GUARDIAN ELITE MEDICAL SERVICES, LLC.
MODULAR EMT PROGRAM

Training Center Address: 3570 East Flamingo Road
Las Vegas, NV 89121

Training Center Phone Number: 702-330-5692

Online Self Study:	75 hours
Classroom Hours:	90 hours
Clinical Time:	24 hours
Total Course Hours:	189 hours

Course Description: The Modular Emergency Medical Technician program allows students to begin their EMT training immediately and finish the program on their timeline. Students will have up to one year to complete the required modules. Each module consists of online self-study and time in the classroom once the student feels comfortable with the material. During the program, students will have the opportunity to complete 24 hours of clinical rotations in an emergency room, on an ambulance, or assisting with community health centers. At the completion of the program, students will take the skills examination for the NREMT.

Program Requirements:

- High School Diploma/Transcripts, GED, or College Diploma/Transcripts
- Basic Life Support CPR Certification
- Valid Driver's License or State Issued Identification

For students wanting to complete their clinical rotations in an Emergency Room, additional requirements are needed:

- Current health insurance
- Negative drug screen. This includes negative for THC/Cannibis/Marijuana
- Immunizations
    - Hepatitis B
    - Mumps, Measles, Rubella (MMR)
    - COVID-19 (Johnson & Johnson 1 Step, Pfizer/Moderna 2 Steps)
- Physical Examination
- Negative Quantiferon TB Test
- Hospitals may also have additional orientation requirements that will be discussed at time of clinical selection.

If the above hospital requirements are not turned in, then the student may only complete clinical rotations on an ambulance or with a community based medical organization.

BASIC LIFE SUPPORT

Module Overview	Basic Life Support serves as the foundation of EMT training. During the BLS course students will learn about cardiac arrest and how to do CPR. ***The student must take the BLS Course before starting any other module.***
Required Readings	None

Knowledge Objectives	Basic Life Support
	• At the end of this module the student will be certified in BLS CPR. The student will know:
	  o The difference between cardiac arrest and a heart attack.
	  o How to perform CPR on an adult, child, and infant.
	  o How to provide ventilations on an adult, child, and infant.
	  o How to use an automated external defibrillator.
	  o How to work as part of a team in a cardiac arrest.
	• Students will take a 25-question test issued by the American Heart Association. This test is not part of the final grade, however students must score an 80% or better to achieve certification in Basic Life Support.

MODULE 1 – PREPATORY 1

Module Overview	Module 1 will introduce students into the roles and responsibilities of being an Emergency Medical Technician. This module will cover a brief introduction and history of EMS and will learn about workplace safety and wellness, legal/ethical issues that affect EMT, and how EMTs can effectively communicate.
Prerequisite	Basic Life Support
Required Readings	Chapter 1 – EMS Systems Chapter 2 – Workforce Safety and Wellness Chapter 3 – Medical, Legal, and Ethical Issues Chapter 4 – Communications and Documentation
Knowledge Objectives	<u>Chapter 1 – EMS Systems</u> 1. Define emergency medical services (EMS) systems. (p 3) 2. Name the four levels of EMT training and licensure. (pp 4–7) 3. Describe EMT licensure criteria; include how the Americans with Disabilities Act (ADA) applies to employment as an EMT. (pp 4–7) 4. Discuss the historic background of the development of the EMS system. (pp 7–9) 5. Describe the levels of EMT training in terms of skill sets needed for each of the following: EMR, EMT, AEMT, and paramedic. (pp 9–11) 6. Recognize the possible presence of other first responders at a scene with EMR training, some knowledge of first aid, or merely good intentions, and their need for direction. (pp 10–11) 7. Explain the guiding principles of EMS Agenda 2050. (p 12) 8. Describe how medical direction of an EMS system works and the EMT's role in the process. (p 14) 9. Define mobile integrated healthcare and community paramedicine. (p 15) 10. Explain the purpose of the EMS continuous quality improvement (CQI) process. (p 16) 11. Characterize the EMT's role in disease and injury prevention and public education in the community. (pp 19–20) 12. Describe the roles and responsibilities of the EMT. (pp 21–23) 13. Describe the attributes an EMT is expected to possess. (pp 22–23) 14. Explain the impact of the Health Insurance Portability and Accountability Act (HIPAA) on patient privacy. (p 23) <u>Chapter 2 – Workforce Safety and Wellness</u> 1. Explain the steps that contribute to wellness and resilience and their importance in managing stress. (pp 31–38) 2. Differentiate infectious disease and communicable disease. (p 38) 3. Identify the risks and hazards of sleep deprivation in EMS. (pp 35–36) 4. State the routes of disease transmission. (pp 38–40) 5. Describe the specific routes of transmission and the steps to prevent and/or deal with an exposure to hepatitis, tuberculosis, or human immunodeficiency (HIV)/acquired immunodeficiency disorder (ADIS). (pp 38–49) 6. Apply the standard precautions used in treating patients to prevent infection. (pp 41–49) 7. Explain the steps to take for personal protection from airborne and bloodborne pathogens. (pp 41–49) 8. Demonstrate proper handwashing techniques. (pp 41–43) 9. Explain the ways in which immunity to infectious diseases is acquired. (pp 51–53) 10. Summarize postexposure management of exposure to patient blood or body fluids, including completing a postexposure report. (pp 53–54) 11. Discuss the steps necessary to determine scene safety and to prevent work-related injuries at the scene. (pp 54–61) 12. Describe the different types of protective clothing worn to prevent injury. (pp 61–65) 13. Differentiate issues concerning care of the dying patient, death, and the grieving process of family members. (pp 67–69) 14. Recognize the physiologic, physical, and psychological responses to stress. (pp 69–70) 15. Explain posttraumatic stress disorder (PTSD) and steps that can be taken, including critical incident stress management, to decrease the likelihood that PTSD will develop. (pp 71–72) 16. Identify the emotional aspects of emergency care. (pp 73–74) 17. Recognize the stress inherent in many situations, such as mass-casualty scenes. (pp 74–75) 18. Recognize the possibility of violent situations and the steps to take to deal with them. (pp 60–61) 19. Identify behavioral emergencies. (pp 60–61) 20. Discuss workplace issues such as cultural diversity, sexual harassment, and substance abuse. (pp 75–77) 21. Identify resources for positive mental health and suicide prevention. (pp 72–73) <u>Chapter 3 – Medical, Legal, and Ethical Issues</u> 1. Define consent and how it relates to decision making. (p 86) 2. Compare expressed consent, implied consent, and involuntary consent. (pp 87–88) 3. Discuss consent by minors for treatment or transport. (p 88) 4. Describe local EMS system protocols for using forcible restraint. (p 89–90) 5. Discuss the EMT's role and obligations if a patient refuses treatment or transport. (pp 90–91) 6. Describe the relationship between patient communications, confidentiality, and the Health Insurance Portability and Accountability Act (HIPAA). (pp 91–92)

	7. Discuss the importance of do not resuscitate (DNR) orders and local protocols as they relate to the EMS environment. (pp 93–95) 8. Describe the physical, presumptive, and definitive signs of death. (pp 95–96) 9. Explain how to manage patients who are identified as organ donors. (p 97) 10. Recognize the importance of medical identification devices in treating the patient. (p 97) 11. Discuss the scope of practice and standards of care. (pp 98–100) 12. Describe the EMT's legal duty to act. (p 100) 13. Discuss the issues of negligence, abandonment, assault and battery, and kidnapping and their implications for the EMT. (pp 101–103) 14. Explain the reporting requirements for special situations, including abuse, drug- or felony-related injuries, childbirth, and crime scenes. (pp 104–105) 15. Define ethics and morality, and discuss their implications for the EMT. (pp 106–107) 16. Describe the roles and responsibilities of the EMT in court. (pp 107–109) <u>Chapter 4 – Communications and Documentation</u> 1. Describe the factors and strategies to consider for therapeutic communication with patients. (pp 119–133) 2. Discuss the techniques of effective verbal communication. (pp 122–133) 3. Explain the skills that should be used to communicate with family members, bystanders, people from other agencies, and hospital personnel. (pp 122–133) 4. Discuss special considerations in communicating with older people, children, patients who are hard of hearing, visually impaired patients, and non–English-speaking patients. (pp 127–131) 5. Describe the use of written communications and documentation. (pp 133–146) 6. State the purpose of a patient care report (PCR) and the information required to complete it. (pp 134–143) 7. Explain the legal implications of the PCR. (pp 142–143) 8. Describe how to document refusal of care, including the legal implications. (pp 143–146) 9. Discuss state and/or loc0.al special reporting requirements, such as for gunshot wounds, dog bites, and abuse. (p 146) 10. Describe the basic principles of the various types of communications equipment used in EMS. (pp 146–150) 11. Describe the use of radio communications, including the proper methods of initiating and terminating a radio call. (pp 150–151) 12. List the correct radio procedures in the following phases of a typical call: initial receipt of call, en route to call, on scene, arrival at hospital (or point of transfer), and return to service. (pp 151–153) 13. List the proper sequence of information to communicate in radio delivery of a patient report. (p 153–156)
Skill Objectives	<u>Chapter 2 – Workforce Safety and Wellness</u> 1. Demonstrate how to properly remove gloves. (p 44, Skill Drill 2-1) 2. Demonstrate the steps necessary to manage a potential exposure situation. (p 49, Skill Drill 2-2) <u>Chapter 4 – Communications and Documentation</u> 1. Demonstrate the techniques of successful cross-cultural communication. (p 120) 2. Demonstrate completion of a PCR. (pp 134–143) 3. Demonstrate how to make a simulated, concise radio transmission with dispatch. (pp 150–153)

MODULE 2 – PREPATORY 2

Module Overview	Module 2 continues the introduction into EMS. Students will start off with learning the "lingo" used in EMS through medical terminology and then will move into learning about the human body, how humans change over time, how to move patients, and how EMTs fall into the healthcare setting.
Prerequisite	Module 1
Required Readings	Chapter 5 – Medical Terminology Chapter 6 – The Human Body Chapter 7 – Life Span Development Chapter 8 – Lifting and Moving Patients Chapter 9 – The Team Approach to Healthcare
Knowledge Objectives	<u>Chapter 5 – Medical Terminology</u> 1. Explain the purpose of medical terminology. (p 165) 2. Identify the four components that comprise a medical term. (p 165) 3. Describe the following directional terms: anterior (ventral), posterior (dorsal), right, left, superior, inferior, proximal, distal, medial, lateral, superficial, and deep. (pp 170–173) 4. Describe the prone, supine, Fowler, and semi-Fowler positions of the body. (pp 173–174) 5. Break down the meaning of a medical term based on the components of the term. (p 174) 6. Identify error-prone medical abbreviations and symbols. (pp 174–175) 7. Interpret selected medical abbreviations and symbols. (pp 174–175) <u>Chapter 6 – The Human Body</u> 1. Identify the body's topographic anatomy, including the anatomic position and the planes of the body. (pp 190–191) 2. Identify the anatomy and physiology of the skeletal system. (pp 191–197) 3. Describe the anatomy and physiology of the musculoskeletal system. (pp 197–198) 4. Discuss the anatomy and physiology of the respiratory system. (pp 198–207) 5. Discuss the anatomy and physiology of the circulatory system. (pp 207–220) 6. Discuss the anatomy and physiology of the nervous system. (pp 220–224) 7. Describe the anatomy and physiology of the integumentary system. (pp 224–226) 8. Explain the anatomy and physiology of the digestive system. (pp 226–230) 9. Describe the anatomy and the physiology of the lymphatic system. (p 230) 10. Discuss the anatomy and physiology of the endocrine system. (pp 230–232) 11. Describe the anatomy and physiology of the urinary system. (pp 232–233) 12. Discuss the anatomy and physiology of the genital system. (pp 233–234) 13. Describe the life support chain, aerobic metabolism, and anaerobic metabolism. (pp 235–236) 14. Define pathophysiology. (p 236) <u>Chapter 7 – Life Span Development</u> 1. Know the terms used to designate the following stages of life: infants, toddlers, preschoolers, school-age children, adolescents (teenagers), early adults, middle adults, and older adults. (p 254–264) 2. Describe the major physical and psychosocial characteristics of an infant's life. (pp 254–258) 3. Describe the major physical and psychosocial characteristics of a toddler's and preschooler's life. (pp 258–260) 4. Describe the major physical and psychosocial characteristics of a school-age child's life. (pp 260–261) 5. Describe the major physical and psychosocial characteristics of an adolescent's life. (pp 261–262) 6. Describe the major physical and psychosocial characteristics of an early adult's life. (p 263) 7. Describe the major physical and psychosocial characteristics of a middle adult's life. (pp 263–264) 8. Describe the major physical and psychosocial characteristics of an older adult's life. (pp 264–268) <u>Chapter 8 – Lifting and Moving Patients</u> 1. Explain the need and use of the most common patient-moving equipment, the stretcher and backboard. (pp 274–276) 2. Explain the technical skills and general considerations that are required of EMTs during patient packaging and patient handling. (pp 276–277) 3. Define the term *body mechanics*. (p 277) 4. Discuss how following proper patient lifting and moving techniques can help prevent work-related injuries. (pp 276–277) 5. Identify how to avoid common mistakes when lifting and carrying a patient. (pp 278–280) 6. Explain the power grip and sheet or blanket methods for lifting a patient. (pp 280–282) 7. Explain the general considerations required of EMTs to safely move patients without causing the patient further harm and while protecting themselves from injury. (pp 282–287) 8. Explain how to carry patients safely on stairs, including the selection of appropriate equipment to aid in the process. (pp 287–289) 9. Describe specific situations in which an emergency move may be necessary to move a patient; include how each one is performed. (pp 294–295) 10. Describe specific situations in which an urgent move or rapid extrication may be necessary to move a patient; include how each one is performed. (pp 295–300) 11. Describe specific situations in which a nonurgent move may be necessary to move a patient; include how each one is performed. (pp 300–307)

