>
1						Activate EMS and retrieve AED / defibrillator	
1						Check pulse	<i>Do not check for <math>\geq 10</math> secs</i>
1						Initiate CPR Push hard ( $\geq 2$ inches) and fast ( $\geq 120$ /min) and allow complete chest recoil	<i>2 mins of 30:2</i>
1						Apply cardiac monitor (AED / MFE pads, limb leads)	<i>MFE pad placement: anterior/posterior; anterior-left infrascapular; or anterior-right infrascapular</i>
1						Identify rhythm appropriately (v-fib or pulseless v-tach)	
1						Prepare monitor and patient for immediate defibrillation	
1						Continue CPR while defibrillator is charging	
1						Stop CPR and deliver 1 unsynchronized counter-shock (defibrillation): 120-200 J biphasic / 360 J monophasic	<i>Do not stop CPR for more than 10 seconds</i>
1						Resume CPR immediately after defibrillation for 2 mins	
1						Obtain IV / IO access	
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation) if applicable:	<i>120-200 J biphasic 360 J monophasic</i>
1						Resume CPR immediately after defibrillation for 2 mins	
1						Administer sympathomimetic drug during CPR: <b>Epinephrine</b> 1 mg IV / IO – no max dose, repeat every 3-5 min	
2						Establish ( <b>when obtainable</b> ): Advanced airway – ET, ETC, KING or LMA Attach quantitative waveform capnography If $P_{ETCO_2} < 10$ mmHg, attempt to improve CPR quality	<i>Do not delay treatment to initiate advanced airway or venous access. This step does not need to be performed here.</i>
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation) if applicable: 120-200 J biphasic / 360 J monophasic	<i>Second and subsequent shock doses should be equivalent, and higher doses may be considered</i>
1						Resume asynchronous CPR immediately after defibrillation	<i>Asynchronous CPR <math>&gt; 120</math> compressions/min for 2 mins with 1 breath every 6 secs = 10 bpm</i>
1						Administer anti-dysrhythmic drug during CPR: <b>Lidocaine</b> 1-1.5 mg/kg IV/IO; repeat 0.5-0.75 mg/kg every 5 mins; max 3 mg/kg or <b>Amiodarone</b> 300 mg IV / IO, repeat at 150 mg in 3-5 mins	
1						Repeat above steps until dysrhythmia is suppressed / or there is a change in the patient's status	<i>If ROSC, go to Post-Cardiac Arrest Care</i>
1						Consider post-conversion anti-dysrhythmic medication	<i>Only if have ROSC</i>
1						Consider reversible causes (done at any time during the code)	<i>6 H's &amp; 5 T's</i>
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Shows willingness to learn / ask appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 26 Fail ≤ 21	
Initials						Time Limit =	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to take or verbalize infection control precautions prior to performing procedure							
Failure to deliver first shock in a timely manner due to operator delay in machine use or improper J setting							
Improper multifunctional electrode pad placement							
Failure to immediately resume CPR after defibrillation							
Failure if withhold CPR for more than 10 seconds							
Failure to ensure the safety of self or others; verbalize "all clear" and make a 360 degree check							
Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)							
Failure to ultimately voice/administer high flow oxygen							
Failure to deliver appropriate CPR rate & depth & ventilation rates at appropriate times							
Failure if do not use proper CPR techniques							
Failure to ascertain presence / lack of pulse prior to defibrillation							
Failure to diagnose or treat rhythm correctly							
Failure to deliver appropriate J settings during defibrillation							
Orders administration of an inappropriate drug or incorrect / lethal dosage							
Failure to identify and or treat underlying conditions / concerns when identified (6 H's & 5 T's)							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

### Asystole / PEA Algorithm – Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Consider c-spine precautions and check level of responsiveness	<i>Check for no breathing, or no normal breathing (only gasping)</i>
1						Activate EMS and retrieve AED / defibrillator	
1						Check pulse	
1						Initiate CPR – push hard ( $\geq 2$ inches) and fast ( $\geq 120$ /min) and allow complete chest recoil	<i>2 mins of 30:2</i>
1						Apply cardiac monitor (AED / MFE pads, limb leads)	<i>MFE pad placement: anterior/posterior; anterior –left infrascapular; or anterior-right infrascapular</i>
1						Correctly interpret rhythm If asystole, confirm in 2 leads and in lead II	<i>If asystole, consider early termination efforts: no bystander CPR with pt down &gt;10 mins, DNR, rigor/lividity, living will, etc.</i>
						Obtain IV / IO access	
1						Administer sympathomimetic drug during CPR: <b>epinephrine</b> 1 mg IV/IO – no max dose, every 3-5 mins	
2						Establish ( <b>when obtainable</b> ): Advanced airway – ET, ETC, KING or LMA Attach quantitative waveform capnography If $P_{ETCO_2} < 10$ mmHg, attempt to improve CPR quality	<i>Do not delay treatment to initiate advanced airway This step does not need to be performed here. Asynchronous CPR &gt;120 compressions/min for 2 mins with 1 breath every 6 secs = 10 bpm</i>
1						Resume asynchronous CPR	<i>Asynchronous CPR &gt;120 compressions/min for 2 mins with 1 breath every 6 secs</i>
1						During CPR look for and treat for any underlying / reversible causes	<i>6 H's &amp; 5 T's</i>
1						Consider termination of resuscitation ( <b>asystole only</b> )	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 21 Fail <math>\leq 17</math></b>	
<b>Initials</b>						<b>Time Limit =</b>	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
Date							
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize infection control precautions prior to performing procedure						
	Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)						
	Failure to ultimately voice/administer high flow oxygen						
	Failure to diagnose or treat rhythm correctly						
	Uses electrical therapy to treat Asystole / PEA						
	Failure to check asystole in a 2 <sup>nd</sup> ECG lead to rule out ventricular fibrillation						
	Orders administration of an inappropriate drug or incorrect / lethal dosage						
	Failure to identify and or treat underlying conditions / concerns when identified (6 H's & 5 T's)						

