



# **Standards for State Endorsement of Emergency Medical Services Educational Institutes**

## **BLS Level Skill and Skill Summary Sheets**



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# APPENDIX C

## EMR Initial Skill Summary Sheets



## EMR Psychomotor Skills Summary Sheet – Initial Course

Name: _____		Exam Date: _____ / _____ / _____	
Last		MI	
WV Certification Number: _____		Exam Location: _____	
WVOEMS Class Number: _____		Training Agency Class Number: _____	
Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest			
EMR "TESTED" Skill Station	Score	*CS	Evaluator Initials
Patient Assessment - Trauma			
Bleeding Control/Shock Management			
Patient Assessment – Medical (Includes Baseline Vital Signs)			
Oxygen Admin, by Non-Rebreather Mask			
BVM Ventilation of an Apneic Patient			

\* Any failure requires a completed skill sheet to be attached to this summary sheet.

# West Virginia Office of Emergency Medical Services Policies and Procedures

## EMR Psychomotor Skills Summary Sheet – Initial Course

Name: _____		Last		First		Exam Date: _____ / _____ / _____		MI	
WV Certification Number: _____		Exam Location: _____		Training Agency Class Number: _____					
WVOEMS Class Number: _____		Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest							
EMR “VERIFIED” Skill Station				Score	Pass/Fail	Date	Instructor Signature		
Cardiac Arrest Management / AED									
Baseline Vital Signs									
Spinal Immobilization – Seated Patient									
Spinal Immobilization – Supine Patient									
Long Bone Immobilization									
Joint Immobilization									
Naloxone Administration									

*Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.*

# APPENDIX D

## EMR Refresher Skill Summary Sheets



## EMR Psychomotor Skills Summary Sheet – Refresher Course

Name: _____		Exam Date: _____ / _____ / _____	
Last		MI	
WV Certification Number: _____		Exam Location: _____	
WVOEMS Class Number: _____		Training Agency Class Number: _____	
Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest			
EMR Skill Station		Score	Pass/Fail
Patient Assessment - Trauma			
Bleeding Control/Shock Management			
Patient Assessment – Medical (Includes Baseline Vital Signs)			
Oxygen Admin, by Non-Rebreather Mask			
BVM Ventilation of an Apneic Patient			
			Instructor Signature

\* Any failure requires a completed skill sheet to be attached to this summary sheet.

## EMR Psychomotor Skills Summary Sheet – Refresher Course

Name: _____		Last		First		Exam Date: _____ / _____ / _____		MI	
WV Certification Number: _____		Exam Location: _____		Training Agency Class Number: _____					
WVOEMS Class Number: _____		Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest							
EMR Skill Station				Score	Pass/Fail	Date	Instructor Signature		
Cardiac Arrest Management / AED									
Baseline Vital Signs									
Spinal Immobilization – Seated Patient									
Spinal Immobilization – Supine Patient									
Long Bone Immobilization									
Joint Immobilization									
Naloxone Administration									

*Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.*

# APPENDIX E

## EMT Initial Skill Summary Sheets



## EMT Psychomotor Skills Summary Sheet – Initial Course

Name: _____		Last		First		Exam Date: _____ / _____ / _____		MI	
WV Certification Number: _____		Exam Location: _____							
WVOEMS Class Number: _____		Training Agency Class Number: _____							
Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest									
EMT "TESTED" Skill Station		Score	*CS	Evaluator Initials	NOTES				
Medication Administration -CHOOSE ONE-	Patient Assessment - Trauma								
	Bleeding Control/Shock Management								
	Patient Assessment – Medical (Includes Baseline Vital Signs)								
	Oral Glucose Administration								
	Nitroglycerin Administration								
Medication Administration -CHOOSE ONE-	Nebulized Medication Admin.								
	Epinephrine Auto-Injector Admin.								
	Epinephrine 1:1000 Admin.								
Airway Management									

\* Any failure requires a completed skill sheet to be attached to this summary sheet.

# West Virginia Office of Emergency Medical Services Policies and Procedures

## EMT Psychomotor Skills Summary Sheet – Initial Course

Name: _____		Exam Date: _____ / _____ / _____	
Last		First	
WV Certification Number: _____		Exam Location: _____	
WVOEMS Class Number: _____		Training Agency Class Number: _____	
Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest			
EMT “VERIFIED” Skill Station			
Skill Station	Score	Pass/Fail	Date
Cardiac Arrest Management / AED			
Baseline Vital Signs			
Spinal Immobilization – Seated Patient			
Spinal Immobilization – Supine Patient			
Long Bone Immobilization			
Joint Immobilization			
12 Lead EKG Acquisition			
Continuous Positive Airway Pressure – CPAP			
Naloxone Administration			
Tetracaine Ophthalmic Administration / Morgan Lens			
Oxygen Administration by Non-Rebreather Mask			
BVM Ventilation of an Apneic Patient			

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.



