

Emergency Medical Technician-II Course Objectives

Developed by:

State EMS Training Committee
a subcommittee of the
Alaska Council on
Emergency Medical Services

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PREFACE

The purpose of this outline is to present a framework for the instruction of Emergency Medical Technician-II initial training program approved by the Alaska Department of Health and Social Services to qualified students. The times for each section are estimates only and will vary with the students' and system's needs. The instruction of medications and procedures which are not covered in the EMT-II scope of certified activities will, of course, require an increase in the number of hours proposed.

This curriculum is designed to be consistent with the version of the American Heart Association's Standards for Emergency Cardiac Care in effect at the time of writing. In the event that the contents of the curriculum deviate from current ACLS standards, the ACLS standards will take precedence, except if specific protocols for the area of conflict, such as the *Alaska Prehospital Trauma Guidelines* or the *Cold Injuries Guidelines* exist.

This curriculum is designed to build upon the EMT-I knowledge and skills contained in the Alaska EMT-I Curriculum. Additionally it outlines what knowledge and skills are expected of an Alaska EMT-II. It does not prohibit the physician sponsor from specifying the scope of activities, whether that be limiting practice to a subset of the EMT-II skills or expanding the EMT-II's skills in accordance with 7 AAC 26.670. Evolving issues should be covered thoroughly by the instructor.

Psychomotor skills in which the EMT-II should be proficient include:

- All EMT-I skills;
- Initiating, maintaining, and discontinuing intravenous lines;
- Initiating, maintaining, and discontinuing intraosseous lines;
- Obtain blood for laboratory analysis;
- Storing and properly administering D₅₀W and naloxone HCl;
- Infusing crystalloid solutions for the treatment of shock and to maintain venous access; and
- Orotracheal intubation and inserting multi-lumen airways. Laryngeal mask airway psychomotor development is optional and will require additional practice time.

ALL venipunctures performed on people SHALL be performed with a needle manufactured with a "Safe" design.

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SECTION 1 – ROLES AND RESPONSIBILITIES

At the completion of this section, the student will be able to:

- 1.1 List current state requirements for enrollment in an EMT-II training program.
- 1.2 Identify and describe those activities performed by an EMT-II in the field.
- 1.3 Define the role of an EMT-II.
- 1.4 Compare and contrast the roles of an EMT-I and EMT-II.
- 1.5 Define the following terms:
 - a. Ethics;
 - b. Professionalism;
 - c. Professional;
 - d. Health care professional;
 - e. Certification; and
 - f. Registration.
- 1.6 Describe professional behavior.
- 1.7 List current state requirements for EMT-II continuing education.
- 1.8 Define and discuss at least three reasons why continuing education is important to the EMT-II.
- 1.9 State the reason it is important to keep one's EMT-II certification current.
- 1.10 Describe methods of obtaining continuing medical education.
- 1.11 List the duties of the EMT-II before, during, and after an emergency call.
- 1.12 List current state requirements for EMT-II recertification.
- 1.13 Discuss skill deterioration and methods of prevention.

Recommended time: 30 minutes

SECTION 2 – EMS SYSTEMS

At the completion of this section, the student will be able to:

- 2.1 Define medical control per 7 AAC 26.640 (medical director responsibilities: certified persons).
- 2.2 Describe the responsibilities of the physician medical director, per 7 AAC 26.640 (medical director responsibilities: certified persons).
- 2.3 List the steps necessary for the medical director to add additional skills to the EMT-II scope of practice under 7AAC 26.670 (additional skills and procedures).
- 2.4 Describe the relationship between a physician on the scene, the EMT-II on the scene, and the EMS physician providing medical direction.
- 2.5 Define protocols and standing orders.
- 2.6 Discuss the EMT-II's initial responsibilities when arriving on the scene.
- 2.7 Describe the relationship between the service's physician medical director and the EMT-II.
- 2.8 Describe the transition of patient care from the EMT-II including:
 - a. Transfer of responsibility (legal and medical).
 - b. Reporting of patient status to physician, midlevel provider, nurse, or ALS responder.
- 2.9 Describe retrospective evaluation of patient care, including physician run critiques, run report review, continuing education, skill practice, and skill deterioration.
- 2.10 Describe engineering controls, work practice controls, and personal protection equipment to protect the EMT-II from airborne and bloodborne pathogens.
- 2.11 Explain what is meant by an exposure to airborne or bloodborne pathogens and describe post-exposure management.
- 2.12 Discuss the benefits of quality assurance programs.

