EMT Refresher

Student Manual

Version: April 2008

Fast Response
School of Health Care Education

Dear EMT Refresher student:

On behalf of Fast Response School of Health Care Education, I would like to thank you for taking your EMT refresher with us. This course is designed to renew, refresh and update the EMT-Basic with the knowledge and skills to renew one certification as an Emergency Medical Technician – Basic or 1 in the state of California and/or National Registry of EMTs. The course emphasizes an assessment-based approach to prehospital medicine.

It is our expectation that you are knowledgeable in all aspects of the US DOT EMT curriculum. Remember, this class makes the assumption you are a currently certified EMT, that you have the knowledge, and could use it in the treatment of patients. This course is not meant to re-teach your EMT class all over again but review it. This will require you to be prepared prior to coming to class. This packet is one of the resources you will need to review. The other is an EMT textbook based on the 1994 US DOT EMT-Basic curriculum.

During each of the three days of the refresher, the first two to three hours will be spent discussing various topics as a class. The remainder of the time is generally spent reviewing various EMT skills and checking off the ones that are included with this packet. In order for the skills check-off to go smoothly and quickly, you will need study these in advance. By reviewing the enclosed course syllabus, you will know which skills are getting checked off on each day.

On the last day of the refresher, there is a 100 question multiple choice written evaluation based on the EMT curriculum. Most of the information will reviewed during the course but there may be several questions that were not covered. Remember our expectation of you mentioned earlier in the letter.

Class is conducted from 8:30 am to 5:00 pm each day. There are breaks and a lunch each day. Please plan to be on time and to remain for the entire class. At the successful completion and being in attendance for all hours of this refresher, a course completion certificate and skills verification check-off will be issued. These documents will be necessary to recertify as an EMT-1 in the state of California. Please check with a local EMS agency, Calilfornia Title 22 and/or the National Registry of EMTs for the requirements that you will need to fulfill for your certification.

We look forward to welcoming you at the course. We want your active participation in our EMT refresher to make it interesting and educational. Please feel free to contact us with any questions.

Sincerely,

Erich Weldon, EMT, MA, CPT-1
EMS Programs Director

Fast Response
School of Health Care Education

EMT Refresher
Course Syllabus

Instructor's Information:

Name:	Michael J. Frith, M.S., NCEMSE, EMT-P,
Office Hours:	By Arrangement
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Cellular Phone Number:	
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Course Location, Day, Hours, and Credit Units:

Course Location:	2075 Allston Way Berkeley, CA 94704 Room 125
Day:	Weekdays
Hours:	0830 hours to 1700 hours

Course Description

This course is designed to renew, refresh and update the EMT-Basic with the knowledge and skills to renew one certification as an Emergency Medical Technician – Basic or 1 in the state of California and/or National Registry of EMTs. The course emphasizes an assessment-based approach to prehospital medicine.

Course Objectives:

The objectives of this course are as follows:

- Recognize the nature and seriousness of the patient's condition or extent of injuries.
- To systematically process assessment findings and develop conclusions to assess requirements for emergency medical care.
- Administer appropriate emergency medical care based on assessment of the patient's condition.
- Describe clearly and concisely pertinent emergency medical information.
- To interact effectively with patients, bystanders, public service employees, and health care professionals.
- To understand one's role and responsibility as an EMT in the EMS system.
- To assist other Prehospital givers in the performance of their duties.
- To understand the psychological, sociological, and cultural differences of patients, bystanders, and other members of the EMS team.
- Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
- To perform safely and effectively the expectations of being an EMT-1.

Methods of Instruction:

In this class, a variety of instructional methods will be used. The following is a list of methods used but in no way are limited to these: Lecture, Demonstration, Skills Lab, Audiovisual, Discussion, and Out of Class written assignments.

Textbooks:

Any EMT textbook based on the 1994 National Standard Curriculum (Generally, any textbook with a copyright date of 1995 or later) will be accepted. If you need a new textbook, you can purchase one through Fast Response or online.

Grading

Assignment of Letter Grade

Pass = Pass all skills and earn a 70% or better on the written evaluation
Fail = Not passing all skills and/or earning less that 70% on the written evaluation

Requirements for Course Completion Certificates:

The following conditions must be met in order for a course completion certificate to be issued at the end of the course:

- 24 documented hours of classroom instruction.
- Pass all skills tests with no criteria for unsatisfactory performance on each skills test.
- A grade of 70% or better on the course written exam.