# **APPENDIX F**

## **EMT Refresher Skill Summary Sheets**



# West Virginia Office of Emergency Medical Services Policies and Procedures

## EMT Psychomotor Skills Summary Sheet – Refresher Course

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Exam Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MI

WV Certification Number: \_\_\_\_\_ Exam Location: \_\_\_\_\_

WVOEMS Class Number: \_\_\_\_\_ Training Agency Class Number: \_\_\_\_\_

Test Type: ☐ Entire Practical ☐ Retest

EMT "TESTED" Skill Station				Score	*CS	Evaluator Initials	NOTES
Medication Administration - CHOOSE ONE	Patient Assessment - Trauma						
	Bleeding Control/Shock Management						
	Patient Assessment – Medical (Includes Baseline Vital Signs)						
	Oral Glucose Administration						
	Nitroglycerin Administration						
Medication Administration - CHOOSE ONE	Nebulized Medication Admin.						
	Epinephrine Auto-Injector Admin.						
	Epinephrine 1:1000 Admin.						
Airway Management							

\* Any failure requires a completed skill sheet to be attached to this summary sheet.

# West Virginia Office of Emergency Medical Services Policies and Procedures

## EMT Psychomotor Skills Summary Sheet – Refresher Course

Name: _____		Last		First		Exam Date: _____ / _____ / _____		MI	
WV Certification Number: _____		Exam Location: _____		Training Agency Class Number: _____					
WVOEMS Class Number: _____		Test Type: <input type="checkbox"/> Entire Practical <input type="checkbox"/> Retest							
EMT “VERIFIED” Skill Station				Score	Pass/Fail	Date	Instructor Signature		
Cardiac Arrest Management / AED									
Baseline Vital Signs									
Spinal Immobilization – Seated Patient									
Spinal Immobilization – Supine Patient									
Long Bone Immobilization									
Joint Immobilization									
12 Lead EKG Acquisition									
Continuous Positive Airway Pressure – CPAP									
Naloxone Administration									
Tetracaine Ophthalmic Administration / Morgan Lens									
Oxygen Administration by Non-Rebreather Mask									
BVM Ventilation of an Apneic Patient									

*Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.*



# APPENDIX I

## EMR Skill Sheets





# Emergency Medical Responder Psychomotor Examination

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Skill Sheet 1  
**TESTED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible  
Points Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point)      -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness		
-Onset (1 point)      -Quality (1 point)      -Severity (1 point)		
-Provocation (1 point)      -Radiation (1 point)      -Time (1 point)	8	
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point)	5	
-Medications (1 point)      -Last oral intake (1 point)		
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system		
-Cardiovascular      -Neurological      -Integumentary      -Reproductive	5	
-Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social		
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	<b>TOTAL</b>	42

### CRITICAL CRITERIA

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

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



## Emergency Medical Responder Psychomotor Examination

Skill Sheet 3  
**TESTED**

### BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points	Points Awarded
--------------------	-------------------

Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
<b>NOTE: The examiner must now inform candidate that the wound continues to bleed.</b>		
Applies tourniquet	1	
<b>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	<b>TOTAL</b>	7

#### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to administer high concentration oxygen
- \_\_\_\_ Failure to control hemorrhage using correct procedures in a timely manner
- \_\_\_\_ Failure to indicate the need for immediate transportation
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





# Emergency Medical Responder Psychomotor Examination

## PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Skill Sheet 2  
TESTED

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by "\*\*\*\*" may be integrated within sequence of Primary Survey/Resuscitation

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
<b>HISTORY TAKING</b>		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
<b>SECONDARY ASSESSMENT</b>		
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	<b>TOTAL</b>	42

### CRITICAL CRITERIA

- \_\_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to determine scene safety
- \_\_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_\_ Failure to voice and ultimately provide high concentration oxygen
- \_\_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_\_ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.





**Emergency Medical Responder Psychomotor Examination**  
**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

**Skill Sheet 4**  
**TESTED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Actual Time Started:** \_\_\_\_\_

**Possible Points**      **Points Awarded**

Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	<b>11</b>

**CRITICAL CRITERIA**

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks
- \_\_\_\_\_ Failure to prefill the reservoir bag
- \_\_\_\_\_ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- \_\_\_\_\_ Failure to ensure a tight mask seal to patient's face
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention



# Emergency Medical Responder Psychomotor Examination

## BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 5  
TESTED

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**Ventilates the patient immediately using a BVM device unattached to oxygen		
[**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately		
-Proper volume to cause visible chest rise (1 point)	2	
-Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)		
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
Actual Time Ended: _____	TOTAL	16

### CRITICAL CRITERIA

- \_\_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- \_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.





