

Skill Sheets

for

Emergency Trauma Technician

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

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Notes on these Skill Sheets:

These skill sheets were adapted from the State of Alaska EMT skill sheets version 5b. Significant changes were made to the Physical Examination and History skill sheet. The Detailed assessment here corresponds to the rapid trauma examination in the EMT skill sheets. The detailed examination on the EMT skill sheets has been removed.

Critical Points

1. Asterisks (“*”) denote critical points.
2. Critical points 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 another Alaska Skill Sheet or on skill sheets developed by the National Registry of EMTs.
3. The individual must complete all critical points to successfully complete a skill sheet.
4. 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 medical technician. There are certain artificialities to both training and testing which must be (and usually are) understood by both the instructor and the candidate. For example, when an EMT 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 be shared with the patient.

Evaluation

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

Notes on CPR Skills

Although this packet does not include the skill sheets for CPR, it is expected that all EMTs be capable of competently performing all CPR skills (one and two rescuer CPR, 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, August, 22, 2000, 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 proper body substance isolation precautions.

2. Key sequencing (**initial assessment before detailed assessment**).
3. Obtaining a proper mask seal.
4. Providing adequate volume when ventilating, e.g. tidal volume should be sufficient to make the chest rise.
5. Proper length, frequency, and location of pulse checks.
6. Proper positioning of the patient's head.
7. Proper hand placement, compression rate and depth.
8. Proper ratio of ventilations to compressions.

Additional Notes

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. Body substance isolation (BSI) procedures recommended by the Centers for Disease Control should be adhered to on all skill sheets and patient care should not proceed until BSI 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 actual donning BSI, or verbalizing the donning of BSI. At the test site, however, actual donning of BSI will probably be required.
3. In many cases, such as the application of the pneumatic anti shock device, 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 candidates and simulated patients should be preserved by allowing the candidate 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 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 as it does not interfere with patient care.
8. The candidate 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. For example while performing detailed examinations; the exact order of the assessment steps is not critical, unless the context indicates otherwise. Likewise, on the Neurological Assessment skill sheet, it is acceptable to check the neurological status of the arms before the legs.

11. In some skill sheets, such as the Trauma Assessment/Management, it is permissible to start treatment, based on the mechanism of injury and the patient's presentation, prior to obtaining vital signs.
12. 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.
13. 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.
14. Oxygen administration is an optional skill in the ETT program. Students should perform to the skill sheet standards if it was included. If not included in the program, the student is not responsible for the items referencing oxygen.
15. Throughout these skill sheets, blood pressure may be abbreviated as BP, pulse may be abbreviated as P, and respirations may be abbreviated as R.

Assessment of Blood Pressure, Pulse, Respirations, and Skin

OBJECTIVE: The candidate 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: Given a simulated patient, the candidate 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.

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<i>Blood Pressure - Auscultation - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Places the BP cuff around the patient's arm.		
4. Locates the brachial artery by palpation.		
5. Places the diaphragm of the stethoscope over the brachial artery.		
6. Inflates the cuff to approximately 30 mmHg above last pulse heard.		
7. Deflates the cuff slowly.		
8. Reports the obtained measurement (accuracy within 10% required).	*	
<i>Blood Pressure – Palpation – Event</i>	<i>Does</i>	<i>Does Not</i>
1. Explains the procedure to the patient.		
2. Places the BP cuff around the patient's arm.		
3. Locates the radial or brachial artery.		
4. Palpates the artery.		
5. Inflates the cuff to approximately 30 mmHg above last pulse felt.		
6. Deflates the cuff slowly.		
7. Reports the obtained systolic measurement (accuracy within 10% required).	*	
<i>Pulse Rate – Event</i>	<i>Does</i>	<i>Does Not</i>
1. Locates peripheral pulse with at least two fingers.		
2. Counts pulsations for at least 15 seconds.		