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Post-Cardiac Arrest Care - Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Continue / take or verbalize infection control precautions	
1						Maintain oxygen saturation $\geq 94\%$	
3						Consider advanced airway and waveform capnography 10-12 breaths/min Target PETCO <sub>2</sub> 35-40 mmHg Titrate FiO <sub>2</sub> to minimum necessary to achieve SpO <sub>2</sub> $\geq 94\%$	<i>Do not hyperventilate</i>
1						Treat hypotension (SBP <90 mmHg) IV/IO bolus 1-2 L NS or LR	<i>Check lung sounds</i>
1						Treat hypotension (SBP <90 mmHg) <b>Epinephrine</b> 0.1-0.5 mcg/kg/min (in 70 kg adult: 7-35 mcg/min) <b>Dopamine</b> 5-10 mcg/kg/min <b>Norepinephrine</b> 0.1-0.5 mcg/kg/min (in 70 kg adult: 7-35 mcg/min)	<i>Goal is SBP &gt;90 mmHg</i>
1						Consider / treat reversible causes	<i>6 H's &amp; 5 T's</i>
1						Obtain and analyze 12 lead ECG	
1						Consider a high suspicion for treatment of ACS or STEMI	
						Consider anti dysrhythmic drugs for post conversion after a ventricular dysrhythmia	<i>Lidocaine – IVB @ 0.5-1mg/kg or IVPB @ 1-4 mg/min; Amiodarone 150 mg over 10 mins @ 15 mg/min</i>
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 13 Fail <math>\leq 10</math></b>	
<b>Initials</b>						<b>Time Limit =</b>	
<b>Date</b>							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)							
Failure to ultimately voice/administer high flow oxygen							
Failure to diagnose or treat rhythm correctly							
Orders administration of an inappropriate drug or incorrect / lethal dosage							
Failure to identify and or treat underlying conditions / concerns when identified (6 H's & 5 T's)							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Bradycardia Algorithm – Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Check level of responsiveness / consider c-spine	
1						Assess and establish ABCD's	
5						Identify and treat underlying cause(s): Maintain patent airway, Oxygen, Cardiac monitor (correctly interpret rhythm), 12 lead (if applicable / available and you do not delay therapy), IV / IO access (blood glucose), Vitals: BP, HR, RR, SPO <sub>2</sub>	HR rate typically $\leq 60/\text{min}$ if bradyarrhythmia
5						Is persistent bradyarrhythmia causing: Hypotension, Acutely altered mental status, Signs of shock, Ischemic chest discomfort, Acute heart failure	
1						<b>Atropine:</b> Consider atropine 0.5 mg to max of 3 mg, repeat every 3-5 mins	Atropine is first-line drug therapy for acute symptomatic bradycardia
5						<b>Transcutaneous Pacing:</b> Consider sedation if patient is alert/conscious (NOT for ALOC) Properly place multifunction electrode pads Turn pacer on Adjust pacer rate between 60-80 PPM Adjust milliamps(mA) up in small increments until capture is noted on the monitor	TCP may be initiated in unstable pt that does not respond to atropine Immediate TCP might be considered in unstable pt with high degree HB when IV/IO access is not available MFE pad placement: anterior/posterior; anterior-left infrascapular; anterior-right infrascapular
1						Confirm that mechanical pulse correlates with electrical monitor capture during TCP	Adjust mA 10% higher to maintain capture once capture is assessed Capture usually looks like a wide QRS with a broad T wave in the opposite polarity of the QRS complex
1						<b>Dopamine</b> IV infusion if pacing is unavailable <b>or</b> other interventions are ineffective <b>2-10 mcg/kg/min</b>	Common concentration(s): 400 mg into a 250 ml bag or 800 mg into a 500 ml bag
1						<b>Epinephrine</b> IV infusion if <b>dopamine</b> is unavailable <b>or</b> other interventions are ineffective: <b>2-10 mcg/min</b>	Common concentration(s): 2.5 mg into a 250 ml bag or 5 mg into a 500 ml bag
3						Reassess patient perfusion status: LOC, Vitals – HR, BP, RR, Skin signs	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 28 Fail ≤ 23	
Initials						Time Limit =	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to take or verbalize infection control precautions prior to performing procedure							
Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)							
Failure to ultimately voice / administer high flow oxygen							
Failure to diagnose or treat rhythm correctly							
Improper pad placement							
Failure to recognize capture or failure to properly pace patient							
Turns up milliamps up too fast so that capture is missed							
Failure to reassess patient perfusion status							
Performs an inappropriate / dangerous intervention on patient							
Orders administration of an inappropriate drug or incorrect / lethal dosage							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Tachycardia Algorithm - Adult

