

NWC EMSS Skill Performance Record
GENERAL (Medical) PATIENT ASSESSMENT

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: You are asked to assess the patient and call your findings in to the hospital.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalizes needed body substance isolation precautions			
SCENE SIZE UP			
* Assess & secure scene safety			
* Determine nature of illness; scan environment for clues; apply appropriate BSI			
Determine number of patients & triage if necessary			
If a potential crime scene, make efforts to preserve evidence			
Determine need for additional assistance and call for help if necessary			
PRIMARY ASSESSMENT/RESUSCITATION (IMC)			
Form (verbalize) general impression (sick or not sick)			
*Determine responsiveness/level of consciousness			
*Airway: assess for impairments			
*Verbalize interventions for airway access/control if necessary			
Breathing/ventilatory/gas exchange status; assess for impairment <input type="checkbox"/> *Assess for spontaneous ventilations; general rate (fast or slow) <input type="checkbox"/> *Assess WOB; symmetry of expansion; use of accessory muscles; retractions <input type="checkbox"/> *Assess gas exchange; apply SpO₂ monitor; assess for signs of hypoxia <input type="checkbox"/> Assess capnography digital number and waveform if ventilatory distress <input type="checkbox"/> *Assess breath sounds if in ventilatory distress <input type="checkbox"/> *Initiate appropriate O ₂ therapy based on SpO ₂ and level of distress <input type="checkbox"/> Resuscitate compromised breathing/ventilation (not applicable)			
Circulatory status; assess for impairment <input type="checkbox"/> *Central and peripheral pulses for presence, general rate/quality/rhythmicity <input type="checkbox"/> *CPR if indicated <input type="checkbox"/> *Skin (color, temperature, moisture, turgor) <input type="checkbox"/> Assess neck veins for distension <input type="checkbox"/> *Verbalize need for ECG monitor if indicated <input type="checkbox"/> Verbalize need for 12-Lead ECG if indicated <input type="checkbox"/> *Assess for and control bleeding if present <input type="checkbox"/> *Initiate appropriate vascular access and IV fluids for condition			
Disability if altered mental status <input type="checkbox"/> *Assess glucose level (verbalizes) <input type="checkbox"/> *Assess pupils for size, shape, equality, reactivity <input type="checkbox"/> *Assess Glasgow Coma Score			
Exposure/environment <input type="checkbox"/> Discretely undress patient to inspect appropriate body areas <input type="checkbox"/> Protect patient modesty, maintain body warmth			
*Identify time-sensitive patients/makes appropriate transport decision			
SECONDARY ASSESSMENT			
Vital signs <input type="checkbox"/> *Pulse: rate, quality, rhythmicity <input type="checkbox"/> *BP; orthostatic changes prn <input type="checkbox"/> *Resp: rate, pattern, depth <input type="checkbox"/> Temp if high or low based on skin			
Obtain chief complaint/concern:			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
History of present illness <input type="checkbox"/> Onset <input type="checkbox"/> *Quality <input type="checkbox"/> *Severity <input type="checkbox"/> *Provocation/palliation <input type="checkbox"/> *Region/radiation <input type="checkbox"/> *Time <input type="checkbox"/> *Clarifying questions <input type="checkbox"/> *Date of birth; approx. weight <input type="checkbox"/> Associated complaints			
SAMPLE history <input type="checkbox"/> *Allergies <input type="checkbox"/> *Past medical hx <input type="checkbox"/> *Events <input type="checkbox"/> *Medications <input type="checkbox"/> *Last meal/LMP			
PHYSICAL EXAM – must touch the patient			
Head <input type="checkbox"/> *Inspect head, eyes, ears, nose, throat <input type="checkbox"/> Palpate: skull, orbits, nasal and facial bones Cranial nerves <input type="checkbox"/> *Visual acuity <input type="checkbox"/> EOMs <input type="checkbox"/> Hearing <input type="checkbox"/> *Pupil size, shape, equality <input type="checkbox"/> Facial sensation <input type="checkbox"/> Gag <input type="checkbox"/> *Pupil reactivity to light <input type="checkbox"/> Facial symmetry Mental status: affect, behavior, cognition (verbalizes);GCS (scores using SOP)			
Neck <input type="checkbox"/> *Inspect: jugular veins, edema <input type="checkbox"/> Palpate: position of trachea			
Chest <input type="checkbox"/> *Inspect: contour/shape; AP/lateral diameter; symmetry of expansion <input type="checkbox"/> *Palpate <input type="checkbox"/> *Auscultate breath sounds; heart sounds if applicable			
Abdomen/pelvis - in correct order <input type="checkbox"/> *Inspect (contour, symmetry) (verbalizes) <input type="checkbox"/> Auscultate bowel sounds <input type="checkbox"/> *Palpate			
Lower extremities <input type="checkbox"/> Inspect symmetry, edema, skin changes <input type="checkbox"/> *Palpate <input type="checkbox"/> Assesses SMV status of each limb			
Upper extremities <input type="checkbox"/> Inspect symmetry, edema, skin changes <input type="checkbox"/> *Palpate <input type="checkbox"/> Assesses SMV status of each limb			
Back <input type="checkbox"/> Inspect <input type="checkbox"/> Palpate			
*State paramedic impression:			
Verbalize treatment plan			
On-going assessment enroute			
Repeat primary & secondary assessments			
Evaluate responses to treatments			
Repeat vital signs at least q. 15 minutes			
Report to hospital			
Identification <input type="checkbox"/> *Hospital being contacted <input type="checkbox"/> *EMS provider agency and unit #; call back number			
<input type="checkbox"/> *Age, gender, and approximate weight of patient <input type="checkbox"/> *Level of consciousness (conscious/unconscious responds to)			
Chief complaint (list): <input type="checkbox"/> Onset <input type="checkbox"/> *Quality <input type="checkbox"/> *Severity <input type="checkbox"/> *Provocation/palliation <input type="checkbox"/> *Region/radiation <input type="checkbox"/> *Time			
Associated complaints:			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
History <input type="checkbox"/> *Allergies <input type="checkbox"/> *Medications (current): time and amount of last dose if applicable <input type="checkbox"/> *Past medical history (pertinent) <input type="checkbox"/> Last oral intake, last menstrual period if indicated <input type="checkbox"/> *Events leading up to present illness/injury (history of present illness)			
Vital signs: <input type="checkbox"/> *BP: Auscultated <input type="checkbox"/> *Respirations: rate, pattern, depth <input type="checkbox"/> *Pulse: rate , quality <input type="checkbox"/> SpO ₂ <input type="checkbox"/> Capnography			
*Physical examination; include pertinent positive and negative findings			
Treatments initiated prior to hospital contact (IMC) and patient response to treatment			
ETA			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat. An exam that is slow (over 10 minutes) or done with poor technique, disorganized, or performed out of order and any verbalized interventions with a high probability of causing patient harm will necessitate more practice and repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

 Evaluator

NWC EMSS Skill Performance Record
TRAUMA ASSESSMENT

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
SCENE SIZE UP			
*Assess and secure scene safety			
*Determine mechanism of injury; scan environment for clues; apply appropriate BSI			
Determine number of patients & triage if necessary			
If a potential crime scene, make efforts to preserve evidence			
Determine need for additional assistance and call for help if necessary			
Consider need for spine motion restriction (may or may not need it)			
PRIMARY ASSESSMENT/RESUSCITATION (ITC)			
Form (verbalize) general impression (sick or not sick)			
*Determine responsiveness/level of consciousness			
*Airway: Assess for impairment			
*Verbalize interventions for airway access/control if necessary			
Breathing/ventilatory/gas exchange status; assess for impairment			
<input type="checkbox"/> *Assess for spontaneous ventilations; general rate (fast or slow)			
<input type="checkbox"/> *Assess WOB; symmetry of expansion; use of accessory muscles; retractions			
<input type="checkbox"/> *Assess gas exchange; apply SpO₂ monitor; assess for signs of hypoxia			
<input type="checkbox"/> Assess capnography digital number and waveform if ventilatory distress			
<input type="checkbox"/> *Assess breath sounds if in ventilatory distress			
<input type="checkbox"/> *Initiate appropriate O ₂ therapy based on SpO ₂ and level of distress			
<input type="checkbox"/> Resuscitate compromised breathing/ventilation			
<input type="checkbox"/> *Assess for immediate life threats: tension pneumo; open pneumo; flail chest			
<input type="checkbox"/> *Verbalize appropriate resuscitative intervention for life-threat			
Circulatory status; assess for impairment			
<input type="checkbox"/> *Central and peripheral pulses for presence, general rate/quality/rhythmicity			
<input type="checkbox"/> *CPR if indicated			
<input type="checkbox"/> *Skin (verbalizes color, temperature, moisture, turgor)			
<input type="checkbox"/> Assess neck veins for distension			
<input type="checkbox"/> *Verbalize need for ECG monitor if pulse absent/irregular			
<input type="checkbox"/> *Assess for and control bleeding if present			
<input type="checkbox"/> *Initiate appropriate vascular access and IV fluids for condition			
<input type="checkbox"/> *Assess for immediate life threats: Cardiac tamponade; blunt cardiac injury; shock			
<input type="checkbox"/> *Verbalize appropriate resuscitative intervention for life-threat			
Disability if altered mental status			
<input type="checkbox"/> *Assess glucose level (verbalizes)			
<input type="checkbox"/> *Assess pupils for size, shape, equality, reactivity			
<input type="checkbox"/> *Assess Glasgow Coma Score			
<input type="checkbox"/> *Assess and verbalize the need for pain management			
Expose/environment			
<input type="checkbox"/> Discretely undress patient to inspect appropriate body areas			
<input type="checkbox"/> Protect patient modesty, maintain body warmth			
*Identify time-sensitive patients/make transport decision			
SECONDARY ASSESSMENT			
Vital signs			
<input type="checkbox"/> *Pulse: rate, quality, rhythmicity			
<input type="checkbox"/> *BP; orthostatic changes prn			
<input type="checkbox"/> *Resp: rate, pattern, depth			
<input type="checkbox"/> Temp if high or low based on skin			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
History / chief complaint: <input type="checkbox"/> Onset <input type="checkbox"/> *Quality <input type="checkbox"/> *Severity <input type="checkbox"/> *Provocation/palliation <input type="checkbox"/> *Region/Radiation <input type="checkbox"/> *Time <input type="checkbox"/> Associated complaints			
*Past medical history from patient/family/bystanders <input type="checkbox"/> Allergies <input type="checkbox"/> Past medical hx <input type="checkbox"/> *Events/MOI <input type="checkbox"/> Medications <input type="checkbox"/> Last meal/LMP <input type="checkbox"/> Age <input type="checkbox"/> Approx wt.			
Physical exam – must touch the patient			
Head <input type="checkbox"/> Inspect: DCAP-BLS, drainage <input type="checkbox"/> *Palpate: skull, orbits, nasal and facial bones			
Cranial nerves - depending on CC <input type="checkbox"/> Visual acuity <input type="checkbox"/> EOMs <input type="checkbox"/> Hearing <input type="checkbox"/> *Pupil size, shape, equality <input type="checkbox"/> Facial sensation <input type="checkbox"/> Gag <input type="checkbox"/> *Pupil reactivity to light <input type="checkbox"/> Facial symmetry/motion <input type="checkbox"/> Stick out tongue Mental status: GCS (scores using SOP), amnesia			
Neck <input type="checkbox"/> *Inspect: DCAP, BLS; jugular veins <input type="checkbox"/> *Palpate: position of trachea; C-spines			
Chest <input type="checkbox"/> *Inspect: DCAP-BLS [] *Palpate TIC [] *Auscultate breath/heart sounds <input type="checkbox"/> Discover injuries: trauma to thoracic aorta; fractured ribs, hemothorax, pneumothorax			
Abdomen/pelvis - in correct order <input type="checkbox"/> *Inspect <input type="checkbox"/> Auscultate bowel sounds <input type="checkbox"/> *Palpate <input type="checkbox"/> Discover S&S of peritonitis (guarding, rigidity, evidence of rebound tenderness)			
Lower extremities <input type="checkbox"/> *Inspect <input type="checkbox"/> *Palpate <input type="checkbox"/> *Assesses SMV status of each limb			
Upper extremities <input type="checkbox"/> *Inspect <input type="checkbox"/> *Palpate <input type="checkbox"/> *Assesses SMV status of each limb			
Posterior thorax and buttocks <input type="checkbox"/> *Inspect <input type="checkbox"/> *Palpate			
*State paramedic impression:			
Verbalize treatment plan using appropriate SOP			
*Select appropriate receiving hospital based on trauma triage criteria			
On-going assessment			
Repeat initial (primary) assessment			
Evaluate response to treatments			
Repeat vital signs at least every 15 min			
Radio report			
Identification <input type="checkbox"/> *Hospital being contacted <input type="checkbox"/> *EMS provider agency and unit #; call back number			
<input type="checkbox"/> *Age, gender, approximate weight of patient <input type="checkbox"/> *Level of consciousness (conscious/unconscious responds to)			
Chief complaint S&S: <input type="checkbox"/> Onset <input type="checkbox"/> *Region/radiation/recurrence <input type="checkbox"/> *Provokes/palliates <input type="checkbox"/> *Severity 0-10 <input type="checkbox"/> *Quality <input type="checkbox"/> *Time			
Associated complaints			
History <input type="checkbox"/> *Allergies <input type="checkbox"/> *Medications (current): time and amount of last dose if applicable <input type="checkbox"/> *Past medical history (pertinent) <input type="checkbox"/> Last oral intake, LMP if indicated <input type="checkbox"/> *Events leading up to present illness/injury (history of present illness)			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Vital signs <input type="checkbox"/> *BP: <input type="checkbox"/> *Respirations: rate, pattern, depth, effort <input type="checkbox"/> *SpO ₂ ; capnography <input type="checkbox"/> *Pulse: rate, regularity, quality			
*Physical examination; include pertinent positive and negative findings <input type="checkbox"/> HEENT <input type="checkbox"/> Abdomen <input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Chest <input type="checkbox"/> Pelvis/GU <input type="checkbox"/> Back			
Treatments initiated prior to hospital contact (ITC) and pt response to treatment			
ETA			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

_____ Evaluator

**NWC EMSS Skill Performance Record
NEURO ASSESSMENT**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Assess respiratory rate, pattern, and depth. Describe abnormal patterns.			
*Assess circulatory status: Recognize VS changes w/ ↑ ICP. (↑ BP; ↓ P; ↓ RR). *Recognize neurogenic shock (↓ BP; ↓ P; ↓ RR).			
Assess level of conscious by accurately reporting the Glasgow Coma Score.			
Mental status exam <input type="checkbox"/> *Orientation (person, place, time) <input type="checkbox"/> Affect, behavior, cognition <input type="checkbox"/> *Memory: immediate, recent and remote.			
* CN II : Assess visual acuity in each eye by reporting the pt's best ability: (sees light; shape/shadow/motion; count fingers or can read name badge).			
* CN III : Assess pupils for size, shape, equality			
* CN II & III : Assess both pupils for direct and consensual light response.			
* CN III, IV, VI : Assess eyes for EOMs & conjugate gaze by having pt. follow finger in all visual fields. (large H) Report any deficits noted.			
* CN V : Assess sensation to face across forehead, cheeks, and chin. Assess strength of massager muscles.			
* CN VII : Assess muscles of facial expression by having pt. wrinkle forehead, close eyelids against resistance, smile, and frown, puff out cheeks and whistle.			
CN VIII : Assess for lateralization of hearing loss.			
CN IX & X : Assess for intact or absent gag reflex. Have pt. open mouth and say "ha, ha, ha" look for palate to rise.			
* MOTOR EXAM: Upper extremities : Have pt. shrug shoulders, flex & extend elbows against resistance, flex & extend wrists; abducts fingers against resistance, keep fingers open against resistance. Check for pronator drift in pt. with hemiparesis. Watch for one hand to turn palm down and drift downwards.			
* MOTOR EXAM: Lower extremities : Have pt. flex knees, plantar & dorsiflex feet against resistance.			
* SENSORY EXAM : Touch pt. with broken cotton swab to detect sharp/dull discrimination down back of legs, up anterior foot, leg, abdomen, chest, down inside of arm to back of hand, & up outside of arm. Describe any deficits/paresthesias. Draw a line on pt. at sensory demarcation line.			
Special sensory : Check for proprioception in pts. w/ SCI. With pt's eyes closed, move thumb and great toe up or down and determine if patient perceives position change.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

NWC EMSS Skill Performance Record
MANUAL AIRWAY MANEUVERS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard HEAD-TILT, CHIN-LIFT MANEUVER	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Identify S&S of upper airway impairment.			
<input type="checkbox"/> *State indications for this maneuver (upper airway impairment) <input type="checkbox"/> *Affirm no contraindications to this maneuver (no c-spine or jaw injury) <input type="checkbox"/> Put on gloves			
*Position patient supine.			
Place one hand on pt's forehead; apply firm, downward pressure with the palm of the hand tilting the head backwards. Place fingertips of the other hand underneath the anterior mandible.			
*Pull the chin forward, supporting the jaw and tilting the head backward as far as possible. Do not compress the soft tissues underneath the chin; this may obstruct the airway.			
Continue to press the other hand on the pt's forehead to keep head tilted backward			
Lift the chin so the teeth are brought nearly together. (may use the thumb to depress the lower lip; this allows the patient's mouth to remain slightly open)			
If pt has dentures; hold them in position, making obstruction by the lips less likely. (It is easier to maintain a seal when dentures are in place. If the dentures cannot be managed, remove them.)			
*Assesses airway patency by looking, listening and feeling for unobstructed air movement and spontaneous ventilations.			
<input type="checkbox"/> If successful, state need for an OPA or NPA to hold airway open. <input type="checkbox"/> If unsuccessful, state need to try patient repositioning, suction, or ALS interventions			

Performance standard JAW-THRUST MANEUVER	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> *State indications for maneuver (upper airway impairment w/ possible C-spine injury) <input type="checkbox"/> Affirm no contraindications to this maneuver (no jaw injury) <input type="checkbox"/> Put on gloves			
*Position patient supine.			
*Kneel at the top of the patient's head. Place hands along each side of the patient's jaw.			
*Grasp the angles of the jaw on both sides. Without moving the neck, lift the jaw forward to pull the tongue away from the posterior oropharynx.			
Use thumb to retract the lower lip if the lips are closed.			
*Assesses airway patency: look, listen and feel for unobstructed air movement and spontaneous ventilations.			
<input type="checkbox"/> *If unable to open the airway reposition the jaw and attempt again. <input type="checkbox"/> If successful, state need for an OPA or NPA to hold airway open. <input type="checkbox"/> If unsuccessful, state need to try patient repositioning, suction, or ALS interventions.			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

NWC EMSS Skill Performance Record
OROPHYARNGEAL AIRWAY (OPA)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult appears unconscious with snoring respirations. You are asked to assemble the equipment, choose the correct size adjunct from those available, and insert an oral airway.

Equipment needed: Airway manikin; various sizes OPAs, tongue blades, suction catheters, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> *State indications for this airway (upper airway impairment; need for BVM assist) <input type="checkbox"/> *Affirm no contraindications to this airway <input type="checkbox"/> Intact gag reflex <input type="checkbox"/> Oral trauma <input type="checkbox"/> Epiglottitis			
* Apply BSI (gloves/goggles)			
Prepare patient Explain procedure to patient - even if unconscious			
* Position patient supine			
Obtain SpO ₂ reading on room air if time permits			
* Use appropriate manual maneuver to open airway			
Clear mouth and pharynx of secretions, blood, or vomitus with suction prn			
* Confirm absence of gag reflex by assessing lash reflex or glabellar tap			
Prepare equipment: * Sizing: Measure vertical distance from front of teeth to angle of jaw			
Perform procedure Support pt's head with one hand; open mouth w/ cross-finger technique			
<input type="checkbox"/> *Depress tongue with a tongue blade. <input type="checkbox"/> *Insert airway along curvature of tongue until it approaches posterior oropharynx and points downward. Distal end should rest behind the base of the tongue in the oropharynx. <input type="checkbox"/> *Flange should rest on patient's lips. Verify that tongue or lips are not caught between teeth and airway.			
* Verify airway patency by closing nose and feeling for air movement through mouth. Auscultate bilateral breath sounds.			
Reassess VS and SpO ₂			
Verbalize two complications: <input type="checkbox"/> Induction of gag/vomiting <input type="checkbox"/> Obstruction from malplaced airway <input type="checkbox"/> Swelling of epiglottis <input type="checkbox"/> Intraoral injuries			
Verbalize steps to take if patient gags: (remove airway and ready suction)			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
NASOPHARYNGEAL AIRWAY (NPA)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult appears unconscious with snoring respirations. You are asked to assemble the equipment, choose the correct size adjunct from those available, and insert a nasopharyngeal airway.

Equipment needed: Airway manikin; various sizes NPAs, lubricant, suction catheters, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications: upper airway impairment; need for frequent suctioning, BVM assist where gag is still intact			
*Affirm no contraindications for inserting this airway <input type="checkbox"/> Midface or above trauma/obstruction <input type="checkbox"/> Anterior basilar skull fx			
* Apply BSI (gloves/goggles)			
Prepare patient Explain procedure to patient - even if unresponsive			
Obtain SpO ₂ reading on room air if time permits			
* Use appropriate manual maneuver to open airway			
Prepare equipment: * Select appropriate airway length by measuring from tip of nose to ear lobe.			
* Lubricate airway w/ water-soluble jelly			
Perform procedure * Elevate tip of nose and gently insert tube into right nostril. Bevel to septum only applies to insertion on right side.			
* Advance gently along floor of nasal passage until flange is against nostril. If resistance is met, withdraw airway and attempt on other side.			
Open mouth to check airway position			
* Assess airway patency by closing mouth and feeling for air movement through the airway. Reassess VS & SpO ₂ .			
* Verbalize steps if resistance is met: (withdraw airway and try other side)			
* Verbalize at least two complications: <input type="checkbox"/> Nasal bleeding <input type="checkbox"/> Tissue trauma <input type="checkbox"/> Gagging <input type="checkbox"/> Vomiting <input type="checkbox"/> Gastric distention if airway is too long			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
OROPHARYNGEAL SUCTIONING

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult's mouth is filled with blood. You are asked to assemble the equipment, choose the correct catheter from those available, and perform oropharyngeal suctioning.

