

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

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

## Bleeding Control/Shock Management

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b>NOTE: The examiner must now inform the candidate that the wound continues to bleed.</b>		
Applies an additional dressing to the wound	1	
<b>NOTE: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b>NOTE: The examiner must now inform the candidate that the bleeding is controlled.</b>		
Bandages the wound	1	
<b>NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
<b>TOTAL:</b>	<b>10</b>	

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not apply high concentration of oxygen
- \_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control
- \_\_\_\_\_ Did not control hemorrhage in a timely manner
- \_\_\_\_\_ Did not indicate the need for immediate transportation

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

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

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

## Dual Lumen Airway Device (Combitube or PtL)

**NOTE:** If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*\*" so long as first ventilation is delivered within 30 seconds.

Time Start: _____	Possible Points	Points Awarded	
Takes or verbalizes body substance isolation precautions	1		
Opens the airway manually	1		
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1		
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>			
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1		
**Hyperventilates patient with room air	1		
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty</b>			
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 L/min]	1		
Ventilates patient at a rate of 10-12/min with appropriate volumes	1		
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a dual lumen airway. The examiner must now take over ventilation.</b>			
Directs assistant to pre-oxygenate patient	1		
Checks/prepares airway device	1		
Lubricates distal tip of the device [may be verbalized]	1		
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device</b>			
Positions head properly	1		
Performs a tongue-jaw lift	1		
<input type="checkbox"/> USES COMBITUBE <span style="margin-left: 200px;"><input type="checkbox"/> USES PtL</span>			
Inserts device in mid-line and to depth so printed ring is at level of teeth	Inserts device in mid-line until bite block flange is at level of teeth	1	
Inflates pharyngeal cuff with proper volume and removes syringe	Secures strap	1	
Inflates distal cuff with proper volume and removes syringe	Blows into tube #1 to adequately inflate both cuffs	1	
Attaches/directs attachment of BVM to the first [esophageal placement] lumen and ventilates		1	

(continued)

## Dual Lumen Airway Device (Combitube or PtL) (continued)

Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1	
<b>NOTE: The examiner states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium!"</b>		
Attaches/directs attachment of BVM to the second [endotracheal placement] lumen and ventilates	1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1	
<b>NOTE: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.</b>		
Secures device or confirms that the device remains properly secured	1	
<b>TOTAL:</b>	<b>20</b>	

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_\_\_ Failure to ventilate patient at a rate of 10-12/min
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/min permissible]
- \_\_\_\_\_ Failure to pre-oxygenate patient prior to insertion of the dual lumen airway device
- \_\_\_\_\_ Failure to insert the dual lumen airway device at a proper depth or at either proper place within three attempts
- \_\_\_\_\_ Failure to inflate both cuffs properly
- \_\_\_\_\_ **Combitube**—failure to remove the syringe immediately after inflation of each cuff
- \_\_\_\_\_ **PtL**—failure to secure the strap prior to cuff inflation
- \_\_\_\_\_ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient

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

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

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

SET #: \_\_\_\_\_

Level of Testing: \_\_\_\_\_

NREMT-Intermediate/99

NREMT-Paramedic

## Dynamic Cardiology

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes infection control precautions	1	
Checks level of responsiveness	1	
Checks ABCs	1	
Initiates CPR when appropriate [verbally]	1	
Attaches ECG monitor in a timely fashion [patches, pads or paddles]	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	2	
Orders high percentages of supplemental oxygen at proper times	1	
<b>TOTAL:</b>	<b>24</b>	

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to deliver any shock in a timely manner
- \_\_\_\_\_ Failure to verify rhythm before delivering each shock
- \_\_\_\_\_ Failure to ensure the safety of self and others [verbalizes "all clear" and observes]
- \_\_\_\_\_ Inability to deliver DC shock [does not use machine properly]
- \_\_\_\_\_ Failure to demonstrate acceptable shock sequence

(continued)

## **Dynamic Cardiology (*continued*)**

- \_\_\_\_\_ Failure to immediately order initiation or resumption of CPR when appropriate
- \_\_\_\_\_ Failure to order correct management of airway [ET when appropriate]
- \_\_\_\_\_ Failure to order administration of appropriate oxygen at proper time
- \_\_\_\_\_ Failure to diagnose or treat two or more rhythms correctly
- \_\_\_\_\_ Orders administration of an inappropriate drug or lethal dosage
- \_\_\_\_\_ Failure to correctly diagnose or adequately treat V-fib, V-tach, or asystole