Recommended time: 30 minutes

SECTION 3 – MEDICAL/LEGAL CONSIDERATIONS

At the completion of this section, the student will be able to:

- 3.1 Define the following terms:
 - a. abandonment;
 - b. advance directives;
 - c. assault;
 - d. battery;
 - e. breach of duty;
 - f. confidentiality;
 - g. consent (expressed, implied, informed, involuntary);
 - h. do not resuscitate (DNR) orders;
 - i. duty to act;
 - j. emancipated minor;
 - k. false imprisonment;
 - l. gross negligence;
 - m. immunity;
 - n. liability;
 - o. libel;
 - p. minor;
 - q. negligence;
 - r. proximate cause;
 - s. scope of practice;
 - t. slander;
 - u. standard of care; and
 - v. tort.
- 3.2 Describe the protections afforded by AS 18.08.086 (liability).
- 3.3 Describe AS 09.65.090 ("Good Samaritan Law").
- 3.4 Describe the responsibility of the EMT-II in terms of AS 47.17.010 and AS 47.24.010 (Abuse Reporting).
- 3.5 Describe the responsibility of the EMT-II in terms of AS 08.64.369 (Specific Injury Reporting).
- 3.6 Describe Clinical Laboratory Improvement Amendments of 1988 (CLIA) and its impact on EMT-II activities.
- 3.7 Define the legal components of the Ryan White Act.
- 3.8 Describe the conditions under which an EMT-II may follow Do Not Resuscitate Orders or Comfort One.
- 3.9 Describe the importance of patient consent in prehospital care and the legal consequences of breaches of consent.
- 3.10 Describe the importance of patient confidentiality and the legal consequences of breaches of confidentiality.

Recommended time: 90 minutes

SECTION 4 – BASIC ANATOMY AND PHYSIOLOGY

At the completion of this section, the student will be able to:

- 4.1 Identify common medical abbreviations.
- 4.2 Identify the location of the esophagus in relation to the structures in the respiratory tract.
- 4.3 Describe the anatomy of the respiratory tract, including the following:
 - a. lungs;
 - b. trachea;
 - c. alveoli;
 - d. diaphragm;
 - e. thoracic wall;
 - f. pleural space;
 - g. tongue;
 - h. hypopharynx;
 - i. nasopharynx;
 - j. oropharynx;
 - k. larynx;
 1. glottis
 2. vocal cords;
 3. thyroid cartilage
 4. cricoid cartilage
 5. pyriform fossa (false cords)
 - l. epiglottis;
 - m. vallecula;
 - n. bronchus(i);
 - o. bronchiole(s); and
 - p. carina.
- 4.4 Describe the route of air during inspiration.
- 4.5 Describe the conditions that reduce airflow through the airway.
- 4.6 Describe the anatomy of the Central Nervous System, including the following:
 - a. brain;
 - b. spinal cord;
 - c. meninges; and
 - d. cranial nerves.
- 4.7 Describe the anatomy of the circulatory system, including:
 - a. heart;
 - b. great vessels;
 - c. pulmonary circulation; and
 - d. peripheral circulation.
- 4.8 Describe the differences between the sympathetic nervous system and the parasympathetic nervous system, and the effects of stimulating each system.
- 4.9 Describe the differences between ventilation, respiration and oxygenation.
- 4.10 Describe gas exchange across the alveolar-capillary membrane (O_2/CO_2).

- 4.11 Describe conditions that can complicate exhalation and inhalation; and the mechanisms by which they reduce ventilation, including:
 - a. open pneumothorax
 - b. closed pneumothorax (simple and tension);
 - c. diaphragmatic injury; and
 - d. flail chest.
- 4.12 Define perfusion.
- 4.13 Describe the problems that occur with decreased perfusion.
- 4.14 Define shock as inadequate systemic perfusion that leads to anaerobic metabolism.