	12. Explain the special considerations and guidelines related to moving and transporting geriatric patients. (p 307) 13. Define the term *bariatrics*. (p 307) 14. Discuss the guidelines for lifting and moving bariatric patients. (pp 307–309) 15. Explain the need and use for additional patient-moving equipment (specialized); include examples. (pp 309–312) 16. Explain the importance of decontaminating equipment in the prevention of disease transmission. (p 312) 17. Describe proper positioning of the following conditions: (pp 312–313) • Unresponsive patients without suspected spine injury • Patients with chest pain, discomfort, or difficulty breathing • Patients with suspected spine injury • Pregnant patients with hypotension • Patients who are nauseated or vomiting <u>Chapter 9 – The Team Approach to Healthcare</u> 1. Define continuum of care. (p 321) 2. List the five essential elements of a group. (p 322) 3. Explain the advantages of a team over a group; include the advantages of regularly training and practicing together. (pp 321–322) 4. List the five essential elements of a team. (pp 323–325) 5. Explain how crew resource management (CRM) can be useful in the prehospital environment. (pp 325–326) 6. List the five critical elements necessary to ensure effective transfer of patient care from one provider to another. (pp 326–328) 7. List the five steps a receiving health care provider should perform when taking a patient care report (PCR). (p 327) 8. Explain the stages of effective decision making. (pp 329–330) 9. Describe decision traps that can lead to decision-making errors. (p 330) 10. Describe the steps EMTs can take to troubleshoot interpersonal conflicts. (p 331)
Skill Objectives	<u>Chapter 8 – Lifting and Moving Patients</u> 1. Perform a power lift to lift a patient. (pp 278–280, Skill Drill 8-1) 2. Demonstrate a power grip. (p 280) 3. Demonstrate the body mechanics and principles required for safe reaching and pulling, including the technique used for performing log rolls. (pp 280–282) 4. Perform the diamond carry to move a patient. (pp 284–285, Skill Drill 8-2) 5. Perform the one-handed carry to move a patient. (pp 284–286, Skill Drill 8-3) 6. Perform a patient carry using a stair chair to move a patient down the stairs. (pp 287–288, Skill Drill 8-4) 7. Perform a patient carry to move a patient down the stairs on a backboard. (p 289, Skill Drill 8-5) 8. Demonstrate how to load a stretcher into an ambulance. (pp 291–292, Skill Drill 8-6) 9. Demonstrate how to perform an emergency or urgent move. (pp 294–300) 10. Perform the rapid extrication technique to move a patient from a vehicle. (pp 297–300, Skill Drill 8-7) 11. Perform the direct ground lift to lift a patient. (pp 300–301, Skill Drill 8-8) 12. Perform the extremity lift to move a patient. (pp 302–303, Skill Drill 8-9) 13. Perform the direct carry to move a patient. (pp 302–304, Skill Drill 8-10) 14. Demonstrate how to use the draw sheet method to transfer a patient onto a stretcher. (pp 304–305) 15. Use a scoop stretcher to move a patient. (pp 305–306, Skill Drill 8-11) 16. Demonstrate how to log roll a patient on the ground. (pp 307–308, Skill Drill 8-12)

MODULE 3 – PATIENT ASSESSMENT

Module Overview	Module 3 introduces the student to assessing patients. This includes patient interview techniques and taking vital signs.
Prerequisite	Module 2
Required Readings	Chapter 10 – Patient Assessment
Knowledge Objectives	1. Identify the components of the patient assessment process. (p 342) 2. Explain how the different causes and presentations of emergencies will affect how EMTs perform each step of the patient assessment process. (p 342) 3. Discuss some of the possible environmental, chemical, and biologic hazards that may be present at an emergency scene, ways to recognize them, and precautions to protect personal safety. (pp 343–345) 4. Discuss the steps EMTs should take to survey a scene for signs of violence and to protect themselves and bystanders from real or potential danger. (pp 343–345) 5. Describe how to determine the mechanism of injury (MOI) or nature of illness (NOI) at an emergency and the importance of differentiating trauma patients from medical patients. (pp 345–347) 6. List the minimum standard precautions that should be followed and personal protective equipment (PPE) that should be worn at an emergency scene, including examples of when additional precautions would be appropriate. (pp 347–348) 7. Explain why it is important for EMTs to identify the total number of patients at an emergency scene and how this evaluation relates to determining the need for additional or specialized resources, implementation of the incident command system (ICS), and triage. (pp 348–349) 8. Describe the principal goals of the primary assessment process, including how to identify and treat life threats and determine if immediate transport is required. (pp 350–351) 9. Explain the process of forming a general impression of a patient as part of primary assessment and the reasons why this step is critical to patient management. (p 351) 10. Explain the importance of assessing a patient's level of consciousness (LOC) to determine altered mental status, and include examples of different methods used to assess alertness, responsiveness, and orientation. (pp 352–353) 11. Describe the assessment of airway status in patients who are both responsive and unresponsive, including examples of possible signs and causes of airway obstruction in each case as well as the appropriate EMT response. (pp 354–355) 12. Describe the assessment of a patient's breathing status, including the key information EMTs must obtain during this process and the care required for patients who have both adequate and inadequate breathing. (pp 355–357) 13. List the signs of respiratory distress and respiratory failure. (p 357) 14. Describe the assessment of a patient's circulatory status, including the different methods for obtaining a pulse and appropriate management depending on the patient's status. (pp 357–358) 15. Explain the variations required to obtain a pulse in infant and child patients compared with adult patients. (pp 357–358) 16. Describe the assessment of a patient's skin color, temperature, and condition, including examples of both normal and abnormal findings and the information this provides related to the patient's status. (pp 358–360) 17. Discuss the process of assessing for and methods for controlling external bleeding. (pp 360–361) 18. Discuss the steps used to identify and subsequently treat life-threatening conditions that endanger a patient during an emergency. (pp 361–363) 19. List the steps EMTs should follow during the primary assessment of a trauma patient, including examples of abnormal signs and appropriate related actions. (pp 362–363) 20. Explain the process for determining the priority of patient care and transport at an emergency scene and include examples of conditions that necessitate immediate transport. (pp 363–365) 21. Discuss the importance of protecting a trauma patient's spine and identifying fractured extremities during patient packaging for transport. (pp 363–365) 22. Discuss the process of taking a focused history, its key components, and its relationship to the primary assessment process. (p 366) 23. Describe examples of different techniques EMTs may use to obtain information from patients during the history-taking process. (pp 368–376) 24. Discuss different challenges EMTs may face when taking a patient history on sensitive topics and strategies they may use to facilitate each situation. (pp 370–372) 25. Describe the purpose of a secondary assessment and a physical exam; include how to determine which aspects of the physical exam to use, and the steps. (pp 377–378) 26. Explain situations in which patients may receive a focused assessment, including examples by body system of what each focused assessment should include based on a patient's chief complaint. (pp 379–404) 27. List normal blood pressure ranges for adults, children, and infants. (p 394) 28. Explain the importance of performing a reassessment of the patient and the steps in this process. (pp 405–406)
Skill Objectives	1. Demonstrate how to use the AVPU scale to test for patient responsiveness. (p 352) 2. Demonstrate how to evaluate a patient's orientation and document his or her status correctly. (pp 352–353)

	3. Demonstrate the techniques for assessing a patient's airway and correctly obtaining information related to respiratory rate, rhythm, quality/character of breathing, and depth of breathing. (pp 354–357) 4. Demonstrate how to assess a radial pulse in a responsive patient and an unresponsive patient. (pp 357–358) 5. Demonstrate how to assess a carotid pulse in an unresponsive patient. (pp 357–358) 6. Demonstrate how to palpate a brachial pulse in a child who is younger than 1 year. (pp 357–358) 7. Demonstrate how to obtain a pulse rate in a patient. (pp 357–358) 8. Demonstrate how to assess capillary refill in an adult or child older than 6 years. (p 360) 9. Demonstrate how to assess capillary refill in an infant or child younger than 6 years; include variations that would be required when assessing a newborn. (p 360) 10. Demonstrate how to perform a rapid exam during primary assessment of a patient. (pp 361–363, Skill Drill 10-1) 11. Demonstrate how to perform a secondary assessment. (pp 379–383, Skill Drill 10-2) 12. Demonstrate how to measure blood pressure by auscultation. (p 391, Skill Drill 10-3) 13. Demonstrate how to measure blood pressure by palpation. (p 393, Skill Drill 10-4) 14. Demonstrate how to test pupil reaction in response to light in a patient and how to document his or her status correctly. (pp 394–396) 15. Demonstrate the assessment of neurovascular status. (pp 396–397, Skill Drill 10-5) 16. Demonstrate the use of a pulse oximetry device to evaluate the effectiveness of oxygenation in the patient. (pp 401–402) 17. Demonstrate the use of electronic devices to assist in determining the patient's blood pressure in the field. (p 404) 18. Demonstrate how to assess a patient's blood glucose level. (p 403, Skill Drill 10-6)

MODULE 4 – AIRWAY MANAGEMENT

Module Overview	Module 4 introduces the student to managing airway emergencies.
Prerequisite	Module 3
Required Readings	Chapter 11 – Airway Management
Knowledge Objectives	1. Describe the major structures of the respiratory system. (pp 418–423) 2. Discuss the physiology of breathing. (pp 423–428) 3. Give the signs of adequate breathing. (p 432) 4. Give the signs of inadequate breathing. (pp 432–434) 5. Describe the assessment and care of a patient with apnea. (p 434) 6. Explain how to assess for adequate and inadequate respiration, including the use of pulse oximetry. (pp 434–439) 7. Explain how to assess for a patent airway. (pp 439–440) 8. Describe how to perform the head tilt–chin lift maneuver. (pp 440–441) 9. Describe how to perform the jaw-thrust maneuver. (pp 441–442) 10. Explain the importance and techniques of suctioning. (pp 442–446) 11. Explain how to measure and insert an oropharyngeal (oral) airway. (pp 446–448) 12. Describe how to measure and insert a nasopharyngeal (nasal) airway. (p 449) 13. Explain the use of the recovery position to maintain a clear airway. (pp 449–451) 15. Describe the importance of giving supplemental oxygen to patients who are hypoxic. (p 451) 16. Discuss the basics of how oxygen is stored and the various hazards associated with its use. (pp 451–457) 17. Explain the use of a nonrebreathing mask and the oxygen flow requirements for its use. (p 458) 18. Describe the indications for using a nasal cannula rather than a nonrebreathing face mask. (p 458) 19. Describe the indications for use of a humidifier during supplemental oxygen therapy. (p 460) 20. Describe how to perform mouth-to-mouth or mouth-to-mask ventilation. (pp 462–463) 21. Describe the use of a one- or two-person bag-mask device. (pp 463–467) 22. Describe the signs associated with adequate and inadequate artificial ventilation. (p 468) 23. Describe the use of continuous positive airway pressure (CPAP). (pp 469–474) 24. Explain how to recognize and care for a foreign body airway obstruction. (pp 474–477) 25. Describe the four-step process of assisting with advanced life support (ALS) skills. (pp 477–482) 26. Discuss the importance of preoxygenation when performing endotracheal (ET) intubation. (p 477) 27. Describe the six steps of the BE MAGIC intubation procedure. (pp 478–481) 28. Describe the signs that indicate a complication with an intubated patient. (pp 481–482)
Skill Objectives	1. Demonstrate use of pulse oximetry. (pp 435–436, Skill Drill 11-1) 2. Demonstrate how to position the unconscious patient. (pp 439–440, Skill Drill 11-2) 3. Demonstrate how to perform the head tilt–chin lift maneuver. (pp 440–441) 4. Demonstrate how to perform the jaw-thrust maneuver. (pp 441–442) 5. Demonstrate how to operate a suction unit. (pp 444–446) 6. Demonstrate how to suction a patient's airway. (pp 444–446, Skill Drill 11-3) 7. Demonstrate the insertion of an oral airway. (pp 446–447, Skill Drill 11-4) 8. Demonstrate the insertion of an oral airway with a 90-degree rotation. (p 448, Skill Drill 11-5) 9. Demonstrate the insertion of a nasal airway. (p 449, Skill Drill 11-6) 10. Demonstrate how to place a patient in the recovery position. (p 449) 11. Demonstrate how to place an oxygen cylinder into service. (pp 455–457, Skill Drill 11-7) 12. Demonstrate the use of a partial rebreathing mask in providing supplemental oxygen therapy to patients. (p 459) 13. Demonstrate the use of a Venturi mask in providing supplemental oxygen therapy to patients. (p 459) 14. Demonstrate the use of a humidifier in providing supplemental oxygen therapy to patients. (p 460) 15. Demonstrate how to assist a patient with ventilations using the bag-mask device. (pp 464–466, Skill Drill 11-8) 16. Demonstrate the use of an automatic transport ventilator to assist in delivering artificial ventilation to the patient. (pp 468–469) 17. Demonstrate the use of CPAP. (pp 469–474, Skill Drill 11-9)