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

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

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

Level of Testing:     NREMT-Intermediate/85     NREMT-Intermediate/99     NREMT-Paramedic

## Intravenous Therapy

Time Start: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point)	2	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes/verbalizes body substance isolation precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
<b>TOTAL:</b>	<b>21</b>	

Time End: \_\_\_\_\_

(continued)

## Intravenous Therapy (continued)

### CRITICAL CRITERIA

- Failure to establish a patent and properly adjusted IV within 6 minute time limit
- Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
- Contaminates equipment or site without appropriately correcting situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- Failure to successfully establish IV within three attempts during 6 minute time limit
- Failure to dispose/verbalize disposal of needle in proper container

**NOTE:** Check here (  ) if candidate did not establish a patent IV and do not evaluate IV Bolus Medications.

## Intravenous Bolus Medications

Time Start: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of drug	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues body substance isolation precautions	1	
Cleanses injection site [Y-port or hub]	1	
Reaffirms medication	1	
Stops IV flow [pinches tubing or shuts off]	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Flushes tubing [runs wide open for a brief period]	1	
Adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
<b>TOTAL:</b>	<b>13</b>	

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

- Failure to begin administration of medication within 3 minute time limit
- Contaminates equipment or site without appropriately correcting situation
- Failure to adequately dispel air resulting in potential for air embolism
- Injects improper drug or dosage [wrong drug, incorrect amount, or pushes at inappropriate rate]
- Failure to flush IV tubing after injecting medication
- Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

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

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

Scenario: \_\_\_\_\_

## Patient Assessment—Medical

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
<b>INITIAL ASSESSMENT</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point) -Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>		
History of present illness -Onset (1 point)                      -Severity (1 point) -Provocation (1 point)               -Time (1 point) -Quality (1 point)                      -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) -Radiation (1 point)	8	
Past medical history -Allergies (1 point)                    -Past pertinent history (1 point)            -Events leading to present illness (1 point) -Medications (1 point)               -Last oral intake (1 point)	5	

(continued)



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

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

Scenario #: \_\_\_\_\_

## Patient Assessment—Trauma

**NOTE:** Areas denoted by "\*\*\*" may be integrated within sequence of Initial Assessment.

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
<b>INITIAL ASSESSMENT/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point)                      -Inserts adjunct as indicated (1 point)	2	
Breathing -Assesses breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management (1 point)	4	
Identifies priority patients/makes transport decision	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>		
Selects appropriate assessment	1	
Obtains, or directs assistant to obtain, baseline vital signs	1	
Obtains SAMPLE history	1	

(continued)

## Patient Assessment—Trauma (*continued*)

<b>DETAILED PHYSICAL EXAMINATION</b>		
<b>Head</b> -Inspects mouth**, nose**, and assesses facial area (1 point) -Inspects and palpates scalp and ears (1 point) -Assesses eyes for PERRL** (1 point)	3	
<b>Neck**</b> -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
<b>Chest**</b> -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
<b>Abdomen/pelvis**</b> -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
<b>Lower extremities**</b> -Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)	2	
<b>Upper extremities</b> -Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)	2	
<b>Posterior thorax, lumbar, and buttocks**</b> -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks area (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
Performs ongoing assessment	1	
<b>TOTAL:</b>	<b>43</b>	

**Time End:** \_\_\_\_\_

### **CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_ Failure to determine scene safety
- \_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_ Failure to voice and ultimately provide high concentration of oxygen
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_ Does other detailed/focused history or physical exam before assessing/treating threats to airway, breathing, and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention

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

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

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

## Pediatric Intraosseous Infusion

Time Start: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point)	2	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes body substance isolation precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt (1 point) -Unscrews cap and removes stylette from needle (1 point)	4	
Disposes of needle in proper container	1	
Attaches administration set to IO needle (with or without 3-way)	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate as appropriate	1	
Secures needle with tape and supports with bulky dressing	1	
<b>TOTAL:</b>	<b>23</b>	

Time End: \_\_\_\_\_

(continued)

## **Pediatric Intraosseous Infusion (*continued*)**

### **CRITICAL CRITERIA**

- \_\_\_ Failure to establish a patent and properly adjusted IO line within the 6 minute time limit
- \_\_\_ Failure to take or verbalize body substance isolation precautions prior to performing IO puncture
- \_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_ Performs any improper technique resulting in the potential for air embolism
- \_\_\_ Failure to assure correct needle placement
- \_\_\_ Failure to successfully establish IO infusion within two attempts during 6 minute time limit
- \_\_\_ Performing IO puncture in an unacceptable manner [improper site, incorrect needle angle, etc.]
- \_\_\_ Failure to dispose of needle in proper container
- \_\_\_ Orders or performs any dangerous or potentially harmful procedure

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

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

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

## Pediatric (< 2 yr) Ventilatory Management

**NOTE:** If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*” so long as first ventilation is delivered within 30 seconds.

