

CBT/OTEP 443 Altered Mental Status
 Student Name _____
 Recert Yes No _____
 Date _____
 Written Score _____
 (online / other) _____

2010 CBT/OTEP 443 Altered Mental States EMERGENCY MEDICAL SERVICES	SKILLS CHECKLIST FOR RECERTIFICATION
--	--

NAME	PRINT STUDENT'S NAME	ID #		DATE	
-------------	----------------------	-------------	--	-------------	--

Objective: Given a partner, appropriate equipment and an altered mental status, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 443 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
------------------------------	---------------------------------------	---	---	---

INITIAL ASSESSMENT (must verbalize)

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Obvious Trauma	<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 **time of onset** of signs or symptoms (appreciates 4.5 hr. time frame for definitive care)
- Obtains names/dosages of current **medications**

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs**
- 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 patient
- Demonstrates proper assessment of pupils

ASSESSMENT (IMPRESSION)

- Demonstrates use of FAST Stroke Screen for potential stroke patients
- Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

<p>GENERAL CARE <i>(Check all that apply)</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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"/> Monitors patient's vital signs </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Considers index of suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Performs glucometry <input type="checkbox"/> Performs pulse oximetry <input type="checkbox"/> Initiates proper transportation and notification <input type="checkbox"/> _____ (additional) </td> </tr> </table>	<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"/> Monitors patient's vital signs	<input type="checkbox"/> Considers index of suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Performs glucometry <input type="checkbox"/> Performs pulse oximetry <input type="checkbox"/> Initiates proper transportation and notification <input type="checkbox"/> _____ (additional)	<p>CRITICAL (FAIL) CRITERIA DID NOT...</p> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)
<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"/> Monitors patient's vital signs	<input type="checkbox"/> Considers index of suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Performs glucometry <input type="checkbox"/> Performs pulse oximetry <input type="checkbox"/> Initiates proper transportation and notification <input type="checkbox"/> _____ (additional)		

COMMUNICATION AND DOCUMENTATION	MEETS STANDARDS (RECERT)
--	---------------------------------

<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form	<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

EVALUATOR SIGN YOUR NAME	ID #	IF NO EXPLAIN
--------------------------	------	---------------