# Emergency Medical Responder Psychomotor Examination

Skill Sheet 6  
**VERIFIED**

## CARDIAC ARREST MANAGEMENT / AED

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</b>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	<b>TOTAL</b>	17

### Critical Criteria

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_\_ Failure to operate the AED properly
- \_\_\_\_ Failure to deliver shock in a timely manner
- \_\_\_\_ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





## Emergency Medical Responder Psychomotor Examination

Skill Sheet 7  
**VERIFIED**

### SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible  
Points      Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>12</b>

#### CRITICAL CRITERIA

- \_\_\_\_ Failure to immediately direct or take manual stabilization of the head
- \_\_\_\_ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically
- \_\_\_\_ Manipulated or moved patient excessively causing potential spinal compromise
- \_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso
- \_\_\_\_ Device moves excessively up, down, left or right on the patient's torso
- \_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise
- \_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_\_ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



# Emergency Medical Responder Psychomotor Examination

Skill Sheet 8  
VERIFIED

## SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to void between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	

Actual Time Ended: \_\_\_\_\_

**TOTAL**      14

### CRITICAL CRITERIA

- \_\_\_\_ Failure to immediately direct or take manual stabilization of the head
- \_\_\_\_ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically
- \_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise
- \_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso
- \_\_\_\_ Patient moves excessively up, down, left or right on the device
- \_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_\_ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



# Emergency Medical Responder Psychomotor Examination

Skill Sheet 9  
**VERIFIED**

## LONG BONE IMMOBILIZATION

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points

Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Actual Time Ended: _____	<b>TOTAL</b>	10

### Critical Criteria

- \_\_\_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Failure to immobilize the joint above and the joint below the injury site
- \_\_\_\_\_ Failure to immobilize the hand or foot in a position of function
- \_\_\_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





# Emergency Medical Responder Psychomotor Examination

## JOINT IMMOBILIZATION

Skill Sheet 10  
VERIFIED

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points      Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Actual Time Ended: _____	<b>TOTAL</b>	9

### Critical Criteria

- \_\_\_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Failure to immobilize the bone above and below the injury site
- \_\_\_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## Emergency Medical Responder Psychomotor Examination

Skill Sheet 11  
**VERIFIED**

### NALOXONE ADMINISTRATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation	1	
Support respirations as needed	1	
Assess blood glucose level	1	
Verbalize signs of opioid use	1	
Select the proper medication and check concentration, color, and clarity	1	
Selects the appropriate syringe and draw up medication if not prefilled	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 point each	
Right Patient      Right Route      Right Drug      Right Dose      Right Time		
Place a nebulizer on the end of the syringe	1	
Place atomizer against nostril and administer 1mg (0.5 dose) of medication	1	
Repeat the procedure delivering the remainder of the medication in the opposite nostril	1	
Reassess patient	1	
If no improvement, contact medical command and request ALS back up	1	
Document the procedure	1	
Actual Time Ended: _____	<b>TOTAL</b>	19

#### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_ Failure to select appropriate medication or concentration of medication
- \_\_\_\_ Failure to support respirations as needed
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## Emergency Medical Responder Psychomotor Examination

Skill Sheet 12  
**VERIFIED**

### BASELINE VITAL SIGNS

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
<b>Blood Pressure (Palpation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>Not over clothing</li> <li>Snug fit</li> <li>Center bladder over artery</li> </ul>	1	
Palpate radial and brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg)	1	
<b>Blood Pressure (Auscultation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>Not over clothing</li> <li>Snug fit</li> <li>Center bladder over artery</li> </ul>	1	
Palpate brachial artery	1	
Place diaphragm of stethoscope over brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable blood pressure (margin +/- 4mmHg)	1	
<b>Pulse</b>		
Palpate with two (2) fingers (index and middle) over the radial artery	1	
Count the palpated pulse for 30 seconds and multiply X 2	1	
Assess the following: <ul style="list-style-type: none"> <li>Rate</li> <li>Rhythm (Regular/Irregular)</li> <li>Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Respirations</b>		
Observe rise and fall of the chest or abdomen	1	
Count respirations for 30 seconds and X 2	1	
Assess the following: <ul style="list-style-type: none"> <li>Rate</li> <li>Rhythm (Regular/Irregular)</li> <li>Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Skin</b>		
Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed	1	
Skin Temperature: Normal, warm, cool, hot	1	
Skin Condition: Normal, moist, diaphoretic	1	
Actual Time Ended: _____	<b>TOTAL</b>	27



**CRITICAL CRITERIA**

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to manage the patient as a competent EMR
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

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

# APPENDIX J

## EMT Skill Sheets



# Emergency Medical Technician Psychomotor Examination

Skill Sheet 1  
TESTED

## PATIENT ASSESSMENT/MANAGEMENT - MEDICAL

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1
<b>SCENE SIZE-UP</b>	
Determines the scene/situation is safe	1
Determines the mechanism of injury/nature of illness	1
Determines the number of patients	1
Requests additional EMS assistance if necessary	1
Considers stabilization of the spine	1
<b>PRIMARY SURVEY/RESUSCITATION</b>	
Verbalizes the general impression of the patient	1
Determines responsiveness/level of consciousness (AVPU)	1
Determines chief complaint/apparent life-threats	1
Assesses airway and breathing	
-Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3
Assesses circulation	
-Assesses/controls major bleeding (1 point)      -Checks pulse (1 point)	3
-Assesses skin [either skin color, temperature or condition] (1 point)	
Identifies patient priority and makes treatment/transport decision	1
<b>HISTORY TAKING</b>	
History of the present illness	
-Onset (1 point)      -Quality (1 point)      -Severity (1 point)	
-Provocation (1 point)      -Radiation (1 point)      -Time (1 point)	8
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	
Past medical history	
-Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point)	5
-Medications (1 point)      -Last oral intake (1 point)	
<b>SECONDARY ASSESSMENT</b>	
Assesses affected body part/system	
-Cardiovascular      -Neurological      -Integumentary      -Reproductive	5
-Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	
<b>VITAL SIGNS</b>	
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4
States field impression of patient	1
Interventions [verbalizes proper interventions/treatment]	1
<b>REASSESSMENT</b>	
Demonstrates how and when to reassess the patient to determine changes in condition	1
Provides accurate verbal report to arriving EMS unit	1
Actual Time Ended: _____	<b>TOTAL 42</b>