3. Calculates and reports rate (accuracy within 10%).	*	
4. Reports quality (strength) and rhythm (regular, irregular).		
<i>Respiratory Rate - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Places hand lightly over patient's diaphragm, observes chest rise, or uses other technique to identify a respiratory cycle.		
2. Counts respiratory cycles for at least 15 seconds.		
3. Calculates the minute rate appropriately and states within 10% of rate observed by evaluator.	*	
4. Reports rate (number), quality (normal, shallow, labored, noisy) rhythm (regular, irregular).		
<i>Skin Assessment - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Observes skin color. (normal, pale, cyanotic, jaundice, etc.)		
2. Feels skin temperature. (normal, warm, cool, cold, hot)		
3. Feels for condition of skin. (normal, dry, moist, tenting)		
4. Assesses capillary refill in infants and children.		
5. Reports skin color, temperature and condition.	*	

Physical Examination and History and Management – Medical and Trauma

OBJECTIVE: The candidate will demonstrate the ability to correctly perform a thorough physical assessment and perform appropriate patient care.

EQUIPMENT: Penlight, BP cuff, stethoscope, notepad, watch with a second hand, patient, and two EMT/ETT trained bystanders.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a trauma patient and will be told to perform a complete physical assessment and treat the patient accordingly.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
Scene Size Up		
2. Determines that scene is safe.	*	
3. Determines and states mechanism of injury.		
4. Determines and states number of patients.		
5. Requests additional help, if necessary.		
6. Considers stabilization of patient's cervical spine, if indicated.		
Initial Assessment		
7. Determines and states general impression of patient (sick or not sick).		
8. Determines and states responsiveness/level of consciousness (AVPU).		
9. Determines and states chief complaint if patient is conscious.		
10. Assesses AIRWAY , opens and maintains as indicated. <ul style="list-style-type: none"> • If patient is alert and talking clearly or crying loudly, the airway is assumed patent. 	*	
11. Checks BREATHING (adequate or inadequate) and corrects immediate life threats. <ul style="list-style-type: none"> • If breathing is inadequate assists ventilation, (with supplemental oxygen if included). • If breathing is adequate and the patient is responsive, oxygen may be indicated. 	*	
12. Checks CIRCULATION and initiates CPR, if necessary. <ul style="list-style-type: none"> • If the patient is moving or talking, pulse is assumed present. • Palpates pulse if patient is unconscious 	*	
13. Assesses for, and controls, life threatening HEMORRHAGE .	*	
14. Identifies and treats readily apparent life threats. (airway compromise, no apparent breathing, obvious major bleeding, inadequate chest		

expansion.)		
15. Performs items 10-14 before any other treatment or assessment.	*	
16. Assess skin color, temperature, and condition.		
17. Identifies priority patients and makes appropriate transport decision.	*	
18. Selects appropriate assessment. (focused or rapid)		

Focused History and Physical Examination					
No significant mechanism of injury and patient is conscious Focused Exam	Does	Does Not	Significant mechanism of injury or patient has altered consciousness Detailed Exam	Does	Does Not
19. Assesses area based on chief complaint.			19. Inspects and palpates the head for abnormalities.		
20. When indicated, inspects, auscultates, and palpates the site and related areas.	*		20. Inspects and palpates neck for abnormalities.		
21. If indicated by mechanism of injury, selects and applies an appropriately sized cervical collar, or directs assistants to apply selected collar.			21. If indicated, selects and applies an appropriately sized cervical collar, or directs assistants to apply selected collar.		
22. Obtains, or directs assistants to obtain, baseline BP, pulse, and respirations.			22. Inspects and palpates chest for abnormalities.		
23. Obtains a SAMPLE history.			23. Assesses breath sounds bilaterally.		
24. Performs a Detailed Exam if indicated by other injuries or findings.			24. Inspects and palpates abdomen for abnormalities.		
25. Properly packages and transports if needed.			25. Inspects and palpates pelvis for abnormalities.		
26. Performs ongoing examination, if indicated.			26. Inspects and palpates all four extremities for abnormalities.		
			27. Assesses circulation, motor and sensory function in each extremity.		

