

2010 CBT/OTEP 301 Soft Tissue Injuries
EMERGENCY MEDICAL SERVICES

SKILLS CHECKLIST
FOR RECERTIFICATION

CBT/OTEP 301 Soft Tissue Injuries

Student Name _____

Recert Yes No

Date _____

Written Score _____

(online / other)

NAME <small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner, appropriate equipment and a patient with a soft tissue injury, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 301 and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<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"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> 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

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs appropriate **trauma exam** — exposes/checks for bleeding and/or injuries
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes **impression**
- Assess type, treatment and destination for a **burn patient**
- Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

<p>GENERAL CARE (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Care of tension pneumothorax for open chest wound (occlusive dressing) 	<ul style="list-style-type: none"> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Monitors patient's vital signs <input type="checkbox"/> Considers index of suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Performs pulse oximetry <input type="checkbox"/> Performs glucometry <input type="checkbox"/> _____ (additional) 	<p>CRITICAL (FAIL) CRITERIA</p> <p>DID NOT...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)
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COMMUNICATION AND DOCUMENTATION

<ul style="list-style-type: none"> <input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form 	<p>MEETS STANDARDS (RECERT)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2nd ATTEMPT</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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EVALUATOR SIGN YOUR NAME _____	ID # _____	IF NO EXPLAIN _____
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