Skill Sheets

For

The Emergency Trauma Technician Classroom

Adapted from the State of Alaska
Emergency Medical Technician-I Skill Sheets

Revised
February 2015

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Notes on these Skill Sheets

This version of skill sheets includes a blend of "Alaskan-ized" ETT skill sheets and Alaska's current EMT Psychomotor Examination, adopted from the National Registry of EMTs. The supplemental skill sheets in this packet were adapted from the State of Alaska EMT skill sheets version 5h and the National Registry of EMTs pilot program.

Why Use EMT skill sheets in the ETT Class?

The National Registry's Emergency Medical Responder Psychomotor Exam was a logical fit for ETT skills evaluation, but it did not include splinting or packaging, and was otherwise nearly identical to the state of Alaska's EMT Psychomotor Exam sheets. Because of this, the EMT Examination was deemed a better fit.

Team Leader and Team Member skill sheets for Scenarios and Simulations

Instructors are encouraged to use the Team skill sheets early and often throughout their classes, alongside the skill sheets for other skills such as Patient Assessment, Airway Management, Splinting, and Packaging. The Team skill sheets provide opportunities for deliberate practice of leadership, planning, communication, and teamwork during emergency responses. The ETT Practical exam is intended to be completed by a team of three students performing a series of three simulated patient calls according to the criteria set forth in the Team skill sheets. Students will be better able to prepare for the exam by frequent opportunities to practice with these skill sheets.

It is probably impossible for a single instructor to effectively evaluate multiple students against multiple skill sheets during a single scenario. Instead, instructors are encouraged to hold students accountable for assessing each other during skills practice. For example, if one team of three students is practicing assessing a trauma victim, one of their classmates can evaluate the team's performance against the Trauma Assessment/ Management skill sheet while another evaluates against Oxygen Administration, and three more students use the appropriate Team skill sheet to evaluate the work of a single member of the team. This approach won't work every time or for every situation, but judiciously applied, it can be a very powerful way to increase student learning and engagement.

Critical Points

1. Asterisks ("*") denote critical points, which were established by considering:
    a. whether failure to complete the step would result in further harm to the patient or rescuer.
    b. whether the step was a critical point on an Alaska Skill Sheet or on a skill sheets developed by the National Registry of EMTs.
2. The individual must complete all critical points to successfully complete a skill sheet.
3. Some lines include multiple events, such as "Assesses skin color, temperature, and condition." In these cases, **all steps must be completed** in order to gain credit for completion of that line.

Artificialities of Training and Testing

Training and testing in EMS can only approximate the real world activities of the Emergency Trauma Technician. There are certain artificialities to both training and testing which must be (and usually are) understood by both the instructor and the student. For example, when an ETT sees the patient for the first time, he or she immediately forms an impression of whether the patient is "sick or not sick." In the testing and training phases of EMS, this "general impression" must be verbalized to the proctor or instructor. Clearly, in the field setting, this impression would not often be shared with the patient.

Evaluation

Completion of the testing skills for a particular training program must be verified by a department-approved ETT instructor.

Notes on CPR Skills

Although this packet does not include the skill sheets for CPR, it is expected that all ETTs will be capable of competently performing all CPR skills (one and two rescuer CPR, AED, rescue breathing, cardiopulmonary

resuscitation, and airway obstruction removal procedures) for infant, child, and adult patients. The skills must be performed in accordance with the American Heart Association's guidelines for Basic Life Support, as published in Circulation, November 2, 2010, or later edition.

Regardless of the skill sheets used, the following are considered "critical points" and failure to perform them properly may result in failure of the practical examination:

1. Using (or verbalizing) standard precautions and appropriate personal protective equipment.
2. Key sequencing (**primary survey before secondary assessment**).
3. Providing adequate volume when ventilating, e.g. tidal volume should be sufficient to make the chest rise **slightly**.
4. Proper length, frequency, and location of pulse checks.
5. Proper positioning of the patient's head.
6. Proper hand placement, compression rate, depth, and chest recoil.
7. Proper ratio of ventilations to compressions.
8. Proper rotation of person providing compressions.