### CRITICAL CRITERIA

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

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.





# Emergency Medical Technician Psychomotor Examination

**I Skill Sheet**  
**Supplement 1**  
**TESTED/VERIFIED**

## PATIENT ASSESSMENT/MANAGEMENT - MEDICAL Oral Glucose Administration

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points

Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Perform blood glucose check	
Prepare glucometer and supplies	1
Cleanse site	1
Lance site	1
Apply blood test strip	1
Apply direct pressure to site	1
Read and interpret results	1
Determine appropriate indications for glucose administration	
Level of consciousness	1
Pertinent past medical history	1
Contact Medical Command if patient condition indicates	1
Confirm expiration date of oral glucose	1
Confirm the rights of drug administration: Right Patient <b>D</b> Right Route <b>D</b> Right Drug <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	1 point each
Explain the procedure to the patient	1
Place oral glucose between cheek and gum	1
Recheck patient's blood glucose level within 5 minutes of administration	1
If no improvement contact medical command and request ALS back up	1
Document the procedure	1

Actual Time Ended: \_\_\_\_\_

**TOTAL**

**21**

### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to consult medical command at appropriate times
- \_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_ Failure to determine blood glucose level prior to, or following, oral glucose administration
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## Emergency Medical Technician Psychomotor Examination

### PATIENT ASSESSMENT/MANAGEMENT - MEDICAL Nitroglycerin Administration

### Skill Sheet Supplement 2 Tested/Verified

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points	Points Awarded
--------------------	-------------------

Takes or verbalizes appropriate PPE precautions	1	
Determine appropriate indications for glucose administration	1	
Confirm patient allergies	1	
Determine if the patient has self-administered nitroglycerine prior to EMS arrival	1	
Confirm patient's blood pressure is 100 systolic	1	
Contact Medical Command	1	
Confirm expiration date of nitroglycerine	1	
Confirm the rights of drug administration: Right Patient <b>D</b> Right Route <b>D</b> Right Drug <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	1 point each	
Explain the procedure and possible side effects to the patient	1	
Place the patient in a comfortable position	1	
Place one nitroglycerine tablet or administer one pump of liquid nitroglycerine under the tongue	1	
Instruct the patient to allow the medication to absorb	1	
Recheck the patients blood pressure within 3 - 5 minutes of administration	1	
If no improvement contact medical command and repeat procedure as directed	1	
Document the procedure	1	
Actual Time Ended: TOTAL	19	

#### CRITICAL CRITERIA

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to consult medical command at appropriate times
- \_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_ Failure to determine patient's blood pressure prior to, or following, oral glucose administration
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



# Emergency Medical Technician Psychomotor Examination

## PATIENT ASSESSMENT/MANAGEMENT - MEDICAL Nebulized Medication Administration

Skill Sheet  
Supplement 3  
**TESTED/VERIFIED**

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points

Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Properly determines the need for nebulized medications	1
Assess the patient's ability to utilize a nebulizer	1
Confirm patient allergies	1
Confirm patient's heart rate is $\leq 130$ for adults and $\leq 150$ in pediatrics	1
Confirm expiration date of medication	1
Confirm the rights of drug administration:	1 point each
Right Patient <b>D</b> Right Route <b>D</b> Right Drug <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	
Prepare the Nebulizer	
Assemble Nebulizer	1
Add appropriate medication	1
Connect the mouthpiece	1
Attach oxygen to the nebulizer flowing at 8 – 10 liters per minute	1
Explain the procedure and possible side effects to the patient	1
Place the patient in a sitting up position	1
Administer Medication	
Instruct the patient to hold the nebulizer with lips sealed around the mouthpiece	1
Instruct the patient to breathe as deeply as possible at a normal rate	1
Continue administration until all medication has been utilized	1
Monitor patient's condition and vital signs after administration	1
If no improvement contact medical command for additional treatment as directed	1
Document the procedure	1

Actual Time Ended: \_\_\_\_\_

**TOTAL**

23

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to consult medical command at appropriate times
- \_\_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_\_ Failure to administer all medication
- \_\_\_\_\_ Failure to monitor the patient's condition and vital signs
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