MODULE 5 – PHARMACOLOGY

Module Overview	Module 5 introduces the student to administering medications.
Prerequisite	Module 4
Required Readings	Chapter 12 – Principles of Pharmacology
Knowledge Objectives	1. Define the terms pharmacodynamics, therapeutic effects, indications, adverse effects, pharmacokinetics, onset of action, peak, duration, elimination, unintended effects, and untoward effects. (pp 495–497) 2. Explain medication contraindications; include an example. (p 497) 3. Explain the differences between a generic medication name and a trade medication name; provide an example of each. (p 497) 4. Differentiate enteral and parenteral routes of medication administration. (p 498) 5. Describe rectal, oral, intravenous, intraosseous, subcutaneous, intramuscular, intranasal, inhalation, sublingual, and transcutaneous routes of medication administration; include the rates of absorption. (pp 498–500) 6. Explain the solid, liquid, and gas forms of medication and routes of administration; provide examples of each. (pp 501–503) 8. List the "rights" of medication administration; include how each one relates to EMS. (pp 503–505) 9. Explain the difference between direct orders (online) and standing orders (off-line) and the role of medical control. (p 506) 10. Discuss the medication administration circumstances involving peer-assisted medication, patient-assisted medication, and EMT-administered medication. (pp 506–507) 11. Know the generic and trade names, actions, indications, contraindications, routes of administration, adverse effects, interactions, and doses of medications that may be administered by an EMT in an emergency as dictated by state protocols and local medical direction. (pp 497–518) 12. Describe the medication administration considerations related to special populations, including pediatric, geriatric, and pregnant patients. (pp 507, 515, 517) 13. State the steps to follow when dispensing medications to a patient using an auto-injector. (p 514) 14. Explain why determining what prescription and over-the-counter medications a patient is taking is a critical aspect of patient assessment during an emergency. (pp 518–519) 15. State the steps to take if a medication error occurs. (p 522)
Skill Objectives	1. Apply the rights of medication administration. (pp 503–505) 2. Perform the medication cross-check procedure prior to administering a medication. (pp 505–506) 3. Demonstrate how to administer oral medication to a patient. (pp 507, 510–511) 4. Demonstrate how to administer aspirin to a patient with chest pain. (p 511) 5. Demonstrate how to administer oral glucose to a patient with hypoglycemia. (pp 507, 510) 6. Demonstrate how to assist a patient with the sublingual administration of a medication. (pp 511–513) 7. Demonstrate how to administer a medication by auto-injector. (p 514) 8. Demonstrate how to administer an intranasal medication. (p 515)

MODULE 6 – SHOCK AND RESUSCITATION

Module Overview	Module 6 teaches the student how to properly manage shock and treat patients in cardiac arrest.
Prerequisite	Module 5
Required Readings	Chapter 13 – Shock Chapter 14 – BLS Resuscitation
Knowledge Objectives	Chapter 13 – Shock 1. Describe the pathophysiology of shock (hypoperfusion). (pp 531–534) 2. Identify the causes of shock. (p 534) 3. Differentiate among the various types of shock. (pp 534–539) 4. Describe the signs and symptoms of shock including compensated and decompensated. (p 540) 5. Discuss key components of patient assessment for shock. (pp 540–542) 6. Describe the steps to follow in the emergency care of the patient with various types of shock. (pp 543–548) Chapter 14 – BLS Resuscitation 1. Explain the elements of basic life support (BLS), how it differs from advanced life support (ALS), and why BLS must be applied rapidly. (pp 557–559) 2. Explain the goals of cardiopulmonary resuscitation (CPR) and when it should be performed on a patient. (p 559) 3. Explain the components of CPR, the five links in the American Heart Association (AHA) chain of survival, and how each one relates to maximizing the survival of a patient. (pp 559–560) 4. Discuss guidelines for circumstances that require the use of an automated external defibrillator (AED) on both adult and pediatric patients experiencing cardiac arrest. (pp 561–562) 5. Explain three special situations related to the use of an AED. (p 562) 6. Describe the proper way to position an adult patient to receive BLS care. (pp 562–563) 7. Describe the purpose of external chest compressions. (p 563) 8. Describe the two techniques EMTs may use to open an adult patient's airway and the circumstances that would determine when each technique would be used. (pp 566–567) 9. Describe the recovery position and circumstances that would warrant its use, as well as situations in which it would be contraindicated. (pp 567–568) 10. Describe the process of providing artificial ventilations to an adult patient, ways to avoid gastric distention, and modifications required for a patient with a stoma. (pp 568–569) 11. Explain the steps in providing single-rescuer adult CPR. (pp 569–571) 12. Explain the steps in providing two-rescuer adult CPR, including the method for switching positions during the process. (pp 571–573) 13. Describe the different mechanical devices that are available to assist emergency care providers in delivering improved circulatory efforts during CPR. (pp 573, 575–577) 14. Describe the different possible causes of cardiopulmonary arrest in children. (p 577) 15. Explain the four steps of pediatric BLS procedures and how they differ from BLS procedures used in an adult patient. (pp 577–584) 16. Describe the ethical issues related to patient resuscitation, including examples of when not to start CPR on a patient. (pp 584–586) 17. Explain the various factors involved in the decision to stop CPR after it has been started on a patient. (pp 586–587) 18. Explain common causes of foreign body airway obstruction in both children and adults and how to distinguish mild or partial airway obstruction from complete airway obstruction. (pp 587–588) 19. Describe the different methods for removing a foreign body airway obstruction in an infant, child, and adult, including the procedure for a patient with an obstruction who becomes unresponsive. (pp 588–593) 20. Discuss how to provide grief support for a patient's family members and loved ones after resuscitation has ended. (pp 594–595) 21. Discuss the importance of frequent CPR training for EMTs, as well as public education programs that teach compression-only CPR. (p 595)
Skill Objectives	Chapter 13 – Shock 1. Demonstrate how to control shock. (pp 543–548) 2. Demonstrate how to complete an EMS patient care report for a patient with shock. (p 551) Chapter 14 – BLS Resuscitation 1. Demonstrate how to position an unresponsive adult for CPR. (pp 562–563) 2. Demonstrate how to check for a pulse at the carotid artery in an unresponsive child or adult. (p 563) 3. Demonstrate how to perform external chest compressions on an adult. (pp 563–565, Skill Drill 14-1) 4. Demonstrate how to perform a head tilt–chin lift maneuver on an adult. (p 566) 5. Demonstrate how to perform a jaw-thrust maneuver on an adult. (pp 566–567) 6. Demonstrate how to place a patient in the recovery position. (pp 567–568) 7. Demonstrate how to perform rescue breathing in an adult. (p 568) 8. Demonstrate how to perform one-rescuer adult CPR. (pp 569–571, Skill Drill 14-2) 9. Demonstrate how to perform two-rescuer adult CPR. (pp 571–573, Skill Drill 14-3) 10. Demonstrate the use of mechanical devices that assist emergency responders in delivering improved circulatory efforts during CPR. (pp 573–577) 11. Demonstrate how to check for a pulse at the brachial artery in an unresponsive infant (p 579) 12. Demonstrate how to perform external chest compressions on an infant. (pp 579–580, Skill Drill 14-4)

	13. Demonstrate how to perform CPR in a child who is between 1 year of age and the onset of puberty. (pp 580–582, Skill Drill 14-5) 14. Demonstrate how to perform a head tilt–chin lift maneuver on a pediatric patient. (p 582) 15. Demonstrate how to perform a jaw-thrust maneuver on a pediatric patient. (pp 582–583) 16. Demonstrate how to perform rescue breathing on a child. (p 583) 17. Demonstrate how to perform rescue breathing on an infant. (p 583) 18. Demonstrate how to remove a foreign body airway obstruction in a responsive adult patient using abdominal thrusts (Heimlich maneuver). (p 588) 19. Demonstrate how to remove a foreign body airway obstruction in a responsive pregnant or obese patient using chest thrusts. (p 588–591) 20. Demonstrate how to remove a foreign body airway obstruction in a responsive child older than 1 year using abdominal thrusts (Heimlich maneuver). (pp 590–591) 21. Demonstrate how to remove a foreign body airway obstruction in an unresponsive child. (pp 591–592, Skill Drill 14-6) 22. Demonstrate how to remove a foreign body airway obstruction in an infant. (pp 591, 593)

MODULE 7 – MEDICAL 1

Module Overview	Module 7 introduces the student to responding to medical emergencies and then covers medical and respiratory emergencies.
Prerequisite	Module 6
Required Readings	Chapter 15 – Medical Overview Chapter 16 – Respiratory Emergencies Chapter 17 – Cardiac Emergencies
Knowledge Objectives	<u>Chapter 15 – Medical Overview</u> 1. Differentiate between medical emergencies and trauma emergencies, remembering that some patients may have both. (p 605) 2. Name the various categories of common medical emergencies and give examples. (pp 605–605) 3. Describe the evaluation of the nature of illness (NOI). (p 606) 4. Discuss the assessment of a patient with a medical emergency. (pp 605–611) 5. Explain the importance of transport time and destination selection for a medical patient. (pp 611–613) 6. Define infectious disease and communicable disease. (p 613) 7. Discuss diseases of special concern and their routes of transmission, including influenza, herpes simplex, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), hepatitis, meningitis, tuberculosis, whooping cough, methicillin-resistant *Staphylococcus aureus* (MRSA), Middle East respiratory syndrome coronavirus (MERS-CoV), 2019 novel coronavirus (2019-nCoV), and Ebola. (pp 614–620) <u>Chapter 16 – Respiratory Emergencies</u> 1. List the structures and functions of the upper and lower airways, lungs, and accessory structures of the respiratory system. (pp 628–629) 2. Explain the physiology of respiration; include the signs of normal breathing. (pp 629–631) 3. Discuss the pathophysiology of respiration, including examples of the common signs and symptoms a patient with inadequate breathing may present with in an emergency situation. (pp 631–633) 4. Explain the special patient assessment and care considerations that are required for geriatric patients who are experiencing respiratory distress. (pp 633, 636–637, 665–667) 5. Describe different respiratory conditions that cause dyspnea, including their causes, assessment findings and symptoms, complications, and specific prehospital management and transport decisions. (pp 633–634, 656–667) 6. List the characteristics of infectious diseases that are frequently associated with dyspnea. (pp 634–638) 7. Discuss some pandemic considerations related to the spread of influenza type A and coronavirus and strategies EMTs should employ to protect themselves from infection during a possible crisis situation. (pp 634, 637) 8. Explain the special patient assessment and care considerations that are required for pediatric patients who are experiencing respiratory distress. (pp 634–638, 642, 662–667) 9. Describe the assessment of a patient who is in respiratory distress and the relationship of the assessment findings to patient management and transport decisions. (pp 648–655) 10. Describe the primary emergency medical care of a person who is in respiratory distress. (pp 648–651, 656–662) 11. List five different types of adventitious breath sounds, their signs and symptoms, and the disease process associated with each one. (p 651) 12. State the generic name, medication forms, dose, administration, indications, actions, and contraindications for medications that are administered via metered-dose inhalers (MDIs) and small-volume nebulizers. (pp 656–662) <u>Chapter 17 – Cardiovascular Emergencies</u> 1. Discuss the basic anatomy and physiology of the cardiovascular system. (pp 677–684) 2. Discuss the pathophysiology of the cardiovascular system. (pp 684–692) 3. Describe the anatomy, physiology, pathophysiology, assessment, and management of thromboembolism. (pp 684–688) 4. Describe the anatomy, physiology, pathophysiology, assessment, and management of angina pectoris. (pp 685–686) 5. Describe the anatomy, physiology, pathophysiology, assessment, and management of myocardial infarction. (pp 686–688) 6. Describe the anatomy, signs and symptoms, and management of hypertensive emergencies. (pp 690–692) 7. Describe the anatomy, physiology, pathophysiology, assessment, and management of aortic aneurysm/dissection. (p 691) 8. Explain patient assessment for patients with cardiovascular problems. (pp 692–696) 9. Explain the relationship between airway management and the patient with cardiac compromise. (pp 692–693) 10. Give the indications and contraindications for the use of aspirin and nitroglycerin. (pp 697–699) 11. Recognize that many patients will have had cardiac surgery and may have implanted pacemakers or defibrillators. (pp 703–704) 12. Define cardiac arrest. (p 705) 13. Compare the difference between the fully automated and the semiautomated defibrillator. (pp 705–707) 14. Describe the different types of AEDs. (pp 705–707) 15. Explain the use of remote adhesive defibrillator pads. (p 706)

