

Appendix C

Practical Evaluation Skill Sheets

(Modeled after the NREMT Practical Skill Sheets)

The practical skill sheets included in this appendix were modeled after the National Registry of Emergency Medical Technicians' (NREMT) Advanced Level Practical Examination for the 1998 EMT-Paramedic National Standard Curriculum. These skill sheets should not be used as a substitute during a NREMT Advanced Level Practical Examination. The sheets were designed to be used as a standardized evaluation instrument for determining an individual's competency for an identified psychomotor skill.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Ventilatory Management – Adult

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

NOTE: If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “*” so long as first ventilation is delivered within 30 seconds

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct {oropharyngeal or nasopharyngeal airway}	1	
Note: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
“*” Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
“*” Hyperventilates patient with room air	1	
Note: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient’s blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-mask device and connects to high flow oxygen regulator [12-15 L/min]	1	
Ventilates patient at a rate of 10-20/minute with appropriate volumes	1	
Note: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: -Cuff leaks (1 point) -Laryngoscope operational with bulb tight (1 point)	2	
Note: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
Note: Examiner to ask “If you had proper placement, what should you expect to hear?”		
Secures ET tube (may be verbalized)	1	
Note: Examiner now asks candidate, “Please demonstrate one additional method of verifying proper tube placement in this patient.”		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations [compares indicator color to the colorimetric scale and states reading to examiner]	1	
Note: Examiner now states, “You see secretions in the tube and hear gurgling sounds with the patient’s exhalations.”		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
Total	27	

CRITICAL CRITERIA

- _____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate patient at a rate of at least 10/minute
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Failure to pre-oxygenate patient prior to intubation and suctioning
- _____ Failure to successfully intubate within 3 attempts
- _____ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- _____ Uses teeth as a fulcrum
- _____ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- _____ If used, stylet extends beyond end of ET tube
- _____ Inserts any adjunct in a manner dangerous to the patient
- _____ Suctions the patient for more than 15 seconds
- _____ Does not suction the patient

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Dynamic Cardiology

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Level of testing: NREMT-Intermediate/99

NREMT-Paramedic

Time start: _____

	Possible Points	Points Awarded
Takes or verbalizes infection control precautions	1	
Checks level of responsiveness	1	
Checks ABCs	1	
Initiates CPR if appropriate [verbally]	1	
Attaches ECG monitor in a timely fashion or applies paddles for "Quick Look"	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	2	
Orders high percent of supplemental oxygen at proper times	1	
Time end: _____	Total	24

CRITICAL CRITERIA

- _____ Failure to deliver first shock in a timely manner due to operator delay in machine use or providing treatments other than CPR with simple adjuncts
- _____ Failure to deliver second or third shocks without delay other than the time required to reassess rhythm and recharge paddles
- _____ Failure to verify rhythm before delivering each shock
- _____ Failure to ensure the safety of self and others [verbalizes "All Clear" and observes]
- _____ Inability to deliver DC shock [does not use machine properly]
- _____ Failure to demonstrate acceptable shock sequence
- _____ Failure to order initiation or resumption of CPR when appropriate
- _____ Failure to order correct management of airway [ET when appropriate]
- _____ Failure to order administration of appropriate oxygen at proper time
- _____ Failure to diagnose or treat 2 or more rhythms correctly
- _____ Orders administration of an inappropriate drug or lethal dosage
- _____ Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Static Cardiology

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Set # _____

Level of testing: NREMT-Intermediate/99

NREMT-Paramedic

Note: No points for treatment may be awarded if the diagnosis is incorrect.

Only document incorrect responses in space provided

Time start: _____

	Possible Points	Points Awarded
STRIP #1		
Diagnosis:	1	
Treatment:	2	
STRIP #2		
Diagnosis:	1	
Treatment:	2	
STRIP #3		
Diagnosis:	1	
Treatment:	2	
STRIP #4		
Diagnosis:	1	
Treatment:	2	
Time end: _____	Total	12

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Oral Station

Candidate: _____

Examiner: _____

-

Date: _____

Signature: _____

Scenario: _____

Time start: _____

	Possible Points	Points Awarded
Scene Management		
Thoroughly assessed and took deliberate actions to control the scene	3	
Assessed the scene, identified potential hazards, did not put anyone in danger	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment	3	
Completed initial, focused, and ongoing assessments	2	
Performed an incomplete or disorganized assessment	1	
Did not complete an initial assessment	0	
Patient Management		
Managed all aspects of the patient's condition and anticipated further needs	3	
Appropriately managed the patient's presenting condition	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal Relations		
Established rapport and interacted in an organized, therapeutic manner	3	
Interacted and responded appropriately with patient, crew, and bystanders	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	
Integration (verbal report, field impression, and transport decision)		
Stated correct field impression and pathophysiology basis, provided succinct and accurate verbal report including social/psychological concerns, and considered alternate transport destinations	3	
Stated correct field impression, provided succinct and accurate verbal report, and appropriately stated transport decision	2	
Stated correct field impression, provided inappropriate verbal report or transport decision	1	
Stated incorrect field impression or did not provide verbal report	0	
Time end: _____	Total	15