Notes to Instructors

1. In all circumstances, the rescuers should: avoid entering the scene until it is determined to be safe; introduce themselves to the patient; and, whenever possible, obtain the patient's consent prior to beginning treatment or transport.
2. Standard precautions recommended by the Centers for Disease Control should be adhered to on all skill sheets and patient care should not proceed until standard precautions have been taken and the scene has been determined to be safe. BSI should be used whenever there is a potential for contact with blood and/or other body fluids. Because of the costs involved in purchasing BSI devices, such as gloves, masks, and gowns, it is the instructor's prerogative to decide whether to require actually donning BSI, or verbalizing the donning of BSI. During testing, however, instructors are encouraged to require actual donning of BSI.
3. In many cases, most, if not all, of the patient's clothes must be removed to effect proper patient care. Obviously, in the classroom environment, the modesty of students and simulated patients can be preserved by allowing the student to verbalize the need to remove the patient's clothing.
4. "Adequate strapping materials" means that the individual has enough roller bandages, tape, straps, etc. to perform the skills included on the particular skill sheet.
5. Some skill sheets reference other skill sheets. When this occurs, all of the steps of the referenced skill sheets should be evaluated.
6. A digital watch or other timepiece can be used by proctor in place of a "watch with a second hand."
7. Many skills require that equipment be prepared or assembled. Unless the context indicates otherwise, it is permissible to prepare or assemble the required equipment or devices at any time, so long at is does not interfere with patient care.
8. The student should know how to prepare or assemble all equipment.
9. ETTs should not only practice a skill under optimum conditions, but should also practice in more difficult and realistic circumstances as competence increases. Also, it is particularly important to be able to identify and respond rapidly and correctly to device malfunctions, improper placement of airways, etc.
10. Unless stated on the skill sheet, the sequence of steps is not considered critical.
11. When performing medical or trauma assessments, the ETT should consider a sweep for medical alert jewelry, Comfort One identification, or cards identifying the patient as having a do-not resuscitate order (Comfort One), living will, or wishing to make an anatomical gift.
12. Some of the skills sheets, particularly those related to patient extrication and spinal care, require the person being evaluated to select and apply the cervical collar. This was intended to ensure the ability of the instructor to evaluate important skills. It is recognized that these skills are often delegated to other emergency care personnel in the field setting.
13. Throughout these skill sheets, blood pressure may be abbreviated as BP, pulse may be abbreviated as P, and respirations may be abbreviated as R.

Team Leader Evaluation: Scenario or Simulation

Student Name: _____ Date: _____

Evaluator: _____ Instructor Peer
Signature Circle one of the above

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
SCENE SIZE-UP Takes appropriate safety precautions and begins to manage scene by delegating tasks. Determines MOI or NOI and addresses spinal stabilization. *Critical Prompts by team*: □ *Safety* □ *PPE* □ *How many patients?* □ *Do we need help?*	
PRIMARY SURVEY (3 minutes to complete) Addresses airway, ventilation, oxygenation, circulation and hemorrhage, any apparent life threats, and determines chief complaint *Critical Prompts by team*: □ *AVPU* □ *Airway/Reposition/Adjunct* □ *Breathing/O_2/BVM* □ *Pulse check/CPR start* □ *Bleeding control*	
HISTORY TAKING Determines chief complaint, pain, mechanism , associated symptoms Obtains pertinent SAMPLE/OPQRST history and past medical history	
SECONDARY ASSESSMENT AND VITAL SIGNS Obtains vital signs; assesses and manages injuries to head, neck, chest, abdomen, pelvis, extremities, posterior body; pertinent negatives *Critical Prompts by team*: □ *BP, P, R*	
DIFFERENTIAL DIAGNOSIS □ *Lung sounds* Creates an appropriate list of differential diagnoses *Critical Prompts by team*: □ *Critical Differential (specify in comments)*	
ACUITY Makes accurate clinical judgments about patient acuity; anticipates and recognizes evolving life threats *Critical Prompts by team*: □ *Sick / Critical* □ *Not sick*	
THERAPEUTIC INTERVENTIONS AND MONITORING Implements appropriate treatment and monitoring *Critical Prompts by team*: □ *Treatment (specify in comments)*	
COORDINATION OF TREATMENT Directs team members to perform tasks with appropriate timeliness, prioritization/sequence *Critical Prompts by team*: □ *Timeliness* □ *Sequence* □ *Transport decision (specify in comments)*	