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Check level of responsiveness / consider c-spine	
1						Assess and establish ABCD's	
5						Identify and treat underlying cause(s): Maintain patent airway Oxygen Cardiac monitor (correctly interpret rhythm 12 lead ( <i>if applicable / available and you do not delay therapy</i> ) IV / IO access (blood glucose) Vitals BP, HR, RR, SPO <sub>2</sub>	HR rate typically $\geq 150/\text{min}$ if tachyarrhythmia
5						Is persistent tachyarrhythmia causing: Hypotension Acutely altered mental status Signs of shock Ischemic chest discomfort Acute heart failure	Combination is needed for someone to be considered unstable
1						Identify stable <i>versus</i> unstable patient: <b>Stable</b> No rate-related complaints but HR $\geq 100$ <b>Unstable</b> Combination of above signs/symptoms noted on patient Go directly to synchronized cardioversion	Treat underlying / reversible causes
4						<b>Stable:</b> <b>If narrow &amp; regular complex (SVT or PSVT):</b> Vagal maneuver 6 mg adenosine RIVP followed by 10 ml flush 12 mg adenosine RIVP followed by 10 ml flush 12 mg adenosine RIVP followed by 10 ml flush Consider synchronized cardioversion	Points will be awarded if this section is not applicable to patient
2						<b>If narrow &amp; irregular complex (A-fib, A-flutter or MAT):</b> Control rate with calcium channel blockers or beta blockers Consider expert consultation	Points will be awarded if this section is not applicable to patient
6						<b>If wide complex (VT):</b> <i>Consider <b>adenosine</b> only if regular and monomorphic</i> <b>Lidocaine IV/IO</b> 0.5-0.75 mg/kg IV/IO up to 1-1.5 mg/kg may be used Repeat 0.5-0.75 mg/kg every 5-10 min; max 3 mg/kg <b>Procainamide IV/IO</b> 20-50 mg/min until: Arrhythmia suppressed Hypotension ensues QRS duration increases $>50\%$ Maximum dose of 17 mg/kg is given Maintenance infusion of 1-4 mg/min	Points will be awarded if this section is not applicable to patient



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Avoid if prolonged QT or CHF <b>Amiodarone IV/IO</b> 150 mg over 10 min (15 mg/min) Repeat as needed if VT recurs Maintenance infusion 1 mg/min for first 6 hours <b>Sotalol IV/IO</b> 100 mg (1.5 mg.kg) over 5 mins Avoid if prolonged QT Consider expert consultation	
7						<b>Unstable:</b> Perform immediate synchronized cardioversion Sedate patient if necessary (not if ALOC) Properly place multifunctional electrode pads Press sync button Confirm that R wave is being marked on monitor Select appropriate energy level Charge monitor Press shock button  <b>Joule (watts/sec) Settings (Initial recommended doses)</b> <b>Narrow regular (SVT, A-Flutter)</b> – 50-100 J <b>Narrow irregular (A-Fib)</b> – 120-200 J biphasic, or 200 J monophasic <b>Wide regular (VT)</b> – 100 J <b>Wide irregular (Torsades)</b> – Defib dose (NOT synchronized)	<i>MFE pad placement:</i> <i>anterior/posterior;</i> <i>anterior –left</i> <i>infrascapular; or anterior-</i> <i>right infrascapular</i>  <b>Increase joule setting with</b> <b>each subsequent</b> <b>synchronized</b> <b>cardioversion in stepwise</b> <b>fashion (per</b> <b>manufacturer's</b> <b>recommendation)</b>
3						Reassess patient perfusion status: LOC Vitals – HR, BP, RR Skin signs	
1						Reassess patient and the need for subsequent cardioversion	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 40 Fail ≤ 32</b>	
<b>Initials</b>						<b>Time Limit =</b>	
<b>Date</b>							

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
						Failure to take or verbalize infection control precautions prior to performing procedure	
						Failure to follow recommended energy sequence settings (Failure to increase Joule setting with each subsequent cardioversion in a stepwise fashion)	
						Failure if give a premedicating / sedative / amnestic medication if contraindicated for given patient / scenario	
						Failure to press "sync" button or to wait for machine to fully charge	
						Failure to clear area and/or make a visual inspection	
						Failure to discharge defibrillator	
						Incorrect paddle / pad placement	
						Failure to diagnose or treat rhythm correctly	
						Failure to assess pulse prior to administering cardioversion	
						Failure to reassess patient after each cardioversion	
						Administer inappropriate or lethal energy / medication dose to patient	
						Failure to determine the need for subsequent cardioversion if needed for scenario	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Dynamic Cardiology

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalizes infection control precautions
1						Checks level of responsiveness
1						Assess ABCs and treat appropriately
1						Initiate CPR / treat patient chief complaint (if appropriate)
1						Attaches ECG monitor in a timely fashion (patches or pads)
1						Correctly interprets initial rhythm
1						Appropriately manages initial rhythm
1						Notes change in rhythm
1						Checks patient condition to include pulse and, if appropriate, BP
1						Correctly interprets second rhythm
1						Appropriately manages second rhythm
1						Notes changes in rhythm
1						Checks patient condition to include pulse and, if appropriate, BP
1						Correctly interprets third rhythm
1						Appropriately manages third rhythm
1						Notes changes in rhythm
1						Checks patient condition to include pulse and, if appropriate, BP
1						Correctly interprets fourth rhythm
1						Appropriately manages fourth rhythm
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 22 Fail ≤ 18</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>						
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure to deliver first shock in a timely manner due to operator delay in machine use or providing treatments other than CPR with simple adjuncts					
	Failure to fix any problems / inappropriate procedures performed by team					
	Failure to ensure the safety of self and others [verbalize "All Clear" and make 360° check					
	Inability to deliver shock [does not use machine properly]					