Recommended time: 90 minutes

SECTION 5 – COMMUNICATIONS/DOCUMENTATION

At the completion of this section, the student will be able to:

- 5.1 Describe two purposes of verbal communication of patient information to the hospital.
- 5.2 Describe information that should be included in patient assessment information verbally reported to the physician.
- 5.3 Organize the patient assessment and treatment information in a logical order for radio transmission.
- 5.4 Demonstrate the proper use of a mobile or portable transmitter in a real or simulated patient situation to organize and transmit patient assessment information, using a standardized format.
- 5.5 Properly complete a written EMS form based on a real or simulated patient situation.
- 5.6 Review the components of a legally defensible EMS report.

Recommended time: 30 minutes

SECTION 6 – ASSESSMENT AND INITIAL MANAGEMENT

Upon the completion of this section, the student will be able to:

- 6.1 Establish priorities of care based on threat to life conditions.
- 6.2 Describe the phases of patient assessment using the State of Alaska Skill Sheets.
- 6.3 Describe appropriate bloodborne and airborne pathogen protective equipment the EMT-II must use when in potential exposure situations.
- 6.4 Describe the mechanisms for evaluating the effectiveness of perfusion, including pulse, skin color, temperature and condition.
- 6.5 Describe the AVPU method for assessing level of consciousness.
- 6.6 Demonstrate the use of the Glasgow Coma Scale.
- 6.7 Demonstrate the use of a standardized stroke assessment tool (e.g. Cincinnati Prehospital Stroke Scale).
- 6.8 Describe the reasons for and mechanisms of patient reassessment in the resuscitation phase.
- 6.9 Discuss the important components that must be identified in taking an appropriate history from a patient, including SAMPLE and OPQRST.
- 6.10 Identify those “Load and Go” criteria that, if found during any phase of the assessment or exam, should dictate immediate transport with treatment en route to the appropriate facility.
- 6.11 Given a list of hypothetical patients and assessment findings, identify those requiring immediate intervention and transport to an appropriate facility and why.
- 6.12 Demonstrate the use of self-protection equipment such as a CDC recommended respirator for the protection against tuberculosis (e.g. N95 respirator), gloves, gown, eye protection, sharps container, etc.
- 6.13 Perform a patient assessment for both a medical and a trauma patient.
- 6.14 Demonstrate the assessment of the head, neck, thorax, abdomen, extremities, and neurological system.
- 6.15 Identify the following upper airway sounds:
 - a. stridor;
 - b. gurgling; and
 - c. snoring
- 6.16 Identify the following lower airway sounds:
 - a. crackles;
 - b. wheezes;
 - c. silent chest; and
 - d. normal lung sounds.
- 6.17 Discuss the medical significance of each of the above listed seven respiratory sounds.

Recommended time: 90 minutes

SECTION 7 – AIRWAY MANAGEMENT AND VENTILATION

At the conclusion of this section, the student will be able to:

- 7.1 Discuss and recognize normal values for PaO₂, PCO₂, and SpO₂.
- 7.2 Describe how PaO₂, PCO₂, and SpO₂ relate to respiratory function.
- 7.3 Describe the methods of BLS airway management.
- 7.4 Describe the BLS management of an obstructed airway.
- 7.5 Discuss the bag-valve-mask (BVM), its benefits and limitations.
- 7.6 Discuss strategies to improve the effectiveness of bag-valve-mask ventilation.
- 7.7 Discuss the techniques for evaluating the effectiveness of ventilation
- 7.8 Differentiate between “ventilation,” “respiration,” and “oxygenation.”
- 7.9 Describe the purpose of suctioning a patient.
- 7.10 List at least two different types of suction catheters.
- 7.11 Select the appropriate suction catheter for a given scenario.
- 7.12 Complete the following matrix:

	OPA	NPA	ET TUBE	ETC	PTL	LMA
Indications						
Contraindications						
Insertion technique						
Precautions						
Complications						
Verification technique						
Sizing						
Removal technique						
Equipment Needed						
Securing tube	n/a	n/a				
Limitations						

OPA oropharyngeal airway
 NPA nasopharyngeal airway
 ETC Combitube
 PTL Pharyngeal Tracheal Lumen Airway
 LMA Laryngeal Mask Airway

