BLS-2013-Abdominal Pain EMERGENCY MEDICAL SERVICES (11/10 MH)	SKILLS CHECKLIST FOR RECERTIFICATION

NAME		ID #		DATE	
PRINT STUDENT'S NAME					

Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in BLS-2013-Abdominal Pain and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines NOI/MOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status ☐ Chief complaint	☐ Airway ☐ C-spine	☐ Breathing	☐ Circulation ☐ Bleeding	☐ Body Position ☐ Obvious Trauma	☐ **SICK** ☐ **NOT SICK**

SUBJECTIVE (FOCUSED HISTORY)

☐ **Establishes rapport** with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
☐ Determines patient's **chief complaint**
☐ Follows **SAMPLE** and **OPQRST** investigation (if possible)
☐ Obtains names/dosages of current **medications** (if possible)

OBJECTIVE (PHYSICAL EXAM)

☐ Records and documents **baseline vital signs**
☐ Performs **medical / trauma exam** – considers possible ectopic pregnancy (age-appropriate female)
☐ Performs a **proper abdominal exam** (supine, legs flexed)
☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

☐ Verbalizes **impression**
☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

☐ Reports **"At Patient's Side"**
☐ Indicates need for **ALS and/or immediate transport** (SICK)
☐ Performs postural vital signs exam – (if indicated) *(documents data)*
☐ Administers appropriate rate and delivery of **oxygen** (as indicated)
☐ Properly **positions patient**

☐ Initiates steps to prevent heat loss
☐ **Monitors** patient vital signs
☐ Considers i**ndex of suspicion**
☐ Performs glucometry/oximetry
☐ Performs pt. **reassessment**
☐ **Documents: Pt. LAS** (follow-up care if needed)
☐ _____ (additional)

CRITICAL (FAIL) CRITERIA

DID NOT...

☐ Take/verbalize **BSI**
☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
☐ Administer appropriate rate and delivery of **oxygen**
☐ Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

☐ Delivers timely and effective **short report** (if indicated)
☐ Completes SOAP narrative portion of incident response form

MEETS STANDARDS (RECERT)

☐ YES ☐ NO
2nd ATTEMPT
☐ YES ☐ NO

EVALUATOR SIGN YOUR NAME	ID #	IF NO EXPLAIN

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry- SpO2)						
(Glucometry)						

Medications taken by patient at home   Allergies

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                                                        Chief Complaint

Narrative

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BLS-2013-Altered Mental States
EMERGENCY MEDICAL SERVICES (11/10 MH)

SKILLS CHECKLIST
FOR RECERTIFICATION

NAME		ID #		DATE	
	PRINT STUDENT'S NAME				

Objective: Given a partner, appropriate equipment and an altered mental status, demonstrate appropriate assessment and treatment as outlined in BLS-2013-Altered Mental States and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI   ☐ Scene Safety   ☐ Determines NOI/MOI   ☐ Number of Patients   ☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status   ☐ Airway   ☐ Breathing   ☐ Circulation   ☐ Body Position   ☐ **SICK**
☐ Chief complaint   ☐ C-spine   ☐ Bleeding   ☐ Obvious Trauma   ☐ **NOT SICK**

SUBJECTIVE (FOCUSED HISTORY)

☐ **Establishes rapport** with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
☐ Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
☐ Determines **time of onset** of signs or symptoms (On scene time *<15mins for Stroke* patients)
☐ Obtains names/dosages of current **medications**

OBJECTIVE (PHYSICAL EXAM)

☐ Records and documents **baseline vital signs** (looks for *Medical Alert* bracelets, anklets, necklaces)
☐ Performs appropriate **medical/trauma exam** — exposes/checks for bleeding and/or injuries
☐ Checks for **neurologic deficits** using AVPU (Demonstrates use of **noxious stimulus** in unresponsive pt.)
☐ Demonstrates proper assessment of pupils

ASSESSMENT (IMPRESSION)

☐ Demonstrates use of the "*FAST"* Exam** for potential stroke patients
☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*
☐ Reports **"At Patient's Side"**
☐ Indicates need for **ALS and/or immediate transport** (SICK)
☐ Administers appropriate rate and delivery of **oxygen** (as indicated)
☐ Properly **positions patient**
☐ **Monitors** patient's vital signs
☐ Considers **IOS**

☐ Performs **glucometry** *(documentation required)*
☐ Performs pulse oximetry
☐ Initiates *"Code CVA"* ("On-scene" time<15 mins)
☐ Appropriate use of the: *"EMS Sepsis Triangle"*
☐ **Contacts** receiving hospital
☐ Performs **pt. reassessment**

CRITICAL (FAIL) CRITERIA

DID NOT...