	16. Recognize that not all patients in cardiac arrest require an electric shock. (p 707) 17. List the indications and contraindications for use of an AED. (pp 707–708) 18. Discuss the reasons for early defibrillation. (p 707) 19. Explain the circumstances that may result in inappropriate shocks from an AED. (p 708) 20. Explain the reason not to touch the patient, such as by delivering CPR, while the AED is analyzing the heart rhythm and delivering shocks. (pp 708, 710) 21. Describe AED maintenance procedures. (pp 708–710) 22. Explain the relationship of age to energy delivery. (p 708) 23. Explain the role played by medical direction in the use of AEDs. (p 710) 24. Discuss the importance of practice and continuing education with the AED. (p 710) 25. Explain the need for a case review of each incident in which an AED is used. (p 710) 26. List quality improvement goals relating to AEDs. (p 710) 27. Discuss the procedures to follow for standard operation of the various types of AEDs. (pp 710–714) 28. Describe the emergency medical care for the patient with cardiac arrest. (pp 710–714) 29. Describe the components of care following AED shocks. (p 714) 30. Explain criteria for transport of the patient for advanced life support (ALS) following CPR and defibrillation. (pp 714–715) 31. Discuss the importance of coordinating with ALS personnel. (pp 715–716)
Skill Objectives	<u>Chapter 16 – Respiratory Emergencies</u> 1. Demonstrate the process of history taking to obtain more information related to a patient's chief complaint based on a case scenario. (pp 651–653) 2. Demonstrate how to use the OPQRST assessment to obtain more specific information about a patient's breathing problem. (p 653) 3. Demonstrate how to use the PASTE assessment to obtain more specific information about a patient's breathing problem. (p 653) 4. Demonstrate how to assist a patient with the administration of a metered-dose inhaler. (pp 659–660, Skill Drill 16-1) 5. Demonstrate how to assist a patient with the administration of a small-volume nebulizer. (pp 659–662, Skill Drill 16-2) <u>Chapter 17 – Cardiovascular Emergencies</u> 1. Demonstrate the steps to take in the assessment of a patient with chest pain or discomfort. (pp 692–696) 2. Demonstrate how to provide emergency medical care for a patient with chest pain or discomfort. (pp 696–697) 3. Demonstrate how to administer nitroglycerin. (pp 697–699, Skill Drill 17-1) 4. Demonstrate how to attach a cardiac monitor to obtain an ECG. (pp 700–702, Skill Drill 17-2) 5. Demonstrate how to perform maintenance of an AED. (pp 708–710) 6. Demonstrate how to perform CPR. (pp 711, 713–714) 7. Demonstrate the use of an AED. (pp 711–714, Skill Drill 17-3)

MODULE 8 – MEDICAL 2

Module Overview	Module 8 introduces the student to neurologic, gastrointestinal, urologic, endocrine, and hematologic emergencies.
Prerequisite	Module 7
Required Readings	Chapter 18 – Neurologic Emergencies Chapter 19 – Gastrointestinal and Urologic Emergencies Chapter 20 – Endocrine and Hematologic Emergencies
Knowledge Objectives	<u>Chapter 18 – Neurologic Emergencies</u> 1. Describe the anatomy and physiology and functions of the brain and spinal cord. (pp 724–726) 2. Discuss the different types of headaches, the possible causes of each, and how to distinguish a harmless headache from a potentially life-threatening condition. (pp 726–727) 3. Explain the various ways blood flow to the brain may be interrupted and cause a cerebrovascular accident. (pp 727–728) 4. Discuss the causes, similarities, and differences of an ischemic stroke, hemorrhagic stroke, and transient ischemic attack. (pp 728–730) 5. List the general signs and symptoms of stroke and how those symptoms manifest if the left hemisphere of the brain is affected and if the right hemisphere of the brain is affected. (pp 730–731) 6. List three conditions with symptoms that mimic stroke and the assessment techniques EMTs may use to identify them. (p 731) 7. Define a generalized seizure, focal-onset seizure, and status epilepticus; include how they differ from each other and their effects on patients. (pp 732–733) 8. Describe how the different stages of a seizure are characterized. (p 733) 9. Discuss the importance for EMTs to recognize when a seizure is occurring or whether one has already occurred in a patient. (pp 734–735) 10. Explain the postictal state and the specific patient care interventions that may be necessary. (p 735) 11. Define altered mental status; include possible causes and the patient assessment considerations that apply to each. (pp 735–737, 749) 12. Discuss scene safety considerations when responding to a patient with a neurologic emergency. (pp 737–738) 13. Explain the special considerations required for pediatric patients who exhibit altered mental status. (p 737) 14. Explain the primary assessment of a patient who is experiencing a neurologic emergency and the necessary interventions that may be required to address all life threats. (pp 738–739) 15. Describe the process of history taking for a patient who is experiencing a neurologic emergency and how this process varies depending on the nature of the patient's illness. (pp 739–741) 16. Explain the secondary assessment of a patient who is experiencing a neurologic emergency. (pp 741–744) 17. Explain how to use stroke assessment tools to rapidly identify a stroke patient; include two commonly used tools. (pp 741–744) 18. Explain the concept of a stroke alert and the important timeframe for the most successful treatment outcome for a patient who is suspected of having a stroke. (pp 745–746) 19. List the key information EMTs must obtain and document for a stroke patient during assessment and reassessment. (pp 741–745) 20. Explain the care, treatment, and transport of patients who are experiencing headaches, stroke, seizure, and altered mental status. (pp 745–749) 21. Explain the special considerations required for geriatric patients who are experiencing a neurologic emergency. (p 747) <u>Chapter 19 – Gastrointestinal and Urologic Emergencies</u> 1. Describe the basic anatomy and physiology of the gastrointestinal, genital, and urinary systems. (pp 756–758) 2. Define the term *acute abdomen*. (p 758) 3. Describe pathologic conditions of the gastrointestinal, genital, and urinary systems. (pp 758–766) 4. Explain the concept of referred pain. (p 760) 5. Describe other organ systems that can cause abdominal pain. (pp 759–760, 765–766) 6. Identify the signs and symptoms, and common causes, of an acute abdomen. (pp 760–64) 7. Describe the assessment and management of acute and chronic gastrointestinal hemorrhage, peritonitis, and ulcerative diseases. (pp 758–764, 766–770) 8. List the most common abdominal emergencies, with the most common locations of direct and referred pain. (p 760) 9. Describe the assessment of a patient with a gastrointestinal and urologic emergency. (pp 766–770) 10. Describe the procedures to follow in managing the patient with shock associated with abdominal emergencies. (p 767–768) 11. Describe the emergency medical care of the patient with gastrointestinal or urologic emergencies. (pp 770–772) 12. Explain the principles of kidney dialysis. (p 771–772) <u>Chapter 20 – Endocrine and Hematologic Emergencies</u> 1. Describe the anatomy and physiology of the endocrine system and its main function in the body. (pp 778–780) 2. Discuss the role of glucose as a major source of energy for the body and its relationship to insulin. (pp 778–780)

	3. Define the terms *diabetes mellitus*, *hyperglycemia*, and *hypoglycemia*. (pp 780–781) 4. Describe the differences and similarities between hyperglycemic and hypoglycemic diabetic emergencies, including their onset, signs and symptoms, and management considerations. (pp 780–781) 5. Distinguish between the individual types of diabetes and how their onset and presentation are different. (pp 782–784) 6. Describe the interventions for providing emergency medical care to both a conscious and unconscious patient with an altered mental status and a history of diabetes who is having symptomatic hyperglycemia. (pp 784–785) 7. Describe the interventions for providing emergency medical care to both a conscious and unconscious patient with an altered mental status and a history of diabetes who is having symptomatic hypoglycemia. (pp 785–786) 8. Explain the process for assessing and managing the airway of a patient with an altered mental status, including ways to differentiate a hyperglycemic patient from a hypoglycemic patient. (pp 784–786, 792) 9. Explain some age-related considerations when managing a pediatric patient who is experiencing symptomatic hypoglycemia. (p 786) 10. Discuss the steps the EMT should follow when conducting a primary and secondary assessment of a patient with an altered mental status who is a suspected of having diabetes. (pp 786–788) 11. Explain when it is appropriate to obtain medical direction when providing emergency medical care to a patient with diabetes. (pp 788–791) 12. Explain some age-related considerations when managing an older patient who has undiagnosed diabetes. (p 780) 13. Provide the forms, dose, administration, indications, and contraindications for giving oral glucose to a patient with a decreased level of consciousness who has a history of diabetes. (p 791) 14. Discuss the composition and functions of blood. (p 793) 15. Describe the pathophysiology of sickle cell disease, complications, and management of sickle cell disease. (pp 793–794, 797) 16. Describe two types of blood clotting disorders, and the risk factors, characteristics, and management of each. (pp 794–797)
Skill Objectives	<u>Chapter 18 – Neurologic Emergencies</u> 1. Demonstrate how to use a stroke assessment tool such as the Cincinnati Prehospital Stroke Scale, 3-Item Stroke Severity Scale (LAG), or BE-FAST mnemonic to test a patient for aphasia, facial weakness, and motor weakness. (pp 741–745) <u>Chapter 19 – Gastrointestinal and Urologic Emergencies</u> 1. Demonstrate the assessment of a patient's abdomen. (pp 769–770) <u>Chapter 20 – Endocrine and Hematologic Emergencies</u> 1. Demonstrate the assessment and care of a patient with hypoglycemia and a decreased level of consciousness. (pp 780–781, 786–793)

MODULE 9 – MEDICAL 3

Module Overview	Module 9 teaches the student about allergy, toxicology, behavioral health, and gynecologic emergencies.
Prerequisite	Module 8
Required Readings	Chapter 21 – Allergy and Anaphylaxis Chapter 22 – Toxicology Chapter 23 – Behavioral Health Emergencies Chapter 24 – Gynecological Emergencies
Knowledge Objectives	<u>Chapter 21 – Allergy and Anaphylaxis</u> 1. Define the terms *allergic reaction* and *anaphylaxis*. (p 804) 2. Explain the difference between a local and a systemic response to allergens. (p 804) 3. List the five categories of stimuli that could cause an allergic reaction or an extreme allergic reaction. (p 806) 4. Differentiate the primary assessment for a patient with a systemic allergic or anaphylactic reaction and with a local reaction. (pp 808–809) 5. Explain the importance of managing the ABCs of a patient who is having an allergic reaction. (p 808) 6. Discuss the steps in the primary assessment that are specific to a patient who is having an allergic reaction. (pp 808–810) 7. Explain the factors involved when making a transport decision for a patient having an allergic reaction. (p 809) 8. Review the process for providing emergency medical care to a patient who is experiencing an allergic reaction. (pp 811–816) 9. Explain the rationale, including communication and documentation considerations, when determining whether to administer epinephrine to a patient who is having an allergic reaction. (pp 813–816) 10. Describe some age-related contraindications to using epinephrine to treat an allergic reaction in a geriatric patient. (p 816) <u>Chapter 22 – Toxicology</u> 1. Define toxicology, poison, toxin, and overdose. (p 822) 2. Identify the common signs and symptoms of poisoning or toxic exposure. (pp 823–824) 3. Describe how poisons and toxins can enter the body. (pp 824–830) 4. Describe the assessment and treatment of a patient with a suspected poisoning or toxic exposure. (pp 830–846) 5. Describe the assessment and treatment of the patient with a suspected overdose. (pp 830–843) 6. Discuss scene safety considerations for working at a scene with a potentially hazardous material or violent patient. (p 830) 7. Understand the role of airway management in the patient suffering from poisoning or overdose. (pp 830–845) 8. Explain the use of activated charcoal, including indications, contraindications, and the need to obtain approval from medical control before administration. (pp 829–834) 9. Identify the main types of toxins and poisons and their effects, including alcohol, opiates and opioids, sedative-hypnotic drugs, inhalants, hydrogen sulfide, sympathomimetics, synthetic cathinones, marijuana, hallucinogens, anticholinergic agents, and cholinergic agents. (pp 834–843) 10. Discuss how to manage a patient who has overdosed on an opioid or opiate and who has gone into cardiac or respiratory arrest. (pp 836–837) 11. Describe the assessment and treatment for the patient with suspected food poisoning. (pp 843–845) 12. Describe the assessment and treatment for the patient with suspected plant poisoning. (pp 846–847) <u>Chapter 23 – Behavioral Health Emergencies</u> 1. Discuss the myths and realities concerning behavioral health emergencies. (pp 854–855) 2. Discuss general factors that can cause alteration in a patient's behavior. (p 855) 3. Define a behavioral crisis. (p 855) 4. Recognize the magnitude of mental health disorders in society. (p 856) 5. Know the main principles of how the mental health care system functions. (p 855) 6. Know the two basic categories of diagnosis that a mental health professional will use. (p 857) 7. Explain special considerations for assessing and managing a behavioral crisis or behavioral health emergency. (pp 857–862) 8. Define acute psychosis. (p 862) 9. Define schizophrenia. (p 863) 10. Explain the care for a psychotic patient. (pp 862–863) 11. Define excited delirium and agitated delirium. (p 864) 12. Explain the care for a patient with excited delirium. (p 864) 13. Describe methods used to restrain patients. (pp 864–868) 14. Know the main principles of care for the agitated, violent, or uncooperative patient. (pp 868–869) 15. Explain how to recognize the behavior of a patient at risk of suicide, including the management of such a patient. (pp 869–871) 16. Recognize issues specific to posttraumatic stress disorder (PTSD) and the returning combat veteran. (pp 871–873) 17. Discuss the medical and legal aspects of managing a behavioral health emergency. (pp 873–874) <u>Chapter 24 – Gynecological Emergencies</u>