	28. If indicated by mechanism of injury, while using spinal precautions, inspects and palpates posterior thorax and lumbar regions for abnormalities and moves the patient onto backboard.		
	30. Obtains or directs assistants to obtain, baseline BP, pulse, respirations.	*	
	31. Obtains SAMPLE history if the patient is conscious.		
Management (Should occur throughout assessments)			
	42. Initiates shock management as indicated.	*	
	43. Manages all injuries and wounds appropriately.		
	44. Maintains cervical spine and spinal alignment throughout, if indicated.	*	
	45. Transports patient (if not already performed).		
Ongoing Assessment			
	46. Repeats initial assessment (LOC, airway, breathing, and circulation).		
	47. Re-assesses vital signs (BP, pulse, and respirations).		
	48. Re-assesses all interventions.		

Bag-Valve-Mask Resuscitator

OBJECTIVE: The candidate will demonstrate the ability to ventilate a patient using a bag-valve-mask resuscitator using one or two-rescuer technique.

EQUIPMENT: Bag-valve-mask resuscitator, intubation manikin, examination gloves, and the correct size of oropharyngeal airway and/or nasopharyngeal airway. Oxygen reservoir, oxygen connecting tubing, and oxygen source with variable flow regulator.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a simulated patient who is in respiratory arrest. While maintaining the mask seal, the candidate will ensure correct ventilation for at least two minutes

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles bag-valve-mask resuscitator correctly.		
3. Connects bag-valve-mask resuscitator to oxygen source. (if included)		
4. Delivers oxygen at rate of 15 liters per minute. Oxygen flow must be sufficient to ensure inflation of reservoir bag. (if included)		
5. Effectively opens the airway.	*	
6. Correctly inserts oropharyngeal airway, or nasopharyngeal airway.		
7. While maintaining an open airway, places mask over patient's mouth and nose and establishes mask seal: One rescuer: Seals mask with one hand. Two rescuer: Seals mask with both hands.	*	
8. Effectively ventilates patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute. One rescuer: Compresses bag with one hand. Two rescuer: Compresses bag with both hands.	*	
9. Allows for adequate exhalation between ventilations.		

Oral Suctioning

OBJECTIVE: The candidate 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: Suction device, tonsil tip catheter, simulated patient, bag-valve-mask and/or flow restricted oxygen powered ventilation device, examination gloves, oxygen source with regulator.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate 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.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Gathers and assembles necessary equipment.		
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.	*	
6. Following suction, patient is ventilated at rate of 20-25 ventilations/minute for one minute before resuming normal ventilation rate of 10-12 ventilations/minute.		

External Bleeding Control

OBJECTIVE: The candidate will demonstrate the ability to evaluate and control external hemorrhage while adhering to BSI precautions.

EQUIPMENT: Clean dressing, BP cuff, stethoscope, bandaging supplies, and examination gloves.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient with simulated arterial bleeding on an extremity. The candidate must control the bleeding appropriately.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains procedure to patient.		
3. Applies and maintains direct pressure on bleeding site.		
4. Elevates extremity above the level of the heart.		
5. If bleeding is still severe, reevaluates treatment.		
6. Steps 3 and 4 completed before 5 and 6 and within 45 seconds.¹	*	
7. Applies appropriate dressings and bandages, using firm pressure, or a pressure bandage.		
8. Monitors patient for continued bleeding.		
9. If unable to control bleeding, uses tourniquet as a last resort.		
10. Assesses patient, obtains vital signs and treats for shock as necessary.		

¹ Steps 2, 3 and 4 may be completed simultaneously.

Basic Shock Treatment

OBJECTIVE: The candidate will demonstrate proper evaluation and basic treatment of the patient in shock.