Re-evalutions:

Any student that does not successfully complete either the written and/or any of the skills evaluations may have the opportunity to be re-evaluated. The date/time and cost of the re-evaluation(s) will be dependent on time constraints as well as the number of evaluations involved. Any skills re-evaluations will be conducted by another instructor.

Course Schedule

Day 1

0830 – 0845	Welcome
0845 – 1015	Lecture (Preparatory)
1015 – 1030	Break
1030 – 1100	Skills: Lifting and Moving Patients
1100 – 1200	Skills: Airway (NPA, OPA, Bag-Valve-Mask Ventilations)
1200 – 1300	Lunch
1300 – 1400	Skills: Airway Continued
1400 – 1500	Skills: Patient Assessment (Patient Assessment Trauma / Detailed Physical Exam)
1500 – 1515	Break
1515 – 1700	Skills: Patient Assessment continued

Day 2

0830 – 0845	Welcome
0845 – 1015	Lecture (Medical Emergencies)
1015 – 1030	Break
1030 – 1230	Skills (Patient Assessment Medical / Automated External Defibrillators (AED))
1230 – 1300	Lunch
1330 – 1500	Skills (Bleeding Control, Avulsion/Amputation, Sling and Swathe, Open Fracture Management)
1515 – 1530	Break
1530 – 1700	Skills (Spinal Immobilization)

Day 3

0830 – 0845	Welcome
0845 – 1015	Lecture (Obstetrics, Infants, and Children)
1015 – 1030	Break
1030 – 1200	Skills (Traction Splinting or Emergency Childbirth)
1200 – 1300	Lunch
1300 – 1430	Skills (Traction Splinting or Emergency Childbirth) continued
1430 – 1445	Break
1500 – 1630	Written and Course Evaluation
1630 – 1700	Wrap-Up and Remediation

Disclosure

The instructor reserves the right to make changes to the syllabus. Every effort will be made to follow the syllabus but on occasion, due to time constraints, written assignments, tests, exams, and other class work may be changed. The instructor will give as much notice that is possible to the students

USING THESE SKILLS SHEETS

These skills sheets were developed with the input and guidance of a multidisciplinary committee, including personnel who are educators, program directors, EMS coordinators, and administrators who represent private and public prehospital agencies, colleges, hospitals, and county EMS agencies from throughout California. They represent those skills and points as practiced in California but also meet the Department of Transportation (DOT) standard EMT-B curriculum.

These updated skills sheets should be utilized by all training programs when assessing skills performance in the EMT-I basic training, refresher (recertification) and upgrade classes in accordance with Title 22 regulations and National Registry EMT-B certification.

The skills are divided into five (5) classifications:

1. Those that MUST be taught and <u>tested</u> as part of the EMT basic training and upgrade curriculums, and certification exam – Title 22, Section 100079 (as indicated by ** on the Table of Contents)—

Pt examination:	Pt Assessment – Medical
	Pt Assessment – Trauma
	Vital Signs
Airway emergencies:	Nasopharyngeal Airway
	Oropharyngeal Airway
Breathing emerg:	Bag-Valve-Mask Ventilation
Defibrillation:	AED
Circulation emerg:	Bleeding Control
Neurological emerg:	Spinal Immobilization
Soft tissue injury:	Avulsion (complete) or Amputation
Musculoskeletal inj:	Traction Splint, either Hare or Sager
OB emergencies	Childbith

The Following parameters must be employed when using these skills sheets:

1. Skills may be tested in a variety of formats – individual skills stations, scenario formats, or other ways you devise – but evaluation cannot be a group effort. One student at a time is tested/graded. If other students participate, they are used at the direction of the tested student only, and may not suggest or direct care in any fashion.
2. It is suggested, but not required, that the physical assessment skills sheets be utilized for testing in the refresher/recertification class as well as the basic and upgrade training classes.

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NASOPHARYNGEAL AIRWAY

Performance Objective

Demonstrate proficiency in sizing and placing a nasopharyngeal airway.

Condition

The examinee will be requested to place a nasopharyngeal airway in the right or left nare of a simulated patient. The adult airway manikin will be placed supine. Necessary equipment will be adjacent to the manikin.