- 7.13 Discuss the methods/techniques listed below for assessing correct placement of an advanced airway device and the limitations of each:
 - a. direct visualization;
 - b. auscultation of lung sounds and lack of gastric sounds;
 - c. end-tidal CO₂; and
 - d. esophageal detection device.
- 7.14 Demonstrate the ability to maintain an advanced airway device while moving a patient, including re-evaluation of the tube placement after movement.
- 7.15 Predict the need during airway placement for cervical spine protection based on mechanism of injury.
- 7.16 Describe the technique for inserting an airway in patients with suspected spinal injuries.
- 7.17 Describe the technique for endotracheal suctioning.
- 7.18 Demonstrate effective ventilation technique using a bag-valve device and an advanced airway.
- 7.19 Given a scenario, demonstrate cardiopulmonary resuscitation on a patient who has an advanced airway.
- 7.20 Demonstrate a method of management of an obstructed airway by direct laryngoscopic removal with Magill forceps.
- 7.21 Demonstrate airway management using each airway device approved for use by the physician medical director.
- 7.22 Demonstrate the use of various types of portable and fixed suction devices.
- 7.23 Demonstrate a method of assuring and maintaining correct placement of an advanced airway device.

Recommended time: 10 hours 30 minutes

SECTION 8 – INTRAVENOUS ACCESS AND THERAPY

At the conclusion of this section, the student will be able to:

- 8.1 Describe the anatomy of the skin and blood vessels as it relates to intravenous access.
- 8.2 Define the following terms and describe their role in fluid balance:
 - a. semipermeable membranes;
 - b. osmosis;
 - c. osmotic pressure;
 - d. diffusion;
 - e. isotonic fluids;
 - f. hypotonic fluids;
 - g. hypertonic fluids;
 - h. homeostasis;
 - i. total body water;
 - j. intracellular fluid;
 - k. extracellular fluid;
 - l. intravascular fluid; and
 - m. interstitial fluid.
- 8.3 Discuss the provisions of the “Safe Sharps” statute (AS 18.60.880) and how to apply it to EMT-II scope of practice.
- 8.4 Identify and discuss intravenous access and fluid therapy equipment including:
 - a. over the needle catheters (manufactured with a “safe” design);
 - b. intraosseous needles;
 - c. micro drip administration sets (including needle-less system);
 - d. macro drip administration sets (including needle-less system);
 - e. IV fluids;
 - f. pressure infusion devices;
 - g. tourniquets;
 - h. arm restraints; and
 - i. equipment for drawing blood (manufactured with a “safe” design).
- 8.5 Discuss how fluid replacement is monitored and controlled.
- 8.6 Describe the effect of tubing length, needle size, needle length, and IV fluid bag height on fluid flow rates.
- 8.7 Demonstrate drip rate calculations with the following:
 - a. microdrip administration sets; and
 - b. macrodrip administration sets.
- 8.8 Demonstrate the proper technique for the insertion and securing of an intravenous catheter for the purposes of establishing an intravenous line.
- 8.9 Describe potential complications which can occur with intravenous access and fluid therapy.
- 8.10 Discuss how to prevent and/or treat potential complications that could result from intravenous access and fluid therapy.

- 8.11 Troubleshoot problems that may occur after an intravenous line has been successfully started in a patient (e.g. infiltration, slowing flow rates, etc.).
- 8.12 Recognize patients who require IV/IO access and/or fluid replacement when given several patient presentations.
- 8.13 Demonstrate an appropriate technique for removing air from an established IV line.
- 8.14 Demonstrate the successful establishment of an intraosseous line, using proper technique, in an I/O mannequin (or similar set up).
- 8.15 Demonstrate the ability to adjust flow rate to comply with physician orders.
- 8.16 Discuss the routes of fluid replacement and the advantages and disadvantages of each.

Recommended time: 18 hours

SECTION 9 –SHOCK/TRAUMA

At the completion of this section, the student will be able to:

