

East Carolina University/Brody School of Medicine Department of Emergency Medicine Division of EMS
SKILL CHECK SHEET – *Advanced EMT*

Name: _____

Exam Date: _____

Revised 1/2017

Blind Insertion Airway Device

- ___ Identifies indication / contraindications for BIAD
- ___ Assembles equipment (includes checking cuffs for leakage, lubricating tube, end-tidal CO2 detector and/or capnography, pulse ox, and having suction on-hand)
- ___ Pre-oxygenates patient with BVM
- ___ Positions patient's head properly
- ___ Inserts airway properly
- ___ Inflates cuffs (to manufacturer's recommendations)
- ___ Ventilates patient and listens for breath sounds
- ___ Secures BIAD to patient
- ___ Confirms tube placement using waveform capnography
- ___ Discusses the indications for BIAD removal

Airway Orotracheal Intubation (ETT)

- ___ Identifies indication and complications of intubation
- ___ Assembles equipment (includes checking cuff for leakage, lubricating tube, and having suction on-hand)
- ___ Pre-oxygenates patient with BVM
- ___ Positions patient's head properly, insert laryngoscope and visualizes vocal cords appropriately
- ___ Insert ETT through the vocal cords (maximum of three attempts)
- ___ Attach waveform capnography, ventilate patient and assesses breath sounds (confirm placement-capnography)
- ___ Adjusts or removes tube if indicated
- ___ Inflate cuff on ETT reassess breath sounds, and secure ETT to patient

Bolded items represent "automatic failures" and the need for retesting.

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Evaluator: _____

Pass

Fail

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Pass

Fail

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Nebulized Medication Administration

- ___ Identifies indication for medication, dosage and that no contraindications are present
- ___ Explains procedure to patient
- ___ **Assembles equipment (includes correct medication and dosage, checking expiration dates, purity)**
- ___ **Pours correct amount of medication into reservoir well of nebulizer**
- ___ Connects nebulizer to oxygen source and adjusts oxygen flow
- ___ Encourages patient to inhale normally through the mouthpiece or nebulizer mask until medication is depleted.
- ___ Reassesses patient

Bolded items represent “automatic failures” and the need for retesting.

Evaluator: _____

Pass

Fail

Airway – CPAP (Continuous Positive Airway Pressure)

- ___ Identifies indication(s) / contraindication(s) for CPAP/PEEP
- ___ Ensures adequate oxygen supply to ventilation device and nasal capnography is applied
- ___ Explains procedure to patient and consider placement of a nasopharyngeal airway
- ___ **Places delivery mask over patient’s mouth and nose. Oxygen should be flowing through device.**
- ___ **Secures mask with provided straps starting with lower straps with minimal air leak**
- ___ **If PEEP adjustable on CPAP device, adjust the PEEP**
- ___ **Reassess patient response, assessing breath sounds, oxygen saturation, general appearance and nasal capnography**
- ___ Titrate oxygen levels to patient’s response.
- ___ Encourage patient to allow forced ventilation to occur. Observe closely for signs of complications.

Bolded items represent “automatic failures” and the need for retesting.

Evaluator: _____

Pass

Fail

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Intraosseous Needle Insertion

*(**Practice only until system wide implementation.)*

- ___ 1. Identifies indications/complications for IO insertion
- ___ 2. Employs universal precautions and aseptic technique
- ___ 3. Assembles equipment (includes IV fluid, checking expiration date and purity of fluid; stopcock; IO needle (or bone marrow aspiration needle); minimum 5cc syringe; padding; injectable saline) or EZ-IO (drill, appropriate needle, 10cc syringe, injectable saline)
- ___ 4. **Selects appropriate insertion site**
- ___ 5. Cleans insertion site appropriately
- ___ 6. **Inserts needle (60-90 degree angle) until a “pop” or “give” is felt indicating loss of resistance. Do not advance needle any further.**
- ___ 7. Removes stylet and place in “sharps” container
- ___ 8. **Aspirates and flushes with saline to verify placement**
- ___ 9. Immediately attaches IV tubing, stopcock, or IV extension tubing and IV fluids for infusion
- ___ 10. Secures IO with dressings and tape
- ___ 11. Reassess patient

Bolded items represent “automatic failures” and the need for retesting.