	1. Describe the anatomy and physiology of the female reproductive system; include the developmental changes that occur during puberty and menopause. (pp 882–883) 2. Discuss the special, age-related patient management considerations EMTs should provide for both younger and older female patients who are experiencing gynecologic emergencies. (p 883–884) 3. List three common examples of gynecologic emergencies; include the causes, risk factors, assessment findings, and patient management considerations. (pp 884–886) 4. Explain how an EMT would recognize conditions associated with hemorrhage during pregnancy. (p 885–886) 5. Discuss the assessment and management of a patient who is experiencing a gynecologic emergency; include a discussion of specific assessment findings. (pp 886–889) 6. Explain the general management of a gynecologic emergency in relation to patient privacy and communication. (pp 886–889) 7. Give examples of the personal protective equipment EMTs should use when treating patients with gynecologic emergencies. (p 889) 8. Discuss the special considerations and precautions EMTs must observe when arriving at the scene of a suspected case of sexual assault or rape. (pp 890–892) 9. Discuss the assessment and management of a patient who has been sexually assaulted or raped; include the additional steps EMTs must take on behalf of the patient. (pp 890–893)
Skill Objectives	<u>Chapter 21 – Allergy and Anaphylaxis</u> 1. Demonstrate how to remove the stinger from a honeybee sting and proper patient management following its removal. (pp 812–813) 2. Demonstrate how to use an EpiPen auto-injector. (pp 813–815, Skill Drill 21-1) <u>Chapter 22 – Toxicology</u> 1. Demonstrate how to assess and treat a patient with a suspected poisoning. (pp 830–833) 2. Demonstrate how to assess and treat a patient with a suspected overdose. (pp 831–833) 3. Demonstrate how to administer activated charcoal. (p 833–834) <u>Chapter 23 – Behavioral Health Emergencies</u> 1. Demonstrate the techniques used to mechanically restrain a patient. (pp 866–867, Skill Drill 23-1)

MODULE 10 – TRAUMA 1

Module Overview	Module 10 introduces the student to traumatic injuries.
Prerequisite	Module 9
Required Readings	Chapter 25 – Trauma Overview Chapter 26 – Bleeding Chapter 27 – Soft Tissue Injuries
Knowledge Objectives	<u>Chapter 25 – Trauma Overview</u> 1. Define the terms *mechanism of injury* (MOI), *blunt trauma*, and *penetrating trauma*. (pp 901, 904) 2. Explain the relationship of the MOI to potential energy, kinetic energy, and work. (pp 901–902) 4. Provide examples of the MOI that would cause blunt and penetrating trauma to occur. (pp 904–915) 5. Describe the five types of motor vehicle crashes, the injury patterns associated with each one, and how each relates to the index of suspicion of life-threatening injuries. (pp 904–911) 6. Discuss the three specific factors to consider during assessment of a patient who has been injured in a fall, plus additional considerations for pediatric and geriatric patients. (pp 912–913) 7. Discuss the effects of high-, medium-, and low-velocity penetrating trauma on the body and how an understanding of each type helps EMTs form an index of suspicion about unseen life-threatening injuries. (pp 913–915) 8. Discuss primary, secondary, tertiary, and miscellaneous blast injuries and the anticipated damage each one will cause to the body. (pp 915–918) 9. Describe multisystem trauma and the special considerations that are required for patients who fit this category. (pp 918–919) 10. Explain the major components of trauma patient assessment; include considerations related to whether the MOI was significant or nonsignificant. (p 920) 11. Discuss the special assessment considerations related to a trauma patient who has injuries in each of the following areas: head, neck and throat, chest, and abdomen. (pp 920–922) 12. Provide a general overview of multisystem trauma patient management. (pp 922–924) 13. Explain trauma patient management in relation to scene time and transport selection. (pp 922–926) 14. List the criteria for the appropriate use of helicopter emergency medical services. (p 924) 15. Discuss the American College of Surgeons Committee on Trauma classification of trauma centers. (pp 922–924) 16. Explain the American College of Surgeon's Committee on Trauma and the Centers for Disease Control and Prevention field triage decision scheme as it relates to making an appropriate destination selection for a trauma patient. (pp 922–925) <u>Chapter 26 – Bleeding</u> 1. Describe the general structure of the circulatory system and the function of its different parts, including the heart, arteries, veins, and capillaries. (pp 934–937) 2. Explain the significance of bleeding caused by blunt force trauma, including the importance of perfusion. (pp 937–941) 3. Discuss hypovolemic shock as a result of bleeding, including the signs of shock. (pp 940–941) 4. Explain the importance of following standard precautions when treating a patient with external bleeding. (p 938) 5. Describe the characteristics of external bleeding, including the identification of the following types of bleeding: arterial, venous, and capillary. (pp 938–940) 6. Explain how to determine the nature of the illness (NOI) for internal bleeding, including identifying possible traumatic and nontraumatic sources. (p 940) 7. Identify the signs and symptoms of internal bleeding. (pp 940–941) 8. Discuss internal bleeding in terms of the different mechanisms of injury (MOI) and their associated internal bleeding sources. (p 940) 9. Explain how to conduct a primary assessment, including identification of life threats beyond bleeding, ensuring a patent airway, and making a transport decision. (pp 942–944) 10. Explain how to assess a patient with external or internal bleeding, including physical examination, vital signs, and use of monitoring devices. (p 943–944) 11. Explain the emergency medical care of the patient with external bleeding. (pp 944–954) 12. Explain the emergency medical care of the patient with internal bleeding. (p 955–956) <u>Chapter 27 – Soft Tissue Injuries</u> 1. Describe the anatomy of the skin; include the layers of the skin. (pp 962–964) 2. Know the major functions of the skin. (p 964) 3. Name the three types of soft-tissue injuries. (p 964) 4. Describe the types of closed soft-tissue injuries. (pp 965–966) 5. Describe the types of open soft-tissue injuries. (pp 966–970) 6. Explain patient assessment of closed and open injuries. (pp 970–976) 7. Explain patient assessment of closed and open injuries in relation to airway management. (pp 971–973) 9. Explain the emergency medical care for closed and open injuries. (pp 976–977) 10. Explain the emergency medical care for a patient with an open wound to the abdomen. (p 977–978) 11. Explain the emergency medical care for an impaled object. (p 978) 12. Explain the emergency medical care for neck injuries. (pp 978–980) 13. Describe the steps of the emergency treatment of small animal bites, human bites, and rabies. (pp 980–981)

	14. Explain how the seriousness of a burn is related to its depth and extent. (pp 984–986) 15. Define superficial, partial-thickness, and full-thickness burns; include the characteristics of each burn (pp 983–985) 16. Explain the primary assessment of a burn patient. (pp 986–989) 17. Explain the emergency medical care for burn injuries. (pp 989-991) 18. Describe the emergency management of chemical, electrical, thermal, inhalation, and radiation burns. (pp 991–997) 19. Know the functions of sterile dressings and bandages. (pp 997–998)
Skill Objectives	<u>Chapter 26 – Bleeding</u> 1. Demonstrate the emergency medical care of the patient with external bleeding. (p 947, Skill Drill 26-1) 2. Demonstrate the emergency medical care of the patient with external bleeding using wound packing. (p 948, Skill Drill 26-2) 3. Demonstrate the emergency medical care of the patient with external bleeding using a commercial tourniquet. (p 950, Skill Drill 26-3) 4. Demonstrate the emergency medical care of the patient with epistaxis, or nosebleed. (p 953, Skill Drill 26-4) 5. Demonstrate the emergency medical care of the patient who shows signs and symptoms of internal bleeding. (pp 955–956, Skill Drill 26-5) <u>Chapter 27 – Soft Tissue Injuries</u> 1. Demonstrate the emergency medical care of a patient with an open chest wound. (pp 976–977) 2. Demonstrate the emergency medical care of closed soft-tissue injuries. (p 976) 3. Demonstrate how to control bleeding from an open soft-tissue injury. (pp 976–977) 4. Demonstrate the emergency medical care of a patient with an open abdominal wound. (pp 977–978) 5. Demonstrate how to stabilize an impaled object. (pp 978–979 Skill Drill 27-1) 6. Demonstrate how to care for a burn. (p 989–991, Skill Drill 27-2) 7. Demonstrate the emergency medical care of a patient with a chemical, electrical, thermal, inhalation, or radiation burn. (pp 991–997)

MODULE 11 – TRAUMA 2

Module Overview	Module 11 focuses on head, neck, back, and chest injuries.
Prerequisite	Module 10
Required Readings	Chapter 28 – Face and Neck Injuries Chapter 29 – Head and Spinal Injuries Chapter 30 – Chest Injuries
Knowledge Objectives	<u>Chapter 28 – Face and Neck Injuries</u> 1. Describe the anatomy and physiology of the head, face, and neck; include major structures and specific important landmarks of which EMTs must be aware. (pp 1006–1009) 2. Describe the factors that may cause obstruction of the upper airway following a facial injury. (pp 1009–1011) 3. Discuss the different types of facial injuries and patient care considerations related to each one. (pp 1009–1011) 4. Explain the emergency care of a patient who has sustained face and neck injuries; include assessment of the patient, review of signs and symptoms, and management of care. (pp 1009–1016) 5. Explain the emergency medical care of a patient with soft-tissue wounds of the face and neck. (pp 1015–1016) 6. Explain the emergency medical care of a patient with an eye injury based on the following scenarios: foreign object, impaled object, burns, lacerations, blunt trauma, closed head injuries, and blast injuries. (pp 1016–1027) 7. Describe the three different causes of a burn injury to the eye and patient management considerations related to each one. (pp 1021–1023) 8. Explain the emergency medical care of a patient with injuries of the nose. (pp 1027–1028) 9. Explain the emergency medical care of a patient with injuries of the ear, including lacerations and foreign body insertions. (pp 1028–1030) 10. Explain the physical findings and emergency care of a patient with a facial fracture. (pp 1030–1031) 11. Explain the emergency medical care of a patient with dental and cheek injuries; include how to deal with an avulsed tooth. (p 1031) 12. Explain the emergency medical care of a patient with an upper airway injury caused by blunt trauma. (pp 1030–1032) 13. Explain the emergency care of a patient with a penetrating injury to the neck; include how to control regular and life-threatening bleeding. (pp 1032–1033) <u>Chapter 29 – Head and Spinal Injuries</u> 1. Describe the anatomy and physiology of the nervous system, including its divisions into the central nervous system (CNS) and peripheral nervous system (PNS), and the structures and functions of each. (pp 1040–1045) 2. Explain the functions of both the somatic and autonomic nervous systems. (p 1044) 3. List the major bones of the skull and spinal column and their related structures; include their functions as they relate to the nervous system. (pp 1044–1045) 4. Explain the different types of head injuries, their potential mechanism of injury (MOI), and general signs and symptoms of a head injury that EMTs should consider when performing a patient assessment. (pp 1045–10552 5. Define traumatic brain injury (TBI). (p 1048) 6. Explain the difference between a primary (direct) injury and a secondary (indirect) injury; include examples of possible MOIs that may cause each one. (pp 1048–1049) 7. Describe the different types of brain injuries and their corresponding signs and symptoms, including increased intracranial pressure (ICP), concussion, contusion, and injuries caused by medical conditions. (pp 1048–1052) 8. Describe the different types of injuries that may damage the cervical, thoracic, or lumbar spine; include examples of possible MOIs that may cause each one. (p 1052) 9. Explain the steps in the patient assessment process for a person who has a suspected head or spine injury; include specific variations that may be required as related to the type of injury. (pp 1053–1061) 10. List the mechanisms of injury that cause a high index of suspicion for the possibility of a head or spinal injury. (p 1053) 11. Explain emergency medical care of a patient with a head injury; include the three general principles designed to protect and maintain the critical functions of the CNS and ways to determine if the patient has a TBI. (pp 1061–1063) 12. Explain emergency medical care of a patient with a spinal injury; include the implications of not properly caring for patients with injuries of this nature, the steps for performing manual in-line stabilization, implications for sizing and using a cervical spine immobilization device, and key symptoms that contraindicate in-line stabilization. (pp 1064–1067) 13. Explain the process of preparing patients who have suspected head or spinal injuries for transport; include the use and functions of a long backboard, vacuum mattress, short backboard, and other short spinal extrication devices to immobilize the patient's cervical and thoracic spine. (pp 1067–1079) 14. Explain the different circumstances in which a helmet should be left on or taken off a patient with a possible head or spinal injury. (pp 1079–1080) 15. List the steps EMTs must follow to remove a helmet, including the removal of a football helmet. (pp 1079–1084)