Actual Time Ended: _____ **TOTAL** __/8

Critical Criteria

___ Failure to recognize life-threatening injuries or illness
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to correct any dangerous or inappropriate intervention
___ Failure to manage the patient as a competent ETT
___ Performs any action or uses any equipment in a dangerous or inappropriate manner
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 6 or greater

Evaluator Comments: ***What went well? What changes do I want to see next time?***

LEARNER SELF-EVALUATION: Ask the learner to reflect on his/her performance and document a response to the following question:

Were you successful or unsuccessful in this skill? □ Successful
□ Unsuccessful

Learner Comments: ***What went well? What do I want to change next time*****?**

Adapted from **the NREMT 2010 Pilot (NREMT-24-Pilots 2010-11. V.2010.09.01)**

Team Member Evaluation – Scenario or Simulation

Student Name: _____ Date: _____

Evaluator: _____ Instructor Peer
Signature Circle one of the above

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
1. Assures scene and crew safety by following instructions of Team Leader or suggesting corrective action as needed	
2. Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
3. Performs tasks correctly when directed by Team Leader	
4. Performs all skills in an acceptable manner based on related skill evaluation instruments	
5. Constructively advocates for patient in a manner respectful to Team Leader. Brings information forward to Team Leader.	
6. Immediately suggests correct management if Team Leader errs in a manner which could cause harm to the patient	
7. Communicates clearly and professionally with Team Leader, crew, bystanders and others	
8. Maintains professionalism and demonstrates appropriate affect toward patient and other team members	

Actual Time Ended: _____ **TOTAL __/8**

Critical Criteria

___ Failure to recognize life-threatening injuries or illness
___ Failure to take or verbalize appropriate PPE precautions
___ Failure to correct any dangerous or inappropriate intervention
___ Failure to manage the patient as a competent ETT
___ Performs any action or uses any equipment in a dangerous or inappropriate manner
___ Exhibits unacceptable affect with patient or other personnel
___ Failure to receive a total score of 6 or greater

Evaluator Comments: ***What went well? What changes do I want to see next time?***

LEARNER SELF-EVALUATION: Ask the learner to reflect on his/her performance and document a response to the following question:

Were you successful or unsuccessful in this skill? □ Successful
□ Unsuccessful

Learner Comments: ***What went well? What do I want to change next time*****?**

Adapted from **the NREMT 2010 Pilot (NREMT-24-Pilots 2010-11. V.2010.09.01)**

Assessment of Pulse, Respirations, Skin, and Blood Pressure

OBJECTIVE: The student will demonstrate the ability to correctly obtain an accurate BP, heart rate, respiratory rate, and assess the skin.

EQUIPMENT: BP cuff, stethoscope (preferably dual training stethoscope), digital watch or watch with second hand, patient.

PERFORMANCE CRITERIA AND CONDITIONS: The student will measure the BP, pulse rate, and respiratory rate within the degree of accuracy specified within the applicable section of the skill sheet.

Notes: The BP, pulse, respirations, and skin assessment may be performed in any order.

REVISED: February 2015

Event	***Does***	***Does Not***
Blood Pressure - Auscultation		
9. Takes standard precautions when indicated.	*	
10. Explains the procedure to the patient.		
11. Places the BP cuff around the patient's upper arm.		
12. Locates the brachial artery by palpation.		
13. Places the diaphragm of the stethoscope over the brachial artery.		
14. Inflates the cuff to approximately 30 mmHg above last pulse heard.		
15. Deflates the cuff slowly.		
16. Reports the obtained measurement (accuracy within 6 mm Hg of the measurement obtained by evaluator required).	*	
Blood Pressure – Palpation	***Does***	***Does Not***
1. Takes standard precautions when indicated.	*	
2. Explains the procedure to the patient.		
3. Places the BP cuff around the patient's arm.		
4. Locates the radial or brachial artery.		
5. Palpates the artery.		
6. Inflates the cuff to approximately 30 mmHg above last pulse felt.		
7. Deflates the cuff slowly.		
8. Reports the obtained systolic measurement (accuracy within 6 mm of the measurement obtained by evaluator required).	*	
Pulse Rate	***Does***	***Does Not***
1. Takes standard precautions when indicated.	*	