Evaluator: _____

Pass

Fail

Scenario: Dysrhythmia Patient/Cardiac Arrest

E	EMT
A	AEMT
P	Paramedic

Date: _____

Name: _____

	Yes	No	N/A
Initial assessment:			
Determines chief complaint and general impression			
Determines if patient is stable or unstable			
Assesses airway and breathing			
Assesses circulation			
Focused Assessment			
Vital Signs:			
Apply cardiac monitor			
Applies chest and extremity leads properly			
Obtain 12 lead ECG if needed (E,A,P)			
Interprets 12 lead ECG correctly (P)			
Transmits 12 lead ECG to hospital (E,A,P)			
Requests ALS or additional units if needed			
Treatment:			
Identifies symptomatic arrhythmia(s) and treat in a timely manner (P)			
Administers aspirin, knows correct dose and contraindications			
Administers oxygen if indicated (less than 92%)			
Administers nitroglycerin if indicated			
Starts peripheral IV or IO as indicated (A,P)			
Reassesses patient often, repeats Vital Signs			
Treats hypotension with fluids and/or pressors as needed (A,P)			
Treats underlying dysrhythmia with present patient conditions (P)			
Treats underlying symptomatic causes (E,A,P)			
Cardiac Arrest Treatment:			
Starts CPR if pulseless			
Attaches AED if pulseless (E,A)			
Performs visual and verbal "CLEAR" with defibrillation/Cardioversion			
Defibrillates when identifies pulseless V-Fib/V-Tach			
Resumes CPR after shock for appropriate time (<10 secs)			
Minimizes chest compression pauses (<10 secs)			
Provides appropriate ventilations during CPR			
Inserts appropriate airway and confirms with waveform capnography (E,A,P)			
Adverse actions:			
Fails to follow protocol			
Fails to administer medication per protocol, does not know dose, route, and contraindications			

Critical Criteria in bold letters

Comments: *(use back of sheet for more detail)*

Evaluator Name: _____ Signature: _____

Medical Director Signature: _____

PASS

FAIL

Scenario: Respiratory/ Anaphylaxis Case

Date: _____

Name: _____

E	EMT
A	AEMT
P	Paramedic

	Yes	No	N/A
Initial assessment:			
Determines chief complaint and general impression			
Determines level of consciousness			
Assesses airway and breathing			
Assesses circulation			
History of Present Illness ("PQRST")			
Past Medical History ("AMPLE")			
Focused Assessment			
Vital Signs:			
Apply cardiac monitor			
Applies chest and extremity leads properly			
Obtain 12 lead ECG if needed (E,A,P)			
Interprets 12 lead ECG correctly (P)			
Transmits 12 lead ECG to hospital (E,A,P)			
Requests ALS or additional units if needed			
Treatment:			
Administers nebulized albuterol if needed			
Administers oxygen if indicated (less than 92%)			
Administers nitroglycerin if indicated			
Starts peripheral IV or IO as indicated (A,P)			
Reassesses patient often, repeats Vital Signs			
Treats hypotension with fluids and/or pressors as needed (A,P)			
Applies NIPPV correctly if indicated			
Inserts advance airway appropriately and confirms with capnography (P)			
Able to perform surgical cricothyrotomy appropriately			
Anaphylaxis Treatment:			
Administers correct dose of epinephrine IM (E,A,P)			
Administer correct dose of diphenhydramine if needed (E,A,P)			
Administer correct dose of steroid (P)			
Adverse actions:			
Fails to follow protocol			
Fails to administer medication per protocol, does not know dose, route, and contraindications			

Critical Criteria in bold letters

Comments: (use back of sheet for more detail)

Evaluator Name: _____ Signature: _____

Medical Director Signature: _____

PASS FAIL