Equipment

Adult airway manikin, a variety of nasopharyngeal airways, lubricant (water soluble and or silicone spray), gloves, goggles**.**

Performance Criteria

Perform all * criteria YES NO

Name_____

Date_____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comment	Procedure	Y	N	Comment
1. ***Take or verbalize standard precautions.*** *2. Open the airway**.** • Medical/head tilt/chin lift • Trauma- jaw thrust *****3. Select appropriate size nasopharyngeal airway: • Diameter: slightly smaller than the diameter of the nares and • Length: measuring from the tip of the nose to the tragus of the ear. • If adjustable flange is present. Adjust flange up or down appropriately. *****4. Lubricate with water soluble lubricant. *****5. Insert nasopharyngeal airway: a. Right nare • Insert with bevel towards septum • Advance with tip directed along floor of nasal cavity				• Advance until flange is seated against outside of nostril. Tip should be in the nasopharynx OR b. Left nare • Insert with bevel towards septum (upside down) • Advance with tip directed along floor of cavity • Insert airway approximately one inch or until resistance is met then rotate tube 180° into position • Advance until flange is seated against outside of nostril, tip should be in nasopharynx *****6. Reassess airway. • Look, listen and feel for adequate air movement.			

OROPHARYNGEAL AIRWAY

Performance Objective

Demonstrate proficiency in sizing and placing an oropharyngeal airway.

Condition

The examinee will be requested to place an oropharyngeal airway in a simulated unconscious patient without gag reflex. The adult airway manikin will be placed supine on the floor. Necessary equipment will be adjacent to the manikin.

Equipment

Adult airway manikin, a variety of oropharyngeal airways**,** tongue blades, gloves and goggles

Performance Criteria

Perform all * criteria YES NO

Name_____

Date_____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comment	Procedure	Y	N	Comment
1. ***Take or verbalize standard precautions.***				• depress tongue down and forward with tongue blade and place oropharyngeal airway right side up (tip down) into the mouth until flange is resting against lips**.**			
*****2. Open airway • Medical - head tilt/chin lift • Trauma - jaw thrust				OR			
*****3. Select appropriate size of oropharyngeal airway by measuring:				• depress tongue with oropharyngeal airway with tip toward cheek; advance to base of tongue while gently rotating 90°.			
• from the earlobe to the corner of the mouth				*****6 Reassess airway.			
OR				• look, listen and feel for adequate air movement.			
• with the bite block segment parallel to the hard palate and the flange at the level of the upper front teeth or middle of the upper gum. Tip should reach the angle of the jaw.							
4. Open mouth using thumb pressure on chin**.**							
*****5. Insert oropharyngeal airway:							
• (if tongue depressor is not available) insert airway upside down with tip facing toward the roof of the patient's mouth and use the curved portion to depress tongue. Insert until flange is just before the lips**,** and rotate 180° into position. Flange should be resting against teeth.							
OR							

BAG-VALVE-MASK VENTILATIONS

Performance Objective

Demonstrate proficiency in assisting ventilations utilizing a bag-valve mask attached to supplemental oxygen.

Condition

The examinee will be requested to assist with ventilation(s) on a simulated adult patient who is unconscious with agonal respirations, is not a trauma victim and does not require C-spine precautions. The airway manikin will be supine. Necessary equipment will be adjacent to the manikin.

Equipment

Adult CPR manikin, bag-valve mask, oropharyngeal airway, nasopharyngeal airway, oxygen source with flow meter attached, oxygen connector tubing.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions.***				12. Open oxygen source and ensure pressure is adequate.			
*2. Open the airway • Medical - head tilt/chin lift • Trauma - jaw thrust				13. Set flow meter to 15L/min.			
3 Insert an airway. • Oropharyngeal if no gag reflex present • Nasopharyngeal if age is >1 year				14. Connect one end of supplemental oxygen tubing to flowmeter and the other end to the appropriate port on the bag-valve device unless pre-attached.			
*4. Select appropriate size mask.				*15. Continue ventilating for: • Infant <1 year at 12 - 20 breaths/min • Child >1 year to the age of puberty at 12 - 20 breaths/min • Adult and adolescents at 10 - 12 breaths/min			
5. Attach face mask to appropriate port on bag.				*16. Rise and fall of the manikin's chest must occur. Examinee will state how they would assess the effectiveness of BVM ventilation. • Look for adequate chest rise • Listen to lung sounds (at 3 ICS mid axillary line for pediatric patient) • Assess for changes in color and/or heart rate (especially in pediatrics).			
6. Place mask ensuring seal while maintaining airway patency. Secure mask to face using C-grip. • Place mask over mouth and nose (avoid compressing the eyes in pediatric patients) • Using 1 hand place thumb on mask at apex and index finger on mask at chin level • With gentle pressure, push down on mask to establish adequate seal. • Maintain airway by lifting bony prominence of chin with remaining finger(s). (Avoid placing pressure on soft area under chin especially in pediatric patients).							
7. Squeezes BVM to deliver breath over 1 second.							
8. Stops delivering air when chest rise is observed. DO NOT OVERBAG.							
9. Releases pressure on the BVM to allow inflation of the bag.							
10. Repeats Step 7 through 9.							