☐ Take/verbalize **BSI**
☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
☐ Administer appropriate rate and delivery of **oxygen**
☐ Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

☐ Delivers timely and effective **short report** (if indicated)
☐ Completes SOAP narrative portion of incident response form

MEETS STANDARDS (RECERT)

☐ YES   ☐ NO
2nd ATTEMPT
☐ YES   ☐ NO

EVALUATOR SIGN YOUR NAME   ID #   IF NO EXPLAIN

Right margin: BLS-2013-Altered Mental States | Student Name | Recert Yes No Date | Written Score

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry- SpO2)						
(Glucometry)						

Medications taken by patient at home   Allergies

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                                                        Chief Complaint

Narrative

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BLS-2013-PPE / Infectious Disease EMERGENCY MEDICAL SERVICES (11/10MH)	**SKILLS CHECKLIST** FOR RECERTIFICATION

NAME PRINT NAME	IDENTIFICATION #	**DATE**

OBJECTIVE

Given: Given appropriate equipment (EMS PPE and germicidal wipes or spray)

Demonstrate:

➢ Proper **Donning** of 'Full' EMS PPE for patient who presents with signs of **F**ebrile **R**espiratory **I**llness

➢ Proper **Doffing** of 'Full' EMS PPE for patient who presents with signs of **F**ebrile **R**espiratory **I**llness

➢ Decontamination of EMS Equipment (Aid Kits, Vent Kit, Radio(s), Clipboard, etc.)

PPE DONNING (PLACEMENT)

Must demonstrate in the following approved order…(MEGG)

Mask (Fit-Tested)	**E**ye / Face Protection	**G**own	**G**loves
☐ **Fit to bridge** of nose	☐ In place	☐ Secured	☐ **Cover** Gown sleeves
☐ Check **seal**			
☐ Mask patient *			
* (if indicated)			

PPE DOFFING (REMOVAL)

Must demonstrate in the following approved order…(reverse MEGG)

Gloves	**G**own	**E**ye / Face Protection	**M**ask (Fit-Tested)
☐ **Grab cuff** /remove	☐ Ties from back/neck	☐ Remove	☐ Exit contaminated space
☐ **Insert finger** in cuff and remove	☐ Fold **dirty side in** and bundle	☐ Save glasses or discard shields	☐ Remove by straps on **back of head**
☐ Discard	☐ **Clean hands w/ waterless cleaner**		☐ **Clean hands w/ waterless cleaner**

☐ Glove up and **decontaminate** equipment & glasses with germicidal cleaner (using approved technique)

CRITICAL FAIL CRITERIA _All elements above are CRITICAL CRITERIA_

ADDITIONAL CRITICAL FAIL CRITERIA

☐ **Touches face or any unprotected area with gloved hands**

☐ **Touches dirty area with 'clean' hands during removal**

MEETS STANDARDS (RECERT)

IF NO, EXPLAIN	☐ YES ☐ NO
EVALUATOR SIGNATURE IDENTIFICATION #	**2ⁿᵈ ATTEMPT** ☐ YES ☐ NO

BLS-2013-Pediatric Emergencies
EMERGENCY MEDICAL SERVICES   (11/10 MH)

SKILLS CHECKLIST
FOR RECERTIFICATION

NAME		ID #		DATE	
	PRINT STUDENT'S NAME				

Objective: Given a partner, appropriate equipment and a pediatric patient with an injury/illness, demonstrate appropriate assessment and treatment as outlined in BLS-2013-Pediatric Emergencies and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI ☐ Scene Safety ☐ Determines MOI/NOI ☐ Number of Patients ☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ **Appearance** ☐ Chief complaint	☐ Airway ☐ C-spine	☐ **Work of Breathing**	☐ **Circulation** ☐ Bleeding	☐ Obvious Trauma ☐ Body Position	☐ **SICK** ☐ **NOT SICK**

SUBJECTIVE (FOCUSED HISTORY)

☐ **Establishes rapport** with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
☐ Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
☐ Obtains names/dosages of current **medications** and were any taken

OBJECTIVE (PHYSICAL EXAM)

☐ Records and documents **baseline vital signs** (maintains *High IOS* for sustained tachycardia)
☐ Performs appropriate **medical / trauma exam** – exposes/checks for bleeding and/or injuries
☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

☐ Verbalizes **impression**
☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

☐ Reports **"At Patient's Side"**
☐ Uses the **Pediatric Assessment Triangle (PAT)** to make the S/NS decision
☐ Indicates need for **ALS and/or immediate transport** (SICK)
☐ Uses the **TICLS Approach** as it applies to "Appearance"
☐ Considers **Index of Suspicion**

☐ Appropriate rate and delivery of **oxygen** (as indicated)
☐ Properly **positions patient**
☐ **Monitors** patient vital signs
☐ Performs pulse oximetry
☐ Performs glucometry (if trained)
☐ Prevents **heat loss**
☐ Performs pt. **reassessment**
☐ Looks for signs of child abuse

CRITICAL (FAIL) CRITERIA

DID NOT…

☐ Take/verbalize **BSI**
☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
☐ Administer appropriate rate and delivery of **oxygen**
☐ Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

☐ Delivers timely and effective **short report** (if indicated)
☐ Completes SOAP narrative portion of incident response form

MEETS STANDARDS (RECERT)