# Emergency Medical Technician Psychomotor Examination

Skill Sheet

## PATIENT ASSESSMENT/MANAGEMENT -MEDICAL Epinephrine Auto-Injector Administration

Supplement 4  
TESTED/VERIFIED

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points

Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Properly determines the need for medication	1
Consults with Medical Command	1
Confirm patient allergies	1
Confirm expiration date of medication	1
Confirm the rights of drug administration: Right Patient <b>D</b> Right Route <b>D</b> Right Drug <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	1 point each
Explain the procedure and possible side effects to the patient	1
Remove the cap from the Auto-Injector	1
Expose the thigh area (may verbalize)	1
Cleanse the area	1
In a smooth, firm fashion push the auto injector into the thigh until a click is heard	1
Hold the auto injector against the thigh for 10 seconds	1
Properly dispose of the auto injector in a sharps container	1
Monitor patient's condition and vital signs after administration	1
If no improvement, contact medical command for additional treatment as directed	1
Document the procedure	1

Actual Time Ended: \_\_\_\_\_

**TOTAL**

20

### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to consult medical command at appropriate times
- \_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_ Failure to monitor the patient's condition and vital signs
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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

(Supplement 4)



**PATIENT ASSESSMENT/MANAGEMENT - MEDICAL**  
Epinephrine 1:1000 Ampule Administration

Supplement 5  
**TESTED/VERIFIED**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible Points**      **Points Awarded**

Takes or verbalizes appropriate PPE precautions	1
Properly determines the need for medication	1
Consults with Medical Command for orders	1
Confirm patient allergies	1
Confirm the rights of drug administration: Right Patient <b>D</b> Right Route <b>D</b> Right Drug <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	1 point each
Explain the procedure and possible side effects to the patient	1
Selects proper medication and concentration	1
Checks medication for cloudiness or discoloration	1
Selects proper needle and syringe	1
Confirm expiration date of medication	1
Cleans the neck of the ampule	1
Opens ampule properly snapping it at the break line while directing the action away from the patient and others	1
Withdraw the medication utilizing the prepared syringe and needle	1
Verify the correct dosage of medication once its withdrawn from the ampule	1
Tap the barrel of the syringe to remove excess air bubbles	1
Select and cleanse the appropriate administration site	1
Penetrates the muscle at a 90° angle	1
Aspirated for blood return prior to injection	1
Injects medication and removes needle in the same 90° motion	1
Properly disposes of needle in a sharps container	1
Monitor patient's condition and vital signs after administration	1
If no improvement contact medical command for additional treatment as directed	1
Document the procedure	1

Actual Time Ended: \_\_\_\_\_

**TOTAL**      27

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to consult medical command at appropriate times
- \_\_\_\_ Failure to appropriate medication and concentration
- \_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_ Failure to select appropriate needle and syringe
- \_\_\_\_ Failure to properly cleanse injection site
- \_\_\_\_ Failure to aspirate for blood return prior to medication administration
- \_\_\_\_ Failure to monitor the patient's condition and vital signs
- \_\_\_\_ Failure to properly dispose of needle
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



(Supplement 5)



# Emergency Medical Technician Psychomotor Examination

Skill Sheet 2  
TESTED

## PATIENT ASSESSMENT/MANAGEMENT - TRAUMA

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by ... , may be integrated within sequence of Primary Survey/Resuscitation

Possible Points	Points Awarded
-----------------	----------------

Takes or verbalizes appropriate PPE precautions	1
<b>SCENE SIZE-UP</b>	
Determines the scene/situation is safe	1
Determines the mechanism of injury/nature of illness	1
Determines the number of patients	1
Requests additional EMS assistance if necessary	1
Considers stabilization of the spine	1
<b>PRIMARY SURVEY/RESUSCITATION</b>	
Verbalizes general impression of the patient	1
Determines responsiveness/level of consciousness	1
Determines chief complaint/apparent life-threats	1
Airway	2
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)
Breathing	4
-Assess breathing (1 point)	-Assures adequate ventilation (1 point)
-Initiates appropriate oxygen therapy (1 point)	-Manages any injury which may compromise breathing/ventilation (1 point)
Circulation	4
-Checks pulse (1 point)	
-Assess skin (either skin color, temperature or condition) (1 point)	
-Assesses for and controls major bleeding if present (1 point)	
-Initiates shock management (positions patient properly, conserves body heat) (1 point)	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1
<b>HISTORY TAKING</b>	
Obtains baseline vital signs [must include BP, P and RJ (1 point)]	1
Attempts to obtain SAMPLE history	1
<b>SECONDARY ASSESSMENT</b>	
Head	3
-Inspects and palpates scalp and ears (1 point)	-Assesses eyes (1 point)
-Inspects mouth, nose, and assesses facial area (1 point)	
Neck	3
-Checks position of trachea (1 point)	-Checks jugular veins (1 point)
	-Palpates cervical spine (1 point)
Chest	3
-Inspects chest (1 point)	-Palpates chest (1 point)
	-Auscultates chest (1 point)
Abdomen/pelvis	3
-Inspects and palpates abdomen (1 point)	-Assesses pelvis (1 point)
-Verbalizes assessment of genitalia/perineum as needed (1 point)	
Lower extremities	2
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	
Upper extremities	2
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	
Posterior thorax, lumbar and buttocks	2
-Inspects and palpates posterior thorax (1 point)	-Inspects and palpates lumbar and buttocks areas (1 point)
Manages secondary injuries and wounds appropriately	1
<b>REASSESSMENT</b>	
Demonstrates how and when to reassess the patient	1