PATIENT ASSESSMENT/MANAGEMENT - Trauma

Performance Objective

Demonstrate proficiency. Determine patient's condition with trauma chief complaint.

Condition

The examinee will be requested to demonstrate a complete trauma assessment on a priority trauma patient. Necessary equipment will be placed next to the patient.

Equipment
Full body manikin or simulated patient, stethoscope, B/P cuff and timing device, and an assistant.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
1. ***Take or verbalize standard precautions.*** 2. SCENE SIZE-UP • Is scene safe? • Mechanism of injury • Number of victims • Request additional resources PRN. • Spinal stabilization as indicated. 3. INITIAL ASSESSMENT • Perform rapid assessment to determine life threatening injuries by observation and palpation. • Determine responsiveness/level of consciousness • Identify threats to life or limbs A. ASSESS AIRWAY & BREATHING • Airway open? • Able to maintain it? • Is patient breathing? • Adequately–too fast, too slow, absent? • Rate? • Tidal volume? • Effort. Identify priority patients/makes transport decision. B. ASSESS CIRCULATION • Assess pulse. • rate- too fast, too slow, absent • quality-weak, thready, strong, bounding. • Assess/controls major bleeding. • Assess skin (color, temperature and moisture). • Identifies priority patients/makes transport decision				4. SECONDARY ASSESSMENT **<u>Rapid Physical Examination</u>** A. ASSESS THE HEAD • Inspect and palpate the scalp and ears. • Assess the eyes. • Assess the facial areas including oral and nasal areas. B. ASSESS THE NECK • Inspects and palpates the neck • Assess for JVD • Assess for tracheal deviation. C. ASSESS THE CHEST • Inspect chest area • Palpate chest area • Auscultate chest area D. ASSESS THE ABDOMEN/PELVIS • Assess the abdomen • Assess the pelvis • Assess genitalia/perineum as needed. E. ASSESS THE EXTREMITIES • Inspection, palpation and assessment of motor sensory. • Assessment of circulatory function. F. ASSESS THE POSTERIOR-Log roll patient • Inspect back of head, neck • Assess thorax inspect, palpate. • Assess lumbar inspect, palpate. • Assess buttocks inspect, palpate **Obtain, or direct assistant to obtain baseline vital signs.** **Obtain S.A.M.P.L.E. history.** MANAGE SECONDARY INJURIES AND WOUNDS			

Detailed Physical Exam (Head to Toe)

Performance Objective

Demonstrate proficiency in performing a complete and accurate detailed physical exam.

Condition

The examinee will be instructed to perform a detailed physical exam. The instructor will provide the examinee with answers to assessment questions and information related to physical findings. Necessary equipment will be adjacent to the manikin or person lying on the floor.

Equipment

Full body manikin or person, blood pressure cuff, stethoscope, penlight or flashlight and timing device.

Performance Criteria

Entire assessment must be completed within 10 minutes.

Perform all * criteria YES NO

Overall score: PASS FAIL

Name _____ Date __/__/__

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
1. *Take appropriate body substance isolation. Examine and/or palpate the following for (DCAP/BTLS): D- Deformity/discoloration C- Contusions A- Abrasions P- Penetrations/punctures B- Bleeding/burns T- Tenderness L- Lacerations S- Swelling 2. *SCALP 3. *FOREHEAD 4. *FACE – Eyelids – Eyes (equality, reactivity, size) – Nose – Ears (DCAP-BTLS plus CSF and foreign objects) – Mastoids for Battle Signs – Mouth (including lips, teeth, gums, tongue, oropharynx, usual breath odors) 5. *NECK – DCAP-BTLS – Jugular Vein Distention – Stoma – Tracheal – Deviation – Crepitus – Accessory muscle use				6. *CHEST – DCAP-BTLS – Flail segments – Pacemaker – Entrance/exit wounds – Paradoxical motion – Sucking chest wounds – Crepitus – Subcutaneous emphysema – Auscultate lobes for equality, clarity 7. *ABDOMEN – DCAP-BTLS – Evisceration – Distention – Rigidity 8. *PELVIS – DCAP-BTLS – Stability 9. *EXTREMITIES – DCAP-BTLS – Motor – Sensory – Cap refill – Equality 10. *POSTERIOR – DCAP-BTLS – Log roll patient – Spinal alignment – Entrance/exit wounds			