2. Locates peripheral pulse with at least two fingers.		
3. Counts pulse for at least 30 seconds.		
4. Calculates and reports rate (accuracy within 4 beats/minute of rate obtained by evaluator required).	*	
5. Reports quality (strength) and rhythm (regular, irregular) of pulse.		
Respiratory Rate	***Does***	***Does Not***
1. Takes standard precautions when indicated.	*	
2. Places hand lightly over patient's diaphragm, observes chest rise, or uses other technique to identify respirations.		
3. Counts respirations for at least 30 seconds.		
4. Calculates the rate per minute appropriately and states within 4 of rate observed by evaluator.	*	
5. Reports quality (normal, shallow, labored, noisy) rhythm (regular, irregular).		
Skin Assessment	***Does***	***Does Not***
1. Takes standard precautions when indicated.	*	
2. Observes skin color. (normal, pale, cyanotic, jaundice, etc.)		
3. Feels skin temperature. (normal, warm, cool, cold, hot)		
4. Feels for condition of skin. (normal, dry, moist, tenting)		
5. Assesses capillary refill in infants and children.		
6. Reports skin color, temperature and condition.	*	

Administration of Supplemental Oxygen

OBJECTIVE: The student will demonstrate the ability to set up a free flow oxygen delivery system and deliver oxygen at a specified rate.

EQUIPMENT: Examination gloves, oxygen cylinder with sufficient tank pressure, oxygen regulator for free-flow use, cylinder wrench, nasal cannula, non-rebreather mask, and patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly assemble the necessary equipment and deliver oxygen at a rate specified by the proctor, using the appropriate delivery device.

REVISED: February 2015

Device Preparation Event	***Does***	***Does Not***
1. Gathers the necessary equipment.		
2. Confirms that the cylinder contains medical oxygen.		
3. Quickly opens and shuts the tank valve to eliminate foreign particles.		
4. Confirms that the gasket is in place.		
5. Connects the regulator to cylinder.		
6. Opens the tank valve.		
7. Confirms that adequate pressure exists in the tank and checks for leaks.		

Device Use Event	***Does***	***Does Not***
1. Verbalizes consideration of standard precautions or takes standard precautions.	*	
2. Select the appropriate oxygen delivery device for the patient's condition		
3. Connects the selected device to the regulator.		
4. Explains the procedure to the patient.		
5. Initiates the appropriate flow of oxygen for patient's condition and delivery device. • In a non-rebreather/partial rebreather mask set the flow to 10-15 lpm and pre-fill the reservoir. • In a nasal cannula set the flow to 2-6 lpm.	*	
6. Correctly places the device on the patient's face (oxygen flow may be adjusted for patient condition. If using a non-rebreather/partial rebreather mask, oxygen flow may be adjusted so that reservoir bag does not completely deflate during inhalations).	*	
ETT is told to discontinue oxygen delivery.		
7. Removes the device from the patient's face.		
8. Shuts off flow from the regulator and closes the tank valve.		
9. Relieves pressure from system.		
10. Performs all steps without leaving the cylinder unsecured in a vertical position.	*	

This skillsheet is included to help with learning nasal cannula use and the basics of oxygen delivery. Use the State of Alaska Psychomotor Examination Sheet *Oxygen Administration by Non-Rebreather Mask* for testing purposes.

Oral Suctioning

OBJECTIVE: The student will demonstrate the ability to correctly suction a patient's oropharynx. This skill sheet assumes that the rescuer has manually cleared the oropharynx of large objects such as clots, etc.

EQUIPMENT: Examination gloves, eye protection, and surgical type masks, suction devices, tonsil tip catheter, simulated patient, bag-valve-mask and/or flow restricted oxygen powered ventilation device, oxygen source with regulator.

PERFORMANCE CRITERIA AND CONDITIONS: The student will correctly provide oral suctioning when presented with a simulated patient who is unconscious, not breathing, and has no gag reflex. A first responder is present to provide rescue breathing.