CRITICAL CRITERIA

_____ Failure to appropriately address any of the Scenario's "Mandatory Actions"

_____ Performs or orders any harmful or dangerous action or intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Intravenous Therapy

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Level of testing: NREMT-Intermediate/99 NREMT-Paramedic

Time start: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point)	2	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes/verbalizes body substance isolation precautions (prior to venipuncture)	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylet (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylet (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Time end: _____	Total	21

CRITICAL CRITERIA

- _____ Failure to establish a patent and properly adjusted IV within 6 minute time limit
- _____ Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- _____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- _____ Failure to dispose/verbalize disposal of needle in proper container

Note: Check here () if candidate did not establish a patent IV and do not evaluate IV Bolus Medications

Intravenous Bolus Medications

Time start: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of drug	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues body substance isolation precautions	1	
Cleanses injection sit [Y-port or hub]	1	
Reaffirms medication	1	
Stops IV flow [pinches tubing or shuts off]	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Flushes tubing [runs wide open for a brief period]	1	
Adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
Time end: _____	Total	13

CRITICAL CRITERIA

- _____ Failure to begin administration of medication within 3 minute time limit
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to adequately dispel air resulting in potential for air embolism
- _____ Injects improper drug or dosage [wrong drug, incorrect amount, or pushes at inappropriate rate]
- _____ Failure to flush IV tubing after injecting medication
- _____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Pediatric (<2 yrs.) Ventilatory Management

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

NOTE: If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “*” so long as first ventilation is delivered within 30 seconds

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct {oropharyngeal or nasopharyngeal airway}	1	
Note: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
“*” Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
“*” Hyperventilates patient with room air	1	
Note: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient’s blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-mask device and connects to high flow oxygen regulator [12-15 L/min]	1	
Ventilates patient at a rate of 20-30/minute and assures adequate chest expansion	1	
Note: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks laryngoscope to assure operational with bulb tight	1	
Note: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
Places patient in neutral or sniffing position	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
Note: Examiner to ask “If you had proper placement, what should you expect to hear?”		
Secures ET tube (may be verbalized)	1	
Total	17	

CRITICAL CRITERIA

- _____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to pad under the torso to allow neutral head position or sniffing position
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate patient at a rate of at least 20/minute
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Failure to pre-oxygenate patient prior to intubation
- _____ Failure to successfully intubate within 3 attempts
- _____ Uses teeth as a fulcrum
- _____ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- _____ Inserts any adjunct in a manner dangerous to the patient
- _____ Attempts to use any equipment not appropriate for the pediatric patient

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Pediatric Intraosseous Infusion

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Time start: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point)	2	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes body substance isolation precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt (1 point) -Unscrews cap and removes stylet from needle (1 point)	4	
Disposes of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates	1	
Slowly injects saline to assure proper placement of needle	1	
Connects administration set and adjusts flow rate as appropriate	1	
Secures needle with tape and supports with bulky dressing	1	
Time end: _____	Total	23

CRITICAL CRITERIA

- _____ Failure to establish a patent and properly adjusted IO within 6 minute time limit
- _____ Failure to take or verbalize body substance isolation precautions prior to performing IO puncture
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Performs any improper technique resulting in the potential for air embolism
- _____ Failure to assure correct needle placement before attaching administration set
- _____ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- _____ Performing IO puncture in an unacceptable manner [improper site, incorrect needle angle, etc.]
- _____ Failure to dispose of needle in proper container
- _____ Orders or performs any dangerous or potentially harmful procedure

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

**Modeled after the National Registry of Emergency Medical Technicians Advanced Level
Practical Examination**

Spinal Immobilization (Seated Patient)

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Time start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Time end: _____	Total	12

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulation functions in each extremity after voicing immobilization to the long backboard

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

**Modeled after the National Registry of Emergency Medical Technicians Advanced Level
Practical Examination**

Spinal Immobilization (Supine Patient)

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Time start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to the voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Time end: _____	Total	14

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulation functions in each extremity after voicing immobilization to the device

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

**Modeled after the National Registry of Emergency Medical Technicians Advanced Level
Practical Examination**

Bleeding Control / Shock Management

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies an additional dressing to the wound	1	
NOTE: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.		
Locates and applies pressure to appropriate pressure point	1	
NOTE: The examiner must now inform the candidate that the bleeding is controlled		
Bandages the wound	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transport	1	
Time End: _____	TOTAL	10

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Applied a tourniquet before attempting other methods of bleeding control
- _____ Did not control hemorrhage in a timely manner
- _____ Did not indicate a need for immediate transportation

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.