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PATIENT ASSESSMENT/MANAGEMENT/MEDICAL

Performance Objective

Demonstrate proficiency. Determine patient condition with chief medical compliant

Condition

The examinee will be requested to demonstrate complete medical assessment. Necessary equipment will be placed next to the patient.

Equipment
Full body manikin or simulated patient, stethoscope, B/P cuff and timing device, and an assistant.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date_____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
1. ***Take or verbalize standard precautions.*** 2. SCENE SIZE-UP • Determine the scene is safe? • Determine the mechanism of injury/nature of illness • Determine the number of patients • Request additional help if necessary • Consider stabilization of spine 3. INITIAL ASSESSMENT • Verbalize general impression of the patient • Determine responsiveness/level of consciousness (AVPU) • Determine chief complaint/apparent threats to life or limbs *4. ASSESS AIRWAY & BREATHING • Airway open. • Able to maintain it. • Is patient breathing. ◆ Adequately-too fast, too slow, Absent. • Rate. • Tidal Volume • Effort • Identify any unmet life-threatening problem with airway or breathing. • Initiate appropriate oxygen therapy. Identify priority patients/makes transport decision. *5. ASSESS CIRCULATION • Assess pulse • Assess/controls major bleeding • Assess skin (color, temperature, moisture and condition). • Begin CPR if no pulse. • Identify priority patients/makes transport decision.				*6. FOCUSED HISTORY & PHYSICAL EXAMINATION/RAPID ASSESSMENT • Select appropriate assessment focused or rapid assessment • Obtain, or direct assistant to obtain, baseline vital signs • Obtain S.A.M.P.L.E. history. A. **Signs and Symptoms** (Patient response determines which assessment is appropriate.) Assess history of present illness *1a.RESPIRATORY • Onset? • Provokes? • Quality? • Respiratory? • Severity? • Time? • Performs necessary interventions? *2b.CARDIAC • Onset? • Provokes? • Quality? • Radiates? • Severity? • Time? • Performs necessary interventions? *3c.ALTERED MENTAL STATUS • Description of the episode • Onset? • Duration? • Orientation level? • Associated symptoms? • Evidence of trauma? • Seizures? • Fever? • Performs necessary interventions?			

PATIENT ASSESSMENT/MANAGEMENT MEDICAL (continuation)

Procedure	Y	N	Comments	Procedure	Y	N	Comments
7. ALLERGIC REACTION • History of allergies? • What were you exposed to? • How were you exposed? • Progression? • Level/loss of consciousness • Perform necessary interventions • Effects? 8. POISONING/OVERDOSE • Substance? • Time of incident, or exposure? • How much ingested? • Over what time period? • Estimated weight? • Effects? • Perform necessary interventions. 9. ENVIRONMENTAL EMERGENCY • Source? • Environment? • Duration? • Loss of consciousness? • Effects/general or local? 10. OBSTETRICS • Are you pregnant? • How long have you been pregnant? • Pain or contractions/how long, how far apart? • Bleeding or discharge? • Do you feel the need to push? • How many babies have you delivered previously? • Last menstrual period? • Crowning? • Perform necessary interventions? 11. BEHAVIORAL • How do you feel?				• Is the patient exhibiting suicidal tendencies? • Is the patient a threat to self or others? • Is there a medical problem? • Past medical history? • Medication/were they taken? • Perform necessary interventions. b. **A**llergies. c. **M**edications. d. **P**ast medical history. e. **L**ast oral intake. f. **E**vents leading to present illness (rule out trauma) • Performs focused physical examination. Assess affected body part/system or, if indicated, completes rapid assessment. a. Vitals (obtains baseline vital signs). b. Interventions: obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional interventions/treatments. 12. Transport (re-evaluates transport decision). 13. Performs a detailed physical examination. 14. Ongoing assessment (verbalized). 15. Repeats initial assessment. 16. Repeats vital signs. 17. Repeats focused assessment regarding patient complaint or injuries. 18. Check performed interventions.			