REVISED: February 2015

Device Preparation Event	***Does***	***Does Not***
1. Gathers and assembles the necessary equipment.		

Device Use Event	***Does***	***Does Not***
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Tests suction device to ensure suction is being provided.		
4. Advances suction tip into mouth without applying suction.		
5. Provides suction to clear airway. OR Provides suction for no longer than 15 seconds for an adult; infants and children should be suctioned for a shorter time.	*	
6. Following suction: • Breathing patient: places a non-rebreather mask on the patient. • Apneic patient: ventilates the patient with oxygen.		

This skillsheet is included to help with learning the basics of oral suctioning. Use the State of Alaska Psychomotor Examination Sheet *BVM Ventilation of an Apneic Patient* for testing purposes.

Nasopharyngeal Airway Insertion

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert a nasopharyngeal airway (NPA).

EQUIPMENT: Examination gloves, intubation manikin, selection of nasopharyngeal airways, lubricant appropriate for the manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of a nasopharyngeal airway.

REVISED: February 2015

Event	*Does*	*Does Not*
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Sizes the airway by selecting a nasopharyngeal airway that extends from the patient's nostril to the tip of the ear lobe or the angle of the jaw.	*	
4. Lubricates the NPA with the appropriate lubricant.		
5. Gently inserts the NPA with the bevel towards the nasal septum or floor of nose.	*	
6. If resistance is met, removes airway and reattempts insertion in other nostril.	*	
7. Inserts the airway until the flange rests on the nostril.		

Oropharyngeal Airway Insertion (Infant/Child)

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA) in an infant or child.

EQUIPMENT: Examination gloves, pediatric intubation manikin, selection of oropharyngeal airways, and tongue blade.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

REVISED: February 2015

Event	*Does*	*Does Not*
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	*	
4. Opens the patient's mouth.		
5. Inserts the tongue blade in the mouth until its tip is at the base of the tongue. Depresses the tongue anteriorly with the tongue blade.	*	
6. Inserts the airway in its normal anatomic position until the flange is seated on the lips, gums, or teeth.		

Oropharyngeal Airway Insertion (Adult)

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA).

EQUIPMENT: Examination gloves, intubation manikin, tongue blade, and a selection of oropharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

REVISED: July 2014

Event	*Does*	*Does Not*
1. Takes standard precautions.	*	
2. Maintains the head in a neutral position if a cervical spine injury is suspected.		
3. Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	*	
4. Opens the patient's mouth.		
5. Inserts the airway by either: a. Inserting with the tip towards the hard palate and rotated 180° as the tip passes the soft palate into the pharynx; b. inserting sideways and rotated 90° as the tip passes the soft palate into the pharynx; or c. inserting after the tongue is displaced anteriorly with a tongue blade or equivalent device. (mandatory for infants and children)	*	
6. Inserts the airway so that the flange is resting on the lips, gums, or teeth.		

This skillsheet is included to help with learning the basics of oral suctioning. Use the State of Alaska Psychomotor Examination Sheet *BVM Ventilation of an Apneic Patient* for testing purposes.

Pelvic Immobilization - Sheet Wrap

OBJECTIVE: The student will demonstrate the ability to correctly apply a sheet binding to a patient with suspected pelvic instability.

EQUIPMENT: Cloth bed sheet, cable ties or towel clamps or other appropriate securing device, examination gloves, patient, 1 ETT/EMT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an alert and oriented patient with pelvic instability. The candidate must splint the injury with the help of an assistant.

REVISED: February 2015

Event	***Does***	***Does Not***
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.	*	
2. Explains procedure to patient.		
3. Checks circulation, motor and sensory function distal to injury.		
4. Directs assistant throughout procedure.		
5. Removes patient's clothing from pelvic area.		
6. Folds sheet lengthwise to width of pelvis.		
7. Centers sheet under patient's pelvis, maintaining neutral spinal alignment.	*	
8. Crosses sheet ends over pelvis and applies traction to both ends to apply circumferential pressure around pelvis.	*	
9. While maintaining traction, crosses sheet ends at least one full twist.		
10. Secures sheet ends to sheet with cable ties, towel clamps or other appropriate securing device.	*	
11. Ensures that effective compression is maintained.	*	
12. Reassesses circulation, motor and sensory function distal to injury.		