Equipment needed: Airway manikin; various sizes suction catheters, suction unit, BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications for procedure: Secretions in mouth, nose or pharynx			
* Apply BSI (gloves/goggles)			
Prepare patient Explain steps of procedure to patient			
Obtain SpO ₂ on room air if available and time allows			
* Preoxygenate patient prior to suctioning if time allows			
Prepare equipment: Inspect suction unit for power and proper assemblage			
* Select appropriate suction catheter (flexible or rigid); attach to suction tubing			
Perform procedure Open mouth using cross-finger technique			
Turn power on to high. Kink tubing and ensure that unit achieves vacuum of 300 mmHg.			
<input type="checkbox"/> Insert suction catheter no deeper than pharynx. <input type="checkbox"/> If Yankauer tip, insert w/ convex side along roof of mouth.			
* Apply suction while limiting suction application to 10 sec on an adult.			
Refrain from jabbing catheter up and down while applying suction			
* Reoxygenate patient with O ₂ 15 L/NRM or BVM			
Verbalize that suction catheter should be flushed with NS or water between suction attempts to remove any material that could clog ports			
Verbalize 2 complications if suction were applied improperly or for too long: <input type="checkbox"/> *Hypoxia <input type="checkbox"/> Atelectasis <input type="checkbox"/> *Bradycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Tissue trauma <input type="checkbox"/> ↑ ICP			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
TRACHEAL SUCTIONING

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is intubated. You note secretions in the ET tube. You are asked to assemble the equipment, choose the correct catheter from those available, and perform tracheal suctioning.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Universal precautions: Apply BSI (face shield/goggles)			
Verbalize indications for tracheal suction: secretions impairing airway in an intubated patient			
Prepare patient Explain steps of procedure to patient even if unconscious			
Obtain SpO ₂ on room air if time allows			
* Preoxygenate patient prior to suctioning if time allows			
* Connect patient to cardiac monitor			
Prepare equipment: Inspect suction unit for power and proper assemblage. Set suction between 80-120 mmHg if suction source is adjustable.			
* Select appropriate size suction catheter (approx. ½ ID of the TT). Maintain sterility of catheter.			
* BSI: Put on sterile glove. Open suction catheter packaging using sterile technique.			
* Coil catheter in dominant hand, protecting tip from contamination.			
* Using non-dominant hand, connect catheter to suction tubing.			
* Turn power on to high			
Perform procedure * Insert catheter into ETT without activating suction. Advance catheter until resistance is met or pt coughs taking no longer than 2-3 sec to advance catheter.			
* Apply suction while withdrawing the catheter in a twisting motion limiting suction application and catheter insertion time to 10 sec.			
* Refrain from jabbing catheter up and down while applying suction			
* Reoxygenate patient with 15 L O ₂ /BVM			
Verbalize at least 2 complications if suction were applied for too long: <input type="checkbox"/> *Hypoxia <input type="checkbox"/> Atelectasis <input type="checkbox"/> *Bradycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Tissue trauma <input type="checkbox"/> ↑ ICP			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
REMOVAL of FOREIGN BODY by DIRECT LARYNGOSCOPY

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is found unconscious, non-breathing with a pulse. Manual attempts to clear the airway have been unsuccessful. You are asked to assemble the equipment and perform direct laryngoscopy to remove the foreign body.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Continue manual attempts while preparing for direct laryngoscopy. Verbalize appropriate indications for performing this skill			
*Universal precautions: Put on gloves, goggles, and face mask			
Prepare the patient Place patient's head in sniffing position placing pad under occiput			
Assess SpO ₂ on room air if time allows			
*Attempt to ventilate patient/BVM (Unsuccessful)			
Prepare equipment <input type="checkbox"/> Assemble laryngoscope blade and handle <input type="checkbox"/> Check light to be certain it is bright, tight and white <input type="checkbox"/> Suction			
Removal <input type="checkbox"/> Insert curved laryngoscope blade from the right, sweep tongue to left; seat distal blade tip in vallecula <input type="checkbox"/> Insert straight blade down midline of tongue under epiglottis <input type="checkbox"/> * Lift jaw at 45° to the floor of the mouth; avoid using upper teeth as a fulcrum			
* Visualize glottic opening and surrounding structures			
* If F/B is seen, grasp and carefully remove with Magill forceps and/or suction			
* Observe for residual F/B & return of spontaneous ventilations for 5 seconds			
Airway management when spontaneous ventilations resume <input type="checkbox"/> Remove laryngoscope blade <input type="checkbox"/> O ₂ at 12-15 L/NRM <input type="checkbox"/> * Continue to monitor VS & SpO ₂			
Airway mgt when spontaneous ventilations DO NOT resume (verbalize) <input type="checkbox"/> Attempt to ventilate with a BVM <input type="checkbox"/> *Unable to ventilate: Attempt intubation using standard procedure <input type="checkbox"/> *Unable to insert ETT: Attempt rescue airway <input type="checkbox"/> *Unable to insert King or ventilate effectively: Cricothyrotomy			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat of the skill.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record OROTRACHEAL INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is found in bed with apnea. No trauma is suspected. Prepare the equipment and intubate the patient.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
Prepare the patient			
*Place head in sniffing position: pad occiput to bring earlobe horizontal with xiphoid			
Assess SpO ₂ on RA if time and personnel allow; auscultate breath sounds for baseline			
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Malampatti view, thyromental distance; overbite			
Insert NPA (preferred) or OPA unless contraindicated			
* Preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before placing blade in mouth			
* Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction prn			
* Choose correct size ETT (verbalize size of 5 th finger)			
* Insert stylet so distal tip is proximal to Murphy's eye; form tube straight to balloon cuff then angle at 45° like a hockey stick			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate end of the ETT (verbalize) with water-soluble jelly as it is withdrawn from package			
* Assemble laryngoscope; check light source (tight, bright & white)			
<input type="checkbox"/> EDD, capnography, tube holder, head blocks, stethoscope <input type="checkbox"/> Have alternative airway selected, prepped, & in sight (King LT)			
Pass tube: * (Allow no more than 30 sec of apnea) Have assistant apply external laryngeal pressure, lip retraction; monitor ECG HR & rhythm, O ₂ sat, time elapsed			
<input type="checkbox"/> Withdraw tube from package; hold in dominant hand <input type="checkbox"/> Open mouth w/ cross finger technique <input type="checkbox"/> Insert curved blade from R, sweep tongue to the L & seat distal blade tip in vallecula <input type="checkbox"/> Insert straight blade down midline of tongue under epiglottis Every blade insertion is 1 attempt (max 2 attempts/pt) <input type="checkbox"/> *Lift blade up & forward; avoid using upper teeth as a fulcrum			
<input type="checkbox"/> *Visualize cords; insert ETT from R side of mouth; pass cuff through cords <input type="checkbox"/> *If > 30 sec: remove ETT, reoxygenate X 30 sec; Change position, blade, or PM. May go straight to King LT if unable to visualize cords.			
* While holding ETT in place, remove blade from mouth & stylet from tube			
* Confirm tracheal placement: aspirate EDD; monitor capnography number & waveform			
* Ventilate with 15 LO ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)–observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> *If breath sounds present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again. <input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of blade <input type="checkbox"/> *If ETT cannot be placed successfully; attempt rescue airway			
* Note ETT depth (diamond marking at teeth) (3 X ID of ETT)			
* Insert OPA; align ETT with side of mouth; secure with commercial tube holder; immobilize head; suction prn			
* Reassess: Frequently monitor capnography, tube depth, VS, SpO ₂ , (not helpful in cardiac arrest) & lung sounds to detect displacement, complications or condition change			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation: Use watch, clock, timing device <input type="checkbox"/> Barotrauma: pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation (R) <input type="checkbox"/> Hypoxia, dysrhythmia			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

_____ Evaluator

NWC EMSS Skill Performance Record
IN-LINE INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An unconscious adult with a possible c-spine injury is found apneic. Prepare equipment and intubate using the in-line technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
Prepare the patient Place head in neutral position with 1 rescuer manually maintaining c-spine motion restriction			
Assess SpO ₂ on RA as time and personnel allow; auscultate breath sounds for baseline			
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Malampatti view, thyromental distance; overbite, etc			
Insert NPA (preferred) or OPA unless contraindicated			
* Preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before placing blade in mouth * Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction prn			
* Choose correct size ETT (verbalize size of 5 th finger).			
* Insert stylet so distal tip is proximal to Murphy's eye; form tube straight to balloon cuff then angle at 45° like a hockey stick			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate end of the ETT (verbalize) with water-soluble jelly as it is withdrawn from package			
* Assemble laryngoscope; check light source (tight, bright & white)			
<input type="checkbox"/> *EDD, capnography, tube holder, head blocks, stethoscope <input type="checkbox"/> Have alternative airway selected, prepped, & in sight (King LT)			
Pass the tube (Allow no more than 30 sec of apnea) <input type="checkbox"/> *Intubator immobilizes head and body with legs. <input type="checkbox"/> 2 nd person holds maxilla & head in neutral alignment. Have assistant apply (gently), external laryngeal pressure, & lip retraction. <input type="checkbox"/> Open front of C-collar			
<input type="checkbox"/> Withdraw tube from package; hold in dominant hand <input type="checkbox"/> Open mouth w/ cross finger technique <input type="checkbox"/> Insert curved blade from R, sweep tongue to the L & seat distal blade tip in vallecula <input type="checkbox"/> Insert straight blade down midline of tongue under epiglottis Every blade insertion is 1 attempt (max 2 attempts/pt) <input type="checkbox"/> *Lift blade up & forward; avoid using upper teeth as a fulcrum			
<input type="checkbox"/> Tilt upper torso back until cords seen; insert ETT from R side mouth; pass cuff through cords <input type="checkbox"/> If > 30 sec: remove ETT, reoxygenate X 30 sec; Change position, blade, or PM. May go straight to King LT if unable to visualize cords.			
* While holding ETT in place, remove blade from mouth & stylet from tube			
* Confirm tracheal placement: aspirate EDD; monitor capnography number & waveform			
* Ventilate with 15 LO ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)–observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> *If breath sounds are present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe. <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again. <input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of blade <input type="checkbox"/> *If ETT cannot be placed successfully; attempt rescue airway			
* Note ETT depth (diamond marking at teeth) (3 X ID of ETT)			
* Insert OPA; align ETT with side of mouth; secure with commercial holder; immobilize head; suction prn			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Reassess: Frequently monitor EtCO ₂ , tube depth, VS, SpO ₂ , & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation: Use watch, clock, timing device <input type="checkbox"/> Barotrauma: pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> C-spine injury <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation <input type="checkbox"/> Hypoxia, dysrhythmia			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

_____ Evaluator

NWC EMSS Skill Performance Record
DRUG-ASSISTED INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An awake adult with an intact gag reflex (non-traumatic cause) is in impending ventilatory failure. You are asked to assemble the equipment, choose the correct medications from those available, and intubate the patient using the drug assisted intubation technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize possible indications for DAI: <input type="checkbox"/> Actual or potential airway impairment or aspiration risk (trauma, stroke, AMS) <input type="checkbox"/> Actual or impending ventilatory failure (HF, pulmonary edema, COPD, asthma, anaphylaxis w/ RR <10 or >40; shallow/labored effort; or SpO ₂ ≤ 92) <input type="checkbox"/> Increased WOB (retractions, use of accessory muscles) resulting in severe fatigue <input type="checkbox"/> GCS 8 or less due to an acute condition unlikely to be self-limited (Ex. seizures, hypoglycemia, postictal, certain drug overdoses) <input type="checkbox"/> Inability to ventilate/oxygenate adequately after insertion of OPA/NPA and/or via BVM <input type="checkbox"/> Need for ↑ inspiratory or positive end expiratory pressures to maintain gas exchange <input type="checkbox"/> Need for sedation to control ventilations			
Verbalize possible contraindications for DAI: <input type="checkbox"/> Coma with absent airway reflexes or known hypersensitivity/allergy to a drug <input type="checkbox"/> Use in pregnancy could be potentially harmful to the fetus; consider risk/benefit.			
* BSI: Gloves, goggles, facemask			
Prepare the patient * Tell pt each step of the process before it is done.			
*Place head in sniffing position: pad occiput to bring earlobe horizontal with xiphoid			
Assess SpO ₂ on RA as time and personnel allow; auscultate breath sounds for baseline			
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Malampatti view, thyromental distance; overbite			
* Preoxygenate for 3 min w/ 15 LO ₂ /NRM or BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Apply cardiac monitor			
Prepare equipment – Have everything ready before placing blade in mouth * Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction prn			
* Choose correct size ETT (verbalizes size of 5 th finger)			
* Insert stylet so distal tip is proximal to Murphy's eye; form tube straight to balloon cuff then angle at 45° like a hockey stick			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate end of tube (verbalize) with water-soluble jelly as it is withdrawn from package			
* Assemble laryngoscope; check light source (tight, bright & white)			
<input type="checkbox"/> * EDD, capnography, tube holder, head blocks, stethoscope <input type="checkbox"/> Have alternative airway selected, prepped, & in sight (King LT)			
Premedicate if applicable <input type="checkbox"/> Benzocaine spray to posterior pharynx 1-2 sec spray, 30 sec apart X 2 (if + gag) <input type="checkbox"/> Lidocaine 1.5 mg/kg IVP if head trauma or stroke <input type="checkbox"/> Atropine 0.02 mg/kg IVP if child < 20 kg <input type="checkbox"/> Fentanyl per SOP for pain			
Sedate * Midazolam 5 mg IVP. If adequate sedation not achieved in 1 min...			
* Etomidate 0.5 mg/kg IVP - wait for clinical response before passing ETT if possible			
* Monitor VS; LOC; skin color; SpO ₂ q. 5 min during procedure			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Pass tube: * Have assistant apply external laryngeal pressure, lip retraction; monitor ECG HR & rhythm, O ₂ sat, time elapsed			
<input type="checkbox"/> Withdraw tube from package; hold in dominant hand <input type="checkbox"/> Open mouth w/ cross finger technique <input type="checkbox"/> *Insert curved blade from R, sweep tongue to the L & seat distal blade tip in vallecula <input type="checkbox"/> *Insert straight blade down midline of tongue under epiglottis Every blade insertion is 1 attempt (max 2 attempts/pt) <input type="checkbox"/> *Lift blade up & forward; avoid using upper teeth as a fulcrum			
<input type="checkbox"/> * Visualize cords; insert ETT from R side of mouth; pass cuff through cords <input type="checkbox"/> If > 30 sec: remove ETT, reoxygenate X 30 sec; Change position, blade, or PM. May go straight to King LT if unable to visualize cords.			
* While holding ETT in place, remove blade from mouth & stylet from tube			
* Confirm tracheal placement: aspirate EDD; monitor capnography number & waveform			
* Ventilate with 15 LO ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)—observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> *If breath sounds are present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe. <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again. <input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of blade <input type="checkbox"/> *If ETT cannot be placed successfully; attempt rescue airway			
* Note ETT depth (diamond marking at teeth) (3 X ID of ETT)			
* Insert OPA; align ETT with side of mouth; secure with commercial holder; immobilize head			
* Reassess: Freq monitor capnography, tube depth, VS, SpO ₂ , & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			
If pt begins to fight the ETT, give midazolam in 2 mg increments IVP as needed up to total of 20 mg for post-intubation sedation			
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation: Use watch, clock, timing device <input type="checkbox"/> Barotrauma: pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> C-spine injury <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation <input type="checkbox"/> Hypoxia, dysrhythmia <input type="checkbox"/> Over sedation			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

 Evaluator

NWC EMSS Skill Performance Record
DIGITAL INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An unconscious adult is found apneic. The patient has copious amount of secretions and the cords cannot be visualized. Prepare equipment to perform a digital intubation.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
Prepare the patient			
<input type="checkbox"/> Confirm unresponsiveness & no protective airway reflexes			
<input type="checkbox"/> Consider possibility of c-spine injury – if yes, manually open airway with spine motion restriction; assess breathing			
Assess SpO ₂ on RA as time and personnel allow; auscultate breath sounds for baseline			
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Malampatti view, thyromental distance; overbite, etc			
Insert NPA (preferred) or OPA unless contraindicated			
* Preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before beginning procedure			
* Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction pm			
* Choose correct size ETT (verbalize size of 5 th finger)			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate end of the ETT (verbalize) with water-soluble jelly as it is withdrawn from package			
<input type="checkbox"/> EDD, capnography, tube holder, head blocks, stethoscope			
<input type="checkbox"/> Have alternative airway selected, prepped, & in sight (King LT)			
Pass the tube (Allow no more than 30 sec of apnea)			
<input type="checkbox"/> Position self at pt's (left) side			
<input type="checkbox"/> * Place OPA between molars to prevent pt from biting during procedure			
<input type="checkbox"/> * Withdraw tube from package; hold in dominant hand			
<input type="checkbox"/> * Insert middle and index fingers of nondominant hand into pt's mouth. Walk fingers along back of the tongue until the epiglottis is palpated in the midline.			
<input type="checkbox"/> * Palpate arytenoid cartilage posterior to glottis. Locate epiglottis with middle finger (flap of cartilage covered by mucous membrane)			
* Introduce ETT & guide into pharynx. Guide tip of ETT through vocal cords with index finger and advance into trachea			
* Confirm tracheal placement: aspirate EDD; monitor capnography number & waveform			
* Ventilate with 15 LO ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)–observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> *If breath sounds are present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe			
<input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again			
<input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of fingers			
<input type="checkbox"/> *If ETT cannot be placed successfully; attempt rescue airway			
* Note ETT depth (diamond marking at teeth) (3 X ID of ETT)			
* Reseat OPA; align ETT with side of mouth; secure with commercial tube holder; immobilize head			
* Reassess: Frequently monitor EtCO ₂ , tube depth, VS, SpO ₂ , & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation : Use watch, clock, timing device <input type="checkbox"/> Barotrauma : pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation <input type="checkbox"/> Hypoxia, dysrhythmia <input type="checkbox"/> Trauma to intubator's fingers			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

 Evaluator

CJM: 12/10

NWC EMSS Skill Performance Record
INVERSE or Face-to-face INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An apneic adult is found pinned behind the steering wheel. Prepare equipment and intubate patient using anterior technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications for procedure: A pt who requires intubation but has limited access or is unable to be moved to a position allowing the usual position for intubation			
* BSI: Gloves, goggles, facemask			
Prepare the patient <input type="checkbox"/> Confirm unresponsiveness & no protective airway reflexes <input type="checkbox"/> Consider possibility of c-spine injury – if yes, manually open airway with spine motion restriction; assess breathing			
Assess SpO ₂ on RA as time & personnel permit; auscultate breath sounds for baseline			
Assess for signs suggesting a difficult intubation: neck/mandible mobility, oral trauma, loose teeth; F/B; ability to open mouth, Malampatti view, thyromental distance; overbite			
Insert NPA (preferred) or OPA unless contraindicated			
* Preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before beginning procedure * Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction prn			
* Choose correct size ETT (verbalize size of 5th finger)			
* Insert stylet so distal tip is proximal to Murphy's eye; form tube straight to balloon cuff then angle at 45° like hockey stick			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate end of tube (verbalize) with water-soluble jelly as it is withdrawn from package			
* Assemble laryngoscope; check light source (tight, bright & white)			
<input type="checkbox"/> EDD, capnography, tube holder, head blocks, stethoscope <input type="checkbox"/> Have alternative airway selected, prepped, & in sight (King LT)*			
Pass the tube (Allow no more than 30 sec of apnea) <input type="checkbox"/> Position self in front of (facing) pt <input type="checkbox"/> * Have assistants maintain spine motion restriction (if applicable); apply external laryngeal pressure, lip retraction; monitor ECG HR & rhythm, O ₂ sat, time elapsed			
<input type="checkbox"/> Hold laryngoscope with curved blade in right hand (not left) <input type="checkbox"/> * Insert blade down midline of tongue and pull forward (anteriorly) <input type="checkbox"/> * Sight down blade to visualize vocal cords (anatomy will be reversed compared to standard intubation view)			
<input type="checkbox"/> * Insert ETT w/ L hand; pass cuff through cords w/in 30 sec. <input type="checkbox"/> *If > 30 sec: remove ETT, ventilate X 30 sec; reposition blade, try new blade; have another PM attempt			
* While holding ETT in place, remove laryngoscope & stylet from tube			
* Confirm tracheal placement: aspirate EDD; monitor capnography number & waveform			
* Ventilate with 15 LO ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)—observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> *If breath sounds are present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again <input type="checkbox"/> *If incorrectly placed: remove ETT, reoxygenate 30 sec; repeat from insertion of blade <input type="checkbox"/> *If ETT cannot be placed successfully; attempt rescue airway			
* Note ETT depth (diamond marking at teeth) (3 X ID of ETT)			
* Insert OPA; align ETT with side of mouth; secure with commercial tube holder; immobilize head			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Reassess: Frequently monitor capnography, tube depth, VS, SpO ₂ , & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			
State complications of the procedure: <input type="checkbox"/> Post-intubation hyperventilation: Use watch, clock, timing device <input type="checkbox"/> Barotrauma: pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth or soft tissues <input type="checkbox"/> C-spine injury <input type="checkbox"/> Undetected esophageal intubation <input type="checkbox"/> Mainstem intubation (R) <input type="checkbox"/> Hypoxia, dysrhythmia			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

 Evaluator

NWC EMSS Skill Performance Record
NASAL INTUBATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult with altered mental status is breathing 4 times a minute. Prepare the equipment and intubate the patient using the nasotracheal technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
State indication for procedure: Spontaneously breathing pt who requires advanced airway where orotracheal intubation or use of a rescue airway is not possible			
*State 2 contraindications to this intubation approach <input type="checkbox"/> Apnea <input type="checkbox"/> Midface and anterior basilar skull fx <input type="checkbox"/> Deviated nasal septum or other nasal obstruction			
Prepare the patient <input type="checkbox"/> Confirm need for intubation <input type="checkbox"/> Consider possibility of c-spine injury – if yes, manually open airway with spine motion restriction; assess breathing			
Explain each step as it is performed even though pt appears unconscious			
Assess SpO ₂ on RA as time & personnel permit; auscultate breath sounds for baseline			
Assess patient for difficult intubation; inspect nostrils with a penlight for nasal congestion/secretions, obvious obstruction			
Premedicate if applicable <input type="checkbox"/> Benzocaine spray to posterior pharynx 1-2 sec spray, 30 sec apart X 2 (if + gag) <input type="checkbox"/> Lidocaine 1.5 mg/kg IVP if head trauma or stroke			
* Preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention			
Prepare equipment – Have everything ready before beginning procedure * Prepare suction equipment (Yankauer catheter); turn on to ✓ unit; suction prn			
<input type="checkbox"/> Choose correct size ETT (verbalize size of 5 th finger). Select ETT with outside diameter just smaller than diameter of chosen nostril. <input type="checkbox"/> Prepare ETT by curling around fingers into a circle (while in package) to increase curvature of ETT			
* Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
<input type="checkbox"/> NO stylet <input type="checkbox"/> * EDD, capnography, tape, head blocks, stethoscope <input type="checkbox"/> Lubricate ETT with water-soluble jelly as it is withdrawn from package (verbalize)			
Pass the tube Tilt up end of nose; *gently insert tube into largest unobstructed (right) nostril			
<input type="checkbox"/> Advance tube slowly but firmly into nasal passage along floor of nose with curvature of tube aimed down using slight rotation to aid passage into pharynx. <input type="checkbox"/> If resistance encountered – STOP, withdraw slightly, aim toward floor of nasal passage, try again. Do not force tube. If resistance met again – withdraw tube; prep another ETT and try opposite nostril.			
Inspect mouth to see that ETT has passed through nasopharynx to the oropharynx			
* As tube is advanced, place hand near proximal opening to feel for exhaled air; observe for condensation in tube. Distal tip of ETT should be just over cords.			
* Ask conscious pt to take a deep breath. As patient inhales, apply gentle pressure over thyroid cartilage & advance tube through cords into trachea. (Verbalize that patient may cough as tube goes through cords)			
* Confirm tracheal placement: aspirate EDD; apply EtCO ₂ detector/capnography			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Ventilate with 15 L O ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)—observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2			
<input type="checkbox"/> If breath sounds present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe. <input type="checkbox"/> If breath sounds only on right, withdraw tube slightly and listen again. <input type="checkbox"/> If NTT incorrectly placed: remove tube, ventilate 30 sec; repeat from insertion of tube			
* Note ETT depth (diamond marking at opening of nostril)			
* Secure with tape; immobilize head			
* Reassess: Frequently monitor SpO ₂ , capnography, tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			
State at least 2 complications of this procedure <input type="checkbox"/> Epistaxis <input type="checkbox"/> Injury to nasal septum or turbinates <input type="checkbox"/> Retropharyngeal laceration <input type="checkbox"/> Vocal cord injury <input type="checkbox"/> Intracranial placement if pt has a basilar skull fracture <input type="checkbox"/> Avulsion of an arytenoid cartilage <input type="checkbox"/> Esophageal intubation <input type="checkbox"/> Sinus infections			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
King LTSD Airway

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An unconscious adult is apneic and two attempts at intubation have been unsuccessful, contraindicated, or a less attractive choice. Prepare the equipment and provide an alternate airway using the King LTSD.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
State indications for extraglottic airway <input type="checkbox"/> Need for an advanced airway where 2 attempts at ETI have been unsuccessful <input type="checkbox"/> S&S of a difficult intubation make ETI less attractive <input type="checkbox"/> Need for chest compressions makes alternate airway preferred over ETI			
*State 4 contraindications <input type="checkbox"/> < 4 ft tall <input type="checkbox"/> Intact gag reflex <input type="checkbox"/> Aspiration risk <input type="checkbox"/> Esophageal disease <input type="checkbox"/> Caustic ingestion			
Prepare patient Explain each step as it is performed even though pt appears unconscious			
Preoxygenate with 95% FiO2 for 3 min w/ capnography sensor on BVM <input type="checkbox"/> If pt spontaneously breathing, attempt preoxygenation w/ NRM <input type="checkbox"/> If vent assist needed: Insert NPA/OPA and squeeze bag over 1 sec providing just enough air to see chest rise (~400-600mL) – avoid high pressure & gastric distention. Ventilate at 10 breaths/min (1 every 6 sec) <input type="checkbox"/> If Hx asthma/COPD: ventilate at 6-8 breaths/min			
Prepare equipment – Have everything ready before beginning procedure <input type="checkbox"/> Prepare suction equipment (connect Yankauer); turn on to ✓ unit; suction prn			
TUBE: Choose correct size King LTS-D airway based on pt height <input type="checkbox"/> 3 (yellow): 4-5 ft <input type="checkbox"/> 4 (red): 5-6 ft <input type="checkbox"/> 5 (purple): > 6 ft <input type="checkbox"/> Test cuff (in pkg) by injecting 60 mL of air into cuffs (use syringe in kit) <input type="checkbox"/> Remove all air from both cuffs prior to insertion <input type="checkbox"/> Note cuff minimum & maximum inflation volumes (based on tube size) – look at numbers on side of tube <input type="checkbox"/> Apply water-based lubricant to beveled distal tip and posterior surface of tube; avoid lubricant near anterior ventilatory openings.			
Confirming & securing equipment: EDD, capnography attached to BVM, tube holder, tape, head immobilizer, stethoscope (put around neck)			
Medications prn <input type="checkbox"/> Head injury/↑ ICP: Lidocaine 1.5 mg/kg unless contraindicated <input type="checkbox"/> Pain: Fentanyl – dose per SOP DAI <input type="checkbox"/> Benzocaine per SOP <input type="checkbox"/> Midazolam 5 mg <input type="checkbox"/> Etomidate 0.5 mg/kg (max 40 mg) unless alternate dose indicated			
INSERT the tube <input type="checkbox"/> Hold King LT at connector with dominant hand <input type="checkbox"/> *With non-dominant hand, hold mouth open and apply chin/tongue lift (hold “like a bass”)			
For pt in spine motion restriction, assistant should prevent head movement by placing thumbs on maxilla & hands around head (in-line maneuver)			
*With the King LT rotated laterally 45°-90° so blue line is touching corner of mouth, introduce tip into mouth & advance behind base of tongue. If difficulty advancing tube: use gauze 4X4 to retract tongue. Never force tube into position.			
As tube tip passes behind tongue, rotate tube to midline (blue line faces chin).			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Without excessive force, advance until clear tube is no longer visible outside of mouth & color adaptor is aligned with teeth/gums. Insertion depth is critical for a patent airway.			
Let go of tube. If "bounce back" occurs, tube is probably placed incorrectly into a pyriform fossa. Remove tube.			
<input type="checkbox"/> * INFLATE cuffs with minimum inflation volume; do not overinflate (some research suggests that an overinflated cuff may put pressure on vascular structures in the neck) <input type="checkbox"/> *Keep pressure on plunger until syringe removed from valve to assure full inflation <input type="checkbox"/> Remove syringe from valve			
<input type="checkbox"/> Attach BVM with capnography sensor to KLTSD <input type="checkbox"/> *Assistant places stethoscope over mid-axillary line. Listen for baseline sounds. <input type="checkbox"/> * AUSCULTATE : While assistant is auscultating lungs; <input type="checkbox"/> Gently squeeze BVM w/ 15 L O ₂ at 10 BPM (VENTILATE); <input type="checkbox"/> Simultaneously slowly WITHDRAW KLTSD until breath sounds are heard and ventilation is easy/free flowing (lg tidal volume w/ minimal airway pressure)			
CONFIRM proper tube position (listed in order) <input type="checkbox"/> Auscultation bilateral breath sounds over midaxillary lines & anterior chest <input type="checkbox"/> Aspirate EDD (after cuff inflation, tube reposition, & lung auscultation) <input type="checkbox"/> *EtCO ₂ by capnography			
*If breath sound not heard, remove tube & ventilate with NPA/OPA & BVM			
*If air leak, add up to 20 mL of air to cuff to just seal volume. Avoid over inflating cuff.			
When good ventilations are established, note depth markings at proximal end of the airway aligned with the gums/upper teeth.			
SECURE KLTSD to patient (keeping tube midline in mouth) <input type="checkbox"/> Use tape or commercial tube holder <input type="checkbox"/> DO NOT cover proximal opening of gastric access lumen. <input type="checkbox"/> Do NOT insert OPA (may put pressure on proximal cuff)			
*If gastric secretions or vomiting: size & insert 18 Fr Salem Sump NGT into gastric port and attach to suction			
REASSESS : Frequently to detect displacement and complications (esp .after pt. movement or pt. status/condition changes <input type="checkbox"/> EtCO ₂ <input type="checkbox"/> SpO ₂ <input type="checkbox"/> HR <input type="checkbox"/> BP <input type="checkbox"/> Lung sounds			
If protective reflexes return Remove in an area where suction equipment and the ability to rapidly intubate is present Deflate both cuffs completely prior to removal			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

Recommendation:

- Excellent knowledge of material; no coaching needed.
- Satisfactory knowledge of material: minimal coaching needed.
- Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

Size	Patient height	Connector color	Inflation volume
3	4-5 feet	Yellow	45-60 mL
4	5-6 feet	Red	60-80 mL
5	Greater than 6 feet	Purple	70-90 mL

NWC EMSS Skill Performance Record
SURGICAL CRICOTHYROTOMY

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An unconscious adult trauma patient has extensive facial injuries. Prepare the equipment and perform a surgical cricothyrotomy.

