

**2010 CBT/OTEP 537 Pediatric Emergencies**  
EMERGENCY MEDICAL SERVICES

**SKILLS CHECKLIST**  
FOR RECERTIFICATION

CBT/OTEP 537 Pediatric Emergencies

Student Name \_\_\_\_\_

Recert Yes No

Date \_\_\_\_\_

Written Score \_\_\_\_\_

(online / other)

<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 pediatric patient with an injury, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 537 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)

- |  |                                  |  |  |  |                                      |
|--|----------------------------------|--|--|--|--------------------------------------|
| <input type="checkbox"/> Appearance      | <input type="checkbox"/> Airway  | <input type="checkbox"/> Work of 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  
 Obtains names/dosages of current medications and were any taken

**OBJECTIVE (PHYSICAL EXAM)**

- Records and documents baseline vital signs  
 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)

- |   |   |
|---|---|
| <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK)           | <input type="checkbox"/> Monitors patient vital signs     |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) | <input type="checkbox"/> Considers index of suspicion     |
| <input type="checkbox"/> Properly positions patient   | <input type="checkbox"/> Performs ongoing assessment      |
| <input type="checkbox"/> Performs spinal immobilization                                     | <input type="checkbox"/> Performs pulse oximetry          |
| <input type="checkbox"/> Looks for signs of child abuse                                     | <input type="checkbox"/> Performs glucometry (if trained) |
|   | <input type="checkbox"/> _____(additional)                |
|   | <input type="checkbox"/> _____(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  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