Spinal Alignment: Vacuum Mattress – (OPTIONAL)

OBJECTIVE: The candidate will demonstrate the proper technique for applying the cervical collar, log rolling the patient onto the vacuum mattress, and securing the patient to the vacuum mattress.

EQUIPMENT: Vacuum mattress, vacuum pump or suction unit, straps, 2"-3" tape, patient, three EMT/ETT training assistants.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient with a suspected spinal injury. They should appropriately immobilize the patient using the correct equipment.

REVISED: April 2014

Event	*Does*	*Does Not*
1. Takes BSI precautions.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
4. Assesses pulse, motor, and sensory function in each extremity.	*	
5. The candidate directs assistants through procedure.		
6. The candidate prepares and positions the vacuum mattress appropriately.		
7. Removes any sharp or bulky items from patient.		
8. The candidate evenly distributes mattress filling and evacuates air from the vacuum mattress until it is semi-rigid.		
9. The patient is log rolled while maintaining spinal alignment.	*	
10. The patient's posterior is evaluated after being rolled.		
11. Positions vacuum device appropriately.		
12. While maintaining spinal alignment, the candidate directs assistants to log roll the patient onto the vacuum mattress on command of the EMT maintaining the cervical spine.	*	
13. The candidate directs that the patient be centered on the vacuum mattress as a unit, either supine or lying on the side.		
14. The candidate opens the vacuum mattress valve and allows air to return to the device.		
15. The candidate conforms the vacuum mattress around the contour of the patient, starting at the head.		
16. The candidate directs that the patient be secured to the vacuum mattress with straps securing the chest, hips, and legs.		
17. The candidate evacuates air from the vacuum mattress until it becomes rigid.		
18. The candidate disconnects the vacuum pump and ensures the valve is closed or secured.		
19. The candidate reassesses and adjusts straps around the chest, hips, and legs.		
20. The head is stabilized in a neutral position and secured to the vacuum mattress LAST.	*	
21. The candidate reassesses the patient's pulse, motor, and sensory function.	*	
22. The patient is secured to the vacuum mattress without excessive movement.	*	

Traction Devices – (OPTIONAL)

OBJECTIVE: The student will demonstrate the proper method of applying a traction device to an isolated fracture of the femur.

EQUIPMENT: Hare traction, Sager, or similar device, cravats or foot strap, patient, and 1 EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a supine conscious patient with a fracture of the femur. Utilizing a trained assistant, the student must properly apply the traction device.

REVISED: February 2015

Event				***Does***	***Does Not***
1. Verbalizes consideration of standard precautions and takes standard precautions when indicated.				*	
2. Explains the procedure to the patient.					
3. Directs the assistant to stabilize the injured leg.					
4. Exposes the injured extremity.					
5. Removes shoe and sock on injured leg.					
6. Checks the circulation, motor and sensory function distal to the injury before moving leg or applying traction.				*	
❑ ***Generic Traction Device***	❑ ***Sager Type Devices***	❑ ***Hare Type Devices***	❑ ***Hare Compact Device***		
7. Measures and adjusts the device.	7. Places the device between patient's legs, resting the cushion against the groin and applies the groin strap.	7. Positions the device parallel to the uninjured leg and adjusts the length to 10 inches beyond the foot.	7. Positions device between patient's legs, resting the cushion against the groin. Extends device 1-2 inches beyond end of the foot of the injured leg.		
8. Applies the proximal anchor.	8. Folds the pads on the ankle hitch as needed to fit the patient. Applies and secures under the foot.	8. Spaces the straps to support the upper and lower leg.	8. Applies ankle strap around ankle with webbing on the inside between the ankle and the device.		
9. Applies ankle hitch or distal anchor.	9. Extends the device, providing approximately 10% of the patient's body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	9. Applies the foot strap to the injured leg.	9. Slides the longest and widest strap under both legs and secures snugly as close to the groin pad as possible.		
☐ Generic Traction Device	☐ Sager Type Devices	☐ Hare Type Devices	☐ Hare Compact Device	Does	Does Not