- 9.1 Define shock as inadequate systemic perfusion that leads to anaerobic metabolism.
- 9.2 Discuss the prevention of anaerobic metabolism.
- 9.3 Discuss the components of the Fick Principle including:
 - a. adequate FiO_2 (oxygen level);
 - b. adequate number of red blood cells;
 - c. adequate on-loading of oxygen onto red blood cells;
 - d. adequate transport; and
 - e. adequate off-loading of oxygen to the tissues.
- 9.4 Discuss the relationship between blood pressure, cardiac output, and systemic vascular resistance.
- 9.5 Describe the three components of the cardiovascular system and their relationships:
 - a. heart;
 - b. blood vessels; and
 - c. fluid.
- 9.6 Discuss the effect of container size and volume on blood pressure.
- 9.7 Recall the factors that affect cardiac output and systemic vascular resistance.
- 9.8 Define acid-base balance.
- 9.9 Describe the relationship between acid-base balance and respiration, perfusion, or metabolism.
- 9.10 Describe the compensatory mechanism in a patient with decreased perfusion.
- 9.11 Identify the role of the baroreceptor.
- 9.12 Describe compensated shock.
- 9.13 Describe decompensated shock, both cardiac and peripheral effects.
- 9.14 Demonstrate the assessment of the patient's perfusion status, based on patient assessment; including mental status, respiratory rate, pulse, skin color, skin temperature, skin condition, and blood pressure.
- 9.15 Compare and contrast the importance of the following signs and symptoms in the patient with shock:
 - a. mental status;
 - b. pulse;
 - c. blood pressure;
 - d. diastolic pressure;
 - e. systolic pressure;
 - f. skin color;
 - g. skin condition;
 - h. skin temperature; and
 - i. respiration.
- 9.16 Describe the signs, symptoms and management of internal bleeding.

- 9.17 Define and describe the management of:
 - a. superficial burns;
 - b. partial thickness burns; and
 - c. full thickness burns.
- 9.18 Be able to use the Parkland Formula when given a hypothetical patient.
- 9.19 Discuss management of a shock patient, including oxygenation, IV fluids, and pneumatic antishock garment.
- 9.20 Describe the beneficial and detrimental effects of the pneumatic antishock garment.
- 9.21 Acknowledge that controversy surrounds the management of shock patients. Some controversial issues include pneumatic antishock garment, airway management, and intravenous fluid administration.
- 9.22 Review the indication and contraindications for the pneumatic antishock garment, per the *Alaska Prehospital Trauma Guidelines*.
- 9.23 Discuss fluid resuscitation, per the *Alaska Prehospital Trauma Guidelines*, in the infant, child, and adult.
- 9.24 Describe the care provided by an EMT-II to the entrapped patient.
- 9.25 Describe the care provided by an EMT-II in an MCI incident.
- 9.26 Demonstrate the assessment and management of a multi systems trauma patient.
- 9.27 Describe the signs, symptoms, and BLS/ALS management of a patient with head trauma according to the *Alaska Prehospital Trauma Guidelines*.

Recommended time: 8 hours

SECTION 10 –MEDICAL EMERGENCIES

At the completion of this section, the student will be able to:

- 10.1 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the prehospital setting.
- 10.2 Define and describe the signs, symptoms and management of a patient with:
 - a. altered mental status;
 - b. hypoglycemia;
 - c. hyperglycemia;
 - d. ETOH abuse/overdose;
 - e. drug overdose (including opiates);
 - f. poisoning;
 - g. stroke;
 - h. suspected cardiac chest pain;
 - i. anaphylaxis;
 - j. abdominal pain;
 - k. suspected internal bleeding;
 - l. bleeding from non-traumatic causes;
 - m. seizures (to include those associated with pregnancy); and
 - n. heat related illness.
- 10.3 Describe the management of hypotension secondary to the administration of nitroglycerin.
- 10.4 Describe airway management for the patient with altered mental status.
- 10.5 For each of the following medications, state the generic and trade names, classification, indications, contraindications, precautions, medication form(s), dose, administration action, side effects and re-assessment strategies:
 - a. epinephrine autoinjector (patient assisted medication);
 - b. metered-dose inhaler (patient assisted medication);
 - c. nitroglycerin (patient assisted medication);
 - d. oral glucose;
 - e. activated charcoal;
 - f. naloxone;
 - g. D₅₀W; and
 - h. D₂₅W.
- 10.6 Given a patient scenario, state the correct drug, dosage, and administration route(s).
- 10.7 Demonstrate bolus drug dose calculations (including volume to be administered and weight-based calculations).
- 10.8 Describe how to mix D₂₅W from D₅₀W.
- 10.9 State the reason why D₂₅W is used in pediatric patients.
- 10.10 State the national Poison Control Center phone number.
- 10.11 Describe the EMT-II level management of the hypothermia and/or cold water near-drowning patient, per the *Cold Injuries Guidelines*.