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
						Failure to order initiation or resumption of CPR when appropriate
						Failure to order correct management of airway [ET, ETC when appropriate]
						Failure to order administration of appropriate oxygen at proper time
						Failure to diagnose or treat 2 or more rhythms correctly
						Orders administration of an inappropriate drug or lethal dosage
						Failure if CPR is withheld for more than 10 seconds at anytime
						Failure to identify and or treat underlying conditions / concerns when identified (6 H's & 5 T's)
						Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole (need to check in a 2 <sup>nd</sup> lead)
						Excessive prompting by team to move the call along
						Failure to dispose / verbalize disposal of needle in proper container

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Static Cardiology

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Strip #1 Diagnosis:
2						Treatment:
1						Strip #2 Diagnosis:
2						Treatment:
1						Strip #3 Diagnosis
2						Treatment:
1						Strip #4 Diagnosis:
2						Treatment:
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 15   Fail ≤ 11</b>
<b>Initials</b>						<b>Time Limit = 8</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to identify 2 more or rhythm strips correctly					
	Failure to complete skill in 8 minute time limit					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Medical Adult Cardiorespiratory Assessment

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
<b>Scene Size Up / Scene Survey</b>							
5						Determines: Scene / situation is safe Mechanism of injury / nature of illness Number of patients Additional resources if necessary / extrication Need for spinal immobilization	PENMAN - PPE's, Environment, Number of pt's, MOI, Additional Resources/Extrication, Need for C-spine
<b>Initial Assessment</b>							
1						Verbalizes general impression of the patient	Level of distress, positioning, environment & surroundings
1						Determines level of responsiveness	AVPU
1						Determines chief complaint / apparent life threats & name, age, weight	Does not have to done here, as long as done by the end of the initial assessment
4						Airway: Open for patency Look inside Take stuff out – suction, Magill forceps Put stuff in – OPA / NPA	
5						Breathing: Assess / inspect breathing (TV, rate, rhythm & quality) Bare chest Auscultate lung sounds Palpate chest wall Oxygen therapy Interventions to manage any injury which may compromise breathing / ventilation	Apply OXYGEN
5						Circulation: Checks pulse (rate, rhythm & quality) Assess skin (color, temperature, moisture) Checks for distal circulation Assesses for and controls major bleeding if present Interventions to initiate shock management	
3						Disability / Deficit: GCS / A & O x? PMS, posturing Pupils	Report GCS as EVM
1						Expose as appropriate	Either entire body or specific area dependent on C/C
<b>End of Initial / Primary Assessment</b>							
1						Identifies appropriate assessment / makes transport decisions	Stay and play or load and go
2						Delegate: Vitals if appropriate Packaging / transport method	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						<i>If critical patient (load and go criteria) perform rapid medical assessment while packaging patient. Then initiate transport to appropriate facility. While en route, continue with the assessment and interventions as time &amp; resources permit</i>	<b>Critical pt = Problem with scene, ABCD or E</b>
1						<b>Rapid medical assessment</b> Quick body systems check to see if anything else is life threatening	<b>RMA is not a detailed physical exam</b>
1						<b>Report findings from initial assessment / RMA</b>	
<b><i>If non-critical patient (stay and play criteria) continue on-scene assessment and treatment</i></b>							
2						Vital Signs / Diagnostic Tools: BP, HR, RR, SPO2, ECG, 12 Lead, BS (Blood Sugar) Pain scale	<i>As appropriate for patient C/C</i>
						<b><i>Focused History and Physical Examination</i></b>	<i>Done en route for critical patient, and on-scene for non-critical patient</i>
9						History of present illness: Any associated SOB Tripoding Accessory muscle use Pain with breathing Pain on palpation / movement Onset Provoke / Palliation Quality Radiates Severity Time Associated nausea / vomit Blood in vomit	<i>Clarifying questions of associated signs and symptoms specific to chief complaint or presenting problem.</i>  <i>Can use family members / bystanders to help with medical history or complaints.</i>
6						Past medical history: Signs / symptoms Allergies Medications Medication compliance Past medical history Last oral intake Events leading to present illness	
1						Performs focused physical examination: Cardiovascular Inspect Palpate Auscultate Peripheral edema, JVD, scars, medication patches, pacemaker / defibrillator, accessory muscle use, tripoding, diaphoresis, medical alert jewelry?	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
8						Physical findings: JVD Pedal edema Ascites Rales Diaphoresis Scars Medical jewelry Associated abdominal pain Diarrhea / incontinence Rigidity Masses Heartburn Distention Tenderness Rigidity Guarding	Credit awarded if already evaluated / assessed during the primary assessment
3						Other causes of cardiac discomfort: Emotional upset Stress Drug use	
1						State field impression of patient	
1						Verbalize treatment plan for patient and call for appropriate interventions	
Ongoing Assessment							
1						Repeat initial assessment	
1						Update vital signs – HR, RR, BP	
1						Evaluate response to treatments	
1						Repeat focused assessment regarding patient complaint or injuries	
						Affective	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / ask appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 70 Fail ≤ 59	
Initials						Time Limit = 15 mins	
Date							
Failure Criteria (Commission of any of the below actions will result in failure of the station)							
Failure to take or verbalize infection control precautions prior to performing assessment							
Failure to conduct the appropriate assessment based on responsiveness							
Failure to call for or initiate transport within 15 minute time limit							
Failure to determine scene safety prior to approaching patient							



Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
						Failure to voice and / or ultimately provide appropriate oxygen therapy (Critical patient must have oxygen on within 3 mins of the start of the scenario or failure)	
						Failure to assess / provide adequate ventilation in a timely fashion	
						Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, shock or dysrhythmia	
						Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene	
						Does other detailed or focused history or physical examination before assessing and treating threat to airway, breathing and circulation	
						Failure to determine the patient's primary problem	
						Orders a dangerous or inappropriate intervention / drug	
						Does not complete treatment modality for complaint of the patient / scenario	
						Failure to provide for spinal protection when indicated	
						Performs any action that is considered to be dangerous or inappropriate for the performed skill	

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Static Pharmacology

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						<b>Medication #1:</b>
1						Class:
1						Action:
1						Indication:
1						Contraindication or Precaution:
1						Side Effects:
1						Dose:
1						<b>Medication #2:</b>
1						Class:
1						Action:
1						Indication:
1						Contraindication or Precaution:
1						Side Effects:
1						Dose:
1						<b>Medication #3:</b>
1						Class:
1						Action:
1						Indication:
1						Contraindication or Precaution:
1						Side Effects:
1						Dose:
1						<b>Medication #4:</b>
1						Class:
1						Action:
1						Indication:
1						Contraindication or Precaution:
1						Side Effects:
1						Dose:
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 31 Fail ≤ 23</b>
<b>Initials</b>						<b>Time Limit = 8 minutes</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to correctly identify / pick correct drug for 2 or more given scenarios					
	Failure if exceed 8 minute time limit					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials \_\_\_\_\_ **Test 2: Pass / Fail** Initials \_\_\_\_\_ **Test 3: Pass / Fail** Initials \_\_\_\_\_

## Obstetric/ Pediatric/ Special Patient Skills

### Emergency Childbirth

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)
1						Take or verbalize infection control precautions
3						Open OB kit, drape patient, and cleanse perineum using sterile technique
1						Place one hand gently on baby's head and the other hand on the perineum to prevent explosive delivery of head
1						Check for cord around baby's neck If present, attempt to slip cord over baby's head, <i>or</i> if unable, use provided umbilical clamps and place on cord in two places and cut between clamps
1						Suction the baby's mouth and then the nose with bulb syringe
1						As baby begins to be pushed out, guide the head downward to release upper shoulder, then guide head upward to release lower shoulder
1						Hold baby in Trendelenburg position at level of mother's perineum
1						Suction mouth and then nose again with bulb syringe <i>if needed</i>
1						Clamp cord in two places and cut between clamps
1						Note time of birth
1						Assess baby's ABCs
1						Stimulate baby to produce cry (dry child off, flick bottom of feet)
1						Wrap baby in dry towels / blanket to keep warm
2						Assess APGAR score at 1 and 5 minutes after birth
1						Assess mother's vital signs
1						Deliver placenta when visible
1						Assess fundus every 5 minutes and massage until firm
1						Place placenta in plastic bag for transport
1						Dispose of equipment / linen using approved technique
						<b>Affective</b>
1						Accepts evaluation and criticism professionally
1						Shows willingness to learn / asks appropriate questions
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc
<b>Total</b>						<b>Total Points = 25 Fail ≤ 20</b>
<b>Initials</b>						<b>Time Limit =</b>
<b>Date</b>						
	<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>					
	Failure to take or verbalize infection control precautions prior to performing procedure					
	Failure to clear infant's airway in order (mouth then nose) or to keep infant warm					
	Failure to assess mother for blood loss					
	Failure to clamp and cut cord appropriately					
	Failure to dispose/verbalize disposal of needle in proper container					

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

### Use of Length-Based Resuscitation Tape

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Place patient in supine position	<i>Straighten lower extremities</i>		
1						Place tape next to patient so that multicolored side is facing up and red end is even with top of patient's head	<i>If patient is standing, place the red end of the tape at the patient's feet</i>		
1						Holding the red end in place, run hand down the edge of the tape until hand is even with the patient's heel	<i>If child is larger than the tape, use appropriate adult dosages and techniques/equipment.</i>		
2						Note color or letter block area and weight range for patient: Use color or letter block area to identify appropriate equipment Use weight range to identify appropriate drug dosages			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 9   Fail ≤ 7</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Placing tape upside down or wrong side up								
	Failure to hold tape at patient's head, thereby obtaining false reading								
	Inaccurate placement of hand near patient's foot, thereby obtaining false reading								
	Failure to straighten leg, thereby obtaining a false reading								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Umbilical IV Access

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Assemble and prepare necessary equipment	<i>Umbilical catheter, 3 way valve, hemostat</i>		
1						Clean and drape the around the umbilicus with a sterile sheet	<i>Umbilicus should be cleaned with povidone-iodine solution</i>		
1						Place a loose tie of umbilical tape around the base of the umbilicus			
1						Locate and identify two umbilical arteries	<i>Smaller diameter vessels</i>		
1						Locate and identify vein	<i>Largest diameter of the 3 vessels</i>		
1						Trim the cord approx 1 cm			
1						Insert tip of sterile hemostat into lumen of the vein if necessary	<i>Gently open the hemostat to dilate the vessel</i>		
1						Insert saline flushed umbilical catheter approx 2-4 inches, not to exceed length of the cord	<i>Should note blood return after inserting catheter</i>		
1						Connect up catheter to 3-way stopcock if being used			
1						Flush catheter with 1 cc NS			
1						Secure the catheter, using the piece of umbilical tape, or by tying the tape around the umbilicus			
1						Connect IV tubing to the stopcock and flow IV line to ensure patency			
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 17 Fail ≤ 13</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to maintain aseptic technique during procedure								
	Failure if catheterizes artery versus vein								
	Failure to perform proper catheterization in 3 attempts								
	Inserting catheter to exceed length of the cord								
	Failure to dispose of equipment / supplies in proper container								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