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 L/minute]	1	
Ventilates patient at a rate of 12-20/minute and assures visible chest rise	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks laryngoscope to assure operational with bulb tight	1	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Places patient in neutral or sniffing position	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
<b>NOTE: Examiner to ask, "If you had proper placement, what should you expect to hear?"</b>		
Secures ET tube [may be verbalized]	1	
<b>TOTAL:</b>	<b>17</b>	

Time End: \_\_\_\_\_

(continued)

## **Pediatric (< 2 yr) Ventilatory Management (*continued*)**

### **CRITICAL CRITERIA**

- Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to pad under the torso to allow neutral head position or sniffing position
- Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- Failure to ventilate patient at a rate of 12-20/min
- Failure to provide adequate volumes per breath [maximum two errors/min permissible]
- Failure to pre-oxygenate patient prior to intubation
- Failure to successfully intubate within three attempts
- Uses gums as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- Inserts any adjunct in a manner dangerous to the patient
- Attempts to use any equipment not appropriate for the pediatric patient

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

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

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

## Spinal Immobilization (Seated Patient)

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

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

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

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

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

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

## Spinal Immobilization (Supine Patient)

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

Time End: \_\_\_\_\_

### CRITICAL CRITERIA

- \_\_\_\_ Did not immediately direct or take manual immobilization of the head
- \_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- \_\_\_\_ Released or ordered release of manual immobilization before it was maintained mechanically
- \_\_\_\_ Manipulated or moved patient excessively causing potential spinal compromise
- \_\_\_\_ Head immobilized to the device **before** device sufficiently secured to torso
- \_\_\_\_ Patient moves excessively up, down, left, or right on the device
- \_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_\_ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the device

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

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

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

SET #: \_\_\_\_\_

Level of Testing:

NREMT-Intermediate/99

NREMT-Paramedic

## Static Cardiology

**Note:** No points for treatment may be awarded if the diagnosis is incorrect.  
**Only document incorrect responses in spaces provided.**

Time Start: _____	Possible Point	Point Awarded
STRIP #1		
Diagnosis:	1	
Treatment:	2	
STRIP #2		
Diagnosis:	1	
Treatment:	2	
STRIP #3		
Diagnosis:	1	
Treatment:	2	

(continued)

## Static Cardiology (continued)

STRIP #4		
Diagnosis:	1	
Treatment:	2	
<b>TOTAL:</b>	<b>12</b>	

Time End: \_\_\_\_\_

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

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

## Ventilatory Management—Adult

**NOTE:** If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*” so long as first ventilation is delivered within 30 seconds.

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 L/minute]	1	
Ventilates patient at a rate of 10-12/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: -Cuff leaks (1 point) -Laryngoscope operational with bulb tight (1 point)	2	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
<b>NOTE: Examiner to ask, "If you had proper placement, what should you expect to hear?"</b>		
Secures ET tube [may be verbalized]	1	

(continued)

## Ventilatory Management—Adult (*continued*)

<b>NOTE: Examiner now asks candidate, "Please demonstrate one additional method of verifying proper tube placement in this patient!"</b>		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations [compares indicator color to the colorimetric scale or EDD recoil and states findings]	1	
<b>NOTE: Examiner now states, "You see secretions in the tube and hear gurgling sounds with the patient's exhalation!"</b>		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
<b>TOTAL:</b>	<b>27</b>	

**Time End:** \_\_\_\_\_

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_\_\_ Failure to ventilate patient at a rate of 10-12/min
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum two errors/minute permissible]
- \_\_\_\_\_ Failure to pre-oxygenate patient prior to intubation and suctioning
- \_\_\_\_\_ Failure to successfully intubate within three attempts
- \_\_\_\_\_ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- \_\_\_\_\_ Uses teeth as a fulcrum
- \_\_\_\_\_ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- \_\_\_\_\_ If used, stylette extends beyond end of ET tube
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to the patient
- \_\_\_\_\_ Suctions the patient for more than 10 seconds
- \_\_\_\_\_ Does not suction the patient

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