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
- Airway
- Breathing
- Circulation
- 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
- 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)

<table>
<thead>
<tr>
<th>GENERAL CARE (Check all that apply)</th>
<th>CRITICAL (FAIL) CRITERIA</th>
<th>MEETS STANDARDS (RECERT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports “At Patient’s Side”</td>
<td>DID NOT…</td>
<td></td>
</tr>
<tr>
<td>Indicates need for ALS and/or</td>
<td>□ Take/verbalize BSI</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>immediate transport (SICK)</td>
<td>□ Appropriately provide/management</td>
<td></td>
</tr>
<tr>
<td>Performs postural vital signs</td>
<td>□ Airway, breathing, bleeding control, treatment of shock</td>
<td>2nd ATTEMPT</td>
</tr>
<tr>
<td>exam – (if indicated) (documents data)</td>
<td>□ Administer appropriate rate and delivery of oxygen</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>Administers appropriate rate and</td>
<td>□ Indicate need for ALS and/or immediate transport (SICK)</td>
<td></td>
</tr>
<tr>
<td>delivery of oxygen (as indicated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly positions patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Initiates steps to prevent heat loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Monitors patient vital signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Considers index of suspicion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Performs glucometry/oximetry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Performs pt. reassessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Documents: Pt. LAS (follow-up care if needed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ __________________________ (additional)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION AND DOCUMENTATION**
- Delivers timely and effective short report (if indicated)
- Completes SOAP narrative portion of incident response form
<table>
<thead>
<tr>
<th>TIME →</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Pulse Rate</td>
</tr>
<tr>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>Consciousness</td>
</tr>
<tr>
<td>ECG Rhythm</td>
</tr>
<tr>
<td>Oxygen</td>
</tr>
<tr>
<td>Meds</td>
</tr>
<tr>
<td>(Pulse Oximetry- SpO2)</td>
</tr>
<tr>
<td>(Glucometry)</td>
</tr>
</tbody>
</table>

Medications taken by patient at home

Allergies

__________________________

__________________________

Chief Complaint

Narrative

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________
# BLS-2013-Altered Mental States

**EMERGENCY MEDICAL SERVICES (11/10 MH)**

## NAME
PRINT STUDENT’S NAME

<table>
<thead>
<tr>
<th>ID #</th>
<th>DATE</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Airway</th>
<th>Breathing</th>
<th>Circulation</th>
<th>Body Position</th>
<th>SICK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief complaint</td>
<td>C-spine</td>
<td></td>
<td></td>
<td></td>
<td>NOT SICK</td>
</tr>
</tbody>
</table>

## 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)

- 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
- Appropriate provide/manager 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

---

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<table>
<thead>
<tr>
<th>TIME</th>
<th>Blood Pressure</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pulse Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory Rate</td>
<td></td>
<td></td>
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</tr>
<tr>
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<td>Consciousness</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>ECG Rhythm</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Oxygen</td>
<td></td>
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<td></td>
<td>Meds</td>
<td></td>
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<tr>
<td></td>
<td>(Pulse Oximetry- SpO2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Glucometry)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

© 2013 Seattle / King County EMS
<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given: Given appropriate equipment (EMS PPE and germicidal wipes or spray)</td>
</tr>
<tr>
<td>Demonstrate:</td>
</tr>
<tr>
<td>➢ Proper <strong>Donning</strong> of ‘Full’ EMS PPE for patient who presents with signs of <strong>Febrile Respiratory Illness</strong></td>
</tr>
<tr>
<td>➢ Proper <strong>Doffing</strong> of ‘Full’ EMS PPE for patient who presents with signs of <strong>Febrile Respiratory Illness</strong></td>
</tr>
<tr>
<td>➢ Decontamination of EMS Equipment (Aid Kits, Vent Kit, Radio(s), Clipboard, etc.)</td>
</tr>
</tbody>
</table>

### PPE DONNING (Placement)

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

<table>
<thead>
<tr>
<th>Mask (Fit-Tested)</th>
<th>Eye / Face Protection</th>
<th>Gown</th>
<th>Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fit to bridge of nose</td>
<td>☐ In place</td>
<td>☐ Secured</td>
<td>☐ Cover Gown sleeves</td>
</tr>
<tr>
<td>☐ Check seal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mask patient *</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* (if indicated)

### PPE DOFFING (Removal)

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

<table>
<thead>
<tr>
<th>Gloves</th>
<th>Gown</th>
<th>Eye / Face Protection</th>
<th>Mask (Fit-Tested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Grab cuff /remove</td>
<td>☐ Ties from back/neck</td>
<td>☐ Remove</td>
<td>☐ Exit contaminated space</td>
</tr>
<tr>
<td>☐ Insert finger in cuff and remove</td>
<td>☐ Fold dirty side in and bundle</td>
<td>☐ Save glasses or discard shields</td>
<td>☐ Remove by straps on back of head</td>
</tr>
<tr>
<td>☐ Discard</td>
<td></td>
<td>☐ Clean hands w/ waterless cleaner</td>
<td>☐ Clean hands w/ waterless cleaner</td>
</tr>
</tbody>
</table>

☐ 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)

<table>
<thead>
<tr>
<th>IF NO, EXPLAIN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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**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
- [ ] 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 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)**
- [ ] 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 MEETS STANDARDS (RECERT)**
- [ ] Delivers timely and effective short report (if indicated)
- [ ] Completes SOAP narrative portion of incident response form

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

Medications taken by patient at home

Allergies

Chief Complaint

Narrative
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

☐ Delivers timely and effective short report (if indicated) ☐ YES ☐ NO

MEETS STANDARDS (RECERT)

☐ 2nd ATTEMPT
  ☐ YES ☐ NO

EVALUATOR SIGNATURE ID # IF NO EXPLAIN
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
- Airway
- Breathing
- Circulation
- 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)

#### 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**
<table>
<thead>
<tr>
<th>TIME</th>
<th>Blood Pressure</th>
<th>Pulse Rate</th>
<th>Respiratory Rate</th>
<th>Consciousness</th>
<th>ECG Rhythm</th>
<th>Oxygen</th>
<th>Meds</th>
<th>(Pulse Oximetry- SpO2)</th>
<th>(Glucometry)</th>
</tr>
</thead>
</table>

**Medications taken by patient at home**

**Allergies**

**Chief Complaint**

**Narrative**

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