10. Applies traction to one of the following endpoints: • Reduction of angulation • Reduction of pain.	10. Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg	10. While supporting the fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction.	10. Applies traction by turning ratchet knob until: • reduction of angulation • reduction of pain • ratchet cannot be easily turned		
11. Secures the device without applying pressure to the fracture site.	11. Applies the foot strap or cravat around both feet to prevent rotation.	11. Positions the device under the injured leg with the top portion firmly against the ischium.	11. Secures remaining straps, one over both knees and one over both ankles.		
		Continuation for Hare type devices			
		12. Directs the assistant to lower the leg onto the device while maintaining traction.			
		13. Secures the groin strap prior to application of mechanical traction.			
		14. Attaches the foot strap rings to winch and twists knob to apply mechanical traction.			
		15. Releases manual traction after the mechanical traction is applied.			
		16. Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee.			
Continuation for all devices					
17. Rechecks the circulation, motor and sensory function distal to the injury.				*	
18. Splints the fracture without excessive motion of the leg.				*	
19. Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.					
20. Re-assesses traction during transport.					

Emergency Childbirth and Newborn Care– (OPTIONAL)

OBJECTIVE: The student will demonstrate the ability to correctly assist the mother in giving birth; and provide appropriate postnatal care.

EQUIPMENT: Examination gloves, eye protection, gown, OB manikin with neonate, OB kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, receiving blanket, bulb syringe, plastic bags, and OB pads), and an EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with an OB manikin simulation of a patient in the second stage of labor. The student will demonstrate appropriate assistance during delivery of the infant and appropriate care of the mother and infant afterward.

REVISED: February 2015

Event		***Does***	***Does Not***
1. Takes standard precautions.		*	
2. Obtains the following information during patient history: • Due date? • Last menstrual period? • Bleeding or discharge? • Has the bag of waters broken, and what color was the fluid? • How many times have you been pregnant and how many times have you given birth?	• Have you taken medication or used drugs in the last 12 hours? • Are you expecting twins? • Pain or contraction now? • How long are your contractions? • How far apart are they? • Do you feel a need to push or move your bowels?		
3. Explains the necessity of examining the patient for crowning.			
4. If time allows, drapes the patient for examination.			
5. Allow patient to choose position for delivery.			
6. Observes for crowning or any presenting part.			
7. Places a hand on the infant's head, without depressing the fontanels, to prevent explosive delivery.			
8. Checks to see if cord is around the infant's neck when the head presents. Slips cord over head if necessary.		*	
9. Holds baby **securely** supporting the head and body.			
10. Keeps infant near level with vagina until cord is clamped.			
11. After cord pulsations cease or after at least one minute, clamps the cord at approximately 7 inches from the infant and places another clamp at approximately 10 inches from the infant.			
12. Cuts the cord with scissors **between** the clamps.		*	
13. Dries infant thoroughly. Places infant skin-to-skin with mother. Covers baby with clean, dry, warm blanket, ensuring that head is covered.			
14. If needed, clears the infant's airway by suctioning mouth and then the nose with a bulb syringe or other appropriate device. (Expels air from the syringe prior to insertion.)			
15. If infant is blue, limp, or not breathing: • Provides more drying, warming, stimulation, and suction as needed. Evaluates respirations, heart rate, and color: • If HR is greater than 100 and baby is pink, gives supportive care.		*	

Event	*Does*	*Does Not*
• **If apneic or heart rate is less than 100, provides bag-valve-mask ventilations at the rate of 30 breaths per minute.** • **After one minute of ventilations, assess heart rate.** • **If heart rate is less than 60, provides chest compressions and bag-valve-mask ventilations. Give one breath after every three compressions.**		
16. Continues to maintain the infant's body temperature.	*	
17. Places the infant on the mother's abdomen or gives the baby to the assistant.		
18. Does not perform uterine massage prior to delivery of the placenta.	*	
19. Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	*	
20. Massages the abdomen over the mother's uterus until it shrinks to a firm, hard consistency, or assists the mother with uterine massage. The mother should be encouraged to breastfeed her baby.		
21. Applies OB pad and provides assistance to the mother as needed.		
22. Records time of delivery.		