Performance standard	Perform w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
*Verbalize the indications for the procedure: <input type="checkbox"/> Cannot intubate <input type="checkbox"/> Cannot insert a King airway <input type="checkbox"/> Cannot ventilate w/ BVM			
* Verbalize contraindications for procedure: <input type="checkbox"/> Children younger than 8; need OLMC order for ages 8-12 <input type="checkbox"/> Pts with known bleeding disorders and/or anticoagulant therapy <input type="checkbox"/> Laryngeal fx or trauma that causes distortion or obliteration of landmarks			
Prepare the patient Position supine with padding under shoulders to extend neck unless contraindicated			
Assess VS, ECG, SpO ₂ as soon as time & personnel permit			
* Attempt to preoxygenate for 3 min w/ 15 LO ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600mL) – avoid high pressure & gastric distention prior to performing procedure			
Prepare equipment – Have everything ready before beginning procedure <input type="checkbox"/> #11 scalpel <input type="checkbox"/> Chlorhexidine/IPA prep <input type="checkbox"/> Forceps/spreader <input type="checkbox"/> Stethoscope <input type="checkbox"/> Tracheal hook (preferred) <input type="checkbox"/> Sharp container <input type="checkbox"/> Gauze pads 4X4 <input type="checkbox"/> Full BSI <input type="checkbox"/> NCN tube holder <input type="checkbox"/> 10 mL syringe <input type="checkbox"/> EDD <input type="checkbox"/> Water-soluble lubricant <input type="checkbox"/> Capnography <input type="checkbox"/> BVM; oxygen source <input type="checkbox"/> SpO ₂ and ECG monitors <input type="checkbox"/> Suction equipment; turn on to ✓ unit;			
* Choose correct size cuffed ETT (5.0 to 7.0) (one size smaller than OTI approach)			
*Check cuff integrity while in package; fill syringe w/ 10 mL of air; leave attached to pilot tubing			
Lubricate ETT with water-soluble jelly as it is withdrawn from package (verbalize)			
Perform the procedure * Palpate thyroid & cricoid cartilages anteriorly. Locate cricothyroid membrane.			
Prep skin with Chlorhexidine/IPA			
If right handed, position self on pt's right side. *While stabilizing trachea with non-dominant hand, make a 1" mid-line vertical incision through skin over membrane. Control bleeding with gauze pads. Suction site prn.			
* Remove scalpel; feel through incision with index finger; locate cricothyroid membrane			
* Make a horizontal incision through the membrane			
* Insert forceps or spreader next to scalpel blade. Withdraw scalpel and separate the cartilages. Place scalpel directly into a sharps container.			
<input type="checkbox"/> With forceps in place, insert 5th finger through incision <input type="checkbox"/> Confirm tracheal penetration with finger; remove forceps <input type="checkbox"/> Apply tracheal hook to anterior ring of cricoid cartilage			
* Insert ETT next to finger; advance toward chest until cuff is fully in trachea. Once catheter is advanced, remove tracheal hook.			
* Confirm tracheal placement: aspirate EDD; assess quantitative waveform capnography			

Performance standard	Perform w/o coaching	Performs w/ coaching	Needs additional practice
* Ventilate with 15 L O ₂ at 8 to 10 BPM unless asthma/COPD (6-8 BPM)—observe chest rise; auscultate over epigastrium, both midaxillary lines and anterior chest X 2.			
* If breath sounds present bilaterally, inflate cuff w/ up to 10 mL air & remove syringe * If breath sounds only on right, withdraw tube slightly and listen again. * If ETT incorrectly placed: remove ETT, assess to determine error and take corrective action. *After 6 breaths, check EtCO ₂ detector for color change (yellow/tan)			
* Secure ETT with commercial tube holder; immobilize head			
* Reassess: Frequently monitor SpO ₂ , EtCO ₂ , tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change Monitor insertion site for complications			
Verbalize at least 2 early complications of the procedure: <input type="checkbox"/> Prolonged execution <input type="checkbox"/> Aspiration <input type="checkbox"/> Hemorrhage <input type="checkbox"/> False placement <input type="checkbox"/> Sub-q emphysema <input type="checkbox"/> Injury to neck structures <input type="checkbox"/> Tube obstruction <input type="checkbox"/> Asphyxia <input type="checkbox"/> Dysrhythmias/arrest			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

 Evaluator

NWC EMSS Skill Performance Record
NEEDLE CRICOTHYROTOMY

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An unconscious adult has massive facial trauma. Prepare the equipment and perform a needle cricothyrotomy.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: Gloves, goggles, facemask			
Verbalize indications for the procedure: <input type="checkbox"/> *Can't intubate <input type="checkbox"/> Can't insert a King airway <input type="checkbox"/> Can't ventilate w/ BVM			
* List two disadvantages of the procedure <input type="checkbox"/> Does not allow for good elimination of CO ₂ <input type="checkbox"/> It is invasive <input type="checkbox"/> Requires constant monitoring <input type="checkbox"/> Does not protect airway <input type="checkbox"/> Provides temporary relief (30-45 minutes) <input type="checkbox"/> No suctioning of secretions			
Prepare the patient Position supine w/ padding under shoulders to extend neck unless contraindicated			
Assess VS, ECG, SpO ₂ as soon as time & personnel permit			
* Attempt to preoxygenate for 3 min w/ 15 L O ₂ /BVM at 10-12 BPM unless asthma/COPD (6-8 BPM); squeeze bag over 1 sec just to see chest rise (~400-600 mL) – avoid high pressure & gastric distention			
* Prepare equipment – Have everything ready before beginning procedure <input type="checkbox"/> 10 g needle <input type="checkbox"/> 20 mL syringe <input type="checkbox"/> 3 mL syringe barrel + 7.0 -7.5 ETT adaptor <input type="checkbox"/> CHG/IPA skin prep <input type="checkbox"/> Stethoscope <input type="checkbox"/> Tape <input type="checkbox"/> Peds BVM; O ₂ source <input type="checkbox"/> 4X4 <input type="checkbox"/> Capnography; SpO ₂ , ECG monitors <input type="checkbox"/> Suction <input type="checkbox"/> Sharps container			
<input type="checkbox"/> Prepare equipment by inserting ETT adapter into barrel of 3 mL syringe (remove plunger) <input type="checkbox"/> Remove hub from needle; attach 20 mL syringe to needle (acts like an EDD)			
Perform the procedure Palpate thyroid & cricoid cartilages; locate membrane; prep skin with CHG/IPA prep			
<input type="checkbox"/> Stabilize thyroid cartilage with nondominant hand <input type="checkbox"/> * Insert needle through the membrane at a 90° angle until a "popping" sensation is felt			
* Aspirate syringe like an EDD to confirm tracheal placement			
* Angle needle tip downward (towards chest) and posteriorly at a 45° angle			
<input type="checkbox"/> Without removing needle, advance catheter over the needle to its hub (like starting an IV in the trachea; needle acts like a guidewire preventing catheter kinking) <input type="checkbox"/> When catheter fully advanced, withdraw needle and place into a sharps container			
* Attach 3 mL syringe barrel to hub of catheter. Apply capnography sensor to ETT adapter. Ventilate 15 L O ₂ /peds BVM at 10/BPM. Allow 4 sec exhalation for each 1 sec inhalation.			
<input type="checkbox"/> Auscultate epigastrium, both midaxillary lines & anterior chest X 2 <input type="checkbox"/> Assess quantitative waveform capnography <input type="checkbox"/> If incorrectly placed: assess to determine error and take corrective action <input type="checkbox"/> * If correctly placed, secure catheter in place using tape			
* Reassess: Frequently monitor SpO ₂ , EtCO ₂ , VS, & lung sounds enroute to detect displacement, complications or condition change; monitor insertion site for complications			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
ADMINISTERING OXYGEN from a PORTABLE DELIVERY SYSTEM

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is hypoxic. You are asked to assemble the equipment and prepare an oxygen tank for use.

Equipment needed: Portable oxygen tank, pressure regulator, and wrench (if needed)

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> Maintain oxygen tank stable away from heat			
<input type="checkbox"/> *Place cylinder in an upright position if using a ball gauge			
Position self to face gauge when the regulator is attached			
Remove the protective cover from the cylinder valve			
Attach cylinder wrench to the valve			
* With spout pointing away from you, "crack" the tank by turning the wrench counterclockwise to open the valve slightly until the escape of O ₂ is heard			
* When oxygen escape is heard, turn the wrench clockwise to rapidly shut off the O ₂ . This cleans valve of any debris.			
* Inspect regulator to assure that it is the right type and the washer is present and intact (intact gasket/any damage)			
* Apply pressure regulator to O ₂ cylinder; secure tightly			
* Open valve on top of cylinder until the pressure gauge stops moving to check O ₂ pressure in tank. Should be above 500 psi.			
* Open regulator valve to the desired flow rate in liters/minute			
* To D/C O ₂ : turn flow regulator until the flowmeter needle falls to zero			
Shut off main cylinder valve			
Bleed valves by opening the regulator valve and leaving it open until needle or ball indicator returns to zero flow			
Shut off the control valve			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
NASAL CANNULA

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in mild respiratory distress. You are asked to assemble the equipment and administer oxygen using a nasal cannula.

Equipment needed: Airway manikin; nasal cannula, portable oxygen tank; BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize two examples of patients who require a NC <input type="checkbox"/> Nose breathing patient who needs minimum FiO ₂ <input type="checkbox"/> Mild ventilatory distress <input type="checkbox"/> To provide extra O ₂ during albuterol Rx by HHN			
* Apply BSI (gloves)			
* Prepare equipment: Open adult NC; unwind tubing to prevent kinks; connect to oxygen source.			
* Adjust oxygen flow rate to 4-6 L			
Prepare patient: <input type="checkbox"/> Explain procedure to patient; instruct them to breathe through the nose <input type="checkbox"/> Obtain SpO ₂ on room air to confirm need for cannula vs. NRM			
Procedure: * Insert nasal prongs into patient's nostrils, oriented upward and posteriorly toward nasopharynx			
* Adjust catheter so each side loops over the ears comfortably. Slide plastic ring up under the chin to secure tubing.			
* Assess patient for discomfort and response to O ₂ therapy			
Verbalize 1 precaution if cannula is used > 2 hours (drying of mucosa)			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

**NWC EMSS Skill Performance Record
NON-REBREATHER MASK**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult with spontaneous ventilations is c/o dyspnea with a room air pulse ox reading of 90%. You are asked to assemble the equipment and administer oxygen via a non-rebreather mask.

Equipment needed: Airway manikin; adult & peds non-rebreather masks, portable oxygen tank; BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Determine the need for supplemental oxygen. Verbalize two examples of patients who require a NRM <input type="checkbox"/> Spontaneously breathing pt. who is or may become hypoxic <input type="checkbox"/> Prior to DAI			
*Prepare patient <input type="checkbox"/> Position patient for maximum ventilatory capacity <input type="checkbox"/> Obtain room air SpO ₂			
Assemble and prepare equipment * Apply BSI: gloves			
* Select proper size mask (Prepare adult size) and O ₂ source Open mask and fully uncoil the bag and tubing.			
* Connect the female adaptor of the mask to the flow meter of the O ₂ source			
* Open tank or turn on O ₂ and set liter flow at 12 -15 L/min			
* Check that one-way exhaust valve is in place on at least one side of the mask and that they appear undamaged.			
* Fully inflate non-rebreather bag by pressing down on one-way inlet diaphragm inside of mask between mask and reservoir.			
Perform procedure * Apply mask apex over bridge of nose and base just below the lower lip to minimize air leaks.			
* Adjust elastic strap around head above ears.			
If metal strip across the mask nose, squeeze slightly to form the mask			
* Adjust O ₂ so bag remains partially inflated during peak inspiration and completely refills prior to next inspiration (12-15 L/min).			
Verbalize steps if reservoir bag collapses on inhalation. (Increase L flow)			
Verbalize complication if O ₂ source is removed (pt receives inadequate O ₂)			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
BAG VALVE MASK

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult appears unconscious with inadequate ventilations. You are asked to assemble the equipment and assist ventilations with a bag-valve-mask.

Equipment needed: Airway manikin; adult & peds BVMs, OPA, NPA asst. sizes, portable O₂ tank; BSI

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Apply BSI (gloves/goggles)			
*Verbalize an indication for using a BVM <input type="checkbox"/> Patient has inadequate ventilations/oxygenation			
Identify the correct size mask & bag to ventilate pt: adult, peds, neonate			
* Connect bag to oxygen source			
Fully extend O ₂ reservoir tube per manufacturer's instructions			
* Set oxygen flow rate to 15 L			
* Open airway w/ appropriate manual maneuvers			
* Checks for gag reflex by performing glabellar tap or lash reflex <input type="checkbox"/> No gag: Insert OPA <input type="checkbox"/> Gag present: Insert NPA unless contraindicated			
* Apply apex of mask over patient's nose & base over mouth, w/ mask positioned in cleft of chin. Do not occlude nostrils. <input type="checkbox"/> Place thumb over apex of mask <input type="checkbox"/> Place index finger between the valve and lower mask cushion (forming a C with the thumb) <input type="checkbox"/> Use 3 rd , 4 th , and 5 th fingers to lift lower jaw between the chin and ear up into the mask ("E"). This may vary slightly based on the size of the rescuer's hands.			
* Maintain adequate mask seal and appropriate head position w/ hand			
If second person available: Have 1 st rescuer hold mask on face with both hands. Have 2 nd person compress bag & perform Sellick's maneuver to prevent gastric distention.			
<input type="checkbox"/> With other hand, squeeze bag w/ just enough volume to see chest rise (400-600 mL) <input type="checkbox"/> Ventilate over 1 sec at 10-12 BPM (every 5-6 seconds) <input type="checkbox"/> Asthma/COPD: ventilate at 6-8 BPM <input type="checkbox"/> Verbalize that adequate breath sounds should be heard over all lung fields			
* Between breaths, release pressure on the bag; let patient passively exhale and the bag to refill from the O ₂ source & reservoir			
Feel for lung compliance w/ each squeeze of the bag			
<input type="checkbox"/> Can't ventilate: Reposition head & jaw, suspect & treat F/B obstruction; consider other causes (tension pneumo) <input type="checkbox"/> Ventilates but no chest rise: ✓ mask seal, open pneumo (?), ✓ airway misplacement (esophagus)			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Contraindications

- Altered mental status**; aspiration risk; inability to clear secretions; questionable ability to protect airway
- Need for immediate airway control** (intubation), need for assist/control ventilation with BVM, facial burns. Intubation shall be considered if there is evidence of imminent cardiopulmonary arrest, decreased level of consciousness, severe hypotension, near-apnea, and/or copious frothy sputum.
- Unstable respiratory drive; **ventilatory failure**
- Severe hemodynamic or ECG instability (**BP \leq 90 mmHg**)
- Gastric distention; impaired swallowing, persistent vomiting, active upper GI bleeding; possible esophageal rupture
- Compromise of thoracic organs (penetrating chest trauma)
- Facial anomalies that would complicate C-PAP mask seal, epistaxis
- Uncooperative patient or those unable to tolerate mask due to extreme anxiety, claustrophobia, or pain
- Pregnant
- Pneumothorax

Hazards/complications

- Requires patient cooperation to tolerate tight fitting mask
- *Pulmonary pressures that are too high can cause a decrease in blood volume through the lungs resulting in a decrease in cardiac output (\downarrow BP).
- *High airway pressures can over distend alveoli resulting in barotraumas resulting in **pneumothorax**.
- Over distention of the lungs can reduce the ability of the lungs to move easily (decreases compliance)
- Positive pressure may increase secretions or dry upper airways
- Ventilation/perfusion mismatch
- Impedance of pulmonary blood flow, CO₂ retention and with an \uparrow WOB
- Gastric distention (rare with C-PAP < 30 cm H₂O); use caution in aerophagia sensitive patients i.e., gastric bypass/stapling, upper GI surgery
- Aspiration with very high gas flow and gastric distention
- Facial skin necrosis at the site of mask contact if long-term use
- Increased ICP: if a possible cause of \uparrow ICP is present; may need to be watched carefully

Criteria to discontinue C-PAP in the field

- Inability to tolerate the mask due to discomfort or pain
- *Need for tracheal intubation to manage secretions or protect the airway
- *Hemodynamic instability - hypotension
- ECG instability or clinically significant ventricular dysrhythmias

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

Recommendation:

- Excellent knowledge of material; no coaching needed.
- Satisfactory knowledge of material: minimal coaching needed.
- Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
PULSE OXIMETRY

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult presents with shortness of breath. Prepare the equipment and apply a pulse oximeter monitor.

Equipment needed: ECG monitor or free standing SpO₂ monitor; peripheral and central sensors

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize indications for the procedure: *To non-invasively monitor O ₂ saturation in pts who are at risk for hypoxemia			
Prepare the patient Explain procedure to patient and what it is meant to measure.			
Prepare equipment *Select appropriate sensor for pt size, age, & condition (peripheral vs. central)			
Perform procedure *Choose appropriate sensor site: clean, well perfused, comfortable, age-appropriate <input type="checkbox"/> Infants - toe or lateral aspect mid foot <input type="checkbox"/> Pediatrics - toe or finger <input type="checkbox"/> Adults - fingers, toes, ear lobes, or bridge of nose			
*Remove metallic/black nail polish. Clean site if contaminated w/ blood/dirt.			
*Apply sensor so optical components are aligned. Attach sensor cable to monitor.			
*Turn unit on			
*Observe for pulse bar to begin sensing and fluctuating up and down or waveform/number to appear.			
*Correlate palpated to sensed pulse. HR on ECG monitor should correlate to HR on the oximeter & the palpable peripheral pulse. If there is a discrepancy or pulse deficit check the monitor and the patient.			
*Interpret reading in light of pt's complaint/exam. State expected readings (≥ 95%)			
If hypoxic: Apply appropriate oxygen delivery device and FiO ₂			
*Trend pulse ox reading after oxygen delivery			
*Give one example when a pulse ox reading may be unreliable <input type="checkbox"/> Cold/hypoperfused extremities <input type="checkbox"/> Motion <input type="checkbox"/> Edema <input type="checkbox"/> Light <input type="checkbox"/> Nail polish <input type="checkbox"/> Venous pulsations <input type="checkbox"/> Dyshemoglobins like CO, anemia <input type="checkbox"/> ↓ BP			
Set/check the appropriate alarms			

Scoring: All starred (*) items must be answered/performed correctly in order for candidate to complete this station. Any errors or omissions of these items will require a repeat of the station.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
CAPNOGRAPHY

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* State uses for digital waveform capnography <input type="checkbox"/> Confirm position of ETT <input type="checkbox"/> Differentiate between asthma/COPD and heart failure <input type="checkbox"/> Determine severity of asthma attack <input type="checkbox"/> Recognition of respiratory depression / hypoventilation <input type="checkbox"/> Recognition of hyperventilation; monitor hyperventilation for TBI pts <input type="checkbox"/> Recognition of need for additional post-ETI sedation <input type="checkbox"/> Predict chance for successful CPR resuscitation <input type="checkbox"/> Recognition of ROSC <input type="checkbox"/> Determine adequacy of perfusion			
Procedure for spontaneously breathing pt			
<input type="checkbox"/> Gather equipment <input type="checkbox"/> Mainstream: capnography mask, sensor, and cable <input type="checkbox"/> Micro/side-stream: Nasal cannula (available with or without oxygen delivery capability)			
*Attach capnography sensor/tubing to monitoring device (usually ECG monitor)			
*Place nasal cannula or capnography mask on patient			
Procedure for pt receiving assisted ventilation			
<input type="checkbox"/> Gather equipment <input type="checkbox"/> Mainstream: capnography sensor, and cable <input type="checkbox"/> Micro/side-stream sensor			
*Attach capnography sensor/tubing to monitoring device (usually ECG monitor)			
*Place adapter on face-mask, ETT, or King LT			
*Observe EtCO₂ value & waveform			
*State normal reading: 35-45 mmHg, rectangular shape			
*Provide treatment based on history & capnography findings			
*Print copy of tracing & write patient's name on tracing			
*Document capnography value & waveform shape on PCR			
Attach capnography tracing to original copy of PCR (left at hospital)			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
APPLICATION OF ECG ELECTRODES

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is complaining of chest pain. You are asked to assemble the equipment, apply electrodes to the patient's chest and monitor the ECG.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare patient Explain procedure to patient. Ask if they have any questions.			
Remove clothing from the patient's chest. Maintain pt. modesty whenever possible.			
*Prep skin where electrodes are to be placed, by wiping with an alcohol pad and rubbing briskly with a dry towel or gauze (to minimize artifact) * In men, may be necessary to shave chest hair for electrode placement. As an alternative can "part & spread" chest hair to allow for skin prep and electrode placement.			
Prepare equipment * Attach lead wires to the electrodes before applying them to the patient			
* Remove the protective liner on the electrodes slowly, exposing the adhesive outer circle and the gel core. Make sure gel is moist and in the middle of the electrode.			
Apply electrodes * Apply electrodes without gaps or wrinkles to appropriate locations for RA, LA, RL and LL. Avoid placing electrodes over sites in fatty areas or over major muscles, large breasts, or bony prominences.			
* Press each electrode to the patient's skin without gaps or folds for good contact. Apply pressure firmly but gently all around the adhesive rings.			
* Turn on the ECG monitor and assess quality of the tracing. Select appropriate monitoring lead and adjust gain if necessary.			
Can appropriately trouble shoot abnormalities in ECG signal <input type="checkbox"/> Loose lead <input type="checkbox"/> 60 cycle interference <input type="checkbox"/> Patient movement <input type="checkbox"/> Low amplitude tracing <input type="checkbox"/> Artifact			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat of the skill.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
12- LEAD ECG

