

# 2009 CBT/OTEP 434 Cardiovascular Emergencies

EMERGENCY MEDICAL SERVICES (10/20/08) MH

# SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 434 Cardiovascular Emergencies

Student Name

Recert Yes No

Date

Written Score

(online)

<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>ID #</b>		<b>DATE</b>
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**Objective:** Given a partner, appropriate equipment and a patient with chest pain, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 434 and EMT Patient Care Guidelines.

**SCENE SIZE-UP** (must verbalize)

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources
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**INITIAL ASSESSMENT** (must verbalize)

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> <b>SICK</b>
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> <b>NOT SICK</b>

**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 complaint, signs or symptoms
- Obtains names/dosages of current **medications** and were any taken – (e.g., Viagra, Cialis, Levitra, NTG)

**OBJECTIVE (PHYSICAL EXAM)**

- Records and documents **baseline vital signs** - listens to **lung sounds** and **compares** sides
- Performs appropriate **medical / trauma exam** — exposes/checks for bleeding and/or injuries (if indicated)
- Connects monitoring leads and monitors patient (if trained to do so and if appropriate)
- 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)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)</li> <li><input type="checkbox"/> Places patient in the appropriate position for condition (sitting, lying)</li> <li><input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)</li> <li><input type="checkbox"/> <b>Monitors</b> patient's vital signs</li> <li><input type="checkbox"/> Properly assists with patient's <b>nitroglycerine</b> (if indicated)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Initiates steps to prevent heat loss</li> <li><input type="checkbox"/> Considers <b>Index of Suspicion</b></li> <li><input type="checkbox"/> Connects <b>monitoring leads</b> and monitors pt. (if trained to do so)</li> <li><input type="checkbox"/> Performs ongoing assessment</li> <li><input type="checkbox"/> Glucometry performed</li> <li><input type="checkbox"/> Oximetry performed</li> <li><input type="checkbox"/> _____(additional)</li> </ul> |
|---|---|

**CRITICAL (FAIL) CRITERIA**

**DID NOT...**

- Proper use of **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Administer appropriate rate and delivery of **oxygen** (if indicated)
- Indicates 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

**2<sup>nd</sup> ATTEMPT**

YES       NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