EQUIPMENT: BP cuff, stethoscope, blankets, free flow oxygen delivery system, something with which to elevate patient's feet, non-rebreather mask.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient exhibiting signs and symptoms of shock. Vital signs will be given to the candidate as they are taken. Appropriate assessment and treatment should be completed.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Places patient in supine position.		
3. Initiates oxygen flow at 10 - 15 liters per minute via non-rebreather mask. (if trained)		
4. Controls external hemorrhage if indicated.	*	
5. Positions patient as indicated: <ul style="list-style-type: none"> - Elevates patient's legs 8-12 inches if volume or container shock. - Head and torso elevated if difficulty breathing, cardiac shock or isolated head injury. 		
6. Maintains body temperature.		
7. Communicates with and reassures patient.		
8. Checks BP, pulse rate, and respiratory rate.		
9. Evaluates level of consciousness.		
10. Identifies need for rapid transport.	*	

Spinal Immobilization – Supine Patient

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

EQUIPMENT: Cervical collars, long board, straps, blankets, 2" - 3" tape, towels or bulky dressing, or commercially available cervical immobilization device, Roller bandage, patient, two EMT/ETT trained 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.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
3. Securely applies a correct size cervical collar while maintaining spinal alignment and the patient's airway.	*	
4. Assesses circulation, motor and sensory function in each extremity.	*	
5. The candidate directs assistants throughout procedure.		
6. The patient is rolled while maintaining spinal alignment.	*	
7. The patient's posterior is evaluated after being rolled.		
8. Positions immobilization device appropriately.		
9. While maintaining spinal alignment, the candidate directs assistants to roll patient onto long board on command of the ETT maintaining the cervical spine.	*	
10. The candidate directs that the patient be centered on the long board as a unit.		
11. The candidate directs that the patient be secured to the board with straps securing the chest, hips, and legs.		
12. The head is stabilized in a neutral position and secured to the board after torso using a horseshoe blanket, blocks, headroll, bulky dressing, etc.	*	
13. The candidate reassesses the patient's circulation, motor function and sensation in all extremities.	*	
14. The patient is secured to the long spine board without excessive movement.	*	

Spinal Immobilization – Seated Patient

OBJECTIVE: The candidate will demonstrate the ability to correctly apply a cervical collar, and a short board or vest type immobilization device.

EQUIPMENT: Cervical collar, short board or KED, roller bandages, tape, long board, straps, patient, 2 EMT/ETT trained assistants, and an automobile.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an injured patient in the driver's seat of an automobile. The patient is alert, responsive and cooperative. The candidate will be instructed to extricate the patient using the equipment provided. Spinal alignment must be maintained at all times.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
3. Securely applies a correct size cervical collar while maintaining spinal alignment and the patient's airway.	*	
4. Assesses circulation, motor and sensory function in each extremity.	*	
5. The short backboard or KED is prepared for application.		
6. Short backboard or KED is placed behind patient while maintaining spinal alignment.		
7. The body and leg straps are securely fastened without excessive movement and without causing respiratory compromise, before the head is secured.	*	
8. Patient's head is secured in a neutral position to the short board or KED. Padding behind the head is placed correctly as needed.		
9. Manual spinal immobilization was maintained until the head was secured to the device.	*	
10. Device is applied and secured without excessive movement or compromise to the patient.	*	
11. The long board is positioned as close to the patient as possible. (The edge may be placed under the patient's buttocks).		
12. The patient is removed from the vehicle on, or onto, a long board.		
13. Rechecks circulation motor and sensory function, in all extremities.	*	

Application of Sling and Swathe Bandage

OBJECTIVE: The candidate will correctly demonstrate the appropriate technique for applying a sling and swathe.