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is complaining of chest pain. You are asked to assemble the equipment, apply electrodes to the patient and obtain a 12 L ECG.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Identify indications for 12-L ECG <input type="checkbox"/> Chest pain or discomfort nose to navel; front and back <input type="checkbox"/> SOB (especially exertional dyspnea) <input type="checkbox"/> Syncope or near syncope <input type="checkbox"/> Palpitations <input type="checkbox"/> Unexplained N / V <input type="checkbox"/> Feeling of impending doom <input type="checkbox"/> Diaphoresis unexplained by ambient temperature <input type="checkbox"/> General weakness <input type="checkbox"/> Suspected DKA <input type="checkbox"/> Risk factors: MI/HF, age, cholesterol high, diabetes, HTN, smoking <input type="checkbox"/> ECG rhythm: ectopy, identify pacer, QRS width determination (VT vs. SVT)			
*Timing of 12 L - Verbalize: "Preferably, 12-L should be acquired where pt is found, with 1 st set of VS & prior to NTG (NTG can change tracing and is contraindicated in pts w/ inferior/RVMI)"			
Explain procedure to pt To minimize artifact, electrodes for 12-L ECGs should be fresh and stored in airtight package to preserve moisture of electrode gel			
Prepare the patient/electrode placement <input type="checkbox"/> *Prep skin where electrodes are to be placed, by wiping with alcohol and rubbing briskly with a dry towel or gauze (to minimize artifact) <input type="checkbox"/> *Place limb leads on limbs (white - RA, black - LA, green - RL, red - LL). For accurate 12-L interpretation, limb leads should be placed on limbs (not torso).			
<input type="checkbox"/> Turn on ECG monitor and observe ECG rhythm <input type="checkbox"/> * Rhythm should usually be determined from Lead II strip (not 12-L interpretation)			
* Position pt lying supine, w/ pillow under head for comfort * If pt unable to lie supine (e.g., acute dyspnea), document directly on 12-L tracing "pt sitting up" as position can affect interpretation			
* Preserve patient modesty as much as possible by removing unnecessary people from area and covering patient with towel/blanket.			
* Identify landmarks for chest leads & prep skin (as described above) * In men, may be necessary to shave chest hair for electrode placement; as an alternative can "part & spread" chest hair to allow for skin prep and electrode placement			
<input type="checkbox"/> Apply V1 in 4 th ICS just to right of sternum <input type="checkbox"/> Apply V2 in 4 th ICS just to left of sternum			
* In women, ask pt to hold left breast up with left hand while applying chest electrodes. (Preserves pt modesty while allowing EMT/PM to use both hands to remove electrode backing and apply electrode. If pt unable to do this, use back of hand to lift breast tissue out of way.			
* Apply V4 electrode 5 th ICS, midclavicular line (avoid common error of too low placement) In women, this electrode should be placed on chest wall, immediately under breast tissue			
* Apply V3 electrode half-way between V2 and V4 electrodes			
* Apply V5 electrode in 5 th ICS, horizontal with V4 electrode, in anterior axillary line			
* Apply V6 electrode in 5 th ICS, horizontal with V4 & V5 electrodes in mid-axillary line (avoid common error of too anterior placement of this electrode)			
* Attach 12-L cable to main electrode cable (attaching cable prior to this may cause device to beep signaling "leads off")			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Set age & gender of patient on 12-L device (age/gender will affect interpretation)			
* Make sure pt's arms and legs are fully supported & relaxed			
* Ask pt to hold still while device acquires ECG, takes ~10-15 sec (generally NOT recommended to instruct pt to hold breath as this often causes pt to take a deep breath tensing chest muscles causing artifact)			
* Push "acquire" button on device			
* Once device states "acquisition complete," "analyzing data" can instruct pt "OK to move"			
* After printing of 12-L, assure at least one clear, without artifact, P-QRS-T in each lead.			
* If artifact present, remove & discard affected electrode, re-prep skin, apply new electrode, and acquire new tracing			
* If 12-L interpretation states "Acute MI Suspected," notify hospital that you have a "Cardiac Alert - STEMI patient" ASAP (while on-scene, prior to transport) so preparation of cardiac cath lab can be made - prior to pt's arrival			
* Interpret 12-L by looking for: ST elevation with or without pathologic Q waves, left bundle branch block (LBBB), ST depression, hyperacute or inverted T waves.			
Identifies ECG criteria for diagnosis of STEMI (MILIS) – any of these in the presence of chest pain or anginal equivalent <input type="checkbox"/> New of presumably new Q waves (at least 30 ms wide & 0.20 mV deep) in at least two leads from any of the following (a) leads II, III, aVF; (b) leads V1 through V6; or (c) leads I and aVL; <input type="checkbox"/> New or presumably new ST-T segment elevation or depression (~0.10 mV MEASURED 0.02 s after the J point in two contiguous leads of the previously mentioned lead combination); or <input type="checkbox"/> A complete left bundle branch block in the appropriate clinical setting (Hurst's, The Heart 11th Ed, p. 1283)			
* Verbalize: "12-L ECG can NOT be used to rule-out MI, as 1/3 of pts with acute MI will have "normal ECG" initially as it takes time for changes to occur and not all heart locations are seen on 12-L ECG"			
* Verbalize: "Age-undetermined infarction generally means an old, not acute, MI."			
*When contacting hospital, read 12-L interpretative statement verbatim; do not summarize.			
* Write name of patient on 12-L tracing			
* Upon arrival at hospital, especially if abnormal 12-L - hand tracing directly to MD (preferably), or RN while giving report; do not leave 12-L lying on a counter			
* Document 12-L interpretative statement in comments section of PCR; this can be facilitated by either printing 2 copies of the 12-L or making a photocopy immediately upon arrival in ED. Do not keep sole copy of prehospital 12-L with you while completing PCR.			
* Document time 12-L acquired in section of PCR where ECG rhythm (e.g., NSR) is documented. Chose most applicable of 3 categories: "Normal ECG," "Abnormal ECG," or "Acute MI suspected"			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

Recommendation:

- Excellent knowledge of material; no coaching needed.
- Satisfactory knowledge of material: minimal coaching needed.
- Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
TRANSCUTANEOUS PACING

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

An adult presents with chest pain following a syncopal episode. The patient weak and is c/o lightheadedness and feels like they may faint again.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient * Confirm the need for pacing: bradycardia with hypoperfusion			
Initiate Initial Medical Care			
* Explain procedure to patient if conscious and oriented. Warn that procedure may be uncomfortable, muscles will twitch, and medication is available.			
* Remove all clothing from patient's chest; preserve modesty whenever possible			
* Skin prep: Remove all nitro patches, briskly wipe skin with a dry towel or gauze			
Prepare equipment <input type="checkbox"/> Do NOT use electrodes if they have been removed from the foil package for more than 24 hours. ✓ electrodes for expiration date. <input type="checkbox"/> Connect pace/defib cable to pace/defib electrodes by aligning arrows on connectors and pressing firmly. <input type="checkbox"/> Slowly peel back protective liner on electrodes beginning with cable connection end. <input type="checkbox"/> Inspect electrodes to make sure adhesive is moist, undamaged, and in the middle of the electrode. Do not use pads that are dried out or damaged as this may cause electrical arcing and patient skin burns. <input type="checkbox"/> Avoid spilling any fluids on the adapters, cables, connectors, or electrodes. <input type="checkbox"/> Do not clean the electrodes or their permanently attached electrode cable with alcohol Note: One electrode set can be used for up to 50 shocks at any energy setting. They can withstand a continuous pacing current for 12 hrs and can remain on pt for 24 hours.			
* Apply pads either anterior-posterior (preferred) or anterior-lateral <input type="checkbox"/> Anterior-posterior: Place negative electrode on left anterior chest halfway between xiphoid process and left nipple line (See drawing next page). <input type="checkbox"/> Place positive electrode on left posterior chest below scapula, lateral to spine. <input type="checkbox"/> Anterior-lateral: Place the anterior electrode (black electrode) without wrinkles or gaps on the patient's right upper torso, lateral to the sternum and below the clavicle. <input type="checkbox"/> Place the lateral (♥) red electrode without wrinkles or gaps under and lateral to the patient's left nipple in the midaxillary line, with the center of the electrode in the midaxillary line. <input type="checkbox"/> Avoid placing pads over bony prominences (sternum/scapula) or breasts. <input type="checkbox"/> Smooth electrode center and edges onto patient's chest to eliminate air pockets between gel surface and skin. Firmly press all adhesive edges to skin.			
* Select leads I, II, or III. Cannot pace if lead select switch is on paddles.			
* Connect limb lead ECG electrodes to the patient cable and apply to patient. Allow at least 2-3 cm between monitoring and pacing electrodes to prevent current arcing.			
Prepare atropine, fentanyl, and midazolam for use if needed			
Perform procedure * Turn the monitor on			
* Confirm the native rhythm; adjust gain so R waves can be sensed. Should see a "*" on each R wave. If no dot markers appear, adjust ECG size or select another lead.			
* Turn pacing button on. Set rate at 60 BPM. May adjust rate to 70 BPM based on clinical response.			
* Confirm presence of pacing spikes at set rate.			
* Push start/stop button			

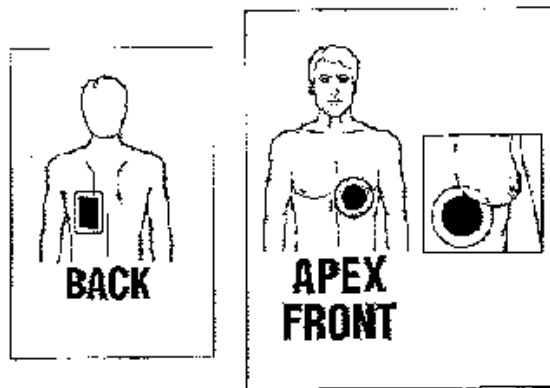
Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> Device turns on at 0 mA. * If pt is awake w/ pulse: Slowly increase in 5 mA increments until evidence of electrical capture (pacer spike followed by a wide QRS). Can troubleshoot failure to capture. <input type="checkbox"/> Assess femoral pulse for mechanical capture . Halt at lowest mA at which 1:1 mechanical capture takes place. <input type="checkbox"/> If pt unconscious: Rapidly turn up in 20 mA increments until evidence of mechanical capture is present.			
* Continue upward adjustment of mA until mechanical capture or 200 mA			
* Assess for response to the procedure (VS in right arm, mental status, SpO ₂ , pain).			
If no mechanical capture at 200 mA, push stop button and reposition electrodes, check for good skin contact. Push start and slowly increases mA again.			
Evaluate patient - If successful: <input type="checkbox"/> Assess need for sedation (normal) midazolam in 2 mg increments to 10 mg IVP <input type="checkbox"/> If pain: fentanyl 0.5 mcg/kg up to 100 mcg IVP/IN. Call OLMC to ↑ dose to 200 mcg <input type="checkbox"/> If considerable muscle twitching: readjust lateral pad away from pectoral muscle <input type="checkbox"/> Complete IMC and prepare for transport.			
If unsuccessful and pulse present: * Give atropine unless contraindicated and dopamine per Bradycardia w/ pulse SOP			
Continue to reassess patient for pulses & hemodynamic response			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat of the skill.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator



Notes:

Muscle twitching does not mean that the pacemaker is producing good cardiac output.
 Effective capture should improve hemodynamic status.
 Troubleshooting failure to capture: ✓ pads for good skin contact; correct placement; correct lead selection; snug wire connections

NWC EMSS Skill Performance Record
SYNCHRONIZED CARDOVERSION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient * Confirm the need for cardioversion, i.e., unstable SVT or unstable VT with pulse			
Initiate Initial Medical Care; apply SpO ₂ monitor			
Explain procedure to pt if conscious. Warn that procedure may be uncomfortable and medication is available.			
* Remove all clothing from the chest			
* Remove all nitro patches, briskly wipe skin with a dry towel or gauze			
Prepare equipment <input type="checkbox"/> ✓ electrodes for expiration date <input type="checkbox"/> Connect pace/defib therapy cable to pace/defib electrodes			
* Peel back the protective liner on the electrodes slowly, beginning with the cable connection end. Make sure gel is moist and in the middle of the electrode.			
* Place the anterior electrode (black electrode) without gaps or wrinkles on the patient's right upper torso, lateral to the sternum and below the clavicle			
* Place the lateral (♥) red electrode under and lateral to the patient's left nipple in the midaxillary line, with the center of the electrode in the midaxillary line if possible			
* Smooth electrode center and edges onto the patient's chest to eliminate air pockets between the gel surface and the skin. Firmly press all adhesive edges to the skin			
* Select paddles mode			
* If patient is awake and time allows: midazolam 5 mg IVP/IN (0.2 mg/kg) may increase 2 mg increments q. 30-60 sec up to 10 mg. If condition critical & deteriorating, omit sedation			
Perform procedure * Confirm rhythm. Turn synchronizer on & adjust gain so R waves are sensed. Note marker on R wave.			
* Charge to 100 J (equivalent biphasic) (SVT, A-flutter 50 J)			
* Clear patient: Look around 360°; assure no contact with pt and announce all clear			
* Depress discharge button and keep depressed until the discharge occurs			
* Assess patient for response to the procedure (ECG, pulse, mental status, pain)			
If successful: If pt in pain: fentanyl prn; complete IMC; treat post-cardioversion rhythm per SOP; transport			
If unsuccessful and pulse present: * Attempt again at biphasic equivalent based on unit manufacturer. See below Attempt appropriate drug therapy; transport			
If unsuccessful and pulse absent: CPR - treat per VF SOP			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator _____

Manufacturers' recommended J settings for sequencing of (biphasic) shocks:	
Medtronic LP 12 truncated	200-300-360
MRL	200-300-360
Philips MRX	150
Zoll M series rectilinear	120-150-200
Monophasic (LP 10)	360 J

NWC EMSS Skill Performance Record
DEFIBRILLATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient * Confirm apnea and pulselessness or unstable TdP			
* Initiate CPR for 2 min if pulseless arrest unwitnessed by EMS; shock ASAP if witnessed			
Remove all clothing from the patient's chest			
Remove all nitro patches, briskly wipe skin with a dry towel or gauze			
Determine if pulseless pt has a LVAD; ✓ SpO ₂ If VAD present & pt is perfusing: NO CPR and DO NOT DEFIBRILLATE (even if VF) If questionable: Call VAD Center to consult			
Prepare equipment <input type="checkbox"/> ✓ electrodes for expiration date <input type="checkbox"/> Connect defib therapy cable to pace/defib electrodes.			
* Peel back the protective liner on the electrodes slowly, beginning with the cable connection end. Make sure gel is moist and in the middle of the electrode.			
* Place the anterior electrode (black electrode) without gaps or wrinkles on the patient's right upper torso, lateral to the sternum and below the clavicle.			
* Place the lateral (♥) red electrode under and lateral to the patient's left nipple in the midaxillary line, with the center of the electrode in the midaxillary line if possible.			
* Smooth electrode center and edges onto the patient's chest to eliminate air pockets between the gel surface and the skin. Firmly press all adhesive edges to the skin.			
* Select paddles mode			
* After 2 minutes of CPR, ✓ rhythm (PVT/VF) & change compressors			
Perform procedure * While continuing chest compressions, adjust J setting to device-specific joule setting			
* Charge the defibrillator and listen to ramping tone			
* Stop CPR; Look around 360°; Clear patient; announce all clear.			
* Depress current discharge button. Without checking ECG or pulse, resume chest compressions for 2 mins. Limit time from last compression to shock delivery & resumption of compressions to ≤10 sec.			
*After 2 minutes of CPR, ✓ rhythm (PVT/VF) & change compressors Defib again at monitor-specific J & immediately resume chest compressions as above.			
*After 2 minutes of CPR, ✓ rhythm (PVT/VF) & change compressors Defib again at monitor-specific J & immediately resume chest compressions as above.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator _____

Manufacturers' recommended J settings for sequencing of (biphasic) shocks:	
Medtronic LP 12 truncated	200-300-360
MRL	200-300-360
Philips MRX	150
Zoll M series rectilinear	120-150-200
Monophasic (LP 10)	360 J

NWC EMSS Skill Performance Record
CARDIAC ARREST MANAGEMENT - VF

Name #1 (leader):	Date:
Name #2:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #3:	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #3: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #4: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #5: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #6: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Name #4:	
Name #5:	
Name #6:	
Name #6:	

Instructions to the students: This patient was found on the floor by a family member who called 911. Assess the patient and provide care per SOPs.

Performance standard	Performs w/o coaching	Needs additional practice
* Assess responsiveness (unresponsive)		
* Open airway using head tilt-chin lift; assess for spontaneous ventilations: look, listen, feel for air movement for no more than 10 sec. (none present)		
Suction as necessary		
* Give 2 breaths 1 sec each w/ just enough volume to see chest rise		
* Assess for carotid pulse (5-10 sec) (none present)		
* Initiate good chest compressions at 100/min. in cycles of 30:2 for 2 min.		
* Apply defib pads w/ chest compressions in progress.		
* After 2 min of CPR; pause compressions (<10 sec); check rhythm (VF). Change compressor .		
* If shockable rhythm: Defibrillate at monitor-specific J setting (charge defibrillator w/ chest compressions in progress).		
* Immediately resume CPR starting w/ chest compressions at 100/min (30:2) for 2 min.		
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.	Rating	* Advanced airway; 15 L O ₂ /BVM at 8-10 BPM. After advanced airway, do not pause compressions to ventilate.
* If VF/PVT: Clear pt; defibrillate at monitor-specific J		* Secure vascular access (IV/IO), NS TKO
* Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		*Prepare vasopressin, epi, amiodarone
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.		* Vasopressin 40 units IVP/IO (1 time only) or * Epi 1:10,000 1 mg IV/IO. Repeat q. 3-5 min.
* If VF/PVT: Defibrillate at monitor-specific J setting		* Amiodarone 300 mg IVP/IO
* Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		5 min after 1 st amiodarone if VF persists: Amiodarone 150 mg IV/IO
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.		Consider NaHCO ₃ 1 mEq/kg IV/IO if arrest caused by bicarb-responsive acidosis or known hyperkalemia
* If VF/PVT: Defibrillate at monitor-specific J setting		
* Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		
If successful and return of spontaneous circulation:		
<input type="checkbox"/> Assess VS; support ABCs; remove ITD (ResQPod) ; follow appropriate SOP <input type="checkbox"/> Rx hypotension w/ UNWARMED IVF challenges up to 2 L (pressure infusers) <input type="checkbox"/> If BP < 90 after 10 min (regardless of amount of IVF infused); Dopamine 2-20 mcg/kg/min IVPB. Avoid hyperthermia & hyperglycemia		

Notes on good CPR:

- Push hard (1½ - 2") and fast (100); ensure full chest recoil; minimize interruptions in chest compressions (≤ 10 sec)
- Continue CPR while defibrillator is charging and drugs are prepared & given.
- Interrupt chest compressions only for ventilations (until advanced airway placed), rhythm check & shock delivery.
- Rotate person providing compressions every 2 minutes during ECG rhythm checks
- Pts should not be moved while CPR is progress unless in a dangerous environment or pt is in need of intervention not immediately available. CPR is better and has fewer interruptions when resuscitation is conducted where the pt. is found.

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require additional practice.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments:

Evaluator

NWC EMSS Skill Performance Record
CARDIAC ARREST MANAGEMENT – Asystole/PEA

Name #1 (leader):	Date:
Name #2:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #3:	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #3: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #4: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #5: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #6: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Name #4:	
Name #5:	
Name #6:	
Name #6:	

Instructions to the students: This patient appears to be about 70 years old and was found in bed by a family member who called 911. There are no long-term indications of death. Assess the patient and provide care per SOPs.

Performance standard		Performs w/o coaching		Needs additional practice
One team member seeks information about possible contributing factors: <input type="checkbox"/> Hypovolemia <input type="checkbox"/> Hypoxia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyper/hypokalemia <input type="checkbox"/> Hydrogen ion (acidosis) <input type="checkbox"/> Thrombosis (coronary or pulmonary) <input type="checkbox"/> Toxins <input type="checkbox"/> Tension pneumo <input type="checkbox"/> Tamponade cardiac <input type="checkbox"/> Trauma				
* Assess responsiveness (unresponsive)				
* Open airway using head tilt-chin lift; assess for spontaneous ventilations: look, listen, feel for air movement for no more than 10 sec. (none present)				
Suction as necessary				
* Give 2 breaths 1 sec each w/ just enough volume to see chest rise				
* Assess for carotid pulse (5-10 sec) (none present)				
* Initiate good chest compressions at 100/min. in cycles of 30:2 for 2 min.				
* Apply defibrillator pads w/ chest compressions in progress.				
* After 2 min of CPR; pause compressions for no more than 10 sec; check rhythm (Asystole/PEA - confirm in 2 leads). Change person doing compressions.				
* Immediately resume CPR starting w/ chest compressions at 100/min. (30:2) for 2 min.				
* After 2 min of CPR; pause compressions for ≤ 10 sec; check rhythm (slow PEA); change compressor.	Rating	* Secure advanced airway and ventilate w/ 15 L O ₂ /BVM at 8-10 BPM. After advanced airway placed, do not pause compressions to ventilate.		Rating
* If electrical activity: Check pulse (no pulses)		* Secure vascular access (IV/IO), run NS TKO		
* Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		* Prepare vasopressin, epinephrine, & atropine		
* After 2 min of CPR; pause compressions for ≤ 10 sec; check rhythm (slow PEA); change compressor.		* Vasopressin 40 units IVP/IO (1 time only) or * Epinephrine 1:10,000 1 mg IVP/IO.		
* If electrical activity: Check pulse (no pulse)		Atropine 1 mg rapid IVP/IO. Repeat every 3-5 min up to total of 3 mg IVP/IO		
* Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		* 3-5 min after vasopressin or 1 st epi: Repeat epinephrine q 3-5 min		
* After 2 min of CPR; pause compressions for ≤ 10 sec; check rhythm (slow PEA); change compressor.		May consider NaHCO ₃ 1 mEq/kg IV/IO if arrest caused by bicarb-responsive acidosis or known hyperkalemia		
* If electrical activity: Check pulse (no pulse)				
* Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.				
If successful and return of spontaneous circulation:				
<input type="checkbox"/> Assess VS; support ABCs; remove ITD (ResQPod) ; follow appropriate SOP <input type="checkbox"/> Rx hypotension w/ UNARMED IVF challenges up to 2 L (pressure infusers) <input type="checkbox"/> If BP < 90 after 10 min (regardless of amount of IVF infused); DOPAMINE 2-20 mcg/kg/min IVPB. Avoid hyperthermia & hyperglycemia				

Performance standard	Performs w/o coaching	Needs additional practice
TERMINATION OF RESUSCITATION If normothermic, intubated patient remains in persistent monitored asystole 10 minutes or longer despite the steps above, and no reversible causes are identified seek OLMC physician's approval to terminate resuscitation.		

Notes on good CPR:

- Push hard (1½ - 2") and fast (100); ensure full chest recoil; minimize interruptions in chest compressions (≤ 10 sec)
- Continue CPR while defibrillator is charging and drugs are prepared & given.
- Interrupt chest compressions only for ventilations (until advanced airway placed), rhythm check & shock delivery.
- Rotate person providing compressions every 2 minutes during ECG rhythm checks
- Pts should not be moved while CPR is progress unless in a dangerous environment or pt is in need of intervention not immediately available. CPR is better and has fewer interruptions when resuscitation is conducted where the pt. is found.