	16. Discuss age-related variations that are required when providing emergency care to a pediatric patient who has a suspected head or spine injury. (pp 1083–1084) <u>Chapter 30 – Chest Injuries</u> 1. Explain the mechanics of ventilation in relation to chest injuries. (pp 1094–1095) 2. Describe the differences between an open and closed chest injury. (pp 1095–1096) 3. Recognize the signs of chest injury. (pp 1096–1097) 4. Describe the management of a patient with a suspected chest injury, including pneumothorax, hemothorax, cardiac tamponade, rib fractures, flail chest, pulmonary contusion, traumatic asphyxia, blunt myocardial injury, commotio cordis, and laceration of the great vessels. (pp 1102–1110) 5. Recognize the complications that can accompany chest injuries. (pp 1102–1110) 6. Explain the complications of a patient with an open pneumothorax (sucking chest wound). (pp 1102–1104) 7. Differentiate between a pneumothorax (open, simple, and tension) and hemothorax. (pp 1102–1105) 8. Describe the complications of cardiac tamponade. (pp 1105–1107) 9. Describe the complications of rib fractures. (p 1107) 10. Describe the complications of a patient with a flail chest. (pp 1107–1108)
Skill Objectives	<u>Chapter 28 – Face and Neck Injuries</u> 1. Demonstrate the removal of a foreign object from under a patient's upper eyelid. (pp 1016–1019, Skill Drill 28-1) 2. Demonstrate the stabilization of a foreign object that has been impaled in a patient's eye. (pp 1016–1020, Skill Drill 28-2) 3. Demonstrate irrigation of a patient's eye using a nasal cannula, bottle, or basin. (pp 1021–1023) 4. Demonstrate the care of a patient who has a penetrating eye injury. (pp 1020, 1023) 5. Demonstrate how to control bleeding from a neck injury. (pp 1032–1033, Skill Drill 28-3) <u>Chapter 29 – Head and Spinal Injuries</u> 1. Demonstrate how to perform a jaw-thrust maneuver on a patient with a suspected spinal injury. (p 1064) 2. Demonstrate how to perform manual in-line stabilization on a patient with a suspected spinal injury. (pp 1064–1065, Skill Drill 29-1) 3. Demonstrate how to apply a cervical collar to a patient with a suspected spinal injury. (pp 1065–1067, Skill Drill 29-2) 4. Demonstrate how to secure a patient with a suspected spinal injury to a long backboard. (pp 1067–1070, Skill Drill 29-3) 5. Demonstrate how to secure a patient with a suspected spinal injury using a vacuum mattress. (pp 1070–1075, Skill Drill 29-4) 6. Demonstrate how to secure a patient with a suspected spinal injury who was found in a sitting position. (pp 1075–1077, Skill Drill 29-5) 7. Demonstrate how to remove a helmet from a patient with a suspected head or spinal injury. (pp 1079–1082, Skill Drill 29-6) 8. Demonstrate the method for removal of a football helmet from a patient with a suspected head or spinal injury. (p 1083) <u>Chapter 30 – Chest Injuries</u> 1. Describe the steps to take in the assessment of a patient with a suspected chest injury. (pp 1097–1102) 2. Demonstrate the management of a patient with a sucking chest wound. (pp 1103–1104)

MODULE 12 – TRAUMA 3

Module Overview	Module 12 concludes the trauma modules with abdominal, genitourinary, orthopedic, and environmental emergencies.
Prerequisite	Module 11
Required Readings	Chapter 31 – Abdominal and Genitourinary Emergencies Chapter 32 – Orthopedic Emergencies Chapter 33 – Environmental Emergencies
Knowledge Objectives	<u>Chapter 31 – Abdominal and Genitourinary Emergencies</u> 1. Describe the anatomy and physiology of the abdomen; include an explanation of abdominal quadrants and boundaries and the difference between hollow and solid organs. (pp 1118–1121) 2. Describe some special considerations related to the care of pediatric patients and geriatric patients who have experienced abdominal trauma. (pp 1121, 1125) 3. Define closed abdominal injuries; provide examples of the mechanisms of injury (MOI) likely to cause this type of trauma, and common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1121–1122) 4. Define open abdominal injuries; include the three common velocity levels that distinguish these injuries, provide examples of the MOI that would cause each, and describe common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1121–1123) 5. Describe the different ways hollow and solid organs of the abdomen can be injured, and include the common signs and symptoms exhibited by patients depending on the organ or organs involved. (pp 1123–1125) 6. Explain assessment of a patient who has experienced an abdominal injury; include common indicators that help determine the MOI and whether it is a significant MOI. (pp 1125–1129) 7. Explain the emergency medical care of a patient who has sustained a closed abdominal injury, including blunt trauma caused by a seat belt or airbag. (p 1129) 8. Explain the emergency medical care of a patient who has sustained an open abdominal injury, including penetrating injuries and abdominal evisceration. (pp 1129–1130) 9. Describe the anatomy and physiology of the female and male genitourinary systems; include the differences between hollow and solid organs. (pp 1131–1133) 10. Discuss the types of traumatic injuries sustained by the male and female genitourinary system, including the kidneys, urinary bladder, and internal and external genitalia. (pp 1133–1135) 11. Explain assessment of a patient who has experienced a genitourinary injury; include special considerations related to patient privacy and determining the MOI. (pp 1135–11137) 12. Explain the emergency medical care of a patient who has sustained a genitourinary injury to the kidneys, bladder, external male genitalia, female genitalia, and rectum. (pp 1137–1138) 13. Explain special considerations related to a patient who has experienced a genitourinary injury caused by a sexual assault, including patient treatment, criminal implications, and evidence management. (pp 1138–1139) <u>Chapter 32 – Orthopedic Emergencies</u> 1. Describe the anatomy and physiology of the musculoskeletal system. (pp 1146–1151) 2. Name the four mechanisms of injury. (pp 1151–1152) 3. Describe the different types of musculoskeletal injuries, including fractures, dislocations, amputations, sprains, and strains. (pp 1151–1158) 4. Recognize the characteristics of specific types of musculoskeletal injuries. (pp 1151–1158, 1169–1191) 5. Differentiate between open and closed fractures. (pp 1152–1153) 6. Explain how to assess the severity of an injury. (p 1158) 7. Describe the emergency medical care of the patient with an orthopaedic injury. (pp 1163–1192) 8. Describe the emergency medical care of the patient with a swollen, painful, deformed extremity (fracture). (pp 1163–1191) 9. Discuss the need for, general rules of, and possible complications of splinting. (pp 1164–1165) 10. Explain the reasons for splinting fractures, dislocations, and sprains at the scene versus transporting the patient immediately. (pp 1164–1165) 11. Describe the emergency medical care of the patient with an amputation. (p 1191) <u>Chapter 33 – Environmental Emergencies</u> 1. Identify the four factors that affect how a person deals with exposure to a cold or hot environment. (pp 1201–1202) 2. Describe the five ways heat loss occurs in the body, and how the rate and amount of heat loss or gain can be modified in an emergency situation. (pp 1202–1203) 3. Describe the four general stages of hypothermia. (pp 1203–1205) 4. Describe local cold injuries and their underlying causes. (pp 1205–1206) 5. Describe the process of providing emergency care to a patient who has sustained a cold injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1209–1210) 6. Explain the importance of following local protocols when rewarming a patient who is experiencing moderate or severe hypothermia. (p 1209) 7. Describe the three emergencies that are caused by heat exposure, including the risk factors, signs, and symptoms. (pp 1211–1213)

	8. Describe the process of providing emergency care to a patient who is experiencing a heat emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1213–1217) 9. Describe drowning, including its incidence, risk factors, and prevention. (pp 1218–1220) 10. List the basic rules of performing a water and ice rescue. (p 1219) 11. Explain why EMTs should have a prearranged rescue plan based on the environment in which they work. (p 1219) 12. List five conditions that may result in a spinal injury following a submersion incident and the steps for stabilizing a patient with a suspected spinal injury in the water. (pp 1218–1220) 13. Discuss recovery techniques and resuscitation efforts EMTs may need to follow when managing a patient who has been involved in a submersion incident. (p 1220) 14. Describe the three types of diving emergencies, how they may occur, and their signs and symptoms. (pp 1220–1222) 15. Describe the process of providing emergency care to a patient who has been involved in a drowning or diving emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1223–1226) 16. Discuss the types of dysbarism injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (pp 1226–1227) 17. Discuss lightning injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (pp 1227–1228) 18. Describe the process of providing emergency care to patients who have been bitten by each of the following venomous spiders: (pp 1228–1229) a. Black widow spider b. Brown recluse spider 19. Describe the process of providing emergency care to a patient who has sustained a bite or sting from each of the following insects and arachnids, including steps the EMT should follow if a patient develops a severe reaction to the sting or bite: (pp 1229–1230, 1233–1234) a. Hymenoptera (bees, wasps, yellow jackets, and ants) b. Scorpions c. Ticks 20. Describe the process of providing emergency care to a patient who has been bitten by each of the following types of snake and is showing signs of envenomation. (pp 1231–1233) a. Pit viper b. Coral snake 21. Describe the process of providing emergency care to a patient who has been stung by a coelenterate or other marine animal. (p 1235)
Skill Objectives	<u>Chapter 31 – Abdominal and Genitourinary Emergencies</u> 1. Demonstrate proper emergency medical care of a patient who has experienced a blunt abdominal injury. (p 1129) 2. Demonstrate proper emergency medical care of a patient who has a penetrating abdominal injury with an impaled object. (pp 1129–1130) 3. Demonstrate how to apply a dressing to an abdominal evisceration wound. (pp 1130–1131) <u>Chapter 32 – Orthopedic Emergencies</u> 1. Demonstrate the care of musculoskeletal injuries. (pp 1163–1164, Skill Drill 32-1) 2. Demonstrate how to apply a rigid splint. (pp 1165–1167, Skill Drill 32-2) 3. Demonstrate how to apply a vacuum splint. (pp 1167–1168, Skill Drill 32-3) 4. Demonstrate how to splint the hand and wrist. (pp 1176–1177, Skill Drill 32-4) 5. Demonstrate how to apply a Hare traction splint. (pp 1183–1185, Skill Drill 32-5) 6. Demonstrate how to apply a Sager traction splint. (pp 1185–1186, Skill Drill 32-6) 7. Demonstrate how to splint the clavicle, the scapula, the shoulder, the humerus, the elbow, and the forearm. (pp 1169–1176) 8. Demonstrate how to care for a patient with an amputation. (p 1191) <u>Chapter 33 – Environmental Emergencies</u> 1. Demonstrate the emergency medical treatment of local cold injuries in the field. (p 1210) 2. Demonstrate using a warm-water bath to rewarm the limb of a patient who has sustained a local cold injury. (p 1210) 3. Demonstrate how to treat a patient with heat cramps. (p 1215) 4. Demonstrate how to treat a patient with heat exhaustion. (pp 1215–1217, Skill Drill 33-1) 5. Demonstrate how to treat a patient with heatstroke. (p 1217) 6. Demonstrate how to stabilize a patient with a suspected spinal injury in the water. (pp 1218–1221, Skill Drill 33-2) 7. Demonstrate how to care for a patient who is suspected of having an air embolism or decompression sickness following a drowning or diving emergency. (pp 1222–1223) 8. Demonstrate how to care for a patient who has been bitten by a pit viper and is showing signs of envenomation. (pp 1231–1232) 9. Demonstrate how to care for a patient who has been bitten by a coral snake and is showing signs of envenomation. (pp 1232–1233) 10. Demonstrate how to care for a patient who has sustained a coelenterate envenomation. (p 1235)