## Meconium Aspiration Suction

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Identify meconium-stained amniotic fluid, and assemble and prepare all necessary equipment.	<i>Bulb syringe, suction unit, meconium suction, ET equipment</i>		
1						Suction the mouth, nose, and posterior pharynx with bulb syringe or large-bore suction catheter	<i>Suction after delivery of head, but before delivery of shoulders</i>		
1						Assess for depressed infant after suction	<i>Poor respiratory effort, decreased muscle tone, or heart rate less than 100 bpm</i>		
1						Delay drying and stimulation, place in warm environment			
1						Examine the hypopharynx with a laryngoscope and suction residual meconium in the hypopharynx			
1						Intubate the trachea and suction the lower airway	<i>Apply suction and meconium aspirator directly to ET tube</i>		
1						Assess the need for more suction			
2						Repeat tracheal intubation and meconium suctioning until the airway is clear, or the infant's heart rate indicates that resuscitation must proceed without delay	<i>Use a new ET tube each attempt</i>		
1						Reassess infant, and provide high flow oxygen, or begin positive-pressure ventilation			
1						Dispose of equipment using approved technique			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 15 Fail ≤ 12</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Failure to maintain aseptic technique during procedure (need to use a new ET tube for each attempt)									
Failure to ultimately provide high flow oxygen									
Any attempt to stimulate the child prior to meconium suctioning									
Failure to dispose of equipment / supplies in proper container									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

## Vfib / Pulseless VTach Algorithm – Pediatric

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Consider c-spine precautions and check level of responsiveness	<i>Check for no breathing, or no normal breathing (only gasping)</i>
1						Activate EMS and retrieve AED / defibrillator	
1						Check pulse	<i>Do not check for <math>\geq 10</math> secs</i>
1						Initiate CPR Push hard (> 1/3 of anterior-posterior diameter of chest) and fast (at least 120/min) and allow complete chest recoil 1 rescuer = 30 compressions to 2 breaths 2 rescuers = 15 compressions to 2 breaths	<i>Infants = about 1.5" or 4 cm Children = 2" or 5 cm</i>
1						Apply cardiac monitor (AED, MFE pads, limb leads)	<i>MFE pad placement: anterior/posterior; anterior-left infrascapular; or anterior-right infrascapular</i>
1						Identify rhythm appropriately	
1						Prepare monitor and patient for immediate defibrillation	
1						Continue CPR while defibrillator is charging	
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation): 2 J / kg	<i>Do not stop CPR for more than 10 seconds</i>
1						Resume CPR immediately after defibrillation	
1						Obtain IV/IO access	
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation) if applicable: 4 J / kg	
1						Resume CPR immediately after defibrillation	
1						Administer sympathomimetic drug during CPR: Epinephrine IV / IO = 0.01 mg/kg (0.1 ml/kg of 1:10,000) every 3-5 mins. No max	
1						Establish ( <b>whenever obtainable</b> ): Advanced airway – ET, ETC, KING or LMA	<i>Do not delay treatment to initiate advanced airway or venous access</i>
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation) if applicable: 4 J / kg	<i>All subsequent shocks &gt;4 J/kg, maximum 10 J/kg or adult dose</i>
1						Resume asynchronous CPR immediately after defibrillation	<i>Continuous compressions of at least 120/min with 1 breath every 6 secs = 10/min</i>
1						Administer anti-dysrhythmic drug during CPR: Amiodarone 5 mg/kg IV/IO	<i>May repeat dose 2 times</i>

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Stop CPR, reassess patient and monitor and deliver 1 unsynchronized counter-shock (defibrillation) if applicable: 4 J / kg			
1						Consider treating reversible causes (done anytime during the arrest)	6 H's & 5 T's		
1						Repeat above steps until dysrhythmia is suppressed / or there is a change in the patient's status			
1						If ROSC, go to Post-Cardiac Arrest Care algorithm			
1						Consider post-conversion anti-dysrhythmic medication (only if ROSC)	Only if have ROSC		
1						Transport patient only if there is a ROSC			
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 28 Fail ≤ 23</b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to deliver first shock in a timely manner due to operator delay in machine use or improper J setting								
	Improper defibrillation multifunctional electrode pad / paddle placement								
	Failure to immediately resume CPR after defibrillation								
	Failure if withhold CPR for more than 10 seconds								
	Failure to ensure the safety of self or others; verbalize "all clear" and make a 360 degree check								
	Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)								
	Failure to ultimately voice/administer high flow oxygen								
	Failure to deliver appropriate CPR rate & depth & ventilation rates at appropriate times								
	Failure to ascertain presence / lack of pulse prior to defibrillation								
	Failure to diagnose or treat rhythm correctly								
	Failure to deliver appropriate J settings during defibrillation								
	Orders administration of an inappropriate drug or incorrect / lethal dosage								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_