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require additional practice.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments:

Evaluator

NWC EMSS Skill Performance Record
ResQPOD® Impedance Threshold Device (ITD)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* State purpose of ResQPOD® Impedance Threshold Device (ITD): Augment negative intrathoracic pressure (vacuum) between chest compressions causing ↑ preload, resulting in improved blood flow (BP) to heart & brain with CPR			
* Verify indication for ITD: Cardiac arrest w/ CPR			
*Confirm absence of contraindications <input type="checkbox"/> Flail chest <input type="checkbox"/> Pulse present			
Verbalize: Must be used with quality CPR (good compression rate & depth, release completely, minimize interruptions, no hyperventilation) for improved pt outcomes			
Prepare equipment			
Remove ITD from sealed package (single-use device)			
Remove adhesive tab from timing light switch (tab prevents inadvertent activation)			
Slide timing light switch slightly counterclockwise, to activate ventilation timing lights			
Put adhesive tab on other side of switch, to prevent accidentally turning switch off			
Procedure prior to placement of advanced airway			
Place ITD between bag-valve device & face mask			
Assure continuous tight face-mask seal using 2-person BVM technique during chest compressions for device to be effective (chest compressor squeezes BVM)			
Procedure after placement of advanced airway (ETT or King LT)			
Place ITD directly on ETT or King LT			
Place colormetric EtCO ₂ detector between ITD and bag-valve device			
If using digital/waveform capnography: place sensor between ITD & bag-valve device			
Timing lights flash 10 times per minute, for 1 second, indicating desired rate & duration of ventilations with advanced airway			
When using microstream capnography: use either a colormetric EtCO ₂ or adapter (_____) between BVM device and capnography sensor. Note: microstream capnography sensor will not fit into ITD without use of an adapter [or colormetric EtCO ₂ detector].			
* When return of spontaneous circulation (ROSC) occurs, remove ITD			
Retain device as timing device for ventilations, or for use if cardiac arrest recurs			
If device fills with secretions, shake and ventilate secretions out of device			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat of the skill.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
Mechanical Circulatory Support (MCS) using a Ventricular Assist Device

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Notes: Unit runs on electricity provided by a Power Base Unit (PBU) during stationary use or by rechargeable batteries worn during mobile use. Because blood bypasses aortic valve, there is usually no pulse, especially with continuous flow pumps.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* State purpose of MCS: Assist a failing heart by taking blood out of LV, through the pump, & back into ascending aorta – reduces need for native heart to pump blood through aortic valve, reducing cardiac workload & O ₂ demand.			
Response to a pt with a VAD <input type="checkbox"/> Call VAD Coordinator immediately if known – phone number from pt or caregiver or one of the listed centers below if specific Coordinator unknown <input type="checkbox"/> Get history/instructions, VAD parameters from family/caregiver <input type="checkbox"/> Ask if pt is looking, feeling, or acting differently than their baseline			
Decision tree responsive patient <input type="checkbox"/> Assess ABCs: If breathing is labored; O ₂ per SOP <input type="checkbox"/> Assess circulation: May NOT have a pulse (NORMAL); check cap refill, color, temp, mental status <input type="checkbox"/> Listen for VAD sounds LUQ (when working device makes a quiet whiling sound) <input type="checkbox"/> Look and listen for alarms; pt & caregivers can help troubleshoot alarms			
Decision tree unresponsive patients <input type="checkbox"/> Airway, breathing assessment/Rx per SOP <input type="checkbox"/> Quick check for driveline or wire existing abdomen, batteries, cable, system controller <input type="checkbox"/> Caution removing clothes, especially using trauma scissors – DON'T CUT CABLES OR WIRES <input type="checkbox"/> Assess circulation: May NOT have a pulse (NORMAL); check cap refill, color, temp, mental status <input type="checkbox"/> Listen for VAD sounds LUQ (when working device makes a quiet whiling sound) <input type="checkbox"/> Look and listen for alarms; pt & caregivers can help troubleshoot alarms – see below <input type="checkbox"/> Consider other causes of AMS: stroke, cardiogenic shock, respiratory arrest, hyper or hypoglycemia – Rx per SOP			
State common causes of VAD alarms Pt not connected to power properly <input type="checkbox"/> Check all connections; fix loose connections <input type="checkbox"/> ✓Driveline connection to System Controller <input type="checkbox"/> ✓System Controller to battery clip <input type="checkbox"/> ✓Batteries “engaged” in battery clips – NEVER DISCONNECT BOTH BATTERIES AT THE SAME TIME or pump will stop <input type="checkbox"/> ✓System controller in cable connected to wall unit <input type="checkbox"/> Have pt/caregiver show how to silence alarms, use a hand pump if applicable			
Patient condition exists where low or no flow (cardiac output) is present <input type="checkbox"/> Do they appear to be in cardiogenic shock? Can be from electrical disruption to pump or pump malfunction (rare) <input type="checkbox"/> If yes, start SOPs; contact VAD Coordinator – provide assessments and VAD parameters if able <input type="checkbox"/> Transport to nearest VAD Center if possible; if no airway – transport to nearest hospital <input type="checkbox"/> Avoid external chest compressions: Pose a risk due to location of outflow graft on aorta & inflow conduit in the LV apex. Dislodgement could lead to fatal hemorrhage. Contact VAD Coordinator for instructions re: CPR. Get instructions for hand pumping if applicable.			
ECG findings: <input type="checkbox"/> VADs fix the plumbing -electrical conduction system should be intact; ECG should be unchanged – do NOT expect asystole and they may be conscious w/ V-fib <input type="checkbox"/> Can have dysrhythmias but are better tolerated because pump continues to function despite irregular rhythm – Rx dysrhythmias with drugs per SOP			
Caveats on DEFIBRILLATION Majority of VAD pts can be shocked without disconnecting the percutaneous lead from the			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
System Controller or stopping the pump prior to delivering the shock; but older units may need to be disconnected first and hand pumped before defib <input type="checkbox"/> Contact VAD Coordinator BEFORE defibrillating <input type="checkbox"/> Only shock if pt is unresponsive with poor perfusion/decreased circulation per cap refill (remember, no pulse is normal) and if you cannot contact VAD coordinator <input type="checkbox"/> Warning: If VAD stops operating & blood is stagnant in pump & conduits for > a few min (depending on pt's anticoagulant status) there is a risk of stroke and/or thromboembolism if device is restarted. Retrograde flow may occur during pump stoppage.			
Transport to nearest VAD center if possible			
Bring all VAD equipment if possible: batteries, battery clips, power base, plugs, battery charger (pt cannot be out of power)			
Allow family member/caregiver to ride in ambulance if possible			

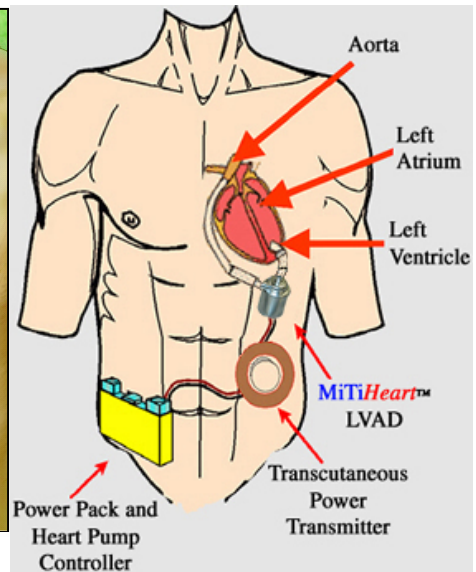
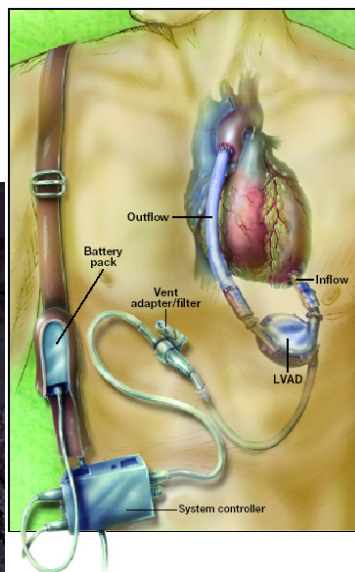
Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat of the skill.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

Heartmate XVE & Heartmate II

Illinois Mechanical Circulatory Support Implant Centers	
Advocate Christ Medical Center - Oak Lawn	1-877-684-4327
Loyola University Medical Center - Maywood	1-708-216-8000
Northwestern Memorial Hospital - Chicago	1-312-695-9611
Rush University Medical Center - Chicago	1-312-656-6813
OSF Saint Francis Medical Center - Peoria	1-309-655-4101
University of Chicago Medical Center - Chicago	1-773-753-1880 id# 4823



NWC EMSS Skill Performance Record
INTRAVENOUS CATHETER INSERTION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is an adult in need of peripheral vascular access for a TKO line. Assemble the equipment, choose the correct size catheter from those available, and initiate an IV on the manikin or squad member.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare equipment <input type="checkbox"/> Select appropriate IV solution (NS) <input type="checkbox"/> Open the package and verify sterility of solution (all seals in place) <input type="checkbox"/> * Check solution for clarity and expiration date			
Spike IV bag & prime IV tubing <input type="checkbox"/> Remove infusion set from packaging, uncoil tubing, close clamp and remove spike protector <input type="checkbox"/> Turn IV bag upright; remove plastic cover from port, maintain sterility of port <input type="checkbox"/> Grasp IV set at drip chamber and squeeze <input type="checkbox"/> * Insert spike until it punctures the port seal <input type="checkbox"/> * Turn IV bag upright <input type="checkbox"/> * Fill drip chamber ½ full and purge air from tubing. May temporarily remove end cap to facilitate this procedure, but is not necessary. Remove all large air bubbles from tubing. Hang bag on IV pole or have someone hold bag			
* Select appropriate size IV catheter (Adult: 18 or 20 for TKO; 14-16 for lg fluid boluses)			
* Prepare and open CHG/IPA skin prep, gauze pads, tape, skin protectant film, tourniquet, sharps container. Tear 3 or 4 pieces of ½" – 1" tape about 6-8" long.			
Prepare the patient Explain procedure to patient & gain consent from decisional adult			
Procedure * Observe strict Universal precautions & sterile technique of catheter insertion			
Site selection/preparation * Expose extremity to be cannulated. Inspect for visible veins.			
* Apply tourniquet 4"-8" proximal to selected IV site; palpate distal pulse			
* Lightly palpate veins and identify a suitable site. Avoid points of flexion if possible.			
* Prep selected site with CHG/IPA* from center outward in a circular motion. Allow to dry.			
Catheter insertion <input type="checkbox"/> Remove protective cap from needle in a straight outward manner keeping catheter sterile. (Do not depress white activation button of Insys® catheter) <input type="checkbox"/> Rotate catheter hub 360° while holding flashback chamber to loosen catheter from needle. Failure to do so may affect needle retraction. <input type="checkbox"/> Inspect needle tip for any defects			
* Anchor vein with thumb distal to insertion site, stretching the skin near the vein			
* Hold catheter between thumb and index finger of dominant hand (like a pool cue). Insert needle, bevel up, through the skin & vein at a 15-30° angle. (Very sharp catheters enter veins with little or no popping sensation.)			
<input type="checkbox"/> Observe for blood return in flashback chamber <input type="checkbox"/> If vein is missed, retract needle as described below, apply gauze dressing/Band-Aid and begin again with a new catheter at another site			
If vein successfully cannulated: Lower catheter angle to almost parallel to skin & advance needle/catheter unit 1/8 th inch to ensure proper tip positioning in vein			
Catheter advancement: * Hold flash chamber/needle stationary and use index finger to advance catheter off the needle into the vein up to its hub. (Needle provides guidewire effect for catheter advancement. Some catheters have a push tab on the top of the colored hub for this step)			

NWC EMSS Skill Performance Record
EXTERNAL JUGULAR VEIN ACCESS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An Unconscious adult is in need of immediate fluid resuscitation. Assemble the equipment, choose the correct size catheter from those available, and initiate catheterization of the external jugular vein.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare the equipment			
* Select the appropriate IV solution (NS)			
Open the package and verify sterility of solution (all seals in place)			
* Check solution for clarity and expiration date			
Remove infusion set from packaging, uncoil the tubing, close clamp and remove spike protector			
Turn bag upright; remove plastic cover from port, maintain sterility of port			
Grasp IV set at drip chamber and squeeze			
* Insert spike until it punctures the seal at the port			
* Turn the IV bag upright			
* Fill drip chamber ½ full and purge air from tubing. May temporarily remove end cap to facilitate this procedure, but is not necessary. Remove all large air bubbles from tubing. Hang bag on IV pole.			
* Select appropriate size IV catheter (14, 16 or 18 for fluid bolus)			
* Prepare and open CHG/IPA skin prep, gauze pads, tape, skin protectant film, sharps container. Tear 3 or 4 pieces of ¼ - ½" tape about 6-8" long.			
Prepare the patient			
* Place patient supine or in slight Trendelenburg position. Turn pt's head away from the vein			
Procedure			
* Put on gloves			
* Wipe selected site with CHG/IPA prep from center outward in a circular motion. Allow to dry.			
* Occlude the vein near the clavicle with digital pressure using non-dominant hand to promote venous distention			
* Remove IV catheter from packaging. Rotate catheter hub 360° while holding flashback chamber to loosen catheter from needle.			
Remove protective cap from needle keeping catheter sterile			
Inspect needle tip for any defects			
* Hold catheter between thumb and index finger of dominant hand (like a pool cue). Bevel up, align needle parallel with vein with the point aimed toward pt's torso.			
* Penetrate skin at a 35°-45° angle, enter vein at 10°-15° angle half way between angle of the jaw & clavicle. Point catheter toward medial 1/3 of the clavicle.			
* Observe for blood return in flashback chamber. Advance needle 1/8 th inch.			
* Release the pressure on the vein and advance catheter to the hub. Do not let air enter the catheter once it is in the vein.			
Apply pressure over vein just proximal to the catheter tip			
* Withdraw needle completely and push button to retract needle into device.			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Properly dispose of used IV needle in sharps container.			
* Remove protective cap on IV tubing and slide end of tubing onto the hub of the IV catheter. Release pressure to vein.			
* While continuing to hold the IV catheter, open clamp on IV tubing to establish patency, adjust IV flow rate.			
* Apply protective film over site. Secure IV with adhesive strip and tape or commercial dressing.			
* Note fluid, insertion site, catheter gauge, time started, and flow rate for documentation purposes. Label IV bag.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Lab Skill Performance Record
INTRASOSSEOUS ACCESS USING EZ IO

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> Verbalizes indications for IO infusions <input type="checkbox"/> Verbalizes contraindications for IO infusions <input type="checkbox"/> States total # of attempts per site (1)			
If pt conscious, advise of emergent need for procedure			
* Prepare and assemble equipment <input type="checkbox"/> EZ-IO driver <input type="checkbox"/> CHG/IPA skin prep <input type="checkbox"/> IV tubing <input type="checkbox"/> 10 mL syringe <input type="checkbox"/> EZ-IO needles <input type="checkbox"/> IV NS <input type="checkbox"/> Pressure infuser <input type="checkbox"/> Tape <input type="checkbox"/> Lidocaine 2% (100 mg/5 mL) <input type="checkbox"/> Extension set or EZ Connect tubing			
* BSI: gloves and eye protection			
* Attach pressure infuser to IVF bag; prime IV tubing; inflate pressure infuser to 300 mmHg			
* Fill syringe w/ at least 10 mL of NS - prime EZ connect tubing (tubing requires 1 mL; leave at least 9 mL NS in syringe). Leave syringe attached to connecting tubing.			
Perform procedure			
* Locate insertion site: proximal medial tibia; 40 kg or greater: humeral head			
* Cleanse site using aseptic technique and CHG/IPA prep			
* Prepare EZ-IO driver & needle set. (Open cap of needle & attach to driver)			
Open safety cap from needle (hold cap and momentarily power drill)			
* Stabilize extremity with non-dominant hand.			
<input type="checkbox"/> With other hand insert EZ-IO needle at 90° angle to the bone. Activate driver by depressing trigger while maintaining gentle & steady pressure on driver. <input type="checkbox"/> Note: If driver seems to fail, lighten pressure on driver. <input type="checkbox"/> If pt < 40 kg: do NOT push – gently guide to avoid penetrating through posterior tibia <input type="checkbox"/> If driver fails: Insert manually using gentle twisting motion			
* Release trigger once decreased resistance is felt or needle flange touches skin (whichever is first)			
* While stabilizing hub w/ hand, remove driver from needle set.			
* Remove stylet, while stabilizing hub w/ hand, by rotating counterclockwise.			
Place stylet in sharps container.			
Connect NS primed EZ connect tubing. Attempt to aspirate bone marrow (w/ syringe attached to primed connecting tubing). Prevent needle movement – do not attach syringe directly to IO needle. If successful, do not remove more than 1 mL.			
Conscious pts: (before NS flush) Lido 2%: 1 mg/kg, max 50 mg, unless contraindicated Replace NS syringe on connecting tubing w/ lidocaine syringe			
<input type="checkbox"/> ALL pts: Using syringe, flush w/ at least 10 mL of NS. Observe for swelling around site. Verbalizes signs of correct placement (needle stable in place, needle flushes easily, no S/S of infiltration or increased leg circumference) <input type="checkbox"/> If placement in doubt: leave needle in place w/ connecting tubing & syringe attached (for ED to evaluate placement) & attempt IO on alternate site, or IV			
* Attach IV tubing to EZ connect tubing, and begin infusion. Calculate appropriate fluid challenge volume if indicated.			
Secure tubing to site with tape.			
Apply wristband (reminds hosp to remove within 24 hrs).			
* Frequently reassess pressure (300 mmHg) in pressure infuser device. Re-inflate as IVF is administered.			
* Monitor IO site and patient condition. Verbalizes at least 1 complication of IO access.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

DN 3/11

Evaluator

NWC EMSS Skill Performance Record
DRAWING UP MEDICATION FROM A GLASS AMPULE

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of a medication that comes packaged in a glass ampule. You are asked to give 0.5 mL of the drug. Assemble the equipment and draw up the appropriate dose from the ampule.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
* Apply appropriate PPE			
Prepare equipment/medication <input type="checkbox"/> Medication <input type="checkbox"/> Sharps container <input type="checkbox"/> Syringe/needle <input type="checkbox"/> Gauze pad			
* Open package and verify integrity of the ampule			
* Verify appropriate name and concentration of the drug			
* Check solution for color, clarity and expiration date			
* Calculate appropriate amount of medication for administration			
* Select appropriate syringe and needle size for volume of fluid to be withdrawn and the route of administration			
* Remove pre-attached needle from the syringe and attach a filtered needle without contaminating either needle			
* Gently tap upper portion of ampule			
Place 4X4 over top of ampule, cover scored portion where the ampule should split apart			
Hold medication-filled bottom cylinder in non-dominant hand			
Grasp the ampule top with dominant hand and quickly snap the 2 sections apart. Use aseptic technique when exposing medication to the environment.			
* Place ampule top immediately into a sharps container			
Medication removal * Insert sterile filtered needle into the liquid medication			
* Withdraw appropriate amount of medication into the syringe. Remove syringe from ampule. Discard used ampule directly into a sharps container.			
* Hold syringe needle up and tap barrel to move air bubble to the top. Eject through needle.			
* Remove filtered needle and discard into a sharps container			
* Attach appropriate needle or IV adaptor for selected route of medication administration			
Reconfirm medication order and appropriate dose prepared			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
DRAWING UP MEDICATIONS FROM A VIAL

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of a medication that comes packaged in a glass vial. You are asked to give 1 mL of the drug. Assemble the equipment and draw up the appropriate dose from the vial.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
* Apply appropriate PPE			
Prepare the equipment/medication <input type="checkbox"/> Medication vial <input type="checkbox"/> CHG/IPA prep <input type="checkbox"/> Sharps container <input type="checkbox"/> Luer lock syringe <input type="checkbox"/> Vent/needle			
* Open package and verify sterility of medication (all seals in place)			
* Verify appropriate name and concentration of the drug			
* Check solution for color, clarity and expiration date			
* Calculate appropriate amount of medication for administration			
* Select appropriate syringe for volume of fluid to be withdrawn			
* Remove plastic covering from the top of the vial without contaminating diaphragm. Use aseptic technique when exposing medication to the environment.			
Medication removal Fill syringe with air in an amount equal to the mLs that will be removed. Connect needle/vent to syringe.			
With vial upright, insert needle/vent into vial, but not into the liquid. Inject air into the vial. Note: If removing medication from a multi-dose vial and this is not the first dose being removed, cleanse vial stopper prior to inserting needle or vent.			
Invert vial			
* Withdraw appropriate amount of medication into the syringe. Remove syringe from vial.			
Hold syringe up and tap barrel to move air bubble to the top. Eject air through needle or vent.			
Reconfirm medication order and appropriate dose prepared			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
Mark I and/or Epi pen Autoinjector

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
* Apply appropriate PPE			
Prepare/assess patient Begin IMC/ITC			
*Confirm the need for Mark I kit or Epi-Pen Autoinjector use			
Confirm the absence of allergy or contraindications to the drug			
Explain drug actions and procedure to patient.			
Explain side effects of medication to patient			
Prepare equipment <input type="checkbox"/> Medication <input type="checkbox"/> Sharps container			
*Select the appropriate syringe or number of auto-injectors for the age/size of the patient. Inspect the auto-injector(s) to confirm the name of the drug, integrity of the container; concentration, clarity & color of the medication, and expiration date.			
ADMINISTRATION			
If time allows, prep skin. If urgent proceed w/o skin prep.			
Remove safety cap from injector(s)			
Place tip of auto injector against pt's thigh (Lateral portion, midway between waist and knee)			
Push injector firmly against thigh until it activates			
Hold injector in place until medication is injected			
Discard injector directly into a sharps container			
Record medication name, dose (including concentration), route and time given			
Assess response: Reassess VS, breath sounds, resp. distress, drooling, etc.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator _____

**NWC EMSS Skill Performance Record
METERED DOSE INHALER (MDI)**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of Proventil given via MDI. You are asked to assemble the equipment, choose the correct medication from those available, and administer the appropriate dose using the MDI technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare/assess patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
*Confirm the need for Proventil (hx asthma, c/o bronchoconstriction w/ wheezing; SpO ₂ on RA < 95%, peak flow readings in yellow zone)			
Confirm the absence of allergy or contraindications to the drug			
Explain procedure to patient. Explain the parts of the MDI and how to coordinate breathing through the mouth with inhaling the medication.			
Explain that they may feel a little jittery and pulse may increase			
Prepare equipment *Inspect the MDI to confirm the name of the drug, integrity of the container; concentration of the medication, and expiration date.			
Shake the inhaler well			
Remove the cap from the mouthpiece. Check mouthpiece for foreign objects and remove them if present.			
Ensure that the canister is fully and firmly inserted into the plastic mouthpiece			
If using the inhaler for the first time, or they have not used it for more than 7 days, "test spray" it 2 times into the air; avoid spraying into the eyes			
Apply a spacer, if available			
Administer medication Have patient exhale steadily and as comfortably as they can through their mouth			
Hold inhaler upright 1 – 2 inches in front of patient's mouth. If using a spacer, insert MDI into the open space and place mouthpiece in pt's mouth, instruct them to seal their lips tightly over mouthpiece.			
Have patient breathe in slowly through their mouth, and then press down on inhaler once.			
Have pt hold their breath for 10 sec to allow the medicine to reach deeply into the lungs			
Remove inhaler and instruct them to exhale slowly			
If order is for two puffs, wait 1-2 min & shake inhaler again before giving the 2 nd puff			
Have patient rinse out mouth so no drug remains (Especially inhaled steroids)			
Record medication name, dose, route and time given			
Assess response to medication: Reassess VS, breath sounds, degree of distress			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
GIVING AEROSOL MEDICATIONS by HHN

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of Albuterol 2.5 mg administered via a hand held nebulizer. You are asked to assemble the equipment, choose the correct medication from those available, and give the correct dose using the HHN technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare/assess patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
*Confirm need for drug: Hx asthma/COPD, diffuse wheezing			
Confirm the absence of allergy or contraindications to the drug			
Explain procedure to patient. Explain the parts of the HHN; stress that they need to breathe through their mouth to inhale the nebulized medication.			
Explain that they may feel a little jittery and pulse may increase			
Prepare/assemble equipment <input type="checkbox"/> Medication <input type="checkbox"/> HHN unit <input type="checkbox"/> O ₂ source & tubing <input type="checkbox"/> Nasal cannula			
* Inspect the medication packaging to confirm the drug name, integrity of the medication packaging; color, clarity, & concentration, dose, and expiration date.			
*Unscrew nebulizer lid to expose the medication cup			
*Open the medication by twisting off the top. Hold the medication cup upright. Without contaminating the medication, pour the liquid into the cup and attach the nebulizer lid.			
* Attach the mouthpiece and O ₂ reservoir tubing T piece to the top of the medication cup			
*Connect O ₂ tubing to the bottom of the medication cup			
*Attach the other end of the O ₂ tubing to the oxygen source and adjust O ₂ flow to 6 L			
Watch for mist to come out of the nebulizer mouthpiece			
Administer medication *Instruct patient to hold HHN firmly in their mouth and to breathe as deeply as they can through their mouth to inhale the mist			
Attach supplemental O ₂ via NC at 6 L if patient is hypoxic			
Record medication name, dose, route and time given			
*Begin transport (verbalizes)			
*Monitor pt throughout treatment; reassess breath sounds, SpO ₂ , VS and ventilatory adequacy			
Alternative technique mask using NRM *Remove bag from mask and attach medication cup to mask. Adjust O ₂ flow at 6 L.			
Alternative technique: In-line via BVM: *Insert adaptors to connect medication cup in a T piece to the adaptor of a BVM and administer medication with ventilatory assist.			
If successful & wheezing resolves: Continue assessment and give O ₂ as needed.			
*If unsuccessful and wheezing persists: Repeat procedure while enroute			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
MUCOSAL ATOMIZER DEVICE (MAD)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Initiate Initial Medical Care. (IV not necessary if mild distress)			
*Confirm need for drug			
Confirm the absence of allergy or contraindication to the drug if able.			
Explain drug actions and procedure to the patient (if conscious).			
Explain side effects of medication to patient			
* Inspect nostrils for problems that might inhibit absorption <input type="checkbox"/> Trauma to nasal mucosa <input type="checkbox"/> Epistaxis <input type="checkbox"/> Damaged mucosa (chronic cocaine use) <input type="checkbox"/> Severe hypotension or vasoconstriction <input type="checkbox"/> If nasal secretions: suction or use alternate route			
Prepare equipment/medication * Select the appropriate medication <input type="checkbox"/> naloxone 1 mg/1mL <input type="checkbox"/> glucagon 1 mg/1 mL <input type="checkbox"/> fentanyl 100 mcg/2 mL <input type="checkbox"/> midazolam 10 mg/2 mL <input type="checkbox"/> MAD device <input type="checkbox"/> Syringe			
* Inspect the medication packaging to confirm the drug name, integrity of the medication packaging; color, clarity, & concentration, dose, and expiration date			
* Calculate appropriate amount of medication for administration			
Draw up appropriate dose using aseptic technique; expel air from syringe Ideal IN volume for MAD = 0.25 - 0.3 mL Use smallest syringe (1 mL leur-lock ideal) If total volume > 0.4 mL: Divide amt between 2 syringes and give ½ dose each nostril (limit 1 mL per nostril) Remove needle and firmly attach MAD to syringe			
Procedure <input type="checkbox"/> *Place tip of MAD 1.5 cm within the nostril; seat firmly to avoid leaks <input type="checkbox"/> *Aim medial/inward (toward septum) & superior/upward Do NOT tell pt to inhale (pulls med into posterior pharynx) <input type="checkbox"/> *Push syringe plunger briskly (important to atomize) (The nose may leak fluid so have a gauze pad or towel ready to catch secretions)			
Assess patient response to medication IN absorption not as fast as IV: may take 3-5 min for onset, 10-15 for peak effect If no effect from 1 st IN dose, consider alternate route			
* Record medication name, concentration, dose, route, time administered; pt response			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

**NWC EMSS Skill Performance Record
IV PUSH (IVP) MEDICATIONS**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of a medication to be administered IV Push. You will be given the name of the drug and the dose to administer. You are asked to assemble the equipment, choose the correct medication from those available, and administer the appropriate dose using the IV Push technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Explain drug and procedure to the patient (if conscious)			
* Confirm the absence of allergy or contraindication to the drug if able			
* Verify that the IV is patent			
Prepare the equipment/medication * Select the appropriate medication			
Open the package and verify sterility of medication (all seals in place)			
* Check solution for clarity and expiration date			
* Calculate appropriate amount of medication for administration			
* Prepare medication for administration (may need to draw up into a syringe or engage preload cartridges with barrel of syringe)			
* Put on gloves			
* Observe syringe for air bubbles, point syringe upward, and expel bubbles			
Procedure * Cleanse IV tubing injection port closest to IV catheter with CHG/IPA prep			
* Attach syringe to needless port			
* Close flow clamp or pinch tubing proximal to insertion port			
* Inject the appropriate dose of drug at the prescribed rate			
* Open flow clamp, (elevate arm if arrest), and flush tubing with NS			
Readjust IV flow rate			
* If a one time dose: detach syringe. Discard appropriately.			
* Note drug, concentration, dose, route, and time of drug administration for documentation purposes			
* Assess patient for response to medication			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator _____

