

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

Name: \_\_\_\_\_

Exam Date: \_\_\_\_\_

*Revised 9/2023*

**Medication Administration – IM Epi**

- \_\_\_\_\_ 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

**Blind Insertion Airway Device**

- \_\_\_\_\_ 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.**

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Evaluator: \_\_\_\_\_

**Pass**                      **Fail**

Evaluator: \_\_\_\_\_

**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
- \_\_\_\_\_ 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

E	EMT
A	AEMT
P	Paramedic

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

**Critical Criteria in bold letters**

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

Evaluator Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_

PASS

FAIL