



<b>Clinician Name:</b>	
<b>Level of Care:</b>	
<b>Date Initiated:</b>	
<b>Date Submitted:</b>	
<b>Agency:</b>	

Operational Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Possess all operational knowledge regarding vehicle function required of the applicant's agency			
E / A / P	Possess all knowledge regarding forms and documentation			
E / A / P	Possess all knowledge regarding equipment location and restocking			
E / A / P	Demonstrate all relevant driving skills and knowledge of important locations in the agency's response area			
E / A / P	Demonstrate ability to use technology platforms for charting			
E / A / P	Demonstrate full knowledge of the ePCR platform for complete documentation			

Pharmacology Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate knowledge of the medication formulary			
E / A / P	Demonstrate knowledge of the Pitt County Protocol Medication list and Maintenance Procedures			
P	Demonstrate knowledge of controlled substance storage and policies			
E / A / P	Demonstrate ability to prepare, administer and transfer medications including but not limited to ampules, vials, pre-filled syringes, nebulizers and intranasal medications.			

Respiratory Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate optimized respiratory patient assessment			
E / A / P	Demonstrate determination of stability or instability of respiratory patients			
E / A / P	Demonstrate knowledge of CHF/Pulmonary Edema Protocol			
E / A / P	Demonstrate knowledge of COPD/Asthma Protocol			
E / A / P	Demonstrate knowledge of Adult Airway Protocol			
E / A / P	Demonstrate ability to recognize and appropriately treat respiratory emergencies			

### Neurological Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate knowledge of Suspected Stroke Protocol			
E / A / P	Demonstrate ability to recognize signs and symptoms of a CVA using the current county stroke scale			
E / A / P	Demonstrate knowledge of proper patient treatment and activation of the stroke pathway			
E / A / P	Demonstrate knowledge of ECU Health Activation			
E / A / P	Demonstrate knowledge of Seizure Protocol			
E / A / P	Demonstrate ability to recognize the signs and symptoms of a seizure and its management			

### EKG Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
P	Identify Sinus Rhythms			
A / P	Identify Ventricular Rhythms			
P	Identify Bradycardic Rhythms			
P	Identify Atrial Rhythms			
P	Identify EKG findings of ischemia			
P	Identify supraventricular tachycardias			
A / P	Identify PEA and asystole			
P	Identify bundle branch blocks			
P	Demonstrate knowledge of Pacing Protocols			
P	Demonstrate knowledge of Cardioversion Protocol / Procedure			
P	Demonstrate knowledge of Dual Sequence Defibrillation protocols / procedures			
E / A / P	Demonstrate knowledge of 12 Lead ECG protocol/procedures			

### Cardiac Checkoff

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate optimized cardiac patient assessment			
E / A / P	Demonstrate determination of stability or instability of cardiac patients			
E / A / P	Demonstrate knowledge of County cardiac medication formulary			
E / A / P	Demonstrate knowledge of Advanced Directives Policy			
E / A / P	Demonstrate knowledge of Handling of Deceased Patients Policy			
E / A / P	Demonstrate knowledge of Asystole / PEA Protocol			
E / A / P	Demonstrate knowledge of Bradycardia Pulse Present Protocols			
E / A / P	Demonstrate knowledge of Suspected Cardiac MI/STEMI and Chest Pain protocols			

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate knowledge of CHF/Pulmonary Edema Protocol			
E / A / P	Demonstrate knowledge of Narrow Complex Tachycardia Protocol			
E / A / P	Demonstrate knowledge of Wide Complex Tachycardia Protocol			
E / A / P	Demonstrate knowledge of Ventricular Fibrillation / Pulseless V-Tach protocol			

**Medical Emergency Checkoff**

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate optimized medical patient assessment			
E / A / P	Demonstrate determination of stability or instability of medical patients			
E / A / P	Demonstrate knowledge of County general medical emergencies medication formulary			
E / A / P	Demonstrate knowledge of Allergic Reactions / Anaphylaxis Protocol			
E / A / P	Demonstrate knowledge of Diabetic Protocols			
E / A / P	Demonstrate knowledge of Overdose / Toxic Ingestion Protocols			
E / A / P	Demonstrate knowledge of Syncope Protocols			
E / A / P	Demonstrate knowledge of Abdominal Pain / Vomiting and Diarrhea Protocols			
E / A / P	Demonstrate knowledge of Seizure Protocol			
E / A / P	Demonstrate knowledge of Hyperthermia Protocol			
E / A / P	Demonstrate knowledge of Hypothermia / Frostbite Protocol			
E / A / P	Demonstrate knowledge of Behavioral protocol			
P	Demonstrate proficiency in the regulations, dosing, reporting and restrictions of medical control regarding ketamine use			

**Pediatric and OB Checkoff**

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate optimized pediatric and OB patient assessment			
E / A / P	Demonstrate determination of stability or instability of pediatric and OB patients			
E / A / P	Demonstrate knowledge of County pediatric and OB medical emergencies medication formulary			
E / A / P	Demonstrate knowledge of Childbirth Protocols			
E / A / P	Demonstrate knowledge of Newly Born Protocols			
E / A / P	Demonstrate knowledge of Obstetrical Emergencies Protocols			
E / A / P	Demonstrate proficiency using pediatric assessment tools including length based measures			
E / A / P	Demonstrate proficiency in calculating APGAR score			

**Trauma Checkoff**

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate optimized trauma patient assessment			

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
E / A / P	Demonstrate determination of stability or instability of trauma patients			
E / A / P	Demonstrate knowledge of County trauma formulary			
E / A / P	Demonstrate knowledge of Adult Trauma Score Criteria			
E / A / P	Demonstrate knowledge of Pediatric Trauma Score Criteria			
E / A / P	Demonstrate knowledge of START Triage Criteria			
E / A / P	Demonstrate knowledge of Trauma Activation Procedures			
E / A / P	Demonstrate knowledge of Head Injuries Protocols			
E / A / P	Demonstrate knowledge of Thermal Burns Protocol			
E / A / P	Demonstrate proficiency in burn Rule of Nines			
E / A / P	Demonstrate knowledge of Crush Syndrome Protocol			
E / A / P	Demonstrate knowledge of Pain Management Protocol			
E / A / P	Complete an ePCR for a trauma call			
E / A / P	Demonstrate knowledge of traumatic arrest management			
E / A / P	Demonstrate knowledge of when to withhold resuscitation in traumatic arrest			

#### Skills Assessment

Cert Level	Skill	Date	Medic Initials	FT Initials / P number
A / P	Demonstrate proficiency in starting IVs			
A / P	Demonstrate proficiency in needle decompression			
A / P	Demonstrate proficiency in intubation with bougies			
P	Demonstrate proficiency in surgical cricothyrotomy			
E / A / P	Demonstrate proficiency in tourniquet application			
A / P	Demonstrate proficiency in defibrillation			
P	Demonstrate proficiency in cardioversion			
P	Demonstrate proficiency in pacing			
E / A / P	Demonstrate proficiency in NIVPPV			
E / A / P	Demonstrate proficiency in recognition and treatment plan for specialty cases (Trauma, Stroke, STEMI, Pediatrics)			