EQUIPMENT: Patient, triangular bandages and roller gauze, safety pins, tape.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient with a suspected fracture of the humerus. The candidate should correctly apply a sling and swathe. If using commercially available sling and swath, the candidate should follow manufacturer's instructions.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Removes jewelry from injured extremity.		
4. Checks for circulation, motor function, and sensory function distal to the injury.	*	
5. Instructs patient to hold the injured extremity in a position of comfort.		
6. Places the base of the triangular bandage under the hand with the ends over opposite shoulders.		
7. Ties the ends together behind patient's neck.		
8. Brings the apex of the triangular bandage around the elbow and secures with a safety pin or knot.		
9. Secures the injured arm to the body by wrapping with roller bandage or triangular bandages. The injured arm should be immobilized against the thorax.		
10. Rechecks circulation, motor and sensory function distal to the injury.	*	

Long bone immobilization

OBJECTIVE: The candidate will demonstrate the ability to correctly bandage and splint a long bone fracture.

EQUIPMENT: Sterile 4" x 4"s, splint padding; roller bandages, triangle bandages, sterile water or normal saline, appropriate splints, examination gloves, patient, 1 EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an alert and oriented patient with a long bone fracture. The candidate must splint the injury with the help of a trained assistant.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Instructs the assistant to stabilize the extremity.	*	
4. Exposes the injured extremity.		
5. Checks circulation, motor and sensory function distal to the injury.	*	
6. If severe deformity or extremity is lacking circulation-aligns with gentle traction.		
7. If open wound is present applies and secures a dressing to the wound.		
8. Selects an appropriate splint, padding splint if necessary.		
9. Gently lifts the injured extremity while supporting fracture site and places splint.		
10. Secures the splint.		
11. Immobilizes joints above and below the fracture site.	*	
12. Rechecks the circulation, motor and sensory function distal to the injury.	*	

Traction Splinting – Optional

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

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

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

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<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.			*	
2. Explains the procedure to the patient.				
3. Has assistant stabilize the injured leg.				
4. Exposes the injured extremity.				
5. Removes shoe and sock on injured extremity.				
6. Checks circulation, motor and sensory function distal to the injury.			*	
<input type="checkbox"/> <i>Generic Traction Splint</i>	<input type="checkbox"/> <i>Sager Type Devices</i>	<input type="checkbox"/> <i>Hare Type Devices</i>		
7. Measures and adjusts splint.	7. Places splint between patient's legs, resting the cushion against the groin. Applies groin strap.	7. Positions splint parallel to the uninjured leg and adjusts length to 10 inches beyond the foot.		
8. Applies proximal anchor.	8. Folds the pads on the ankle hitch as needed to fit. Applies ankle hitch and secures under foot.	8. Applies foot strap and directs assistant to apply continuous manual traction.		
9. Applies ankle hitch or distal anchor.	9. Extends the splint, providing approximately 10% of the patient's body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	9. Spaces the straps to support the upper and lower leg.		
10. Applies traction to one of the	10. Applies leg straps; one over the mid-	10. While supporting fracture site, directs		

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
following endpoints: <ul style="list-style-type: none"> • Reduction of angulation • Reduction of pain. 	thigh, one over the knee, and one over the lower leg.	the assistant to elevate the injured leg while maintaining continuous traction.		
11. Secures splint.	11. Applies the foot strap or cravat around both feet to prevent rotation.	11. Positions the splint under the injured leg with the top portion firmly against the ischium.		
		12. Directs 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.		
<i>Continuation for all devices</i>				
17. Rechecks circulation, motor and sensory function distal to the injury.			*	
18. Splints fracture without excessive motion of the leg.			*	
19. Immobilizes patient on long board or equivalent.				

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
20. Reassesses traction during transport.		

Administration of Supplemental Oxygen – Optional

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

EQUIPMENT: Oxygen cylinder with more than 500 psi remaining, oxygen regulator for free flow use, cylinder wrench, nasal cannula, non-rebreather mask, and patient.

PERFORMANCE CRITERIA AND CONDITIONS: Given an oxygen cylinder, oxygen regulator, and assortment of oxygen delivery devices, the candidate will be able to correctly assemble the necessary equipment and deliver oxygen at a rate specified by the proctor, using the appropriate delivery device.