### Asystole / PEA Algorithm - Pediatric

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Consider c-spine precautions and check level of responsiveness	<i>Check for no breathing, or no normal breathing (only gasping)</i>
1						Activate EMS and retrieve AED / defibrillator	
1						Check pulse	<i>Do not check pulse for <math>\geq 10</math> secs</i>
1						Initiate CPR Push hard ( $> 1/3$ of anterior-posterior diameter of chest) and fast (at least 120/min) and allow complete chest recoil 1 rescuer = 30 compressions to 2 breaths 2 rescuers = 15 compressions to 2 breaths	<i>Infants = about 1.5" or 4 cm Children = 2" or 5 cm</i>
1						Apply cardiac monitor (AED, MFE pads, limb leads)	<i>MFE pad placement: anterior/posterior; anterior-left infrascapular; or anterior-right infrascapular</i>
1						Identify rhythm appropriately	<i>Confirm asystole in 2 leads</i>
1						Consider whether resuscitation is appropriate	<i>DNR, AHCD, S/S of LACoFD 814, etc</i>
1						Obtain IV/ IO access	
1						Administer sympathomimetic drug during CPR: Epinephrine IV / IO = 0.01 mg/kg (0.1 ml/kg of 1:10,000) every 3-5 mins, no max If no IV/IO access, then ET = 0.1 mg/kg (0.1 ml/kg of 1:1,000)	
1						Establish ( <i>whenever it is to do so</i> ): Advanced airway	
1						Stop CPR, reassess monitor and patient	<i>Do not stop CPR for more than 10 seconds</i>
1						Resume asynchronous CPR	<i>Asynchronous CPR at 120/min and 10 breaths/min for 2 mins</i>
1						Administer sympathomimetic drug during CPR: Epinephrine IV / IO = 0.01 mg/kg (0.1 ml/kg of 1:10,000) every 3-5 mins, no max	
1						Stop CPR, reassess monitor and patient	
1						Resume asynchronous CPR	
1						Consider termination of resuscitation ( <b>asystole only</b> )	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
<b>Total</b>						<b>Total Points = 20 Fail <math>\leq 16</math></b>	

Initials							Time Limit =
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to voice or ultimately attain proper body substance isolation precautions							
Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)							
Failure to ultimately voice/administer high flow oxygen							
Failure to diagnose or treat rhythm correctly							
Uses electrical therapy to treat Asystole / PEA							
Orders administration of an inappropriate drug or incorrect / lethal dosage							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials \_\_\_\_\_ Test 2: Pass / Fail Initials \_\_\_\_\_ Test 3: Pass / Fail Initials \_\_\_\_\_

### Bradycardia Algorithm - Pediatric

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Check level of responsiveness / consider c-spine	
1						Assess and establish ABCD's	
5						Identify and treat underlying cause(s): Maintain patent airway Oxygen Cardiac monitor (correctly interpret rhythm 12 lead (if applicable / available and you do not delay therapy) IV / IO access (blood glucose) Vitals: BP, HR, RR, SPO <sub>2</sub>	
3						Is persistent bradyarrhythmia causing: Hypotension Acutely altered mental status Signs of shock	
1						<b>Stable:</b> Look and treat for any underlying / reversible causes	6 H's & 5 T's
1						<b>Unstable:</b> <b>Epinephrine</b> IV/IO: 0.01 mg/kg (0.1 ml/kg of 1:10,000) every 3-5 mins, no max If no IV/IO access, then ET: 0.1 mg/kg (0.1 ml/kg of 1:1,000)	
1						<b>If increased vagal tone or primary AV block:</b> <b>Atropine</b> 0.02 mg/kg (may repeat once) Minimum dose 0.1 mg Maximum single dose 0.5 mg	
5						<b>Consider cardiac pacing:</b> Consider sedation if patient is alert/conscious (not for ALOC) Properly place multifunction electrode pads <b>Turn pacer on</b> Adjust pacer rate >100 PPM Adjust milliamps(mA) up in small increments until capture is noted on the monitor	<i>MFE pad placement: anterior/posterior; anterior-left infrascapular; or anterior-right infrascapular</i>  <i>Capture usually looks like a wide QRS with a broad T wave in the opposite polarity of the QRS complex</i>
1						Confirm that mechanical capture correlates with electrical capture during TCP	<i>Adjust mA 10% higher to maintain capture once capture is assessed; capture looks like a wide QRS with a broad T wave in the opposite polarity of the QRS complex</i>
1						Start CPR if HR <60/min at any time while with patient	
3						Reassess patient perfusion status: LOC Vitals – HR, BP, RR Skin signs	
						<b>Affective</b>	
1						Accepts evaluation and criticism professionally	
1						Shows willingness to learn / asks appropriate questions	

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc	
Total						Total Points = 27 Fail ≤ 22	
Initials						Time Limit =	
Date							
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>							
Failure to order correct management of airway (OPA/NPA, BVM, ET or ETC when appropriate)							
Failure to ultimately voice / administer high flow oxygen							
Failure to diagnose or treat rhythm correctly							
Improper pad placement							
Failure to recognize capture or failure to properly pace patient							
Gives inappropriate or lethal drug dosage							
Turns up milliamps up too fast so that capture is missed							
Failure to reassess patient perfusion status							
Performs an inappropriate / dangerous intervention on patient							
Orders administration of an inappropriate drug or incorrect / lethal dosage							

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

Test 1: Pass / Fail Initials\_\_\_\_\_ Test 2: Pass / Fail Initials\_\_\_\_\_ Test 3: Pass / Fail Initials\_\_\_\_\_