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Performance Objective

Demonstrate proficiency in AED using an automated external defibrillator.

Condition

The examinee will be requested to defibrillate an unconscious, apneic, and pulseless simulated patient in a shockable rhythm, using an automated external defibrillator.

Equipment

Adult AED manikin without buttons on chest plate, automated defibrillator, trainer, pre-packaged defibrillator pads with cable connector and barrier device, (pocket mask/BVM device), and an assistant.

Performance Criteria

Rapid application with 100% accuracy required on all items for training program skills testing.

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
ASSESSMENT 1. ***Take or verbalize standard precautions.*** *2. Determine that the patient is unconscious, apneic and pulseless. 3. Instruct assistant(s) to begin CPR until AED is attached. **PREPARATION** 4. Position AED next to the patient. *5. Activate AED. Correctly apply defibrillator pads in proper position. *6. Follow prompts given by AED. Stop CPR and make sure patient is not being touched. Activate analyze mode. 7. Wait for AED to analyze. 8. If shock indicated state "stand clear" and ensure that area around patient is clear. Continue to follow prompt(s) -resume CPR 9. If no shock indicated. follow machine prompt(s).				- Check carotid pulse - CPR, monitor V/S - If pulse is present monitor patient. - If no pulse present continue CPR, monitor V/S 10. Assess need for airway management and continuous care. 11. Continue to follow machine response.			

BLEEDING CONTROL

Performance Objective

Demonstrate proficiency in controlling bleeding and tourniquet application.

Condition

The examinee will be requested to control bleeding by direct pressure, elevation, pressure points and tourniquet. Patient will be lying supine on the floor with a simulated wound. Necessary equipment will be adjacent to the patient. (Patient does not have a suspected fracture).

Equipment

Simulated patient with profuse bleeding wound, assorted sterile dressings, assorted wound wraps, tourniquet, dowel, marking pen, proper size blood pressure cuff, (bleeding control device) and an assistant.

Performance Criteria

Perform all *criteria YES NO

Name _____

Date_____

1st 2nd 3rd(final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions***.							
*2. Apply direct pressure to wound using sterile dressings.							
*3. Elevate extremity above heart.							
*4. Secure pressure dressing and reinforce as needed.							
*5. Utilize appropriate pressure points, if bleeding not controlled.							
*6. Direct assistant to maintain direct pressure, elevation and pressure point compression while preparing tourniquet.							
*7. Place tourniquet proximal to wound but not over the joint.							
*8. Tighten until distal pulse is no longer palpable.							
*9. Document time of application at the tourniquet site.							

AVULSION (COMPLETE) OR AMPUTATION:

Performance Objective

Demonstrate proficiency in managing a patient with a completely avulsed or amputated body part, including care of the part.

Condition

The examinee will be requested to care for a patient with an avulsed or amputated part. Necessary equipment will be placed next to the patient.

Equipment

Simulated patient, avulsed part, ice pack, plastic bag or specimen cup, dressings, bandages, tape and various splints.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
1. ***Take or verbalize standard precautions.***							
*2. Control bleeding, if present.							
*3. Immobilize in position of comfort and dress wound.							
*4. Assess neurovascular status of (avulsion) injured extremity. • check for presence of distal pulse • check movement distal to injury • check sensation distal to injury							
*5. Wrap avulsed tissue or amputated part in waterproof sterile dressing and place in container and seal shut.							
* 6. Apply ice or cold pack to container, assuring no direct contact with tissue.							
*7. Transport avulsed tissue or amputated part with patient.							

Check local protocol with regard to placing tissue on a saline moistened dressing.

SLING AND SWATHE APPLICATION

Performance Objective

Demonstrate proficiency in applying a sling and swathe.

Condition

The examinee will be requested to place a sling and swathe on an alert patient who sustained a closed fracture of the humerus. Patient is seated with injured arm resting on lap. Necessary equipment will be adjacent to the patient.

Equipment

Simulated patient, triangle cloth (sling), swathe, pins.

Performance Criteria

Perform all *criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions***. *2. Check bilateral, distal circulation, sensory and motor function. 3. Instruct patient or assistant to support arm of injured extremity. *4. Place the base of sling (triangle) under the wrist of injured extremity with upper end over the opposite shoulder (apex toward the elbow of the injured extremity). *5. Lift lower end of sling over the forearm and shoulder of the injured extremity. *6. Tie ends together at the side of the neck. *7. Fold apex of sling around elbow and secure. *8. Place swathe over the injured extremity. Secure by wrapping swath around the body. Arm must be immobilized against the chest wall. • avoid pressure over injury site. • apply swathe as low as possible.				*9. Recheck distal circulation, sensory and motor function of injured arm.			

