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

Name: _______________________________  
Exam Date: ________________  
Revised 9/2023

<table>
<thead>
<tr>
<th>Medication Administration – IM Epi</th>
<th>Blind Insertion Airway Device</th>
</tr>
</thead>
</table>
| ____  | Identifies indication and any contraindication for use  
____  | Explains procedure to patient, if appropriate  
____  | Assembles equipment (includes checking for correct medication, dose, expiration date, and purity)  
____  | Selects appropriate injection site  
____  | Properly cleans the injection site, while drying, draws appropriate dose from vial  
____  | Inserts needle into cleansed site, draws back and administers medication  
____  | Removes needle and properly disposes in sharps container  
____  | Reassesses patient  
____  | Notifies hospital or Contact medical control when indicated  
| ____  | Identifies indication / contraindications for BIAD  
____  | Assembles equipment (includes checking cuffs for leakage, lubricating tube, capnography, pulse ox, and having suction on-hand)  
____  | Pre-oxygenates patient with BVM (does not hyperventilate; rate, vol, or pressure  
____  | Positions patient’s head properly  
____  | Inserts airway properly (King – “to the adaptor”)  
____  | Inflates cuff(s) (to manufacturer’s recommendations)  
____  | Appropriately ventilates patient and confirms tube placement using waveform capnography & auscultates for breath sounds  
____  | Secures BIAD to patient  
____  | Discusses the indications for BIAD removal  

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

Evaluator: _______________________________  
Pass  Fail  
Evaluator: _______________________________  
Pass  Fail
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

____ Reassess patient

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

Evaluator: ______________________________

Pass  Fail

Airway –(Non-Invasive Positive Pressure Ventilation)

____ Identifies indication(s) / contraindication(s) for NIPPV/PEEP

____ Ensures adequate oxygen supply to ventilation device and nasal capnography is applied

____ Explains procedure to patient and considers placement of a nasopharyngeal airway

____ Places NIPPV mask over patient's mouth and nose. Oxygen should be flowing through device.

____ Secure mask with provided straps starting with lower straps until minimal air leak occurs.

____ If PEEP adjustable on NIPPV device, adjust the PEEP

____ Reassess patient response, assessing breath sounds, oxygen saturation, general appearance and 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
# Scenario: Dysrhythmia Patient/Cardiac Arrest

Date: ________________________

Name: __________________________________________________

<table>
<thead>
<tr>
<th>Initial assessment:</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determines chief complaint and general impression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines if patient is stable or unstable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses airway and breathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses circulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focused Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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