NWC EMSS Skill Performance Record
IV PIGGY-BACK (IVPB) MEDICATIONS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of a dopamine drip administered IV piggy-back at 5 mcg/kg/min. You are asked to assemble the equipment, choose the correct medication from those available, and administer the appropriate dose using the IVPB technique. The patient weighs 200 pounds.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Verbalize the following: * [] Action of the drug [] *Indication(s) for the drug [] *Side effects			
Prepare the patient Explain drug and procedure to the patient			
* Confirm the absence of allergy to the drug			
* Verify that the main IV line is patent by checking for retrograde flow			
Prepare the equipment/medication * Select the appropriate solution with premixed medication			
Open the package and verify sterility of medication (all seals in place)			
* Check solution for expiration date			
* Calculate appropriate amount of medication for administration (18 mcgts/min)			
* Put on gloves			
Prepare medication for administration * Insert appropriate IV tubing (mini-drip) into port of the IV bag containing the medication. Fill drip chamber ½ full.			
* Flush tubing with medication fluid without wasting fluid			
Observe tubing for air bubbles, expel			
* Attach an adaptor for a needless port			
Drug administration * Cleanse selected IV injection port on primary tubing with CHG/IPA prep			
* Secure to a needless port.			
* Close the flow clamp of the primary IV tubing above the medication injection port			
* Set the drip rate of the IVPB to deliver the desired dose of medication			
Note drug, concentration, dose and time initiated for documentation purposes			
* Assess patient response to medication			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a retest.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
ORAL MEDICATION (PO) ADMINISTRATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: A patient is complaining of chest pain that started 15 minutes ago. You are asked to assemble the equipment, choose the correct medication, and to administer the appropriate dose of ASA using the PO technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs Additional Practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Confirm the need for the drug			
*Confirm the absence of allergy or contraindications to the drug			
* Explain the action of the drug, including possible side effects to the patient			
Prepare the equipment/medication * Select the appropriate medication			
* Inspect the container or packaging to confirm the name of the drug, integrity of the medication packaging/container; color and concentration of the medication, dose of the tablet, and expiration date.			
* Determine the amount of aspirin to be administered 4 (81mg) tablets			
* Put on gloves			
Drug administration If a multiple dose container; shake 4 tablets into the lid of the container; do not touch multiple tablets. If single dose packaging; open and prepare to administer.			
* Pour the tablets from the container lid into the patient's hand. Watch the patient place all of the tablets into their mouth. If patient needs assistance; place all 4 tablets into the patient's mouth.			
* Instruct the patient to chew and swallow the tablets.			
* Paramedic may give a small amount of water to help wash down the medication. Confirm that the patient has swallowed all the medication.			
* Monitor patient's response to the medication (repeat vital signs)			
* Record drug, concentration, dose, route and time given and pt response			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

 Evaluator

NWC EMSS Skill Performance Record
SUBLINGUAL (SL) MEDICATION ADMINISTRATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of a medication to be administered sublingually. You are asked to assemble the equipment, choose the correct medication, and to administer the appropriate dose using the SL technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Confirm the need for the drug (Hx, PE, 12-lead ECG)			
*Confirm the absence of allergy or contraindications to the drug			
Explain drug actions and procedure to the patient			
Explain side effects of medication to patient			
Prepare the equipment/medication * Select the appropriate medication			
* Inspect the container or packaging to confirm the name of the drug, integrity of the medication packaging/container; color and concentration of the medication, dose of the tablet, and expiration date.			
* Determine appropriate amount of medication for administration			
* Put on gloves			
Drug administration * With gloved hand, take one tablet from the container or pour one tablet into the lid of the container. Remove O ₂ mask. Instruct pt to open mouth and lift tongue. Place tablet under the pt's tongue. Instruct pt to close their mouth.			
Advise patient not to swallow or chew the medication. If the patient's mouth is dry, may place a few drops of NS or water under the tongue.			
* Replace O ₂ mask and monitor pt's response to the medication (repeat VS; reassess pain, degree of distress)			
* Record drug, concentration, dose, route and time administered and pt responses			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice and a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

NWC EMSS Skill Performance Record
SUBCUTANEOUS (Sub-Q) INJECTIONS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of epinephrine 1:1000 0.3 mg sub-q. Assemble the equipment, choose the correct medication from those available, and administer the appropriate dose using the sub-q technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Confirm the need for the drug			
* Confirm the absence of allergy or contraindication to the drug			
Explain the drug action and procedure to the patient			
Explain possible side effects of medication and procedure to the patient			
Prepare the equipment/medication <input type="checkbox"/> Syringe 1 mL w 5/8" needle <input type="checkbox"/> CHG/IPA prep Filtered needle <input type="checkbox"/> Epinephrine 1:1000 ampule <input type="checkbox"/> Sharps container <input type="checkbox"/> Adhesive strip <input type="checkbox"/> Gauze pad			
* Select the appropriate medication			
* Check container for integrity and solution for color, clarity, concentration, and expiration date			
* Calculate appropriate amount of medication for administration			
* Put on filtered needle.			
* Prepare medication for administration (Draw up into the syringe from an ampule using a filtered needle/straw). Change to 5/8" needle. Dispose of ampule into sharps container.			
Drug administration * Select appropriate injection site on lateral middle third of patient's upper arm			
* Cleanse selected site with CHG/IPA prep moving in a circle from the inside out			
* Pinch up flesh in selected area with index finger and thumb to create a skin surface at least 2" in which to deposit medication. Do not touch the cleansed site.			
* With dominant hand, grasp syringe between thumb and index finger (like a pool cue) and quickly insert needle bevel up at a 45° angle to the skin surface so needle tip remains in the sub-q space.			
* Hold syringe and needle in place, pull back on plunger to check for blood return			
* If no blood return: slowly depress plunger to inject medication			
If blood return: withdraw syringe, apply pressure to site, discard syringe in sharps container and begin again			
* Withdraw needle, place gauze pad over injection site, apply gentle pressure			
* Dispose of used needle and syringe directly into a sharps container			
Apply adhesive strip over injection site if oozing or bleeding			
* Assess patient for response to medication			
* Record drug, concentration, dose, route, time given, & patient response			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

NWC EMSS Skill Performance Record
INTRAMUSCULAR (IM) INJECTIONS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult is in need of midazolam 5 mg IM for severe agitation. You are asked to assemble the equipment, choose the correct medication from those available, and to administer the appropriate dose using the IM technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Verbalize the 6 rights of medication administration: <input type="checkbox"/> Right person <input type="checkbox"/> Right dose <input type="checkbox"/> Right route <input type="checkbox"/> Right drug <input type="checkbox"/> Right time <input type="checkbox"/> Right documentation			
Prepare the patient Confirm the need for the drug			
Explain the drug and procedure to the patient			
*Confirm the absence of allergy or contraindication to the drug			
Explain the drug action and procedure to the patient			
Explain possible side effects of medication and procedure to the patient			
Prepare the equipment/medication <input type="checkbox"/> Syringe 3-5 mL w 1½ - 2½" needle <input type="checkbox"/> CHG/IPA prep <input type="checkbox"/> Medication <input type="checkbox"/> Sharps container <input type="checkbox"/> Adhesive strip <input type="checkbox"/> Gauze pad			
*Select the appropriate medication			
Open the package and verify sterility of medication (all seals in place)			
*Check container for integrity and solution for color, clarity, concentration & expiration date			
*Calculate appropriate amount of medication for administration			
*Select appropriate size syringe and needle. Use judgment on needle length based on patient's size and muscle site selected			
*Prepare medication for administration			
Drug administration *Select site: Preferred: Vastus Lateralis muscle (adults and children). Alternate site: deltoid muscle two finger breadths below acromion process if other site inaccessible.			
*Cleanse selected site moving in a circle from the inside out			
*Gently stretch the skin overlying the muscle; do not touch the cleansed area			
*With dominant hand, grasp syringe like a dart and quickly insert needle bevel up at a 90° angle to the skin surface until it is firmly seated in muscle			
*Release skin, hold syringe and needle in place, and gently pull back on plunger to check for blood return			
*If no blood return: depress plunger and inject medication slowly			
If blood return: withdraw syringe and needle, apply pressure to site, discard syringe in a sharps container, and begin again			
*Withdraw needle, place gauze pad over injection site, and apply gentle pressure			
*Dispose of used needle and syringe directly into a sharps container			
Apply adhesive strip over injection site if oozing or bleeding			
*Assess patient for response to medication			
*Document drug, concentration, dose, route, time given & patient response			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

**NWC EMSS Skill Performance Record
INTRARECTAL DIAZAPAM**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: A child weighing 30 lbs presents with generalized seizure activity. Vascular access is unsuccessful. The parents have Diastat available. You are asked to give the appropriate dose using the IR technique.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Put on gloves			
Prepare the patient Explain drug and procedure to the parent if indicated and time allows			
* Confirm the absence of allergy to the drug			
Prepare the equipment/medication <input type="checkbox"/> Diastat syringe WITHOUT needle <input type="checkbox"/> Water soluble lubricant (K-Y jelly)			
* Inspect the packaging for drug identify, concentration, clarity, and expiration date			
* Calculate appropriate amount of drug to be given based on 0.5 mg/kg 13.6 kg X 0.5 = 6.8 round up to 7 mg			
Lubricate tip of syringe			
Drug administration Position patient on side (if possible) with upper leg/hip flexed, to allow for better visualization of anus			
*Insert syringe 2 inches into the rectum			
*Inject medication into rectum and remove syringe			
*Hold buttocks together to minimize leakage of medication			
* Reassess patient <input type="checkbox"/> Seizure activity should stop within one to three minutes <input type="checkbox"/> Observe for signs of resp. depression (↓ rate/depth) and hypoxia. Assist ventilations prn. Slower absorption of IR Valium may make resp. depression and hypotension less likely to occur. <input type="checkbox"/> Document drug, concentration, dose, route and time administered			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Wt in lbs	Wt in kg.	IR dose (0.5 mg/kg)	Syringe size	Wt in lbs	Wt in kg.	IR dose (0.5 mg/kg)	Syringe size
6.6	3 kg	1.5 mg (0.3 mL)	1 mL	35.2	16 kg	8 mg (1.6 mL)	3 mL
8.8	4 kg	2 mg (0.4 mL)	1 mL	39.6	18 kg	9 mg (1.8 mL)	3 mL
11	5 kg	2.5 mg (0.5 mL)	1 mL	44	20 kg	10 mg (2 mL)	3 mL
15.4	7 kg	3.5 mg (0.7 mL)	1 mL	48.4	22 kg	11 mg (2.2 mL)	3 mL
22	10 kg	5 mg (1 mL)	1 mL	55	25 kg	12.5 mg (2.5 mL)	3 mL
26.4	12 kg	6 mg (1.2 mL)	3 mL	61.6	28 kg	14 mg (2.8 mL)	3 mL
30.8	14 kg	7 mg (1.4 mL)	3 mL	74.8	34 kg	17 mg (3.4 mL)	4 mL

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
CAPILLARY GLUCOSE TESTING using PRECISION Xtra®

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult with type 1 diabetes is tremulous, light headed, tachycardic and diaphoretic. You are asked to assemble the equipment and obtain a blood glucose reading using the Precision Xtra monitoring system.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Prepare and assemble equipment <input type="checkbox"/> Precision Xtra monitor <input type="checkbox"/> Lancing device <input type="checkbox"/> Test strips <input type="checkbox"/> CHG/IPA prep			
* Apply gloves			
Perform procedure * Open a test strip packet by tearing at the notch on each side of the packet. Tear off the end of the packet so the contact bars of the test strip are showing.			
Grasp the contact bars and pull the test strip out of the packet. Save the test strip packet for disposal of the used test strip.			
Inspect the strip and discard if bent, scratched, wet, or damaged			
* Insert the contact bars of the test strip into the test port of the monitor			
* Advance test strip until it stops. Observe the monitor turn on. Recognize that the monitor will display the five digit lot number and then apply blood.			
Troubleshoot monitor if the calibration code does not appear before applying blood. Pull test strip out of the test port, press and release the button and reinsert the test strip.			
* Cleanse the side of the finger with a CHG/IPA prep			
<input type="checkbox"/> Obtain a blood drop using a lancing device and correct technique (side of finger, not pad) <input type="checkbox"/> Do not squeeze finger any more than necessary. <input type="checkbox"/> * Dispose of lancet in a sharps container			
* Touch blood to target area of test strip. Hold finger on the target area while blood is drawn into the strip.			
Observe test start automatically when the sample is detected			
* Move finger away from the target area when the display shows --- (three dashes). Do not press the button.			
Verbalize that monitor will display --- -- - followed by a countdown from 5			
*Correctly read blood glucose reading after 5 seconds Below 20 = LO Above 500 = HI Above 300 will also flash Check Ketones			
Turn off the monitor by pressing and releasing the button			
Place test strip packet over used strip and remove it from monitor for proper disposal			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
MONITORING a NASOGASTRIC TUBE

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult with a nasogastric tube must be transported. You are asked to prepare the patient for transport and explain the steps a paramedic should take to troubleshoot a non-draining tube.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* State indications for an NG tube <input type="checkbox"/> Aspiration risk <input type="checkbox"/> Need for gastric lavage <input type="checkbox"/> Need for gastric decompression			
* Apply gloves			
State at least two complications of NG tubes <input type="checkbox"/> Soft tissue trauma from poor technique <input type="checkbox"/> Tube misplacement <input type="checkbox"/> Tube obstruction			
Check to see if tube is draining. If no drainage: <input type="checkbox"/> Use a 60-mL syringe; instill air into tube. Listen over the epigastric area for air movement into the stomach. <input type="checkbox"/> Aspirate syringe to see if gastric contents can be withdrawn. <input type="checkbox"/> If the tube is misplaced, contact OLMC to see if the tube can be removed. If not, leave tube in place and ensure nothing gets instilled into the tube.			
<input type="checkbox"/> Disconnect tube from suction machine if applicable <input type="checkbox"/> Tape a glove securely around distal tube end to collect drainage			
Secure tube prior to transport: <input type="checkbox"/> Ensure that tube is secure to nose or face <input type="checkbox"/> Without tension on tube extending from nose or mouth, measure length to upper chest <input type="checkbox"/> Place loop of tape around tube at that point creating a tape tab and pin through tape to shirt or gown to prevent kinking or dislodging during transport			
Allow distal end of tube to rest in pt's lap if sitting or below stomach if supine to allow for gravity drainage. Do not allow end of tube to touch floor.			
If patient is non-decisional/combatative apply soft wrist restraints to protect tube			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
MONITORING an INDWELLING URINARY CATHETER

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult with a Foley catheter must be transported. You are asked to prepare the patient and explain the steps a paramedic should take to ensure safe transport with an indwelling urinary catheter in place.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* State indications for an indwelling urinary catheter <input type="checkbox"/> Urinary retention or incontinence <input type="checkbox"/> Epidural <input type="checkbox"/> Surgical patient (drainage of urine) <input type="checkbox"/> Clinical need/unstable/sacral or perineal wound <input type="checkbox"/> Medications <input type="checkbox"/> Strict output <input type="checkbox"/> Comfort care			
* Apply gloves			
State at least two complications of indwelling urinary catheters <input type="checkbox"/> Soft tissue trauma; bleeding <input type="checkbox"/> Tube kinking, obstruction <input type="checkbox"/> Infection (common) <input type="checkbox"/> Abdominal pain <input type="checkbox"/> May be pulled out accidentally: inflated balloon can cause trauma; impotence			
Assess for S&S of urinary tract infection <input type="checkbox"/> Pain <input type="checkbox"/> Change in urine color <input type="checkbox"/> Abdomen/flank discomfort <input type="checkbox"/> Temp > 38° C <input type="checkbox"/> Clots/mucous in urine			
*Secure tube prior to transport: <input type="checkbox"/> Maintain closed system; don't clamp tubing <input type="checkbox"/> Ensure that securing device or tape applied to upper thigh prevents tension on tubing and "in & out" movement of catheter from urethra (Photo 1) <input type="checkbox"/> Ensure that tubing is never kinked or obstructed to prevent Autonomic Hyperreflexia or infection <input type="checkbox"/> Secure drainage bag below level of bladder; don't allow bag to be carried higher than bladder <input type="checkbox"/> Don't place bag between patient's legs on stretcher <input type="checkbox"/> Do not allow drainage tube to loop around leg or fall below bag (no dangling or looping) <input type="checkbox"/> Don't let bag lay on floor			
<input type="checkbox"/> Recommend drain urine out of tubing and collection bag pre transfer; document output (Photo 2) <input type="checkbox"/> *Wash hands before & after emptying bag, change gloves - avoid touching spout to container			
If patient is non-decisional/combatative apply soft wrist restraints to protect tube			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator



CJM 8/10

NWC EMSS Skill Performance Record
CONTACT LENS REMOVAL: HARD LENSES

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult has experienced ocular trauma but the globe appears intact. You are asked to remove the hard contact lenses.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Obtain rapid gross visual acuity <input type="checkbox"/> Can read name badge <input type="checkbox"/> Sees shape/shadow/motion <input type="checkbox"/> Can count fingers <input type="checkbox"/> Sees light projection only <input type="checkbox"/> NLP			
*Prepare and assemble equipment <input type="checkbox"/> Contact lens storage case or 2 containers w/ lids <input type="checkbox"/> Suction cup - optional <input type="checkbox"/> Sterile saline without preservatives <input type="checkbox"/> Towel or 4X4s			
* Apply BSI (gloves)			
Prepare patient <input type="checkbox"/> Remove external debris by gently touching adhesive tape against closed eyelids. <input type="checkbox"/> Gently remove dirt, blood, or makeup from eyelids with 4X4s moistened with saline or cotton applicators. Do not dislodge clots. <input type="checkbox"/> Place 2 mL. of sterile saline into each specimen cup and label containers L & Rt. If a lens case is used, place a few gtts of saline into each compartment. <input type="checkbox"/> If eye appears dry, instill several drops of preservative-free sterile saline solution and wait a few minutes before removing the lens to help prevent corneal damage.			
Locate the lens in each eye: Can be seen moving on cornea when pt. blinks or by looking sideways across eye - shine a penlight across the eye.			
Critical steps: It is safer for the lens to be entirely on sclera (white) or cornea (color) then partially on each. So if unable to remove, slide to either position.			
Using one thumb, pull the pt's upper eyelid towards the lateral orbital rim (towards ear)			
With other thumb on lower lid, and index finger on upper lid gently move the lids towards each other to trap the lens edges and break the suction.			
Gently press eyelids together toward lens. Use slightly more pressure on lower lid when moving it toward bottom edge of lens.			
Pop or slide the lens out between the lids			
Remove the lens and place it in prepared container			
Remove and care for the opposite lens in the same manner			
Examine the eyes for redness or irritation			
Optional approach: Suction cup removal of hard lenses <input type="checkbox"/> Wet the suction cup with a drop of saline <input type="checkbox"/> Gently pull up the upper lid with index finger and pull lower lid down with thumb <input type="checkbox"/> Press the suction cup gently to the center of the lens <input type="checkbox"/> Pull the suction cup and lens away from the eye in a straight line <input type="checkbox"/> Place the lens in the prepared container			
State one complication of the procedure: Trauma after touching cornea w/ suction cup or attempting to remove dry lenses			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

NWC EMSS Skill Performance Record
CONTACT LENS REMOVAL: SOFT LENSES

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult has eye trauma but the globe appears intact. You are asked to remove the soft contact lenses.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Obtain rapid gross visual acuity <input type="checkbox"/> Can read name badge <input type="checkbox"/> Sees shape/shadow/motion <input type="checkbox"/> Can count fingers <input type="checkbox"/> Sees light projection only <input type="checkbox"/> NLP			
*Prepare and assemble equipment <input type="checkbox"/> Contact lens storage case or 2 containers w/ lids <input type="checkbox"/> Suction cup - optional <input type="checkbox"/> Sterile saline without preservatives <input type="checkbox"/> Towel or 4X4s			
* Apply BSI (gloves)			
Prepare patient <input type="checkbox"/> Remove external debris by gently touching adhesive tape against closed eyelids. <input type="checkbox"/> Gently remove dirt, blood, or makeup from eyelids with 4X4s moistened with saline or cotton applicators. Do not dislodge clots. <input type="checkbox"/> Place 2 mL. of sterile saline into each specimen cup and label containers L & Rt. If a lens case is used, place a few gts of saline into each compartment. <input type="checkbox"/> If eye appears dry, instill several drops of preservative-free sterile saline solution and wait a few minutes before removing the lens to help prevent corneal damage.			
Locate the lens in each eye: Can be seen moving on cornea when pt. blinks or by looking sideways across eye when shining a penlight across eye. They are less dangerous than hard lenses when left in place.			
Critical steps: It is safer for the lens to be entirely on sclera (white) or cornea (color) then partially on each. So if unable to remove, slide to either position.			
Raise upper eyelid with index finger and hold it against the upper orbital rim. Place thumb on lower lid and gently pull down.			
Have patient look up and slide the lens downward onto sclera (white of eye) with index finger of other hand			
Compresses or pinch lens gently between index finger and thumb			
Remove lens from eye and place in separate, clearly marked ("right" and "left") containers filled with sterile saline solution			
State one complication of the procedure: Trauma as a result of touching the cornea while attempting to remove the lenses.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

 Evaluator

NWC EMSS Skill Performance Record
EYE IRRIGATION

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult has experienced a chemical splash to their eyes. You are asked to assemble the equipment and perform eye irrigation.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Obtain rapid gross visual acuity <input type="checkbox"/> Can read name badge <input type="checkbox"/> Sees shape/shadow/motion <input type="checkbox"/> Can count fingers <input type="checkbox"/> Sees light projection only <input type="checkbox"/> NLP			
<input type="checkbox"/> Determine type of chemical if known: acid, alkali or other <input type="checkbox"/> Determine care provided prior to EMS arrival			
* Prepare and assemble equipment <input type="checkbox"/> 1000 mL NS IV <input type="checkbox"/> Gauze pads <input type="checkbox"/> Towels <input type="checkbox"/> Regular IV tubing <input type="checkbox"/> Tetracaine gtts <input type="checkbox"/> Bath basin			
* Apply BSI (gloves)			
Prepare patient – move as quickly as possible Obtain history for contact use; remove contact lenses if in place			
Explain procedure to patient if awake			
* Ask patient to look up, pull lower eyelid downward and instill 1-2 gtts of tetracaine in the conjunctival cul-de-sac. Ask patient to roll eyes back and forth if possible to distribute gtts.			
<input type="checkbox"/> Position patient on side with affected eye downward or turn head to side <input type="checkbox"/> Place towel around neck; position bath basin to collect liquid			
Perform procedure * Apply dry gauze above and below eyelids * Ask patient to look upward and gently pull down lower lid			
* Irrigate, aim fluid from inner to outer canthus, avoid direct stream on cornea			
Remove any particulate matter with a moistened cotton applicator			
* Ask patient to look down and gently retract upper lid. Irrigate under upper lid.			
Continue irrigation enroute, repeating installation of tetracaine prn			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

**NWC EMSS Skill Performance Record
EYE PRESSURE PATCH**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An adult has sustained a possible corneal abrasion. You are asked to pressure patch the affected eye.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Obtain rapid gross visual acuity <input type="checkbox"/> Can read name badge <input type="checkbox"/> Sees shape/shadow/motion <input type="checkbox"/> Can count fingers <input type="checkbox"/> Sees light projection only <input type="checkbox"/> NLP			
* Inspect the eye for signs of perforation or penetration			
*Prepare and assemble equipment <input type="checkbox"/> Tetracaine eye drops <input type="checkbox"/> Oval eye patches (2) or 4x4 gauze (2) for each eye to be patched <input type="checkbox"/> Tape - at least three 9" lengths <input type="checkbox"/> Towel or 4X4s			
*Apply BSI (gloves)			
State one contraindication to the procedure: <input type="checkbox"/> Eye irritation as a result of infection <input type="checkbox"/> Suspected open globe evidenced by hyphema, leak of aqueous or vitreous humor, tear-drop shaped pupil etc.			
Prepare patient <input type="checkbox"/> *Instill several drops of tetracaine and wait a few sec before applying the patch <input type="checkbox"/> Cleanse skin around eye to remove debris, drainage, or residual eye medications			
Critical steps: Ask patient to close eyes			
Determine the number of eye pads needed to fill the depth of patient's eye socket			
*Fold oval eye patch in half or 4x4 in quarters			
*Position folded patch or 4x4 against closed lid. Cover first patch with one or more flat eye patches angled across eye to fill socket.			
<input type="checkbox"/> *Tape snugly in place with parallel strips of tape extending from central forehead to lateral cheek on both sides of patch. <input type="checkbox"/> Before securing tape to cheek, lift cheek up, apply tape, and then release cheek. <input type="checkbox"/> Avoid placing tape over side of nose or nasolabial fold.			
*State one complication of the procedure: <input type="checkbox"/> Eye patches applied too tightly can result in eye damage <input type="checkbox"/> Further trauma due to lid motion under a loose patch			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
PEDIATRIC MEASUREMENT using a LENGTH-BASED TAPE