- 10.12 Describe special considerations and airway management of meconium delivered infants.
- 10.13 Demonstrate the administration of the following medications:
- a. epinephrine autoinjector (patient assisted medication);
 - b. metered-dose inhaler (patient assisted medication);
 - c. nitroglycerin (patient assisted medication);
 - d. oral glucose;
 - e. activated charcoal;
 - f. naloxone;
 - g. D₅₀W in water; and
 - h. D₂₅W in water.

Recommended time: 6 hours

SECTION 11 – SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

At the completion of this section, the student will be able to:

- 11.1 Discuss the medications included in the EMT-II scope of certified activities that can be given by the SQ and IM routes.
- 11.2 Describe the layers of the skin, specifically
 - a. Epidermis and dermis (cutaneous)
 - b. Superficial fascia (subcutaneous)
 - c. Deep fascia
- 11.3 Describe, compare, and contrast the various drug administration routes and recall the indications for each (e.g. SL, IV, SQ, IM, inhalation, and IO).
- 11.4 Describe the indications, equipment needed, techniques used, precautions and general principles of administering medications by SQ and IM routes.
- 11.5 Describe potential complications that can occur with SQ and IM route.
- 11.6 Discuss how to prevent and/or treat potential complications that could result from SQ and IM routes.
- 11.7 Demonstrate the proper technique for the SQ and IM routes.
- 11.8 Integrate pathophysiological principles of medication administration with patient management.

Recommended time: 4 hours

EXAMPLE COURSE SCHEDULE FOR EMT-II

The sample course outline below is based on a fifty-hour course format. Before the course, students should spend time focusing on the areas of Medical Terminology, State Skill Sheets, and Anatomy/Physiology. Students can draw the information to study these areas from the *State of Alaska Skill Sheets*, *Alaska Prehospital Trauma Guidelines*, and the *Cold Injury Guidelines*. Please note that the following is a sample outline and may be modified to better suit the needs of the instructor and student. It may be broken into logical blocks for instruction over a different length of time, for example, four hours per night on weekday and eight hours on Saturdays.

COURSE OUTLINE:

	<u>Time</u>	<u>Topics</u>
Day 1	0800-0830	Confirmation that students meet course eligibility requirements
	0830-0900	Roles and Responsibilities
	0900-0930	EMS Systems
	0930-1100	Medical/Legal Considerations
	1100-1200	Basic Anatomy and Physiology
	<u>1200-1300</u>	<u>Lunch</u>
	1300-1330	Basic Anatomy and Physiology (cont.)
	1330-1400	Communications/Documentation
	1400-1530	Airway Management and Ventilation
1530-1700	Airway Management and Ventilation Lab	
Day 2	0800-1200	Airway Management and Ventilation
	<u>1200-1300</u>	<u>Lunch</u>
	1300-1700	Intravenous Access and Therapy
Day 3	0800-1200	Assessment and Management of Shock/Trauma
	<u>1200-1300</u>	<u>Lunch</u>
	1300-1500	Airway Management and Ventilation Lab
	1500-1700	Intravenous/Intraosseous Access and Therapy Lab

Course Outline – Cont.

Day 4	0800-1200 <u>1200-1300</u> 1300-1700	Assessment and Management of Medical Emergencies <u>Lunch</u> Intravenous/Intraosseous Access and Therapy Lab
Day 5	0800-1000 1000-1200 <u>1200-1300</u> 1300-1700	Assessment and Management of Medical Emergencies Intravenous/Intraosseous Access and Therapy Lab <u>Lunch</u> Intravenous/Intraosseous Access and Therapy Lab
Day 6	0800-1000 1000-1200 <u>1200-1300</u> 1300-1700	Intravenous/Intraosseous Access and Therapy Lab Review EMT-I Skills (not included in 50 hour total) <u>Lunch</u> Review all Skills (not included in 50 hour total)
Day 7	0800-1700	State EMT-II Written and Practical Testing

Recommendations

1. All Students MUST establish 10 IVs to complete course. The IVs may be started on each other or anyone you can talk into showing up.
2. DRUGS included in course:
 - a) Naloxone HCl;
 - b) metered-dose inhalers;
 - c) D₅₀W;
 - d) oxygen;
 - e) IV fluids;
 - f) nitroglycerin; and
 - g) epinephrine autoinjectors.
3. All students must successfully complete the skills sign off sheet to complete the course.