MODULE 13 – SPECIAL POPULATIONS

Module Overview	Module 13 teaches the student about taking care of special populations including pregnant individuals, neonates, children, very old people, and individuals that have special needs.
Prerequisite	Module 12
Required Readings	Chapter 34 – Obstetrics and Neonatal Care Chapter 35 – Pediatric Emergencies Chapter 36 – Geriatric Emergencies Chapter 37 – Patients with Special Challenges
Additional Readings	State of Nevada – Developmental Disability Awareness Training Nevada Revised Statute 450B requires EMTs to have training as it pertains to individuals with developmental disabilities. To access the training course, go to https://training.lasvegasambulance.com/product/state-of-nevada-developmental-disability-training/
Knowledge Objectives	Chapter 34 – Obstetrics and Neonatal Care 1. Identify the anatomy and physiology of the female reproductive system. (pp 1243–1245) 2. Explain the normal changes that occur in the body during pregnancy. (pp 1246–1247) 3. Recognize complications of pregnancy including abuse, substance abuse, hypertensive disorders, bleeding, spontaneous abortion (miscarriage), and gestational diabetes. (pp 1247–1251) 4. Discuss the need to consider two patients—the woman and the unborn fetus—when treating a pregnant trauma patient. (pp 1251–1252) 5. Discuss special considerations involving pregnancy in different cultures and with teenage patients. (pp 1252–1253) 6. Explain assessment of the pregnant patient. (pp 1253–1255) 7. Explain the significance of meconium in the amniotic fluid. (p 1254) 8. Differentiate among the three stages of labor. (pp 1255–1256) 9. Describe the indications of an imminent delivery. (p 1256) 10. Explain the steps involved in normal delivery management. (pp 1256–1265) 11. List the contents of an obstetrics kit. (p 1257) 12. Explain the necessary care of the fetus as the head appears. (p 1263) 13. Describe the procedure followed to clamp and cut the umbilical cord. (p 1264) 14. Describe delivery of the placenta. (pp 1264–1265) 15. Explain the steps to take in neonatal assessment and resuscitation. (pp 1265–1270) 16. Recognize complicated delivery emergencies including breech presentations, limb presentations, umbilical cord prolapse, spina bifida, multiple gestation, premature newborns, postterm pregnancy, fetal demise, and delivery without sterile supplies. (pp 1270–1274) 17. Describe postpartum complications and how to treat them. (p 1274) Chapter 35 – Pediatric Emergencies 1. Explain some of the challenges inherent in providing emergency care to pediatric patients and why effective communication with both the patient and his or her family members is critical to a successful outcome. (p 1284) 2. Discuss the physical and cognitive developmental stages of an infant, including health risks, signs that may indicate illness, and patient assessment. (pp 1285–1286) 3. Discuss the physical and cognitive developmental stages of a toddler, including health risks, signs that may indicate illness, and patient assessment. (pp 1286–1287) 4. Discuss the physical and cognitive developmental stages of a preschool-age child, including health risks, signs that may indicate illness, and patient assessment. (pp 1287–1288) 5. Discuss the physical and cognitive developmental stages of a school-age child, including health risks, signs that may indicate illness, and patient assessment. (pp 1288–1289) 6. Discuss the physical and cognitive developmental stages of an adolescent, including health risks, signs that may indicate illness, and privacy issues. (pp 1289–1290) 7. Describe differences in the anatomy and physiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (pp 1290–1293) 8. Describe the differences in the pathophysiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (pp 1290–1293) 9. Explain the steps in the primary assessment of a pediatric patient, including the elements of the pediatric assessment triangle (PAT), hands-on XABCs, transport decision considerations, and privacy issues. (pp 1293–1303) 10. Explain the steps in the secondary assessment of a pediatric patient, including what EMTs should look for related to different body areas and the method of injury. (pp 1304–1306) 11. Describe the emergency care of a pediatric patient in respiratory distress, including the different causes of pediatric respiratory emergencies, the signs and symptoms of increased work of breathing, and the difference between respiratory distress and respiratory failure. (pp 1294–1297, 1308–1320) 12. List the possible causes of an upper and a lower airway obstruction in a pediatric patient and the steps in the management of foreign body airway obstruction. (pp 1308–1310) 13. Describe asthma; its possible causes, signs and symptoms; and steps in the management of a pediatric patient who is experiencing an asthma attack. (pp 1310–1311)

14. Explain how to determine the correct size of an airway adjunct intended for a pediatric patient during an emergency. (p 1313)
15. List the different oxygen delivery devices that are available for providing oxygen to a pediatric patient, including the indications for the use of each and precautions EMTs must take to ensure the patient's safety. (pp 1316–1320)
16. Describe the emergency care of a pediatric patient who is in shock (hypoperfusion), including common causes, signs, and symptoms. (pp 1320–1321)
17. Describe the emergency care of a pediatric patient with an altered mental status, including common causes, signs, and symptoms. (p 1322)
18. Describe the emergency care of a pediatric patient who has experienced a seizure, including the different types of seizures, common causes, signs, and symptoms. (pp 1322–1323, 1328)
19. Describe the emergency care of a pediatric patient with meningitis, including common causes, signs, symptoms, and special precautions. (pp 1323–1324)
20. Describe the emergency care of a pediatric patient who is experiencing a gastrointestinal emergency, including common causes, signs, and symptoms. (pp 1324–1325)
21. Describe the emergency care of a pediatric patient who has been poisoned, including common sources of poison, signs, and symptoms. (pp 1325–1326)
22. Describe the emergency care of a pediatric patient who is dehydrated, including how to gauge the severity of dehydration based on key signs and symptoms. (pp 1326–1327)
23. Describe the emergency care of a pediatric patient who is experiencing a fever emergency, including common causes. (pp 1327–1329)
24. Describe the emergency care of a pediatric patient who has experienced a drowning emergency, including common causes, signs, and symptoms. (pp 1328–1329)
25. Discuss the common causes of pediatric trauma emergencies; include how to differentiate between injury patterns in adults, infants, and children. (pp 1329–1335)
26. Discuss the significance of burns in pediatric patients, their most common causes, and general guidelines EMTs should follow when assessing patients who have sustained burns. (pp 1333–1335)
27. Explain the four triage categories used in the JumpSTART system for pediatric patients during disaster management. (pp 1335–1336)
28. Describe child abuse and neglect and its possible indicators, including the medical and legal responsibilities of EMTs when caring for a pediatric patient who is a possible victim of child abuse. (pp 1336–1339)
29. Discuss brief resolved unexplained event (BRUE), sudden unexpected infant death, and sudden infant death syndrome (SIDS), including its risk factors, patient assessment, and special management considerations related to the death of an infant patient. (pp 1339–1342)
30. Discuss the responsibilities of EMTs when communicating with a family or loved ones following the death of a child. (pp 1340–1341)
31. Discuss some positive ways EMTs may cope with the death of a pediatric patient and why managing posttraumatic stress is important for all health care professionals. (pp 1341–1342)

Chapter 36 – Geriatric Emergencies

1. Define the term *geriatrics*. (p 1350)
2. Recognize some of the special aspects of the lives of older people. (p 1350)
3. Know generational considerations when communicating with a geriatric patient. (pp 1350–1351)
4. Describe the common complaints and the leading causes of death in older people. (p 1352)
5. Discuss the physiologic changes associated with the aging process and the age-related assessment and treatment modifications that result. (pp 1352–1365)
6. Define polypharmacy and the toxicity issues that can result. (pp 1365–1367)
7. Discuss the effect of aging on behavioral emergencies. (pp 1367–1368)
8. Explain the GEMS diamond and its role in the assessment and care of the geriatric patient. (p 1368)
9. Explain special considerations when performing the patient assessment process on a geriatric patient with a medical condition. (pp 1368–1373)
10. Discuss the effects of aging on environmental emergencies. (p 1375)
11. Explain special considerations when performing the patient assessment process on a geriatric patient with a traumatic injury. (pp 1375–1378)
12. Explain special considerations when responding to calls to nursing and skilled care facilities. (pp 1379–1380)
13. Define an advance directive and explain its use with older patients. (pp 1380–1381)
14. Discuss the prevalence of elder abuse and neglect; include why the extent of elder abuse is not well known. (pp 1381–1383)
15. Recognize acts of commission or omission by a caregiver that result in harm, potential harm, or threat of harm to a geriatric patient. (p 1381)
16. Explain the assessment and care of a geriatric patient who has potentially been abused or neglected. (pp 1382–1383)

Chapter 37 – Patients with Special Challenges

1. Give examples of patients with special challenges EMTs may encounter during a medical emergency. (p 1392)
2. Explain the special patient care considerations required when providing emergency medical care to patients with intellectual disabilities, including patients with autism spectrum disorder (ASD), Down syndrome, or prior brain injuries. (pp 1393–1396)

	3. Describe the different types of visual impairments and the special patient care considerations required when providing emergency medical care for visually impaired patients, depending on the level of their disability. (pp 1396–1397) 4. Describe the various types of hearing impairments and the special patient care considerations required when providing emergency medical care for hard-of-hearing patients, including tips on effective communication. (pp 1397–1398) 5. Describe the various types of hearing aids worn by patients; include strategies to troubleshoot a hearing aid that is not working. (pp 1398–1400) 6. Explain the special patient care considerations required when providing emergency medical care to patients who have cerebral palsy, spina bifida, or paralysis. (pp 1400–1402) 7. Define obesity. (p 1402) 8. Explain the special patient care considerations required when providing emergency medical care to bariatric patients; include the best way to move bariatric patients. (pp 1402–1403) 9. Explain the special patient care considerations required when providing emergency medical care to patients who rely on a form of medical technological assistance, including the following: (pp 1403–1410) a. Tracheostomy tube b. Mechanical ventilator c. Apnea monitor d. Internal cardiac pacemaker e. Left ventricular assist device (LVAD) f. External defibrillator vest g. Central venous catheter h. Gastrostomy tube i. Ventricular peritoneal shunt j. Vagus nerve stimulator k. Colostomy bag, ileostomy bag, or urostomy bag 10. Describe home care, the types of patients it serves, and the services it encompasses. (p 1411) 11. Contrast hospice and palliative care with curative care. (pp 1411–1412) 12. Explain the responsibilities of EMTs when responding to calls for terminally ill patients who have DNR orders. (p 1411) 13. Discuss the issues of poverty and homelessness in the United States, their negative effects on a person's health, and the role of the EMTs as patient advocates. (pp 1412–1413)
Skill Objectives	<u>Chapter 34 – Obstetrics and Neonatal Care</u> 1. Demonstrate the procedure to assist in a normal cephalic delivery. (pp 1256–1265, Skill Drill 34-1) 2. Demonstrate care procedures of the fetus as the head appears. (p 1263) 3. Demonstrate how to clamp and cut the umbilical cord. (pp 1262–1264) 4. Demonstrate the steps to follow in postdelivery care of the newborn. (p 1264) 5. Demonstrate how to assist in delivery of the placenta. (pp 1264–1265) 6. Demonstrate the postdelivery care of the woman. (pp 1264) 7. Demonstrate procedures to follow for complicated delivery emergencies including vaginal bleeding, breech presentation, limb presentation, and prolapsed umbilical cord. (pp 1270–1273) <u>Chapter 35 – Pediatric Emergencies</u> 1. Demonstrate how to position the airway in a pediatric patient. (pp 1297–1298, Skill Drill 35-1) 2. Demonstrate how to palpate the pulse and estimate the capillary refill time in a pediatric patient. (pp 1299–1300) 3. Demonstrate how to use a length-based resuscitation tape to size equipment appropriately for a pediatric patient. (p 1313) 4. Demonstrate how to insert an oropharyngeal airway in a pediatric patient. (pp 1313–1314, Skill Drill 35-2) 5. Demonstrate how to insert a nasopharyngeal airway in a pediatric patient. (pp 1314–1316, Skill Drill 35-3) 6. Demonstrate how to administer blow-by oxygen to a pediatric patient. (pp 1316–1317) 7. Demonstrate how to assist ventilation of an infant or child using a bag-mask device. (pp 1317–1318) 8. Demonstrate how to perform one-person bag-mask ventilation on a pediatric patient. (p 1318, 1319, Skill Drill 35-4) 9. Demonstrate how to perform two-person bag-mask ventilation on a pediatric patient. (pp 1318–1319) 10. Demonstrate how to immobilize a pediatric patient who has been involved in a trauma emergency. (pp 1330, 1331, Skill Drill 35-5) 11. Demonstrate how to immobilize a pediatric patient in a car seat who has been involved in a trauma emergency. (pp 1330–1333, Skill Drill 35-6) <u>Chapter 37 – Patients with Special Challenges</u> 1. Demonstrate different strategies to communicate effectively with a patient who has a hearing impairment. (pp 1397–1398)