☐ YES   ☐ NO
2nd ATTEMPT
☐ YES   ☐ NO

EVALUATOR SIGN YOUR NAME   ID #   IF NO EXPLAIN

Student Name | Recert Yes No Date | Written Score

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry- SpO2)						
(Glucometry)						

Medications taken by patient at home   Allergies

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                                            Chief Complaint

Narrative

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BLS-2013-SICK/NOT SICK **EMERGENCY MEDICAL SERVICES** (11/10 MH)		**CHECKLIST** FOR RECERTIFICATION	
NAME PRINT STUDENT'S NAME	**ID #**	**DATE**	

Objective: Given dispatch and scene information and/or a visual picture, EMS providers will discuss and demonstrate appropriate assessment, treatment and interaction in at least three SICK/NOT SICK scenarios for *Adult and/or Pediatric* patients. They will apply the guidelines outlined in BLS-2013-SICK/NOT SICK and EMT Patient Care Protocols or other appropriate guidelines as determined by local Medical Control.

Roundtable Exercise

☐ This exercise for CBT/OTEP 165 **SICK/NOT SICK** course was completed in a roundtable discussion panel format.

The above individual met standards regarding specific knowledge of:
☐ 6 elements of the "clinical picture" and:
- Nature of illness (NOI) - medical
- Mechanism of injury (MOI) - trauma

The above individual:
☐ Formulated *three probable scenarios* based on dispatch and discussed with partner(s) (en route to scene)
  ** *Developed a treatment plan for each of the "probable scenarios"*
☐ Assessed whether patient was **SICK** or **NOT SICK** within 1 minute
☐ Contacted **ALS if needed** - stating rationale _____
☐ Continued to evaluate patient and changed patient's category as appropriate

This exercise was a practical application of SICK/NOT SICK for:

ADULT:
☐ Medical patient(s)
☐ Trauma patient(s)

PEDIATRIC:
☐ Medical patient(s)
☐ Trauma patient(s)

This exercise/review evaluation fulfills the practical requirements for this course.

COMMUNICATION AND DOCUMENTATION	**MEETS STANDARDS** **(RECERT)**
☐ Delivers timely and effective **short report** (if indicated)	☐ YES ☐ NO **2nd ATTEMPT** ☐ YES ☐ NO
EVALUATOR SIGNATURE ID #	IF NO EXPLAIN

BLS-2013-Soft Tissue Injuries EMERGENCY MEDICAL SERVICES (11/10 MH)		**SKILLS CHECKLIST** FOR RECERTIFICATION
NAME PRINT STUDENT'S NAME	**ID #**	**DATE**

Objective: Given a partner, appropriate equipment and a patient with a soft tissue injury, demonstrate appropriate assessment and treatment as outlined in BLS-2013-Soft Tissue Injuries and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines MOI/NOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status ☐ Chief complaint	☐ Airway ☐ C-spine	☐ Breathing	☐ Circulation ☐ Bleeding	☐ Obvious Trauma ☐ Body Position	☐ **SICK** ☐ **NOT SICK**

SUBJECTIVE (FOCUSED HISTORY)

☐ **Establishes rapport** with patient (reassures and calms) and obtains **consent to treat** (implied/actual)

☐ Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation

☐ Determines **mechanism of injury (MOI)** as soon as possible – and acts accordingly

☐ Obtains names/dosages of current **medications** (maintains *high IOS* for pt. on anticoagulants)

OBJECTIVE (PHYSICAL EXAM)

☐ Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides

☐ Performs appropriate **trauma exam** — exposes/checks for bleeding/injuries (documents *CMS distal* to injury)

☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

☐ Verbalizes **impression**

☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

☐ Reports **"At Patient's Side"**

☐ Indicates need for **ALS and/or immediate transport** (SICK)

☐ Administers appropriate rate and delivery of **oxygen** (as indicated)

☐ Properly **positions patient**

☐ Considers the use of **tourniquet** (as an alternate method for bleeding control)

☐ **Monitors** patient's vital signs

☐ Maintains **High IOS for MOI**

☐ High **Index of Suspicion** (for pts. on anticoagulants)

☐ Performs oximetry/glucometry

☐ Assesses type, treatment and destination for a **burn patient**

☐ Initiates steps to **prevent heat loss**

☐ Performs pt. **reassessment**

CRITICAL (FAIL) CRITERIA

DID NOT...

☐ Take/verbalize **BSI**

☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock

☐ Administer appropriate rate and delivery of **oxygen**

☐ Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

☐ Delivers timely and effective **short report** (if indicated)

☐ Completes SOAP narrative portion of incident response form

EVALUATOR SIGN YOUR NAME   ID #

MEETS STANDARDS (RECERT)

☐ YES   ☐ NO

2nd ATTEMPT

☐ YES   ☐ NO

IF NO EXPLAIN

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry- SpO2)						
(Glucometry)						

Medications taken by patient at home   Allergies

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                                                        Chief Complaint

Narrative

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