

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

Name: _____

Exam Date: _____

Revised 1/2023

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**
- _____ 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 (minimum of six ventilations with BVM) 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.

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

Evaluator: _____

Pass Fail

Evaluator: _____

Pass Fail

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

Name: _____

Exam Date: _____

Revised 1/2023

Cardioversion

- _____ **Identifies indications for cardioversion**
- _____ Explains procedure to patient
- _____ Turns monitor on, applies pads and cables appropriately
- _____ **Interprets rhythm**
- _____ Establishes an IV and pre-medicates the patient
- _____ **Sets energy selection to appropriate joules**
- _____ **Sets monitor/defibrillator in the synchronized mode**
- _____ **Performs a verbal and visual “CLEAR”**
- _____ Reassess patient
- _____ Notifies hospital or contacts medical control when indicated

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

Evaluator: _____

Pass Fail

**Airway – CPAP (Continuous Positive Airway Pressure) and/or Ventilator PEEP
(Positive End Expiratory 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.**
- _____ **Secure mask with provided straps starting with lower straps until minimal air leak occurs.**
- _____ **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

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

Name: _____

Exam Date: _____

Revised 1/2023

Transcutaneous External Pacing

- _____ **Identifies indication for external pacing**
- _____ Explains procedure to patient if responsive
- _____ **Turns monitor on, applies pads and cables appropriately**
- _____ Establishes an IV and pre-medicates the patient if indicated
- _____ **Turns pacer on and sets desired pacing rate per protocol**
- _____ **Increases energy level until capture is obtained**
- _____ **Continue to pace patient at an output level that is about 10% higher than the threshold of initial capture**
- _____ Reassess patient's response to pacing therapy (Check a pulse)
- _____ Notify hospital or contact medical control when indicated

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

Evaluator: _____

Pass Fail

Airway – Surgical Cricothyrotomy

- _____ **Identifies indication and contraindication of surgical cricothyrotomy**
- _____ Assembles equipment (includes checking cuffs)
- _____ Identifies and palpates the cricothyroid membrane (between the cricoid and thyroid cartilages) then cleans the insertion site appropriately
- _____ **Makes incision through skin and cricothyroid membrane correctly**
- _____ Inserts endotracheal tube introducer (bougie) and slides endotracheal tube over tube introducer
- _____ Secure airway catheter and ventilate
- _____ **Attaches waveform capnography and verifies placement**
- _____ Performs all tasks in a safe manner
- _____ **Reassess**

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

Evaluator: _____

Pass Fail

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

Name: _____

Exam Date: _____

Revised 1/2023

Chest Decompression

- _____ **Identifies indication and complications of chest decompression**
- _____ Assess patient breath sounds and look for any signs of tracheal deviation, jugular vein distention, or subcutaneous emphysema
- _____ **Selects appropriate insertion site**
- _____ Cleanses the insertion site appropriately
- _____ **Properly inserts catheter (may feel “pop” or “give” as it enters the thoracic cavity)**
- _____ Withdraws needle and advances catheter until flush with the skin
- _____ **Reassess patient**

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

Evaluator: _____

Pass

Fail

Intraosseous Needle Insertion

- _____ Identifies indications/complications for IO insertion
- _____ Employs universal precautions and aseptic technique
- _____ 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)
- _____ **Selects appropriate insertion site**
- _____ Cleans insertion site appropriately
- _____ **Inserts needle (60-90 degree angle) until a “pop” or “give” is felt indicating loss of resistance. Do not advance needle any further.**
- _____ Removes stylet and place in “sharps” container
- _____ **Aspirates and flushes with saline to verify placement**
- _____ Immediately attaches IV tubing, stopcock, or IV extension tubing and IV fluids for infusion
- _____ Secures IO with dressings and tape
- _____ 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