Actual Time Ended: \_\_\_\_\_

**TOTAL** 42

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to determine scene safety
- \_\_\_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_\_\_ Failure to voice and ultimately provide high concentration oxygen
- \_\_\_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_\_\_ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## Emergency Medical Technician Psychomotor Examination

Skill Sheet 3  
**TESTED**

### BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points	Points Awarded
-----------------	----------------

Takes or verbalizes appropriate PPE precautions	1
Applies direct pressure to the wound	1
<b>NOTE: The examiner must now inform candidate that the wound continues to bleed.</b>	
Applies tourniquet	1
<b>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>	
Properly positions the patient	1
Administers high concentration oxygen	1
Initiates steps to prevent heat loss from the patient	1
Indicates the need for immediate transportation	1
<b>Actual Time Ended:</b>	<b>TOTAL 7</b>

#### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to administer high concentration oxygen
- \_\_\_\_\_ Failure to control hemorrhage using correct procedures in a timely manner
- \_\_\_\_\_ Failure to indicate the need for immediate transportation
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





## Emergency Medical Technician Psychomotor Examination

### AIRWAY MANAGEMENT – SUPRAGLOTTIC AIRWAY

Skill Sheet 4  
**TESTED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible  
Points      Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
Ventilates the patient at a proper volume and rate via BVM	1	
Directs assistant to take over BVM ventilation and pre-oxygenate patient	1	
Selects appropriate size Supraglottic	1	
Inspects and prepares airway for insertion	1	
Positions head properly	1	
Displace the tongue and jaw	1	
Advance the airway to the appropriate depth per manufacturers recommendations	1	
Secures airway device in place	1	
Confirm placement via auscultation and secondary detection method	1	
Reassess patient	1	
Documents procedure	1	
Actual Time Ended: _____	<b>TOTAL</b>	16

#### CRITICAL CRITERIA

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_ Failure to ventilate the patient at the rate
- \_\_\_ Failure to select proper size airway
- \_\_\_ Failure to secure airway device
- \_\_\_ Failure to confirm airway placement
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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

**CARDIAC ARREST MANAGEMENT / AED**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
PointsPoints  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Determines the scene/situation is safe	1
Attempts to question bystanders about arrest events	1
Checks patient responsiveness	1
Requests additional EMS assistance	1
Checks breathing and pulse simultaneously	1
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</b>	
Immediately begins chest compressions (adequate depth and rate; allows the chest to recoil completely)	1
Performs 2 minutes of high-quality, 1-rescuer adult CPR <ul style="list-style-type: none"> <li>-Adequate depth and rate (1 point)</li> <li>-Correct compression-to-ventilation ratio (1 point)</li> <li>-Allows the chest to recoil completely (1 point)</li> <li>-Adequate volumes for each breath (1 point)</li> <li>-Minimal interruptions of no more than 10 seconds throughout (1 point)</li> </ul>	5
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>	
Turns on power to AED	1
Follows prompts and correctly attaches AED to patient	1
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1
Ensures that all individuals are clear of the patient and delivers shock from AED	1
Immediately directs rescuer to resume chest compressions	1
<b>Actual Time Ended:</b>	<b>TOTAL 17</b>

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_ Failure to operate the AED properly
- \_\_\_ Failure to deliver shock in a timely manner
- \_\_\_ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**BASELINE VITAL SIGNS**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible  
Points**      **Points  
Awarded**

Takes or verbalizes appropriate PPE precautions	1
---	---

**Blood Pressure (Palpation)**

Apply BP cuff approximately 1" above the antecubital space

- Not over clothing
- Snug fit
- Center bladder over artery

1

Palpate radial and brachial artery

1

Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost

1

Slowly deflate the cuff

1

Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg)

1

**Blood Pressure (Auscultation)**

Apply BP cuff approximately 1" above the antecubital space

- Not over clothing
- Snug fit
- Center bladder over artery

1

Palpate brachial artery

1

Place diaphragm of stethoscope over brachial artery

1

Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost

1

Slowly deflate the cuff

1

Record/report the palpable blood pressure (margin +/- 4mmHg)

1

**Pulse**

Palpate with two (2) fingers (index and middle) over the radial artery

1

Count the palpated pulse for 30 seconds and multiply X 2

1

Assess the following:

- Rate
- Rhythm (Regular/Irregular)
- Quality (Strong/Weak)

1 point each

Record/Report pulse findings (margin +/- 4 bpm)

1

**Respirations**

Observe rise and fall of the chest or abdomen

1

Count respirations for 30 seconds and X 2

1

Assess the following:

- Rate
- Rhythm (Regular/Irregular)
- Quality (Strong/Weak)

1 point each

Record/Report pulse findings (margin +/- 4 bpm)

