Name of Student:	
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## Stanford EMT Program Medical Assessment Rubric



## NOTE: ALL CRITICAL CRITERIA MUST BE PERFORMED CORRECTLY TO PASS

Score: Pass / Fail Start T	ime:	:	
Criteria	Out of	Receiv -ed	
BSI			
Takes or verbalizes appropriate body substance isolation precautions before approaching patient ( <i>CRITICAL</i> )	1		
SCENE SIZE UP			
Assesses environment and determines the scene is safe before approaching patient (CRITICAL)	1		
Determines number of patients	1		
Determines the mechanism of injury/nature of illness	1		
Determines need for additional resources	1		
Determines need for spinal precautions based on MOI/NOI (CRITICAL)	1		
PRIMARY ASSESSMENT			
General Impression			
- Indicates appearance, position, age, and sex of patient	1		
Introduction and Consent	1		
- EMT introduces themselves and receives consent to treat (CRITICAL)	1		
Responsiveness/Level of consciousness			
- Accurately assesses and verbalizes patient's responsiveness on the AVPU scale.	2		
- Asks orientation questions (person, place, time, event) if appropriate			
Determines Chief Complaint	1		
- Asks for patient's chief complaint during primary assessment			
Airway			
- Appropriately determines need to open the airway (CRITICAL)	1		
<ul> <li>If indicated, opens airway with appropriate technique (CRITICAL)</li> <li>Determines need to clear or suction airway (CRITICAL)</li> </ul>	4		
- Determines need for airway adjunct and verbalizes placement ( <i>CRITICAL</i> )			
Breathing			
- Verbalizes approximate rate (fast/normal/slow/absent) of breathing ( <i>CRITICAL</i> )			
- Verbalizes rhythm (regular/irregular) of breathing	1		
- Verbalizes quality of breathing (CRITICAL)	4		
- Initiates appropriate oxygen therapy and/or any needed interventions and if appropriate, uses pulse			
oximeter to determine choice of oxygen therapy (CRITICAL)			
Circulation			
- Pulse			
<ul> <li>Checks for pulse at appropriate site for no more than 10 seconds (CRITICAL)</li> <li>Verbalizes approximate rate (fast/normal/slow/absent) of pulse (CRITICAL)</li> </ul>			
- Verbalizes approximate rate (last normal/slow/absent) of pulse (CMTTCAL)  - Verbalizes rhythm (regular/irregular) of pulse			
- Verbalizes quality (strong/weak) of pulse	_		
- Skin	7		
- Assesses color, temperature, and condition of skin (CRITICAL)			
- Bleeding			
- Performs visual or physical blood sweep to identify major bleeding (CRITICAL)			
- Interventions  Variablizes appropriate interventions for shock bleeding central and/or cardiac arrest (CRITICAL)			
- Verbalizes appropriate interventions for shock, bleeding control and/or cardiac arrest (CRITICAL)		1	

Transport Decision		
- Determines appropriate transport priority and destination ( <i>CRITICAL</i> )		
- Initiates transport within 10 minutes and at appropriate stage of assessment (CRITICAL)	3	
- States plausible justification for transport decision		
PATIENT HISTORY		
Signs and Symptoms & History of Present Illness		
- Asks about patient's signs & symptoms (CRITICAL)		
- Attempts to obtain HPI (CRITICAL)		
- Asks for Onset		
- Asks for Provocation / Palliation	8	
- Asks for Quality		
- Asks for Radiation		
- Asks for Severity		
- Asks for Time		
Past Medical History		
- Attempts to ask about past medical history ( <i>CRITICAL</i> )		
- Asks for Allergies		
- Asks for Medications	6	
	6	
- Asks for Past Medical/Surgical History		
- Asks for Last oral intake of food and/or drink		
- Asks for Events leading up to present illness		
Asks clarifying or follow-up questions relevant to patient's history	2	
FOCUSED PHYSICAL EXAM		
TOCUSED TILL SICAL EAAM		
- Determines the appropriate body regions(s)/system(s) to assess ( <i>CRITICAL</i> )	1	
Look:		
- Appropriately exposes and visually inspects region(s) to be assessed (2) (CRITICAL)	3	
	)	
- Verbalizes and then correctly interprets findings (1)		
Listen:		
- Determines need and attempts to auscultate breath sounds if appropriate (CRITICAL)	6	
- Listens for and correctly interprets lung sounds bilaterally if appropriate (2)	0	
- Auscultates upper, middle, and lower lungs bilaterally if appropriate (3)		
Feel:		
- Attempts to palpate ALL region(s) to be assessed (CRITICAL)	4	
- Appropriately and thoroughly palpates region (2)		
- Verbalizes and then correctly interprets findings		
VITAL SIGNS		
- Verbalizes need to take vital signs (CRITICAL)		
- Asks for pulse, respirations, blood pressure and pulse oximetry and correctly states if each given	5	
value is within normal limits (no points for a vital if student does not state if it's WNL) (4)		
- Considers differential diagnoses and states accurate field impression of patient	1	
FULL SECONDARY EXAM		
	1	
- Attempts to perform an assessment of every body region (CRITICAL)	1	
Head		
- Inspects and palpates scalp and ears		
- Inspects mouth, nose and assesses facial area	3	
- Assesses eyes and pupils		
Neck		
- Palpates cervical spine	,	
- Checks position of trachea	3	
- Checks jugular veins		
Chest		
- Exposes and visualizes chest when appropriate	4	
- Palpates sternum and checks for rib cage stability		
- Auscultates for breath sounds bilaterally in upper, middle, and lower lung fields (2)		
Abdomen/pelvis		
- Exposes and visualizes abdomen		
- Palpates all four quadrants of abdomen using proper technique	4	
	"	
- Checks pelvic stability		
- Determines need to assess genitalia / perineum		

Lower extremities - Inspects, palpates and assesses entire length of extremities - Inspects, palpates and assesses for distal circulation, sensation, and motor function bilaterally	y (2)	3	
Upper extremities - Inspects, palpates and assesses entire length of extremities - Inspects, palpates and assesses for distal circulation, sensation, and motor function bilaterally (2)		3	
Posterior thorax, lumbar and buttocks  - Inspects and palpates posterior thorax  - Inspects and palpates lumbar and buttocks areas		2	
<ul> <li>INTERVENTIONS</li> <li>Determines appropriate interventions needed (<i>CRITICAL</i>)</li> <li>Appropriately administers interventions (<i>CRITICAL</i>)</li> </ul>		2	
Reassessment of Patient - Verbalizes need to reassess patient ( <i>CRITICAL</i> ) - Verbalizes how to appropriately reassess patient to determine changes in patient condition - Verbalizes appropriate reassessment interval based on stated severity of patient		3	
<ul> <li>HANDOVER</li> <li>Attempts to provide accurate transfer of care report (<i>CRITICAL</i>)</li> <li>Includes patient age, sex, and chief complaint</li> <li>Includes findings of assessments performed, summary of pertinent focused history, allergies, a medications</li> <li>Includes accurate report of vital signs</li> <li>Includes interventions performed and any response to interventions</li> </ul>	nd	5	
Established patient rapport and communicated effectively with patient		1	
Completed assessment within 20 minutes. (CRITICAL)		1	
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Total:	100	
	End Ti	me:	_:
Critical Criteria  Performs secondary examination before assessing and treating threats to ABCs Orders a dangerous or inappropriate intervention Failure to manage the patient as a competent EMT Exhibits unacceptable affect with patient or other personnel  You must factually document your rationale for checking any critical items on this sheet			
Grader: Signature:	Date:		
Grader: Signature:	Dat	te:	