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Gathers necessary equipment.		
3. Identifies contents of cylinder as medical oxygen.		
4. “Cracks” the tank valve to eliminate foreign particles.		
5. Confirms that the ‘O’ ring is in place.		
6. Connects regulator to cylinder.		
7. Opens tank valve and checks for leaks.	*	
8. Confirms that adequate pressure exists in tank.		
9. Connects oxygen tubing to regulator.		
10. Explains procedure to patient.		
11. Initiates flow of oxygen at 10-15 lpm via non-rebreather mask, or a nasal cannula at 2-6 lpm.	*	
12. Correctly places mask or cannula on patient's face (if using a mask, inflates reservoir chamber prior to placing mask on patient's face) and adjusts oxygen flow so that reservoir bag does not deflate during inhalations.	*	
ETT is told to discontinue oxygen delivery.		
13. Removes device from patient's face.		
14. Shuts off flow and regulator.		
15. Relieves pressure from system.		
16. Performs all steps without leaving cylinder in a vertical position unsecured.	*	

Oropharyngeal Airway Insertion - Optional

OBJECTIVE: The candidate will demonstrate the ability to correctly measure and insert an oropharyngeal airway.

EQUIPMENT: Intubation manikin, examination gloves, tongue blade, and a selection of oropharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be able to correctly insert an oropharyngeal airway when presented with an intubation manikin and a selection of oropharyngeal airways (airway kit).

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<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Determines the proper size airway by measuring it against the patient's face 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.	*	
3. Opens the patient's mouth.		
4. Inserts the airway by either: <ul style="list-style-type: none"> • Inserting with the tip towards the hard palate and rotated 180° as the tip passes the soft palate into the pharynx; • inserting sideways and rotated 90° as the tip passes the soft palate into the pharynx; or • inserting after the tongue is displaced anteriorly with a tongue blade or equivalent device. (mandatory for infants and children) 	*	
5. Inserts the airway so that the flange is resting on the lips, gums, or teeth.		
6. Maintains the head in a neutral position if a cervical spine injury is suspected.		

Nasopharyngeal Airway Insertion - Optional

OBJECTIVE: The candidate will demonstrate the ability to correctly measure and insert a nasopharyngeal airway.

EQUIPMENT: Intubation manikin, examination gloves, selection of nasopharyngeal airways, silicone spray.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an intubation manikin and a selection of nasopharyngeal airways. The candidate must correctly size and insert the airway.

REVISED: January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Sizes airway: <ul style="list-style-type: none"> • The proper diameter of the airway is determined by measuring it against the patient's little finger or the size of the patient's nostril. • The length is measured from the patient's nostril to the tip of the ear lobe or the angle of the jaw. 	*	
3. The airway is lubricated with a water-soluble lubricant.		
4. The airway is gently inserted with the bevel towards the nasal septum or floor of nose.	*	
5. If resistance is met, airway is removed and insertion attempted in other nostril.	*	
6. Inserts the airway until the flange rests on the nostril.		

Pneumatic Anti-Shock Garment – Optional

OBJECTIVE: The candidate will correctly demonstrate the proper application of the PASG

EQUIPMENT: Pneumatic anti-shock garment, a patient, 1 EMT-ETT Trained assistant, BP cuff, stethoscope.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a supine patient in hypovolemic shock and will correctly apply the PASG with the help of 1 EMT/ETT assistant.

REVISED: January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Evaluates lung sounds.	*	
4. Removes patient's clothing from the waist down including shoes.		
5. Unfolds and positions the PASG.		
6. If spinal injury is suspected, places PASG on the patient without compromising the spine.	*	
7. Positions garment in correct anatomical position with the top of the garment just below lateral rib margin.	*	
8. Wraps and secures the leg sections.		
9. Wraps and secures the abdominal section.		
10. Attaches the pump to all three stopcocks. Closes the abdominal stopcock and opens stopcocks to legs.		
11. Inflates the leg sections until: <ol style="list-style-type: none"> Velcro closures start to slip or pop-off valves release, or garment is easily dented by finger pressure. 	*	
12. Closes leg stopcocks.		
13. Assesses BP and lung sounds. If systolic BP is less than 90 mmHg, proceed to step 14. If systolic BP is greater than or equal to 90 mmHg, go to step 17.	*	
14. Opens the abdominal stopcock and inflates the abdominal section until: <ol style="list-style-type: none"> Velcro closures start to slip, or pop-off valves release, or garment is easily dented by finger pressure. 	*	
15. Closes abdominal stopcock.		