### Tachycardia Algorithm - Pediatric

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)
1						Take or verbalize infection control precautions	
1						Check level of responsiveness / consider c-spine	
1						Assess and establish ABCD's	
5						Identify and treat underlying cause(s): Maintain patent airway Oxygen Cardiac monitor (correctly interpret rhythm) 12 lead (if applicable / available and you do not delay therapy) IV / IO access (blood glucose) Vitals: BP, HR, RR, SPO <sub>2</sub>	HR rate typically $\geq 220$ /min for infants and $\geq 180$ /min for children if tachyarrhythmia
3						Is persistent bradyarrhythmia causing cardiopulmonary compromise: Hypotension Acutely altered mental status Signs of shock	Combination is needed for someone to be considered unstable
1						<b>Probable Sinus Tachycardia (narrow QRS <math>\leq 0.08</math> sec):</b> <b>Infants</b> -Rate usually $< 220$ bpm <b>Children</b> -Rate usually $< 180$ bpm Search for and treat underlying cause(s)	Points will be awarded if this section is not applicable to patient
3						<b>Probable Supraventricular Tachycardia (narrow QRS <math>\leq 0.08</math> sec):</b> <b>Infant</b> -Rate usually $\geq 220$ bpm <b>Children</b> -Rate usually $\geq 180$ bpm <u>Consider vagal maneuvers (no delays)</u> <u>Adenosine</u> 0.1 mg/kg (max 1 <sup>st</sup> dose 6 mg) 0.2 mg/kg (max 2 <sup>nd</sup> dose 12 mg) <u>Synchronized cardioversion</u> If no IV/IO access is available, or if adenosine ineffective Sedate if , but do not delay cardioversion 0.5-1 J/kg 2 J/kg	Points will be awarded if this section is not applicable to patient

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
3						<b>Ventricular Tachycardia (wide QRS &gt;0.08 sec):</b> <b>Infants-</b> Rate usually $\geq 220$ bpm <b>Children-</b> Rate usually $\geq 180$ bpm Consider <b>adenosine</b> if rhythm is regular and QRS is monomorphic, if no cardiopulmonary compromise Synchronized cardioversion if cardiopulmonary compromise Sedate if , but do not delay cardioversion 0.5-1 J/kg 2 J/kg Expert consultation advised if any of the above treatments are refractory <b>Amiodarone</b> 5 mg/kg IV/IO over 20-60 mins <b>Procainamide</b> 15 mg/kg IV/IO over 30-60 mins	Points will be awarded if this section is not applicable to patient		
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / asks appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 23 Fail <math>\leq 18</math></b>			
<b>Initials</b>						<b>Time Limit =</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
	Failure to take or verbalize infection control precautions prior to performing procedure								
	Failure to follow recommended energy sequence settings								
	Failure to press "sync" button or to wait for machine to fully charge								
	Failure to clear area and/or make a visual inspection								
	Failure to discharge defibrillator								
	Incorrect paddle / pad placement								
	Failure to diagnose or treat rhythm correctly								
	Failure to assess pulse prior to administering cardioversion								
	Failure to reassess patient after each cardioversion								
	Administer inappropriate or lethal energy / medication dose to patient								
	Failure to determine the need for subsequent cardioversion if needed for scenario								

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_

## Ocular Lavage

Points	Practice 1	Practice 2	Practice 3	Practice 4	Practice 5	Performance Step(s)	Comment(s)		
1						Take or verbalize infection control precautions			
1						Prepare equipment and explain procedure to the patient	<i>IV tubing, Morgan Lens, irrigation collection container</i>		
1						Instill topical ocular anesthetic, if available			
1						Attach a Morgan Lens Delivery Set (or a syringe or an I.V. set-up) using solution and rate of choice (free flow)			
1						Start flow of solution			
1						Have patient look down, insert Morgan Lens under the upper lid			
1						Have patient look up, retract lower lid, drop lens into place			
1						Release the lower lid offer Morgan Lens and adjust flow			
1						Tape tubing to patient's forehead	<i>Helps to prevent accidental lens removal</i>		
1						Absorb outflow of solution	<i>Use Medi-Duct and tape to the patient's head</i>		
1						If removal is indicated, continue flow of solution			
1						Have patient look up, retract lower lid with your fingers and hold in position			
1						Slide Morgan Lens out	<i>Stop flow of solution</i>		
						<b>Affective</b>			
1						Accepts evaluation and criticism professionally			
1						Shows willingness to learn / ask appropriate questions			
1						Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty, courteous to crew, etc			
<b>Total</b>						<b>Total Points = 16 Fail ≤ 12</b>			
<b>Initials</b>						<b>Time Limit = 3 mins</b>			
<b>Date</b>									
<b>Failure Criteria (Commission of any of the below actions will result in failure of the station)</b>									
Failure to take or verbalize infection control precautions prior to performing procedure									
Insert irrigation device in a manner that would be harmful / painful / dangerous to the patient									
Failure if ever stops flow of solution. DO NOT RUN DRY									
Unable to insert irrigation device within 3 attempts or time limit expires									
Contaminates site or equipment without appropriately correcting situation									
Failure to dispose of equipment in safe or approved manner									

**Instructor Testing Information:** You must factually document your rationale for checking any of the above critical items on this form. Circle the appropriate test result.

**Test 1: Pass / Fail** Initials\_\_\_\_\_ **Test 2: Pass / Fail** Initials\_\_\_\_\_ **Test 3: Pass / Fail** Initials\_\_\_\_\_