1

**Skin**

Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed

1

Skin Temperature: Normal, warm, cool, hot

1

Skin Condition: Normal, moist, diaphoretic

1

**Actual Time Ended:**

**TOTAL**      **27**



**CRITICAL CRITERIA**

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

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



# Emergency Medical Technician Psychomotor Examination

Skill Sheet 7  
**VERIFIED**

## SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started : \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1
Directs assistant to place/maintain head in the neutral, in-line position	1
Directs assistant to maintain manual stabilization of the head	1
Reassesses motor, sensory and circulatory functions in each extremity	1
Applies appropriately sized extrication collar	1
Positions the immobilization device behind the patient	1
Secures the device to the patient's torso	1
Evaluates torso fixation and adjusts as necessary	1
Evaluates and pads behind the patient's head as necessary	1
Secures the patient's head to the device	1
Verbalizes moving the patient to a long backboard	1
Reassesses motor, sensory and circulatory function in each extremity	1

Actual Time Ended: \_\_\_\_\_ TOTAL 12

### CRITICAL CRITERIA

- \_\_\_\_ Failure to immediately direct or take manual stabilization of the head
- \_\_\_\_ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically
- \_\_\_\_ Manipulated or moved patient excessively causing potential spinal compromise
- \_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso
- \_\_\_\_ Device moves excessively up, down, left or right on the patient's torso
- \_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise
- \_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_\_ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
PointsPoints  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Directs assistant to place/maintain head in the neutral, in-line position	1
Directs assistant to maintain manual stabilization of the head	1
Reassesses motor, sensory and circulatory function in each extremity	1
Applies appropriately sized extrication collar	1
Positions the immobilization device appropriately	1
Directs movement of the patient onto the device without compromising the integrity of the spine	1
Applies padding to void between the torso and the device as necessary	1
Immobilizes the patient's torso to the device	1
Evaluates and pads behind the patient's head as necessary	1
Immobilizes the patient's head to the device	1
Secures the patient's legs to the device	1
Secures the patient's arms to the device	1
Reassesses motor, sensory and circulatory function in each extremity	1
<b>Actual Time Ended:</b>	<b>TOTAL</b>
	14

**CRITICAL CRITERIA**

- ☐ Failure to immediately direct or take manual stabilization of the head  
☐ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization  
☐ Released or ordered release of manual stabilization before it was maintained mechanically  
☐ Manipulated or moved the patient excessively causing potential spinal compromise  
☐ Head immobilized to the device **before** device sufficiently secured to the torso  
☐ Patient moves excessively up, down, left or right on the device  
☐ Head immobilization allows for excessive movement  
☐ Upon completion of immobilization, head is not in a neutral, in-line position  
☐ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device  
☐ Failure to manage the patient as a competent EMT  
☐ Exhibits unacceptable affect with patient or other personnel  
☐ Uses or orders a dangerous or inappropriate intervention

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





## LONG BONE IMMOBILIZATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible  
PointsPoints  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Directs application of manual stabilization of the injury	1
Assesses distal motor, sensory and circulatory functions in the injured extremity	1

**NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."**

Measures the splint	1
Applies the splint	1
Immobilizes the joint above the injury site	1
Immobilizes the joint below the injury site	1
Secures the entire injured extremity	1
Immobilizes the hand/foot in the position of function	1
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1

**NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."**

Actual Time Ended: \_\_\_\_\_

TOTAL

10

**Critical Criteria**

- \_\_\_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Failure to immobilize the joint above and the joint below the injury site
- \_\_\_\_\_ Failure to immobilize the hand or foot in a position of function
- \_\_\_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



# Emergency Medical Technician Psychomotor Examination

Skill Sheet 10  
**VERIFIED**

## JOINT IMMOBILIZATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1
Directs application of manual stabilization of the injury	1
Assesses distal motor, sensory and circulatory functions in the injured extremity	1
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>	
Selects the proper splinting material	1
Immobilizes the site of the injury	1
Immobilizes the bone above the injury site	1
Immobilizes the bone below the injury site	1
Secures the entire injured extremity	1
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>	

Actual Time Ended: \_\_\_\_\_ **TOTAL** 9

### Critical Criteria

- \_\_\_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Failure to immobilize the bone above and below the injury site
- \_\_\_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**12 LEAD EKG ACQUISITION**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible  
Points**      **Points  
Awarded**

Takes or verbalizes appropriate PPE precautions	1
Identifies Indications for 12 Lead EKG acquisition	1
Prepares monitor and connects electrodes to the patient cable	1
Explains procedure to patient	1
Exposes patient's chest and preps as necessary	1
Properly applies chest leads (V1, V2, V3, V4, V5, V6, and limb leads) V1: Right 4th intercostal space beside sternum V2: Left 4th intercostal space beside sternum V4: Left 5th intercostal space, midclavicular V3: Halfway between V2 and V4 V5: Horizontal to V4, anterior to axillary line V6: Horizontal to V5, Mid-axillary line	1 point each
Properly applies Limb Leads (RA, LA, LL)	1
Instructs patient to remain as still as possible	1
Acquires 12 lead EKG per manufacturer's instructions	1
Transmits EKG to receiving facility	1
Reassess patient	1
Confirm transmission of 12 lead has completed	1
Document the procedure	1