BANDAGING and SPLINTING an OPEN EXTREMITY FRACTURE

Performance Objective

Demonstrate proficiency in bandaging and splinting an open extremity fracture.

Condition

The examinee will be requested to bandage and splint an open extremity fracture on a patient. Bone is protruding from the wound, but not excessively bleeding. No other injuries occurred and C-spine precautions are not necessary. Patient is alert and oriented. Patient will be supine on the floor. Necessary equipment will be adjacent to the patient.

Equipment

Simulated patient with an open extremity fracture, 4x4's, various sizes of splints, bandages, tape and assistant.

Performance Criteria

Perform all *criteria YES NO

Name _____ Date __/__/___

1st 2nd 3rd(final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions***.							
*2. Instruct assistant to stabilize extremity without applying traction.							
3. Expose fracture site.							
*4. Check bilateral, distal circulation, sensory and motor function and document findings.							
*5. Apply dressing to wound.							
*6. Select appropriate size splint.							
7. Pad splint, where needed.							
*8. Support fracture site while applying splint.							
*9. Secure splint and immobilize joint(s) above and below injury.							
*10. Recheck circulation, sensory and motor function of injured extremity and document findings.							

SPINAL IMMOBILIZATION (Long Spine Board)

Performance Objective

Demonstrate proficiency in performing spinal immobilization.

Condition

The examinee will be requested to play the role of team leader and apply spinal immobilization to a trauma patient complaining of neck pain. The patient will be placed supine on the floor. Necessary equipment will be adjacent to the patient. The team leader is responsible for ensuring all directions are carried out correctly.

Equipment

Simulated patient, stiff cervical collars (variety of sizes), 3 assistants, long spine board, straps, head immobilizer, tape.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s)_____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions*.**				*11. Give signal to roll patient onto the board while maintaining axial stabilization.			
*2. Team leader directs assistant to take position at head of patient and maintain the head in a neutral position while providing axial stabilization.				*12. Use straps across chest, hips, and knees to secure patient-to board.			
Team Leader will:				*13. Prevent lateral movement of head and neck using: A. rolled towels, B. folding cardboard lateral stabilization device (headbed) or, C. other approved device for spinal stabilization.			
*3. Assess circulation, sensation and motor function of all extremities.				*14. Prevent flexion of neck by: A. Securing head to board by applying tape across forehead B. May also secure neck region provided that it's done in an ambulance, and that does not restrict opening of the mouth or compromise airway patency.			
4. Assess neck for any obvious injuries or deformities**..**				*15. Reassess circulation, sensation and motor function of all extremities.			
*5. Select and apply correct size stiff cervical collar while assistant ,maintains the head in a neutral position while providing axial stabilization.							
6 Position long back board next to patient.							
7. Ensure all personnel are in appropriate position to move patient.							
*8. Give signal to log roll patient toward the rescuers while maintaining axial stabilization.							
9. Direct assistant to slide board into position.							
10. Assess patient's back for obvious injury or deformity.							

TRACTION SPLINT: ½-Ring (Hare)

Performance Objective

Demonstrate proficiency in applying a half ring traction splint.

Condition

The examinee will be requested to place a half ring traction splint on a patient. The patient has an obvious mid femur fracture with no bone protruding. The patient has no other trauma and C-spine precautions are not necessary. The patient will be supine on the floor. Necessary equipment will be adjacent to the patient.

Equipment

Simulated patient, two assistants, half ring traction splint, small pad for groin area.