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: A 3 y/o appears to be very ill. Apply the pediatric length based tape to determine what information is needed to care for the child.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Apply PPE			
Procedure			
* Place child in supine position			
* Place the end of the tape with the arrow at the top of the patient's head			
* Stretch tape down to the child's heel			
* Identify the color section on the tape			
Identify the information that can be obtained from a length based tape			
<input type="checkbox"/> *Approximate weight of the patient			
<input type="checkbox"/> *Medication dosages			
<input type="checkbox"/> *Airway management (ET size, suction catheter, oral/nasal airways)			
<input type="checkbox"/> *Fluid bolus amount			
* Document patient's weight on patient care report			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

_____ Evaluator

**NWC EMSS Skill Performance Record
PEDIATRIC INTUBATION**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: An infant presents with apnea from a non-traumatic cause. Prepare the equipment and intubate the patient.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* BSI: gloves, goggles, face mask			
Prepare the patient			
* Place head and neck in neutral alignment with folded towel under shoulder blades			
* Assess SpO ₂ on room air if available			
Assess patient for difficult intubation; mobility of the mandible or foreign body			
* Preoxygenate for 3 min w/ 15 L O ₂ /peds BVM with OPA in place and partner performing Sellick's maneuver. (Must demonstrate good ventilation of manikin)			
* Apply ECG monitor (rhythm & pulse present)			
Prepare equipment			
* Prepare appropriate suction equipment (8-10 Fr and Yankauer tip); suction prn			
* Select correct size <i>uncuffed</i> ETT tube (verbalize size of 5 th finger). Insert peds stylet and form tube.			
Lubricate ETT with water soluble gel (verbalizes)			
* Select correct size laryngoscope blade and handle using straight blade up to age 8			
* Engage blade on handle. Check light to be certain it is bright, tight, & white			
* Prepare peds EtCO ₂ detector, tape, stethoscope, head blocks or towel roll			
* Premedicate: * Atropine 0.02 mg/kg rapid IVP			
Pass the tube			
* Have partner apply external laryngeal manipulation			
* Insert laryngoscope down midline of tongue, visualize epiglottis as inserting. Seat blade under epiglottis. Lift at a 45° to floor of mouth avoiding the upper gums/teeth.			
* Visualize glottic structures/cords; insert tube from R side of the mouth. If > 30 sec: ventilate X 30 sec; reposition, try new blade.			
* Pass ETT through cords until markings on distal tube are level with vocal cords			
*While holding ETT in place, remove laryngoscope blade and stylet			
* Attach peds EtCO ₂ detector. Ventilate w/ 15 L O ₂ /peds BVM at age-appropriate rate; observe chest rise. Auscultate over epigastrium, both midaxillary lines and bilaterally over anterior chest. Check EtCO ₂ color after 6 breaths.			
* If tube is incorrectly placed, adjust tube depth, re-ventilate. If still incorrectly placed, re-oxygenate 30 sec and attempt again.			
If tube placed correctly, insert OPA as a bite block			
*Note ETT depth (markings at exit point level with upper gum or lip)			
Secure tube in place onto non-mobile bone			
* Immobilize head and neck to prevent tube movement			
* Reassess: Frequently monitor SpO ₂ , EtCO ₂ , tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

**NWC EMSS Skill Performance Record
PEDIATRIC IV INSERTION**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: A 4 y/o is in need of peripheral vascular access for a TKO line. You are asked to assemble the equipment, choose the correct size catheter from those available, and initiate an IV on the manikin.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare the equipment			
Select the appropriate IV solution <input type="checkbox"/> 1000 mL NS(boluses) <input type="checkbox"/> 250 mL NS (TKO)			
Open package and verify sterility of solution (all seals in place)			
* Check solution for clarity and expiration date			
Verbalize indications for <input type="checkbox"/> IV fluid bolus <input type="checkbox"/> TKO line			
* If giving a bolus, calculate child's wt. X 20 mL/kg.			
<input type="checkbox"/> Remove IV tubing from bag, uncoil tubing, close slide clamp <input type="checkbox"/> Remove spike protector on tubing. <input type="checkbox"/> Turn IV bag so ports are upright; remove cover from port, maintain sterility of port			
* Insert spike until it punctures the port seal; turn the IV bag upright;. If giving a bolus attach 3-way stopcock to end of tubing, attach other end of tubing to a J-loop making sure all tubing is flushed.			
* Select appropriate size IV catheter for size of child <input type="checkbox"/> Neonates 24-26 g <input type="checkbox"/> Infants 22-24 g <input type="checkbox"/> Children 20-22 g			
<input type="checkbox"/> Skin prep pads (CHG/IPA) <input type="checkbox"/> Gauze pads <input type="checkbox"/> Tape <input type="checkbox"/> Skin protectant film <input type="checkbox"/> Tourniquet <input type="checkbox"/> Sharps container <input type="checkbox"/> Tear 3-4 pieces of ¼ - ½" tape about 4-6" long <input type="checkbox"/> IV protector shield; arm board			
Prepare the patient			
Explain procedure to the patient and caregiver; provide reassurance			
Procedure			
* Put on gloves			
* Expose/immobilize the extremity to be cannulated			
* Place tourniquet proximal to selected IV site; ensure presence of a distal pulse			
* Lightly palpate veins and identify a suitable site			
* Wipe site with CHG/IPA from center outward in a circular motion. Allow to dry.			
* Remove IV catheter from packaging. Rotate catheter hub 360° while holding flashback chamber to loosen catheter from needle.			
Take protective cap off of needle, keeping catheter sterile			
Inspect needle tip for any defects			
* Anchor vein with non-dominant thumb distal to insertion site stretching skin near vein			
* Hold catheter between thumb and index finger of dominant hand (like a pool cue). Insert needle, bevel up, through skin at a 35°- 45° angle, penetrate vein at 10°-15° angle.			
* Observe for blood return in flashback chamber			
Advance needle 1/8 th inch			
* When needle is securely in vein, hold needle in place and use index finger to push off and advance catheter to hub			
* Put gauze pad under hub of needle and withdraw needle backward toward the catheter hub but do not pull the needle entirely out.			
* Apply light pressure over the vein just proximal to the catheter tip			
* Release tourniquet			
* Withdraw needle completely and push button to retract needle into device			

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Remove protective cap on IV tubing and slide end of tubing onto the hub of the IV catheter. Release pressure to vein.			
* While continuing to hold the IV catheter, open clamp on IV tubing to establish patency.			
* Secure IV with adhesive strip and tape or commercial dressing; IV protective shield. Secure limb to arm board if necessary for good flow.			
* Document fluid, site, catheter gauge, time started, and flow rate. Label IV bag.			
* State 2 signs of infiltration <input type="checkbox"/> IV does not flow <input type="checkbox"/> Local swelling <input type="checkbox"/> Pain/burning			
* State method to determine patency: check retrograde flow			
* Properly dispose of used IV needle in sharps container			
* If giving an IV bolus attach 60 mL syringe to stopcock; open stopcock up to IV bag and withdraw amount needed for bolus. Turn stopcock to the child and slowly push fluids. Repeat until child has received correct amount of fluid.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

 Evaluator

NWC EMSS Skill Performance Record
CARDIAC ARREST MANAGEMENT - PEDIATRIC VF

Name #1	Date:
Name #2:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #3:	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #3: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #4: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #5: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #6: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Name #4:	
Name #5:	
Name #6:	
Name #6:	

Instructions to the students: This child appears to be about 6 and was found in on the floor by a family member who called 911. Assess the patient and provide care per SOPs.

Performance standard	Performs w/o coaching	Needs additional practice
* Assess responsiveness (unresponsive)		
* Open airway using chin lift; assess for spontaneous ventilations: look, listen, feel for air movement for no more than 10 sec. (none present)		
Suction as necessary		
* Give 2 breaths 1 sec each w/ just enough volume to see chest rise		
* Assess for carotid pulse (5-10 sec) (none present)		
* Initiate good chest compressions (see notes) in 5 cycles of 30:2 for 2 min.		
* Apply defibrillator pads w/ chest compressions in progress.		
* Rapidly measure child with Broselow tape to determine approximate size/weight (<50 kg)		
* After 2 min of CPR; pause compressions ≤10 sec; ✓ rhythm (VF). Change compressor.		
* Defibrillate at 2 J/kg (charge defibrillator w/ chest compressions in progress).		
* Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions for 2 min.		
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.	Rating	*While compressions paused for rhythm ✓: Intubate. Ventilate w/ 15 L O ₂ /BVM at 8-10 BPM. If unable to intubate, ventilate w/ OPA + BVM. After ET placed, do not pause compressions to ventilate.
*If shockable rhythm: Clear pt. Defibrillate at 4 J/kg		* Secure vascular access (IV/IO), NS TKO
*Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		*Prepare epinephrine and amiodarone
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.		* Epinephrine 1:10,000 0.01 mg/kg (0.1 mL/kg) up to 1 mg IVP/IO. (See chart p. 90 SOP) Repeat every 3-5 min.
* If shockable rhythm: Clear pt. Defibrillate at 4 J/kg		* Amiodarone 5 mg/kg (max single dose 300 mg) IVP/IO (See chart p. 90 SOP)
*Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (VF); change compressor. Resume compressions while monitor is charging.		Consider NaHCO ₃ 1 mEq/kg IV/IO if arrest caused by bicarb -responsive acidosis (DKA/tricyclic antidepressant , ASA OD, cocaine or diphenhydramine) or known hyperkalemia.
* If shockable rhythm: Clear pt. Defibrillate at 4 J/kg		
*Without checking ECG or pulse, immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		
Return of spontaneous circulation (ROSC): Assess for post-arrest shock. Support ABCs; follow appropriate SOP to support BP w/ UNWARMED NS 10-20 mL/kg IVP and DOPAMINE at 2 to 20 mcg/kg/min as needed. Avoid hyperthermia & hyperglycemia.		

Notes on good CPR:

- Push hard (Approx. $\frac{1}{3}$ to $\frac{1}{2}$ depth of chest) and fast (100); over lower $\frac{1}{2}$ of sternum (1-adolescent) or just below nipples (infant); ensure full chest recoil; minimize interruptions in chest compressions (≤ 10 sec)
- Continue CPR while defibrillator is charging and drugs are prepared & given.
- Interrupt chest compressions only for ventilations (until advanced airway placed), rhythm check & shock delivery.
- Rotate person providing compressions every 2 minutes during ECG rhythm checks
- Pts should not be moved while CPR is progress unless in a dangerous environment or pt is in need of intervention not immediately available. CPR is better and has fewer interruptions when resuscitation is conducted where the pt. is found.

Scoring: **All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require additional practice.**

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments:

Evaluator

CJM: 7/10

NWC EMSS Skill Performance Record
CARDIAC ARREST MANAGEMENT - PEDIATRIC ASYSTOLE/PEA

Name #1 (leader):	Date:
Name #2:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #3:	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #3: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #4: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #5: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #6: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Name #4:	
Name #5:	
Name #6:	
Name #6:	

Instructions to the students: This child appears to be about 2 years old and was found in bed by a family member who called 911. There are no long-term indications of death. Assess the patient and provide care per SOPs.

Performance standard	Performs w/o coaching	Needs additional practice	
One team member seeks information about possible contributing factors: <input type="checkbox"/> Hypovolemia <input type="checkbox"/> Hypoxia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Hyper/hypokalemia <input type="checkbox"/> Hydrogen ion (acidosis) <input type="checkbox"/> Thrombosis (coronary or pulmonary) <input type="checkbox"/> Toxins <input type="checkbox"/> Tension pneumo <input type="checkbox"/> Tamponade cardiac <input type="checkbox"/> Trauma			
* Assess responsiveness (unresponsive)			
* Open airway using chin lift; assess for ventilations: look, listen, feel for air movement (≤10 sec.) (none)			
Suction as necessary			
* Give 2 breaths 1 sec each w/ just enough volume to see chest rise			
* Assess for brachial/apical pulse (5-10 sec) (none present)			
* Initiate good chest compressions (see notes) (5 cycles of 30:2) for 2 min.			
* Apply (peds) defibrillator pads w/ chest compressions in progress.			
* Rapidly measure child with Broselow tape to determine approximate size/weight (<50 kg)			
* After 2 min of CPR; pause compressions (≤10 sec.); ✓ rhythm (Asystole - confirm in 2 leads). Change person doing compressions.			
*Immediately resume CPR starting w/ chest compressions at 100/min. in cycles of 30:2 for 2 min.			
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (IVR); change compressor. *If electrical activity: ✓ pulse (no pulse)	Rating	*While compressions paused for rhythm ✓: Intubate. Ventilate w/ 15 L O ₂ /BVM at 8-10 BPM. If unable to intubate, ventilate w/ OPA + BVM. After ET placed, do not pause compressions to ventilate.	Rating
*Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		* Secure vascular access (IV/IO), NS TKO	
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (IVR); change compressor. * If electrical activity: ✓ pulse (no pulse)		*Prepare epinephrine	
*Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		* Epinephrine 1:10,000 0.01 mg/kg (0.1 mL/kg) up to 1 mg IVP/IO. (See chart p. 90 SOP) Repeat every 3-5 min. as long as CPR needed	
* After 2 min of CPR; pause compressions (<10 sec); ✓ rhythm (IVR); change compressor. * If electrical activity: ✓ pulse (no pulse)		Assess temp & glucose as time allows	
*Immediately resume CPR starting w/ chest compressions at 100/min for 2 min.		Consider NaHCO ₃ 1 mEq/kg IV/IO if arrest caused by bicarb -responsive acidosis (DKA/tricyclic antidepressant, ASA OD, cocaine or diphenhydramine) or known hyperkalemia.	
Return of spontaneous circulation (ROSC): Assess for post-arrest shock. Support ABCs; follow appropriate SOP to support BP w/ UNWARMED NS 10-20 mL/kg IVP and DOPAMINE at 2 to 20 mcg/kg/min as needed. Avoid hyperthermia & hyperglycemia.			

Notes on good CPR:

- Push hard (Approx. 1/3 to 1/2 depth of chest) and fast (100); over lower 1/2 of sternum (1-adolescent) or just below nipples (infant); ensure full chest recoil; minimize interruptions in chest compressions (≤ 10 sec)
- Continue CPR while defibrillator is charging and drugs are prepared & given.
- Interrupt chest compressions only for ventilations (until advanced airway placed), rhythm check & shock delivery.
- Rotate person providing compressions every 2 minutes during ECG rhythm checks
- Pts should not be moved while CPR is progress unless in a dangerous environment or pt is in need of intervention not immediately available. CPR is better and has fewer interruptions when resuscitation is conducted where the pt. is found.

Scoring: **All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require additional practice.**

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments:

Evaluator

CJM: 1/10

NWC EMSS Skill Performance Record
DRESSING & BANDAGING

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply PPE (gloves)			
Determine location of the wound and expose injured area (cut away clothing as appropriate, preserving evidence as necessary)			
Inspect wound for size, type, depth, nature (arterial/venous), amount and type of bleeding, debris, & foreign bodies. Remove loose debris or F/B.			
Remove all jewelry from the injured area and distally			
Select appropriate size dressing			
Open dressing using sterile technique and place over the wound site. Apply direct pressure with hand over the dressing.			
Secure dressing with a bandage, using roller gauze, wrapping distally to proximally. If a limb, leave fingertips or toes exposed to check distal neurovascular status. Secure the bandage with tape.			
Assess pain and consider need for pain medication; apply cold pack to reduce swelling.			
Note the rate at which a dressing becomes saturated with blood and apply additional pressure or consider need for more aggressive hemorrhage control			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

 Evaluator

**NWC EMSS Skill Performance Record
HEMORRHAGE CONTROL**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Apply PPE			
Assess pt for nature of bleeding: <input type="checkbox"/> Type <input type="checkbox"/> Source <input type="checkbox"/> Amount <input type="checkbox"/> Rate			
Apply direct digital pressure over a single layer sterile dressing placed over wound unless contraindicated (deep open skull wound)			
Bleeding persists: <input type="checkbox"/> Cover entire bleeding surface; including deep areas of wound with QuikClot dressing <input type="checkbox"/> Apply direct digital pressure over dressing <input type="checkbox"/> If blood soaks through 1 st layer, apply a 2 nd <input type="checkbox"/> Once bleeding stops, apply a pressure bandage (roller gauze or ACE wrap) to hold dressing in place. <input type="checkbox"/> Do not remove blood-soaked bandages from wound, may cause more bleeding			
Severe extremity bleeding Verbalize need for a tourniquet <input type="checkbox"/> * Mangled extremity; amputation <input type="checkbox"/> * Arterial bleed <input type="checkbox"/> * Hemostatic dressing ineffective in hemostasis			
Prepare equipment and explain procedure to patient.			
Procedure for CAT® tourniquet Route band around extremity and pass free-running end through inside slit of the buckle			
Pass band back through the outside slit of the buckle. This uses the Friction Adaptor Buckle which will lock band in place.			
Pull the band tight and securely fasten the band back on itself			
*Twist the Windlass Rod™ until bright red bleeding has stopped			
*Lock the rod With the clip: Bleeding should be controlled			
*Secure rod with the strap			
*Reassess extremity to insure bleeding has stopped. Continue reassessment enroute.			
Assess need for pain management: If hemodynamically stable – fentanyl per SOP			
Documentation (verbalize) <input type="checkbox"/> MOI: Blunt, penetrating <input type="checkbox"/> Site of tourniquet application: arm, leg; R or L <input type="checkbox"/> Measures used prior to tourniquet application <input type="checkbox"/> Time tourniquet applied &/or removed (if applicable) <input type="checkbox"/> Who applied and/or removed tourniquet <input type="checkbox"/> Success of hemorrhage control <input type="checkbox"/> Total tourniquet time in minutes <input type="checkbox"/> Whether pt required pain meds d/t tourniquet pain <input type="checkbox"/> Tourniquet-related complications if known: ischemia damage, compartment syndrome			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator _____

NWC EMSS Skill Performance Record
APPLICATION of a rigid C-COLLAR

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
*Assesses need for spine motion restriction: Positive MOI and/or + PE findings; unreliable patients with + or uncertain MOI			
*RESCUER #1 provides manual splinting of head/neck as found (in neutral alignment if possible)			
*Assess/open/maintain airway, ventilations & gas exchange			
Select and prepare equipment			
*Rescuer #2: Use fingers to measure key dimension for proper collar sizing (imaginary line from top of shoulder where collar will sit to bottom plane of chin)			
*Rescuer #2: Apply key dimension to the collar by aligning fingers with the bottom edge of the plastic neck band. Select sizing window closest to the height of the stacked fingers. Adjust chin piece until the markers are visible in both windows of the chosen size collar. Press tab locks on both sides of collar to secure.			
Rescuer #2: Pre-form collar by flexing end w/o strap inward to triangular trach hole			
Collar application			
*PT SITTING: Rescuer #2: Apply collar by sliding chin support up the chest wall until collar is placed under the chin. Pt's chin should at least cover the central fastener.			
*Rescuer #2: Secure collar by using the trach hole as an anchor point. Gently pull posterior portion around back of neck and secure Velcro tab.			
*Position pt on long spine board without moving spine.			
*PT SUPINE: Rescuer #2: Slide back of collar under the neck. Position chin piece and fasten Velcro as above.			
*Lift onto long board with a scoop stretcher; position in center of board.			
Both positions:			
<input type="checkbox"/> Heavy or bulky clothing takes up extra space beneath the collar. If this clothing is removed, the patient should be resized for an appropriately fitting collar			
<input type="checkbox"/> *Pad occiput to keep head and neck in neutral alignment; apply lateral immobilizers.			
*Secure pt to long board with straps across shoulders, hips, knees			
Verbalize the following: The collar should not			
<input type="checkbox"/> impede mouth opening or airway clearance.			
<input type="checkbox"/> obstruct airway passages or breathing.			
<input type="checkbox"/> be loose as to allow the chin to sink below the collar chin piece.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

NWC EMSS Skill Performance Record
STANDING BACKBOARD TECHNIQUE

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

An adult is found walking around a vehicle with major metal deformity following a high speed MVC. The patient is dazed and admits to some neck pain. You are asked to apply spine motion restriction using the standing backboard technique.

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications for procedure: Pt found standing and requires spine motion restriction.			
Assess pain, motor, sensory, & circulatory integrity prior to pt movement or splinting			
Need at least 3 rescuers <input type="checkbox"/> *Rescuer 1: Apply manual splinting of head & neck standing behind or in front of the pt. Instruct patient to remain still; explain procedure to pt <input type="checkbox"/> *Rescuer 2: Apply appropriately sized c-collar per procedure.			
*Rescuer 3: Bring long spine board in from side & position directly behind pt; align properly. Check board position from in front of pt. Place padding behind occiput to fill gap between head and board. Rescuer 1 Keep board pressed against pt with hip and leg.			
*Rescuers 2 & 3: Stand facing patient at each side <input type="checkbox"/> Each inserts hand nearest pt under the pt's arm and grasps the handle hold on the board <i>above</i> the armpit <input type="checkbox"/> Grasp pt's elbows with their other hand to provide additional stabilization <input type="checkbox"/> Each rescuer puts foot closest to board against the base at the ground and steps forward with other foot to keep board from sliding			
<input type="checkbox"/> Under direction of rescuer at the head: slowly lower board part way to ground, stopping about halfway down <input type="checkbox"/> *Rescuer 1 must move hands without losing stabilization as the board is lowered			
<input type="checkbox"/> *Lower board fully to ground <input type="checkbox"/> *Rescuer 1 must go to a kneeling position to avoid moving head out of alignment			
<input type="checkbox"/> Move pt to proper position on the board <input type="checkbox"/> *Apply lateral head immobilizers and secure pt to board per procedure			
Assess & document pain & SMV in all extremities after procedure			
State possible complications <input type="checkbox"/> Movement of a pt founding standing with a spine injury could cause an unstable injury to worsen or a stable injury to become unstable <input type="checkbox"/> Permanent paralysis, persistent pain or death can result			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

NWC EMSS Skill Performance Record
KENDRICK EXTRICATION (Vest-Type) DEVICE (KED)

Name #1:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #2	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date	#2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Assesses pain, SMV in all extremities & need for extrication and spine motion restriction			
* Verbalize at least 2 contraindications to use of KED or vest-type device: <input type="checkbox"/> Unstable pt. or scene w/ possible spine injury. (use rapid extrication) <input type="checkbox"/> A vest-type device could cause hypoventilation in a pt w/ dyspnea <input type="checkbox"/> Reliable pt. w/ uncertain or neg MOI w/ normal neuro exam			
*Rescuer #1 Apply manual stabilization to head and neck *Rescuer #2 Correctly size and apply c-collar			
Rescuer #2 Prepare KED for insertion behind patient			
*Rescuer #2: Slip body portion of KED behind pt. w/ smooth side towards pt's back. Straighten KED so pt. is centered in device and head support is behind head.			
Move leg straps down from stored position			
*Bring chest flaps around pt. Fasten middle strap first. (*MBLHT)			
Position firmly under armpits by using lift handles on side of unit			
*Fasten bottom chest strap next			
*Bring leg straps under buttocks; cross over to opposite side and secure into device unless contraindicated. Pad groin as needed.			
*Adjust head pad to fill gap between head and head support			
*Bring head flap forward and secure with straps over forehead and under chin piece of c-collar			
Release manual stabilization			
*Secure top chest strap last Check all straps for snugness before moving patient			
<input type="checkbox"/> *Place foot end of long spine board next to pt's buttocks, perpendicular to pt. Pivot pt. parallel to the board <input type="checkbox"/> *Lift pt slightly onto board and position supine maintaining axial alignment. Keep knees bent during position change.			
Once supine, disengage leg straps and lower legs to board; may loosen chest straps to ensure adequate ventilations			
*Secure pt & KED to the long board with straps			
Reassess spine pain, SMV in all extremities			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

* MBLHT (My baby looks hot tonight helps recall the order of strap application: middle, bottom, legs, head, top)

**NWC EMSS Skill Performance Record
HELMET REMOVAL**

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
<input type="checkbox"/> *Rescuer#1: Kneel at pt's head, apply manual stabilization by palming each side of helmet & curling fingertips over helmet's lower edge so thumbs are on pt's mandible and index fingers are on the occipital ridges. <input type="checkbox"/> *Rescuer #2: Position at pt's side near shoulder			
<input type="checkbox"/> *Perform primary assessment while patient supine w/ helmet in place <input type="checkbox"/> *Remove chin strap or face shield if more direct access required for airway assessment <input type="checkbox"/> *If airway/ventilations adequate; immobilize w/ helmet (pads) in place using tape and blanket roll and padding as necessary to maintain axial alignment			
State indications for procedure: <input type="checkbox"/> *Helmet fails to hold head securely (loose-fitting) <input type="checkbox"/> *Helmet/face shield prevent airway control even after removal of face shield <input type="checkbox"/> Helmet has a face shield that cannot be removed within a reasonable period of time <input type="checkbox"/> Helmet prevents proper immobilization for transport			
State contraindications for procedure: Untrained personnel unless obvious airway impairment evident & failure to remove helmet would compromise patient			
If pt awake, explain the procedure. Instruct pt not to attempt to help or to move. (Assess & document SMV status prior to procedure).			
If helmet has snap-out ear protectors, pry them loose with a tongue blade and remove. If helmet has an inflatable pad, DO NOT decompress air bladder until after the next step.			
*Rescuer #2: Place one hand on mandible: thumb on one side and the long and index fingers on the other. Place other hand under base of occiput under the helmet and maintain axial alignment.			
If helmet has an inflatable air bladder, deflate bladder with an air pump needle while the Rescuer #2 continues to hold C-spine motion restriction. Detach any other removable padding to make helmet easier to remove.			
*If no inflatable air bladder: Rescuer #1 should reach inside helmet & spread sides away from pt's head and ears while gently pulling and tilting helmet upward slightly, clearing pt's nose. As helmet comes over the occiput, it may be necessary to tilt the helmet FORWARD slightly about 30° following curvature of pt's head. Remove helmet by carefully pulling it in a straight line.			
*Rescuer #2: Maintain in-line stabilization throughout the process to prevent c-spine motion. Slide hand under neck upwards as helmet is removed to provide occipital support and prevent head from falling back once helmet is removed.			
After removal, apply padding under head to maintain neutral position. Apply a c-collar and lateral immobilization and secure pt. to long board with straps.			
Assess pain and SMV in all extremities after procedure.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require a repeat.

