

**2010 CBT/OTEP 165 SICK/NOT SICK
EMERGENCY MEDICAL SERVICES**

**CHECKLIST
FOR RECERTIFICATION**

CBT/OTEP 165 SICK/NOT SICK

| | | |
|--|-------------|-------------|
| NAME <small>PRINT STUDENT'S NAME</small> | ID # | DATE |
|--|-------------|-------------|

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. They will apply the guidelines outlined in CBT/OTEP 165 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 possible scenarios based on dispatch and discussed with partner(s) (en route to scene)
- 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:

- Medical patient(s)
- Trauma patient(s)

This exercise/review evaluation fulfills the practical requirements for this course.

Student Name _____

Recert Yes No

ate

Written Score _____

(online / other)

| COMMUNICATION AND DOCUMENTATION | | MEETS STANDARDS (RECERT) |
|---|------|---|
| <input type="checkbox"/> Delivers timely and effective short report (if indicated) | | <input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVALUATOR SIGNATURE | ID # | IF NO EXPLAIN |

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 |
|--|-------------|-------------|

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 |
|------------------------------|---------------------------------------|---|---|---|

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) |
|---|--|--|

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> |
|--|---|

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

2010 CBT/OTEP 435 Abdominal Pain
EMERGENCY MEDICAL SERVICES

SKILLS CHECKLIST
FOR RECERTIFICATION

CBT/OTEP 435 Abdominal Pain

| | | |
|--|-------------|-------------|
| NAME <small>PRINT STUDENT'S NAME</small> | ID # | DATE |
|--|-------------|-------------|

Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 435 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)

- | | | | | | |
|--|----------------------------------|------------------------------------|--------------------------------------|---|--|
| <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**
 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 appropriate **medical / trauma exam** - exposes/checks for bleeding and/or injuries
 Performs a **proper abdominal exam**
 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"/> Performs proper spinal immobilization if needed |
| <input type="checkbox"/> Considers postural vital signs exam | <input type="checkbox"/> Initiates steps to prevent heat loss |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) | <input type="checkbox"/> Monitors patient vital signs |
| <input type="checkbox"/> Applies dressing/bandage to wound (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 glucometry/oximetry |
| | <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
2nd ATTEMPT
 YES NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

Student Name _____

Recert Yes No

Date _____

Written Score _____

(online / other)

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</p> <p>DID NOT...</p> <ul style="list-style-type: none"> <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) |
|--|---------------------------------|

| | | | | | | | |
|--|---|------------------------------|-----------------------------|-------------------------------|--|------------------------------|-----------------------------|
| <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 | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="text-align: center;">2nd ATTEMPT</td> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2nd ATTEMPT | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <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 |
|--------------------------|------|---------------|

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)

| | | |
|--|-------------|-------------|
| NAME <small>PRINT STUDENT'S NAME</small> | ID # | DATE |
|--|-------------|-------------|

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"/> 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
- 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
- 2nd ATTEMPT**
- YES NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

NAME
PRINT NAME

IDENTIFICATION #

DATE

OBJECTIVE

Given: Given appropriate equipment (EMS PPE and germicidal wipes or spray)

Demonstrate:

- Proper Donning of 'Full' EMS PPE for patient who presents with signs of **F**ebrile **R**espiratory **I**llness
- Proper Doffing of 'Full' EMS PPE for patient who presents with signs of **F**ebrile **R**espiratory **I**llness
- Decontamination of EMS Equipment (Aid Kits, Vent Kit, Radio(s), Clipboard, etc.)

PPE DONNING

(must demonstrate in the following approved order...MEGG)

Mask (Fit-Tested)

- Fit to bridge** of nose
- Check **seal**
- Mask patient (if indicated)

Eye / Face Protection

- In place

Gown

- Secured

Gloves

- Cover** Gown sleeves

PPE DOFFING (REMOVAL)

(must demonstrate in the following approved order)

Gloves

- Grab cuff** /remove
- Insert finger** in cuff and remove
- Discard

Gown

- Ties from back/neck
- Fold **dirty side in** and bundle
- Clean hands w/ waterless cleaner**

Eye / Face Protection

- Remove
- Save glasses or discard shields

Mask (Fit-Tested)

- Exit contaminated space
- Remove by straps on **back of head**
- Clean hands w/ waterless cleaner**

- 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)

IF NO, EXPLAIN

YES NO

EVALUATOR SIGNATURE

IDENTIFICATION #

2nd ATTEMPT

YES NO

**2010 CBT/OTEP 938 Street Medicine - Crime Scenes
EMERGENCY MEDICAL SERVICES**

**CHECKLIST
FOR RECERTIFICATION**

CBT/OTEP 938 Street Medicine

| | | |
|--|-------------|-------------|
| NAME <small>PRINT STUDENT'S NAME</small> | ID # | DATE |
|--|-------------|-------------|

Objective: Given three crime scene scenarios and images, EMS providers will discuss and demonstrate appropriate actions to include safety, crime scene preservation, documentation, applying the guidelines outlined in CBT/OTEP 938 Street Medicine (Crime Scenes) and EMT Patient Care Guidelines.

Roundtable Exercise

- A roundtable exercise for the CBT/OTEP 938 Street Medicine course was completed and included a discussion panel.
- The above individual met standards regarding specific knowledge of:
 - Safety
 - Crime scene evidence and preservation
 - Documentation

The exercise contained:

- A demonstration of how to approach a potential crime scene
- A demonstration of the types of items that could be considered evidence
- Application of guidelines for preserving crime scene evidence
- Review of examples of good documentation

This exercise/review evaluation fulfills the practical requirements for this course.

Student Name _____

Recert Yes No

Date _____

Written Score _____

COMMUNICATION AND DOCUMENTATION

**MEETS STANDARDS
(RECERT)**

- Delivers timely and effective **short report** (if indicated)

YES NO

2nd ATTEMPT

YES NO

EVALUATOR SIGNATURE

ID #

IF NO EXPLAIN

(online / other)