Actual Time Ended: \_\_\_\_\_

**TOTAL**      18

**Critical Criteria**

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to identify the need for 12 lead EKG acquisition
- \_\_\_\_\_ Failure to appropriately apply leads
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





# Emergency Medical Technician Psychomotor Examination

## CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Skill Sheet 12  
**VERIFIED**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible  
Points

Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Performs initial assessment	1
Applies initial high flow oxygen	1
Identifies indications for CPAP utilization	1
Identifies any contraindications for CPAP	1
Explains the procedure to the patient	1
Assembles CPAP correctly per manufacturer's directions	1
Sets device parameters per protocol	1
Applies device to patient obtaining a good face seal	1
Adjusts pressure as required	1
Comforts/coaches patient through the use of CPAP	1
Reassess patient	1
If no improvement contact medical command and request ALS back up	1
Document the procedure	1
Actual Time Ended: _____	<b>TOTAL</b> 14

### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to assemble device appropriately
- \_\_\_\_ Failure to confirm a good face seal
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



## Emergency Medical Technician Psychomotor Examination

Skill Sheet 13  
**VERIFIED**

### NALOXONE ADMINISTRATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation	1	
Support respirations as needed	1	
Assess blood glucose level	1	
Verbalize signs of opioid use	1	
Select the proper medication and check concentration, color, and clarity	1	
Selects the appropriate syringe and draw up medication if not prefilled	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 point each	
Right Patient Right Route Right Drug Right Dose Right Time		
Place an atomizer on the end of the syringe	1	
Place atomizer against nostril and administer half the dose of medication per nostril (based on 2mg or 4mg dose packaging)	1	
Repeat the procedure delivering the remainder of the medication in the opposite nostril	1	
Reassess patient	1	
If no improvement, contact medical command and request ALS back up	1	
Document the procedure	1	
Actual Time Ended: _____	<b>TOTAL</b>	19

#### CRITICAL CRITERIA

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_ Failure to select appropriate medication or concentration of medication
- \_\_\_\_ Failure to support respirations as needed
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



Ci)

**TETRACAINE OPHTHALMIC ADMINISTRATION / MORGAN LENS IRRIGATION**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1
Identifies indications for use of Morgan Lens	1
Determines no contraindications for use of Morgan Lens	1
Confirm patient allergies	1
Confirm expiration date of medication	1
Confirm the rights of drug administration: Right Patient <b>D</b> Right Route <b>D</b> Right Dose <b>D</b> Right Time <b>D</b>	1 point each
Explains the procedure to patient	1
Administers two (2) drops of tetracaine per eye being irrigated	1
Attached macro-drop IV tubing to IV Bag	1
Attach Morgan Lens delivery set to IV tubing and confirm fluid flowing through device	1
With patient looking downward, retract upper eye lid and insert Morgan Lens under upper eye lid	1
Have patient look upward, retract lower eye lid and place Morgan Lens	1
Adjust flow to irrigate the eye	1
Completes irrigations and removes Morgan Lens by retracting lower eye lid and sliding the lens out	1
Terminates IV Flow	1
Reassess Patient	1
Document the procedure	1
Actual Time Ended: _____	<b>TOTAL</b> 21

**CRITICAL CRITERIA**

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to confirm expiration date of the medication
- \_\_\_\_\_ Failure to confirm at least three of the "Rights" of medication administration
- \_\_\_\_\_ Failure to provide continuous flow while irrigating patient's eye
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





# Emergency Medical Technician Psychomotor Examination

## OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Skill Sheet 15  
**VERIFIED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible  
Points      Points  
Awarded

Takes or verbalizes appropriate PPE precautions	1
Gathers appropriate equipment	1
Cracks valve on the oxygen tank	1
Assembles the regulator to the oxygen tank	1
Opens the oxygen tank valve	1
Checks oxygen tank pressure	1
Checks for leaks	1
Attaches non-rebreather mask to correct port of regulator	1
Turns on oxygen flow to prefill reservoir bag	1
Adjusts regulator to assure oxygen flow rate of at least 10 Uminute	1
Attaches mask to patient's face and adjusts to fit snugly	1
Actual Time Ended:	<b>TOTAL</b> 11

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks
- \_\_\_\_\_ Failure to prefill the reservoir bag
- \_\_\_\_\_ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 Uminute
- \_\_\_\_\_ Failure to ensure a tight mask seal to patient's face
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention



# Emergency Medical Technician Psychomotor Examination

## BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 16  
**VERIFIED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

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

Actual Time Started: \_\_\_\_\_

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
••ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 Uminute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate (10 – 12/minute (1 ventilation every 5 –6 seconds)) (1 point)	2	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
Actual Time Ended: _____	TOTAL	16

### CRITICAL CRITERIA

- \_\_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 –6 seconds)
- \_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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