Recommendation: Excellent knowledge of material; no coaching needed.
 Satisfactory knowledge of material: minimal coaching needed.
 Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

NWC EMSS Skill Performance Record
LOGROLL onto a LONG SPINE BOARD

Name #1:	Date:
Name #2:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #3:	2nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #3: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat #4: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Name #4:	

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
* Prepare patient: Position pt. supine. Rescuer 1 holds patient's head in axial alignment WITHOUT any traction on neck or spine and instructs pt not to move.			
* Rescuer 2 correctly applies appropriate size C-collar			
* Rescuers 3&4 assemble equipment: Long spine board, lateral head immobilizer, straps or spider, towels or padding			
Rescuers position themselves at head & same side of patient: <input type="checkbox"/> *Rescuer 1 holds pt's head <input type="checkbox"/> *Rescuer 2 kneels at pt's shoulders <input type="checkbox"/> *Rescuer 3 kneels at pt's buttocks & hips			
Rescuers reach across patient and grasp: *Rescuer 2 - Patient's farther shoulder and hips *Rescuer 3 – Patient's waist and thigh (cross hands & arms)			
Perform procedure *Rescuer 1 stabilizes head & neck. Gives command to roll pt on 3. Counts 1, 2, 3.			
*On signal, pt is rolled as a unit onto their side with head supported & turned with body			
*Rescuer 4 slides board parallel to back of body, tilted up at a 45° angle until it is snug to body with pivot point on floor			
*On signal from Rescuer 1 lower pt as a unit on board until board is flat on floor – keeping head slightly elevated in axial alignment if no occipital padding yet			
* Centering patient on board: If pt is not centered on board, Rescuers maintain their position and on signal from Rescuer 1 move pt slightly downwards on board towards midline			
*On signal from Rescuer 1 all rescuers move pt slightly upwards on board towards midline so pt is centered on board. (Maintains axial alignment of spine and eliminates sideways motion)			
* Securing patient to board: Rescuer 2 slides occipital pad under patient's head to fill gap between board and back of head			
Reassess position of c-collar. Secure lateral head immobilizers with straps or Velcro.			
Secure straps over patient's forehead and chin piece of cervical collar to board			
Secure pt to board with straps across shoulders/chest, thighs and below knees or use a spider strap			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

NWC EMSS Skill Performance Record
SLING and SWATHE

Name:	1st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Apply PPE (gloves)			
Expose injured area (cut away clothing as appropriate, preserving evidence as necessary)			
Assess need for splint: pain, deformity, motor deficit, paresthesia, pallor, and/or pulselessness of injured shoulder, clavicle, or arm. Compare injured to uninjured side.			
Remove all jewelry & clothing from injured areas and distal extremity			
Cover all open wounds w/ sterile dressings			
Consider need for morphine and benzodiazepine prior to splinting			
Apply gentle support and stabilization to the fracture/dislocation site while applying sling			
Place padding between arm and chest in axillary area			
Fold forearm of injured side across chest, with hand slightly elevated toward opposite shoulder			
Place triangular bandage under and over arm with point at elbow and two ends tied around the neck. Knot should be to the side of the neck.			
Envelope wrist and most of hand in the sling. Hand and wrist should not be able to drop out of sling. Keep fingers exposed to check neurovascular status. Keep hand and wrist slightly elevated.			
Pin or tie point end of a triangular bandage to form a cup for the elbow			
Alternative approach: Apply commercially available sling by inserting forearm into the sleeve and securing the strap (at the elbow) behind the shoulder and forward around the opposite side of the neck to attach to the hand portion of the sling. The sling straps should not hang forward in front of the neck on both sides.			
Reassess motor, sensory, and circulatory integrity of injured extremity after splinting to compare injured to uninjured sides			
Wrap a wide cravat or roller gauze around injured arm and body as a swathe to pull shoulder back and secure injured arm to body			
Transport in a sitting position			
Apply cold pack to reduce swelling			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
RIGID SPLINTS

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State purpose of splinting <input type="checkbox"/> Reduce pain <input type="checkbox"/> Stabilize injury; provide substitute support <input type="checkbox"/> Facilitate transfer and transport <input type="checkbox"/> Prevent/minimize skin laceration; motion of broken bone ends; damage to muscle, nerves; restriction of distal blood flow; excessive bleeding			
Prepare/assess patient Explain procedure to pt *Completely expose the injured area (limb)			
*Assess need for splint and distal motor & neurovascular function prior to moving injured area: pain, position, paralysis or motor deficit, paresthesia, pallor, pulselessness, pressure. Compare injured to uninjured side.			
*Remove jewelry on affected limb. Secure w/ pt belongings. If unable to remove a ring with soap/lubricant, cold or string, consider a ring cutter.			
*Offer pain/antispasmodic meds before splinting if not contraindicated			
<input type="checkbox"/> *If angulated long bone fx with SMV impairment: apply gentle traction to both bone ends and attempt to realign. Constant firm pressure; NO jerky movements <input type="checkbox"/> If resistance encountered or pt c/o severe pain – STOP. Splint in position of deformity <input type="checkbox"/> Splint joint injury as found			
*Cover all open wounds w/ sterile dressings			
Prepare equipment: *Select a splint that immobilizes one joint above and one joint below a suspected fx.			
Pad splint or wrap limb distally to proximately with Webril if available. Overlap each layer by ½ the width. Smooth out creases. Apply extra padding to fill voids and over bony prominences. Omit step if using prepped splint.			
Perform procedure – Generalized approach – adapt to device <input type="checkbox"/> *Manually support site & minimize movement until splint is applied & secured <input type="checkbox"/> *Apply splint per manufacturer’s recommendations w/ minimal mvmt. of limb <input type="checkbox"/> Splint knees straight unless injured or angulated <input type="checkbox"/> If forearm injury, have pt hold (flex fingers over) a bandage wrap. Flex elbow to 90° if possible. Extend wrist to 20°; abduct thumb and flex finger joints to 70°.			
*Secure by fastening Velcro straps or w/ bandage or ACE wrap. Do not tape circumferentially (allow pressure relief).			
*Reassess distal motor & neurovascular integrity after splinting. Instruct pt to alert you if they experience numbness, color change, increasing pressure or pain.			
<input type="checkbox"/> *If possible; elevate injured extremity above level of heart <input type="checkbox"/> Apply cold pack over injury site unless contraindicated			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator _____

NWC EMSS Skill Performance Record
VACUUM SPLINTS

Name #1:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #2:	2 nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	#2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient Assess need for splint: Swollen, painful or deformed extremity or possible spine injury			
Advantage of vacuum splints: Angulated fractures can be splinted as found as opposed to fitting them into a preformed splint			
Inform patient about the procedure			
*Expose injured area; remove all clothing, jewelry and secure w/ pt belongings Remove any sharp or bulky items that may injure pt or damage the splint			
*Compare and note motion, sensation and circulation proximal & distal to injury			
*Cover open wounds with sterile dressings			
Offer pain/antispasmodic medications if not contraindicated			
Prepare equipment: Select appropriate size splint			
*Lay splint out flat, with all straps open and inner surface that will touch patient's skin (face up). May need to pad splint if using on frail skin.			
*Check integrity of splint: rigidity will be compromised due to a leak or tear in splint or if valve is damaged or open			
Perform procedure – Generalized approach – know your device *Gently elevate and support area of injury as splint is placed beneath, then around injured limb, or use a scoop stretcher to place pt into a body mattress splint (maintain spine alignment)			
Wrap splint around sides of limb, or lift edges of mattress to conform around contour of pt, starting at the head; secure with straps (chest, hips, legs)			
*Attach vacuum pump to splint and evacuate air until the splint feels firm and solid Splint should be rigid, conforming to the shape of the limb or body			
Close off vacuum valve and disconnect pump			
Ensure that splint does not shrink too much and become too tight when air is removed Readjust straps as necessary			
*Reassess pain; motor, sensory and circulatory integrity distal to the injury			
May place pt on a long spine board, scoop stretcher for transport if indicated (vacuum mattress may take place of spine board)			
Monitor for cautions: <input type="checkbox"/> Loss of vacuum will soften the splint and cause loss of immobilization <input type="checkbox"/> Vacuum splints can make motor, sensory and neurovascular checks difficult			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

NWC EMSS Skill Performance Record
APPLICATION of a PELVIC SPLINT

Name #1:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Team repeat
Name #2:	2 nd attempt: #1: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	#2: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient			
Assess hemodynamic stability and need for splint: possible pelvic fracture <input type="checkbox"/> Blood at urinary meatus <input type="checkbox"/> Scrotal swelling/hematoma			
Verbalize no contraindications in emergent setting except open fracture			
Inform patient about the procedure			
Compare and note motion, sensation and circulation distal to injury			
Provide pain medication if not contraindicated			
Prepare equipment:			
Select appropriate size splint			
Perform procedure – Generalized approach – know your device			
Gently slide sheet or pelvic splint under patient from the feet up to the level of the greater trochanters without rocking the patient			
Draw ends of the sheet or pelvic splint together and create circumferential tension to stabilize the pelvis; ensure that splint is not too tight			
Secure feet together			
Reassess motor, sensory and circulatory integrity distal to the injury			
Use scoop stretcher or vacuum body mattress to place pt on stretcher			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Evaluator

CJM: 8/10



NWC EMSS Skill Performance Record
PNEUMATIC ANTI-SHOCK GARMENT (PASG)

Name:	1 st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: You are asked to verify the need and to correctly apply the PASG.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
Prepare/assess patient Assess baseline VS; Verbalize indications for PASG: <input type="checkbox"/> Fractured pelvis or femur <input type="checkbox"/> Intra-abdominal bleeding (AAA, ruptured ectopic pregnancy)			
Verbalize two contraindications: <input type="checkbox"/> Abdominal evisceration (legs only) <input type="checkbox"/> Penetrating injury above the diaphragm <input type="checkbox"/> 2 nd /3 rd trimester of pregnancy (legs only) <input type="checkbox"/> Impaled object in abdomen <input type="checkbox"/> Cardiogenic shock <input type="checkbox"/> (Absolute) Pulmonary edema/HF			
Quickly examine lower torso and extremities for sharp objects and signs of injury. Remove materials such as broken glass that could injure patient or damage garment.			
Prepare equipment Unfold garment; check to make sure all parts are present & functional; and place next to pt			
Perform procedure Explain procedure to the patient			
Unfold garment with the inside facing up			
Position under a supine patient by having 2 rescuers slide the garment upwards from the feet up to the buttocks. Lift the pelvis slightly and slide garment so the top is at the lower border of the patient's rib cage.			
Snugly wrap and apply Velcro fasteners around the left leg, right leg, and lastly the abdominal section without wrinkles or gaps			
Open valves and attach inflation tubing and foot pump			
Inflate leg compartments one at a time then the abdominal compartment according to the manufacturer's instructions using the foot pump or compressed air source.			
Continue inflation until the SBP reaches 90, garment pop-off valve is activated or Velcro pulls.			
Monitor vital signs (BP) at least every 5 minutes			
Close all valves after sufficient inflation			
If asked to remove trousers: Deflate abdominal compartment slowly while monitoring BP. If BP drops 5 mmHg or more, stop deflation. If BP < 90, provide IVF in 200 mL boluses. Once BP stabilizes, continue to deflate legs as patient tolerates. Reinflate if there is a sudden deterioration in VS.			

Scoring: All starred (*) items must be answered/performed correctly in order for the student to complete this station. Any errors or omissions of these items will require practice/repeat.

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

**NWC EMSS Skill Performance Record
SCOOP STRETCHER**

Name:	1st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

NOTE: Never apply traction to neck or spine

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
State indications: Supine pt requires movement to the stretcher when log-rolling onto a long spine board is not advised or contraindicated (impaled objects to posterior body, possible SCI; hip fx)			
State contraindication: Pt size exceeds capacity of device			
Prepare scoop stretcher <input type="checkbox"/> Adjust stretcher to length of pt; turn lock pegs where the stretcher narrows to open sliding mechanism <input type="checkbox"/> Pull the bottom of stretcher out to desired length <input type="checkbox"/> Lock back into place by turning lock pegs in opposite direction (will hear a distinct click when it locks in place)			
* Open mechanism at top and bottom of stretcher to separate into right & left halves			
Prepare the patient Explain process to patient			
<input type="checkbox"/> Position pt supine unless contraindicated (impaled object on posterior of body) <input type="checkbox"/> Hold axial alignment and apply C-collar if indicated			
Fold patient's arms across chest			
Procedure * Slide one stretcher half beneath pt on each side, taking care not to pinch skin or clothing. Use a gentle see-saw motion to get each side under pt.			
* Lock stretcher back together at head and foot			
<input type="checkbox"/> Properly position head support & lateral immobilization; pad as necessary <input type="checkbox"/> Secure pt to scoop stretcher with straps over chest, pelvis & knees			
* Bring ambulance stretcher close to pt; put side rails down; lock wheels			
* Place a long board on ambulance stretcher if desired. Note: New model scoop stretchers may replace need for long spine boards on stretcher.			
* Lift scoop stretcher by end-carry method			
* Lower scoop stretcher gently onto backboard or directly onto stretcher			
* Secure patient to stretcher with straps per procedure			
* Reassess patient			

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

NWC EMSS Skill Performance Record
START & JUMP START TRIAGE SYSTEMS

Name:	1st attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 nd attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

Instructions: The paramedic shall use the START triage system to initially categorize patients for priority movement to the triage sector.

Performance standard	Performs w/o coaching	Performs w/ coaching	Needs additional practice
START PRIMARY TRIAGE			
Use appropriate BSI			
Ask pts who can to walk to move to a safe designated area. If can walk: Tag GREEN			
Respiratory status			
* Assesses respirations			
<input type="checkbox"/> If no respirations: open airway			
<input type="checkbox"/> If breathing does not resume: tag deceased and move on			
<input type="checkbox"/> If breathing resumes with airway maneuver: Tag RED (immediate)			
<input type="checkbox"/> If breathing present - check rate. If >30 Tag RED			
<input type="checkbox"/> If rate <30 - check perfusion			
Perfusion			
* Assess radial pulse			
<input type="checkbox"/> If pulse absent or cap refill > 2 sec: tag RED ; control bleeding			
<input type="checkbox"/> If radial pulse present or cap refill <2 sec: check mental status			
Mental status			
*If pt cannot follow simple commands tag RED			
If pt follows simple commands tag YELLOW (delayed)			
JUMP START TRIAGE SYSTEM			
Use appropriate BSI			
* If patients are able to walk: tag MINOR and send to secondary triage			
* If patients cannot walk assess for breathing			
<input type="checkbox"/> If breathing: assess respiratory rate: If <15 or >45 tag RED			
<input type="checkbox"/> If no breathing: open airway – breathing resumes tag RED			
<input type="checkbox"/> If apneic - check for a pulse. If absent tag BLACK (Deceased)			
<input type="checkbox"/> If pulse present - give 5 rescue breaths, if remains apneic tag BLACK (Deceased)			
<input type="checkbox"/> If breathing resumes - tag RED (Immediate)			
* If respiratory rate is 15-30 per min. - check pulse			
<input type="checkbox"/> if pulse absent - tag RED (Immediate)			
<input type="checkbox"/> If pulse present assess AVPU			
<input type="checkbox"/> If AVPU is inappropriate or unresponsive - tag RED (Immediate)			
<input type="checkbox"/> If AVPU is appropriate - tag YELLOW (Delayed)			

Scoring: **All starred (*) items must be answered or performed correctly in order for the student to pass this station. Any errors or omissions of these items will require a retest.**

- Recommendation:**
- Excellent knowledge of material; no coaching needed.
 - Satisfactory knowledge of material: minimal coaching needed.
 - Could not perform some points even with coaching; recommend practice/repeat.

Comments: _____

Evaluator

NWC EMSS Skill Performance Record
RESTRAINTS

Date:	EMS Agency		
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education

Instructions: Use this checklist in conjunction with Policy E-1, the NWC EMSS Procedure: Use of Restraints and the NWC EMSS SOPs. Each system EMT, Paramedic, and PHRN must have their competency measured using this checklist at least every two years. Randomly ask questions requiring a verbal response of all team members.

Performance standard	Yes	No
<p>State 2 observations that should be made during the scene size-up if a pt appears agitated or violent</p> <input type="checkbox"/> Inspect for bottles, drugs, letter, notes, toxins <input type="checkbox"/> Ask bystanders about recent behavioral changes <input type="checkbox"/> Confer with law enforcement if applicable; determine the patient's condition prior to EMS arrival		
Verbalize that EMS personnel must perform a primary assessment		
<p>*State at least 3 assessments that must be performed to determine decisional capacity</p> <input type="checkbox"/> Consciousness <input type="checkbox"/> Speech <input type="checkbox"/> Affect/mood <input type="checkbox"/> Orientation <input type="checkbox"/> Activity <input type="checkbox"/> Thought processes <input type="checkbox"/> Memory <input type="checkbox"/> Perception		
<p>List at least 3 elements that indicate a behavioral emergency with a possibility of violence:</p> <input type="checkbox"/> Combative <input type="checkbox"/> Shouting <input type="checkbox"/> Pacing Punching or kicking <input type="checkbox"/> Apparent anger		
<p>Define physical restraint (May paraphrase): Direct application of force to an individual without the person's permission to restrict freedom of movement.</p>		
<p>*Give 2 examples of patients on whom restraints might be needed</p> <input type="checkbox"/> DAI intubation <input type="checkbox"/> Controlled access for medical procedures <input type="checkbox"/> Anticipation of improved patient condition producing combativeness <input type="checkbox"/> Cardiac arrest patient with ROSC attempting extubation <input type="checkbox"/> Patient is combative/uncooperative and poses an imminent risk to self, others, or property <input type="checkbox"/> Transport of non-decisional or suicidal patient against their will		
<p>*State at least 3 medical or psychological causes of threatening behaviors.</p> <input type="checkbox"/> Hypoxia <input type="checkbox"/> Neurologic disease (stroke, seizures, intracerebral bleed, dementia) <input type="checkbox"/> Substance abuse/OD <input type="checkbox"/> Metabolic disorders (hypoglycemia)		
<p>State at least 2 general types of restraint: <i>May be human, material, mechanical devices, drugs or a combination</i></p> <input type="checkbox"/> Verbal de-escalation <input type="checkbox"/> Physical <input type="checkbox"/> Chemical		
<p>*State at least 1 example of a soft restraint</p> <input type="checkbox"/> Roller gauze <input type="checkbox"/> Sheets/blankets <input type="checkbox"/> Chest Posey		
<p>*State at least one example of a hard restraint</p> <input type="checkbox"/> Velcro limb restraints <input type="checkbox"/> Plastic ties <input type="checkbox"/> Leather restraints		
<p>State one example of a forensic restraint (Handcuffs)</p>		
<p>State who is responsible for a prisoner in handcuffs (Arresting law enforcement officer)</p>		
<p>State what an officer must give to EMS personnel if a prisoner is in handcuffs and they follow the ambulance in the police vehicle (Handcuff key)</p>		
<p>*Verbalize 2 approved positions for a prisoner being transported in handcuffs behind their back</p> <input type="checkbox"/> Seated <input type="checkbox"/> On their side		
<p>Verbalize two civil torts (wrongs) that prehospital providers can be accused of if restraints are incorrectly or inappropriately applied</p> <input type="checkbox"/> False imprisonment <input type="checkbox"/> Assault/battery		

Performance standard	Yes	No
State a Federal allegation that may be brought due to improper restraint use <input type="checkbox"/> Violation of civil rights under the Constitution		
Application of 4 point restraints		
*State at least 5 general guidelines regarding application of restraints <input type="checkbox"/> Use proper size for patient <input type="checkbox"/> Use correct product to prevent patient injury <input type="checkbox"/> Secure straps to spine board or stretcher part that moves w/ pt <input type="checkbox"/> Secure straps out of patient's reach <input type="checkbox"/> Use quick release ties for non-Velcro restraints <input type="checkbox"/> Follow infection control guidelines for cleaning restraints <input type="checkbox"/> Must be informed restraint *		
*State at least 2 steps to prepare a patient for restraint application <input type="checkbox"/> Remove all jewelry from areas to be restrained <input type="checkbox"/> Expose area to assess limb SMV <input type="checkbox"/> Provide as much privacy as possible		
State the minimum number of rescuers needed to apply restraints to a violent pt. (4-5)		
*Prepare equipment (2 wrist; 2 leg restraints)		
Plan the approach to the patient		
Demonstrate application of 4 point restraints with team members		
*Take patient safely down to a prone position		
*One person should control each limb by grasping clothing and large joints		
*Adjust patient to a supine or side-lying position as soon as EMS has control of patient's movements (on backboard preferred). Auto-Repeat: Patient left supine and hogtied		
*Restrain 1 arm at side and other above head; both legs to stretcher		
*Place stretcher straps over bony prominences, criss-crossed over chest, pelvis, legs Auto-Repeat: Straps cinched across neck, chest, abdomen or compromised airway/ventilations		
*Reassess SMVs in all 4 extremities		
*How often must VS, airway patency, and neurovascular status be reassessed while patient is restrained? At least every 15 minutes		
*Verbalize how to recognize improperly applied restraints and how to resolve the situation immediately. <input type="checkbox"/> Patient can move or thrash about <input type="checkbox"/> Release/reapply one limb at a time		
*State at least 3 signs of physical distress in individuals who are being held or restrained <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Reduced/absent pulse distal to restraint <input type="checkbox"/> Inability to speak <input type="checkbox"/> Cool/pale limb distal to restraint <input type="checkbox"/> Hypoxia <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Pain due to restraint <input type="checkbox"/> Cardiac dysrhythmia; unstable VS <input type="checkbox"/> Soft tissue injury		
*Who must provide authorization for restraints either before or after their application? On-line medical control physician		
Under what circumstances are EMS personnel authorized to remove restraints once applied? Patient is reassessed to be fully decisional and cooperative and EMS personnel receive orders from on-line medical control to discontinue restraint.		
What steps may EMS personnel take if a patient is biting or spitting at them? Apply a c-collar and place a surgical or oxygen mask over the patient's face or use the TranZport hood		
Special populations		
Who must accompany a child in restraints? Responsible adult		
How can one compensate for an elderly adult's loss of sight or hearing? Reassuring physical contact		
What special accommodations must be made for hearing impaired persons whose primary mode of communication is sign language? Hands must be freed for brief periods unless freedom may result in physical harm		
*To whom must EMS personnel report a death of a patient while in handcuffs? EMS MD Within what time frame? 2 hours		

Performance standard	Yes	No
<p>Chemical restraint (Paramedics/PHRNs)</p> <p><i>*Which agent is used to achieve sedation for combative patients?</i> midazolam IVP/IN</p> <p><i>*State the IN dose for adult patients</i> 0.2 mg/kg up to 10 mg</p> <p><i>*State the IV dose for adult patients</i> 2 mg increments up to 10 mg</p>		
<p>*State at least 3 continued risks to a patient who is struggling before or after restraint application that justifies the use of chemical restraint?</p> <p><input type="checkbox"/> Hypoxia <input type="checkbox"/> Severe acidosis <input type="checkbox"/> Hyperthermia</p> <p><input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Fatal dysrhythmia</p> <p><input type="checkbox"/> Aspiration <input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Sudden cardiac arrest</p>		
<p>*Documentation: List at least 6 things that must be documented if a patient was placed into restraints:</p> <p><input type="checkbox"/> Clinical justification for use</p> <p><input type="checkbox"/> Failure of non-physical methods of restraint</p> <p><input type="checkbox"/> Reasons for restraint were explained to patient (informed restraint)</p> <p><input type="checkbox"/> Restraint order: on-line medical control or SOP; physician's name who authorized restraint</p> <p><input type="checkbox"/> Rationale for type of intervention selected</p> <p><input type="checkbox"/> Type(s) of restraint used</p> <p><input type="checkbox"/> Reassessments every 15 minutes</p> <p><input type="checkbox"/> Care during transport</p> <p><input type="checkbox"/> Any injuries sustained by patient or rescuers</p> <p><input type="checkbox"/> A petition form is to be completed when EMS personnel or family members have first hand knowledge and reasonably suspect that a patient is mentally ill and because of their illness would intentionally or unintentionally inflict serious physical harm upon themselves or others in the near future, is mentally retarded and is reasonably expected to inflict serious physical harm upon himself/herself or others in the near future, or is unable to provide for his or her own basic physical needs so as to guard himself or herself from serious harm and needs transport to a hospital for examination by a physician (Ill Mental Health Code).</p>		

Scoring: All starred (*) items must be answered/performed correctly in order for the participant to complete this station successfully. Any errors or omissions of these items will require practice/repeat.

Recommendation:

- Excellent knowledge of material; no coaching needed.
- Satisfactory knowledge of material: minimal coaching needed.
- Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator

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