Performance Criteria

Perform all *criteria Yes NO

Overall score PASS FAIL

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions.***				*11. Secure groin strap			
*2. Stabilize leg, expose thigh and remove shoes and socks.				*12. Attach ankle strap to splint by rings and turn knob until manual traction is: • just strong enough to maintain limb alignment, or • until patient feels relief, or • hand tight			
*3. Check bilateral, distal circulation, sensory and motor function and document findings.				13. Assistant releases manual traction.			
*4. Direct assistant to immobilize extremity and initiate manual traction). • use ankle strap, or • grasp ankle and calf with hands				*14. Secure velcro straps (two above and two below the knee).			
5. Prepare splint for application.				*15. Recheck distal circulation, sensation and motor function of injured leg and document findings.			
6. Place splint parallel to uninjured extremity, adjust length ***6-12*** inches beyond foot and lock.							
7. Adjust support straps (two above and two below the knee).							
*8. Apply ankle strap and initiate manual traction if not already performed.							
*9. Assistant maintains manual traction while patient is rolled to the uninjured side.							
*10. Place splint under leg • Position top of splint against Ischium. • Roll patient onto splint							

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TRACTION SPLINT: Ischial Traction (Sager)

Performance Objective

Demonstrate proficiency in applying a ischial traction splint.

Condition

The examinee will be requested to place an Ischial traction splint on a patient. The patient has an obvious mid shaft femur fracture with no bone ends protruding. The patient has no other trauma and C-spine precautions are not necessary. The patient will be supine on the floor. Necessary equipment will be adjacent to the patient.

Equipment

Simulated patient, one assistant, Ischial traction splint, pads.

Performance Criteria

Perform all *criteria YES NO

Overall score: PASS FAIL

Name _____

Date_____

1st 2nd 3rd(final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure	Y	N	Comments
1. ***Take or verbalize standard precautions.***				*11. Extend inner shaft by releasing shaft locking device and apply traction until it reaches 10% of patient's body weight or maximum of 15 pounds.			
2 Stabilize leg, expose thigh and remove shoes and socks.				*12. Ensure spring loaded locking device is engaged in lock position.			
*3. Check bilateral distal circulation, sensory and motor function and document findings. • Direct assistant to immobilize extremity without application of traction. • use ankle strap, or • grasp ankle calf with hands				*13. Secure leg straps.			
4. Place traction splint beside injured leg.				14. Apply strap around both ankles and secure to prevent lateral movement.			
5. Extend splint until pulley is just past the sole of the foot.				15. Recheck distal circulation, sensory and motor function of injured leg and document findings.			
6. Position splint beside inner aspect of injured leg.							
*7. Slide groin strap under injured leg, so perineal cushion is snugly against perineum and buckle on top surface of thigh.							
*8. Tighten groin strap.							
*9. Secure ankle strap.							
10. Shorten loop of the harness until taut.							

EMERGENCY CHILDBIRTH

Performance Objective

Demonstrate proficiency in assisting with emergency childbirth

Condition

The examinee will be requested to deliver a full term infant. The O.B. manikin will be supine on the floor with crowning. Necessary equipment will be adjacent to the patient.

Equipment

Obstetrical manikin, infant manikin with umbilical cord and placenta attached, and disposable obstetrical kit, and an assistant.

Performance Criteria

Perform all * criteria YES NO

Name _____

Date _____

1st 2nd 3rd (final)

Examiner(s) _____

Procedure	Y	N	Comments	Procedure (con't)	Y	N	Comments
1. ***Take or verbalize standard precautions.***				13. Hold infant with a firm, but gentle grip while delivering infant's body.			
2. Obtain focused history.				*14. Suction infant's mouth and then nose.			
* 3. Determine delivery is imminent. • Crowning present • Contraction 2 - 3 minutes apart • mother has urge to push				*15. Wipe infant with clean dry towel then cover with blanket or silver swaddler and cover.			
4. Open OB kit.				*16. Assess Apgar at 1 minute – Appearance, Pulse, Grimace, Activity and Respiration.			
5. Cleanse perineum anterior to posterior.				17. Clamp cord, place first clamp 6-8" from infant and place second clamp 1-2" from first, towards mother, and cut between clamps.			
6. Drape and establish sterile field.				*18. Reassess Apgar at 5 minutes.			
7. Apply sterile gloves.				19. Give infant to mother to hold or provider if mother is not alert.			
8. Apply gentle pressure to infant's head and perineum to prevent sudden expulsion.				20. Deliver placenta, place in plastic bag and transport with mother to hospital.			
*9. Check for cord around infant's neck as soon as head is delivered. If present, loosen with 2 fingers and slip over infant's head, or if necessary clamp in 2 places and cut.				*21. Assess mother for profuse bleeding.			
*10. Suction infant's mouth then nose.				22. Assess fundus every 5 minutes and massage as necessary.			
11. Apply gentle downward pressure on head to release upper shoulder as indicated.				23. Transport mother and infant to hospital.			
12. Apply upward pressure on head to release lower shoulder as indicated.							