MODULE 14 – EMS OPERATIONS

Module Overview	Module 14 is the last of the didactic modules and prepares the student to work in an ambulance, be aware of special rescue situations, how to function in the incident management system, and to respond to a terrorist event.
Prerequisite	Module 13
Required Readings	Chapter 38 – Transport Operations Chapter 39 – Vehicle Extrication and Special Rescue Chapter 40 – Incident Management Chapter 41 – Terrorism Response and Disaster Management
Additional Readings	FEMA – ICS 100 - https://training.fema.gov/is/courseoverview.aspx?code=is-100.c&lang=en FEMA – ICS 200 - https://training.fema.gov/is/courseoverview.aspx?code=IS-200.c&lang=en FEMA – NIMS 700 - https://training.fema.gov/is/courseoverview.aspx?code=is-700.b&lang=en FEMA – NIMS 800 - https://training.fema.gov/is/courseoverview.aspx?code=IS-800.d&lang=en FEMA – Hazardous Materials Awareness - https://training.fema.gov/is/coursematerials.aspx?code=IS-5.a SNHD – Weapons of Mass Destruction - https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/online-training/weapons-of-mass-destruction-training/ SNHD – Health Alert Network Training - https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/online-training/weapons-of-mass-destruction-training/
Knowledge Objectives	Chapter 38 – Transport Operations 1. List the nine phases of an ambulance call; include examples of key tasks EMTs perform during each phase. (pp 1426–1443) 2. Name the medical equipment carried on an ambulance; include examples of supplies that are included in each main category of the ambulance equipment checklist. (p 1428) 3. Name the safety and operations equipment carried on an ambulance; include examples of how each item might be used by EMTs in an emergency. (pp 1433–1434) 4. Discuss the importance of performing regular vehicle inspections; include the specific parts of an ambulance that should be inspected daily. (p 1435) 5. List the minimum dispatch information required by EMS to respond to an emergency call. (p 1436) 6. Describe some high-risk situations and hazards during both pretransport and transport that may affect the safety of the ambulance and its passengers. (pp 1436–1441, 1443–1453) 7. Discuss the specific considerations that are required to ensure scene safety; include personal safety, patient safety, and traffic control. (pp 1437–1440) 8. Describe the key elements that must be included in the written patient report upon patient delivery to the hospital. (p 1441) 9. Summarize the tasks EMTs must complete in the postrun phase. (pp 1442–1443) 10. Define the terms cleaning, disinfection, high-level disinfection, and sterilization. (p 1442) 11. Discuss the guidelines for safely and defensively driving an ambulance. (pp 1443–1445) 12. Identify key steps EMTs should take to improve safety while en route to the scene, the hospital, and the station. (pp 1443–1453) 13. List the three factors that dictate the use of lights and siren to the scene and to the hospital; include the risk-versus-benefit analysis regarding their use. (pp 1450–1451) 14. Describe the specific, limited privileges that are provided to emergency vehicle drivers by most state laws and regulations. (p 1450) 15. Explain the additional risks and special considerations posed by the use of police escorts, and the hazards and special considerations posed by crossing intersections. (pp 1451–1452) 16. Describe the capabilities, protocols, and methods for accessing air ambulances. (p 1453–1457) 17. Describe key scene safety considerations when preparing for a helicopter medevac, including establishing a landing zone, securing loose objects, mitigating onsite hazards, and approaching the aircraft. (pp 1455–1458) Chapter 39 – Vehicle Extrication and Special Rescue 1. Explain the responsibilities of an EMT in patient rescue and vehicle extrication. (p 1464) 2. Discuss how to ensure safety at the scene of a rescue incident, including scene size-up and the selection of the proper personal protective equipment and additional necessary gear. (pp 1464–1469) 3. Describe examples of vehicle safety components that may be hazardous to both EMTs and patients following a collision and how to mitigate their dangers. (pp 1464–1465) 4. Define the terms extrication and entrapment. (p 1465) 5. Describe the 10 phases of vehicle extrication and the role of the EMT during each one. (pp 1466–1475) 6. Discuss the various factors related to ensuring situational safety at the site of a vehicle extrication, including controlling traffic flow, performing a 360-degree assessment, stabilizing the vehicle, dealing with unique hazards, and evaluating the need for additional resources. (pp 1466–1470) 7. Describe the special precautions the EMT should follow to protect the patient during a vehicle extrication. (pp 1470–1472) 8. Explain the different factors that must be considered before attempting to gain access to the patient during an incident that requires extrication. (pp 1470–1472) 9. Explain the difference between simple access and complex access in vehicle extrication. (p 1472) 10. Discuss patient care considerations related to assisting with rapid extrication, providing emergency care to a trapped patient, and removing and transferring a patient. (pp 1473–1475)

	11. Describe examples of situations that would require special technical rescue teams and the EMT's role in these situations. (pp 1475–1479) Chapter 40 – Incident Management 1. Describe the purpose of the National Incident Management System (NIMS) and its major components. (pp 1486–1487) 2. Describe the purpose of the incident command system (ICS) and its organizational structure. (pp 1487–1488) 3. Explain the role of EMS response within the ICS. (pp 1491–1493) 4. Describe how the ICS assists EMS in ensuring both personal safety and the safety of bystanders, health care professionals, and patients during an emergency. (pp 1492–1493) 5. Describe the role of the EMT in establishing command under the ICS. (p 1493) 6. Describe the purpose of the medical branch of the ICS and its organizational structure. (pp 1493–1495) 7. Describe the specific conditions that would define a situation as a mass-casualty incident (MCI); include examples. (pp 1496–1497) 8. Describe what occurs during primary and secondary triage, how the four triage categories are assigned to patients on the scene, and how destination decisions regarding triaged patients are made. (pp 1497–1499) 9. Explain how to perform the START and JumpSTART triage methods. (pp 1499–1501) 10. Contrast a disaster with a mass-casualty incident. (p 1502) 12. Describe the role of EMTs during a disaster operation. (p 1502) 13. Recognize the entry-level training or experience requirements identified by the HAZWOPER regulation for EMTs to respond to a hazmat incident. (p 1503) 14. Define hazardous material; include the classification system used by the NFPA. (pp 1503, 1516) 15. Discuss the specific reference materials that EMTs use to recognize a hazmat incident. (pp 1510–1513) 16. Explain the role of EMTs during a hazmat incident both before and after the hazmat team arrives; include the precautions required to ensure the safety of civilians and responders. (pp 1514–1515) 17. Describe how the three control zones are established at a hazmat incident and discuss the characteristics of each zone, and the responders who work within each one. (pp 1514–1515) 18. Describe the four levels of personal protective equipment (PPE) required at a hazmat incident to protect responders from injury by or contamination from a particular substance. (pp 1516–1517) 19. Explain patient care at a hazmat incident; include the special requirements that are necessary for those patients who require immediate treatment and transport prior to full decontamination. (pp 1517–1519) Chapter 41 – Terrorism Response and Disaster Management 1. Define international terrorism and domestic terrorism; include examples of incidents that have been caused by each one. (p 1528) 2. Name four different types of goals that commonly motivate terrorist groups to carry out terrorist attacks. (p 1529) 3. Define weapon of mass destruction (WMD) and weapon of mass casualty (WMC); include examples of weapons considered WMDs. (p 1531) 4. Explain how the Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) relates to the actions and precautions EMTs must take while performing their daily activities. (pp 1532–1533) 5. Name the key observations EMTs must make on every call to determine the potential of a terrorist attack. (pp 1532–1533) 6. Explain the critical response actions related to establishing and reassessing scene safety, personnel protection, notification procedures, and establishing command EMTs must perform at a suspected terrorist event. (pp 1532–1535) 7. Discuss the history of chemical agents, their four main classifications, routes of exposure, effects on the patient, and patient care. (pp 1535–1542) 8. List three categories of biologic agents, their routes of exposure, effects on the patient, and patient care. (pp 1542–1548) 9. Explain the role of EMS in relation to syndromic surveillance and points of distribution (PODS) during a biologic event. (pp 1548–1549) 10. Discuss the history of nuclear/radiologic devices, sources of radiologic materials and dispersal devices, medical management of patients, and protective measures EMTs must take during a nuclear/radiologic incident. (pp 1549–1552) 11. Describe the mechanisms of injury caused by incendiary and explosive devices; include the types and severity of wounds. (pp 1552–1553)
Skill Objectives	Chapter 38 – Transport Operations 1. Demonstrate how to perform a daily inspection of an ambulance. (pp 1435–1436) 2. Demonstrate how to present a verbal report that would be given to receiving personnel at the hospital upon patient transfer. (p 1441) 3. Demonstrate how to write a written report that includes all pertinent patient information following patient transfer to the hospital. (p 1441) 4. Demonstrate how to clean and disinfect the ambulance and equipment during the postrun phase. (pp 1442–1443) Chapter 40 – Incident Management 1. Demonstrate how to perform triage based on a fictional scenario that involves a mass-casualty incident. (pp 1497–1501)

	2. Using a reference, correctly identify DOT labels, placards, and markings that are used to designate hazardous materials. (pp 1508–1509) 3. Demonstrate the ability to use a variety of reference materials to identify a hazardous material. (pp 1510–1514) <u>Chapter 41 – Terrorism Response and Disaster Management</u> 1. Demonstrate the steps EMTs can take to establish and reassess scene safety based on a scenario of a terrorist event. (p 1535) 2. Demonstrate the steps EMTs can take for the management of a patient exposed to a chemical agent. (pp 1535–1542) 3. Demonstrate the use of the DuoDote Auto-Injector and/or the Antidote Treatment Nerve Agent Auto-Injector. (pp 1539–1540)

MODULE 15 – SNHD PROTOCOL REVIEW

Module Overview	Module 15 will be in person and will review the protocols established by the Southern Nevada Health District. Students will go over the SNHD EMS Protocol manual. It is suggested that students pre-read the protocols.
Prerequisites	Modules 1 through 14 and Basic Life Support must be completed before attending Module 15.
Required Readings	Southern Nevada Health District EMS Protocols - https://snhd.info/emc-protocols
Knowledge Objectives	At the end of this module, students will understand the protocols that are established by the Southern Nevada Health District's Office of Emergency Medical Services and Trauma Systems.
Skill Objectives	Students will take a 100-question test at the end of this module.

MODULE 16 – ADVANCED PATIENT ASSESSMENT

Module Overview	The Advanced Patient Assessment module ties together all the students' prior modules into a session where students are expected to run scenarios as if they are on an ambulance. Students will start their day by checking out their ambulance and then responding to various calls for service. Students will be expected to run a scenario from the prerun phase, to arriving on scene and checking for safety, to conducting an initial assessment and secondary exam, to transporting the patient to a hospital, and ending with completing the patient care report for each scenario.
Prerequisites	Modules 1 through 15 and Basic Life Support must be completed before attending Module 16.
Required Readings	Chapters 1-41

MODULE 17 – NREMT PRACTICE AND TESTING

Module Overview	During Module 17, students will be able to practice the individual skill stations in the NREMT test. Then students will be tested on the individual skills.
Prerequisites	Modules 1 through 16 and Basic Life Support must be completed before attending Module 17.
Required Readings	NREMT Skill Sheets • Cardiac Arrest Management • BVM Ventilation of an Adult Patient • Oxygen Administration by Non-Rebreather • Medical Assessment • Trauma Assessment • Spinal Immobilization
Skill Objectives	Students will be expected to demonstrate their skills of the required National Registry Skill stations: • Cardiac Arrest Management • BVM Ventilation of an Adult Patient • Oxygen Administration by Non-Rebreather • Medical Assessment • Trauma Assessment • Spinal Immobilization

MODULE 18 – CLINICAL HOURS

Module Overview	During Module 18, students will perform a minimum of 24 hours in an emergency room, on an ambulance, or with a community-based health organization.

Prerequisites	• Modules 1 through 7 and Basic Life Support must be completed prior to starting clinical rotations.
	• Students performing clinical rotations in an Emergency Room must have met the requirements of the clinical site. This may include:
	  ○ Current health insurance
	  ○ Negative drug screen
	  ○ Immunizations (Hep B, MMR, COVID)
	  ○ Physical Examination
	  ○ Negative Quantiferon TB test
	  ○ Site specific orientation

Skill Objectives	Students will be able to practice skills that they learned in the EMT program under the observation of their assigned clinical preceptor.

TESTS AND QUIZZES

Quizzes: At the completion of each chapter, the students will take a 20-question quiz. Each question is worth one point. Students will have two opportunities to take each quiz via the online learning management system. The highest grade will be the accepted score. Each quiz will represent up to 43.39% of the student's total grade.

Tests: At the completion of each module, students will take a 30-question test. Each question is worth one point. Students will have two opportunities to take each test via the online learning management system. The highest grade will be the accepted score. Each test will represent up to 22.22% of the student's final grade.

SNHD Protocol Review: Module 15 is a review of the Southern Nevada Health District protocols. Once students have completed this module, they will take a 50-question test on the protocols. Each question will be worth 1 point. Students will have two opportunities to take each test. The highest grade will be the accepted score. This test will represent 2.64% of the student's total grade.

Final Exam: Once students have completed every chapter quiz and every module test, there will be a 200-question final exam. Each question will be worth 3 points. The student will be given one opportunity to take the Final Exam. If the student scores below an 80% on the Final Exam, the student will be given an additional opportunity to take the Final Exam. The student must wait a minimum of 30 days to retake the final exam. The Final Exam will be taken in a secured proctored environment. The Final Exam will represent up to 31.75% of the student's total grade.

Assignment	Number of Assignments	Total Points	Total Worth
Quizzes	41	820	43.39%
Tests	14	420	22.22%
Protocol Test	1	50	2.64%
Final Exam*	1	600	31.75%
Total	**57**	**1890**	**100%**

*Students must get an 80% or better on the Final Exam.