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
16. Checks the patient's vital signs and lung sounds.	*	
17. Assures all stopcocks are closed.	*	
18. When asked, states the conditions which must exist prior to deflation and the procedures for deflation: a. Patient is in a medical facility with at least one large bore IV in place; and b. Deflate compartments one at a time, starting with the abdomen, stopping deflation if BP drops more than 10 mmHg or pulse increases by more than 10/minute.		

NOTE: Some pneumatic anti-shock devices do not have pop-off valves. Do not exceed 100 mm Hg inflation pressure within the garment. Monitor closely during transport and adjust as necessary.

Flow Restricted Oxygen Powered Ventilation Device – Optional

OBJECTIVE: The candidate will demonstrate the ability to adequately ventilate a patient using a positive pressure oxygen powered device.

EQUIPMENT: Flow restricted positive pressure oxygen device with more than 500 psi pressure remaining, intubation manikin, examination gloves, lubricating spray, and the correct size of oropharyngeal airway and/or nasopharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a simulated patient who is in respiratory arrest. **Rescue breathing is in progress.** The candidate will correctly perform ventilation for at least two minutes.

REVISED: January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles resuscitator correctly.		
3. Turns on oxygen.		
4. Effectively opens patient's airway.		
5. Correctly inserts oropharyngeal airway, or nasopharyngeal airway.		
6. Places resuscitator mask over patient's mouth and nose and ensures a proper seal.		
7. Effectively ventilates patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute.	*	
8. Allows for adequate exhalation between ventilations.		

Emergency Childbirth- Optional

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

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

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an OB manikin simulation of a patient in the second stage of labor. The candidate must deliver the infant and provide appropriate care to the mother and infant.

REVISED: January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Obtains the following items during patient history: <ul style="list-style-type: none"> <input type="checkbox"/> Due date? <input type="checkbox"/> Last menstrual period? <input type="checkbox"/> Bleeding or discharge? <input type="checkbox"/> Has the bag of waters broken, and was it stained water? <input type="checkbox"/> How many times have you been pregnant and how many times have you given birth? <input type="checkbox"/> Drug use within 12 hours? <input type="checkbox"/> Are you expecting twins? <input type="checkbox"/> Pain or contraction? <input type="checkbox"/> How long are your contractions? How far apart are they? <input type="checkbox"/> 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. Has patient lie supine with knees drawn up and spread apart.		
6. Observes for crowning or any presenting part.		
7. Places hand on infant's head avoiding fontanelles to prevent explosive delivery.		
8. Checks for cord around the infant's neck when the head presents. Slips cord over head or shoulder or clamps and cuts cord if necessary.	*	
9. 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.)	*	
10. Holds baby securely by placing one hand under the head and neck and sliding the other hand along the body during delivery. Grasps the feet as they present.		
11. Keeps infant level with vagina until cord is clamped.		

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
12. Re-suctions baby's mouth and nose with the bulb syringe.		
13. Dries baby and wraps in clean, dry, warm blanket, ensuring that the head is covered.	*	
14. Clamps the cord at approximately 7 inches from the infant and places another clamp at approximately 10 inches from the infant.		
15. The cord, if cut, is cut between the clamps.	*	
16. Places the infant on the mother's abdomen or gives the baby to the assistant.		
17. Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	*	
18. Massages the mother's uterus through the abdominal wall until it shrinks to a firm, hard consistency, or assists the mother with uterine massage.		
19. Applies OB pad.		
20. Records time of delivery.		