



*CEME-BASED RECERTIFICATION*

***LOG BOOK***

# EMT-Critical Care

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Providers must be complete with the program  
**AT LEAST 60 DAYS PRIOR**  
**TO THEIR EMT EXPIRATION DATE!**

60 days prior to my EMT-CC expiration date is:

\_\_\_/\_\_\_/\_\_\_

***Office of Prehospital Care***

462 Grider Street  
Buffalo, New York 14215  
(716) 898-3600  
www.OPCEMS.org

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# Introduction

Welcome to the CME-Based Recertification Program. Your agency has contracted with the *Office of Prehospital Care* to assist you with achieving recertification over the next several years. We encourage each participant to utilize this log book as a resource to help ensure success with the program.

This is an agency-based program. This means that the agency must not only apply to be in the program, but it must also assist its members within the program. An individual can not recertify in the program unless they belong to an agency that is participating in the program. Agencies must abide by certain requirements of the program such as, but not limited to:

- Maintaining pilot recertification program records for a minimum of 7 years.
- Complying with all deadline dates outlined within the program. A common problem has been with delays in agencies and providers obtaining the required signatures and thereby submitting renewal paperwork late.
- Assuring that all agency and participant files are kept up to date. Files found to be more than 30 days out of date will be in violation of the program.
- Assuring that the contents of all files are kept in chronological order.
- Assuring that all program records must be made available within 24 hours for auditing purposes.
- Assuring that all forms are submitted within the required time periods.
- Abiding by all regulations and policies set-forth by the CME-Based Program.

To be eligible for program participation, one must meet the following requirements:

- Currently certified and maintain certification through recertification process.
- Current active member OR employee of an agency registered with the pilot program.
- Actively providing prehospital care at the certification level sought AND the agency must be authorized to provide care at the level for which the participant seeks recertification. (i.e. A paramedic can not renew paramedic certification through the program if the agency is not authorized to provide paramedic-level care).

As a participant in this program, you may attend any core session hosted by the *Office of Prehospital Care* only. Often, our courses will be scheduled several months in advance. Courses are listed on our website: [www.OPCEMS.org](http://www.OPCEMS.org)

Please allow adequate time to complete the program. We strongly advise each participant to frequently review their status in the program with their Agency's Program Coordinator. As a reminder, completed paperwork is due to the New York State Department of Health 45-days prior to your expiration date; which means that each participant should complete the program no less than 60 days prior to expiration. Should you find that you don't have enough time to complete the Pilot Program, you MUST enroll in and successfully complete a NYS EMT/AEMT Refresher Course and pass a State administered practical and written certification exam.

As always, please feel free to call the OPC at (716) 898-3600 if you have any questions.

Best of luck with the program!

# EMT-Critical Care

Refresher Training  
"Core Content"

## Advanced Cardiac Life Support – 2 Day Original (5 hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Preparatory (2 hours)
- Airway (2 hours)
- Respiratory/Cardiac (1 hours)
- Additional CME (remaining hours)

## PALS or PEPP – 2 Day Original (7 hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Preparatory (2 hours)
- Airway (1 hour)
- Respiratory/Cardiac (1 hour)
- Neonatology (1 hour)
- Pediatrics (2 hours)
- Additional CME (remaining hours)

## ITLS or PHTLS – 2 Day Original (11 hours of Core Credit)

Day 1: \_\_\_/\_\_\_/\_\_\_ Day 2: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Credit Breakdown:

- Airway (2 hours)
- Trauma (8 hours)
- Operations (1 hour)
- Additional CME (remaining hours)

**Continued on Next Page...**

**Preparatory (1 hour)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Respiratory/Cardiac (3 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Poison/Environmental/Behavioral (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Diabetes/AMS/Allergies (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Neuro/Gastro/Renal/Urology (2 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Obstetrics & Gynecology (3 hours)**

Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours of Instruction: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_



**CPR COURSE COMPLETION**

- Your CPR Card must be current at the time of recertification
- Must be a course designed for Healthcare Providers and include the following:  
(Adult, Child and Infant 1 & 2 rescuer CPR and obstructed airway management)

Name of Course: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_ Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of your card for your agency's CME coordinator!**

**Geriatrics - 3 hours minimum**

- This counts towards the 32 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_ Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of any certificates or attendance sheets for your agency's CME coordinator!**

**WMD/Terrorism - 3 hours minimum**

- This counts towards the 32 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_ Date(s) of Course(s): \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

**\* Don't forget to make a copy of any certificates or attendance sheets for your agency's CME coordinator!**

### Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (included in book).
- PHTLS/ITLS and PEPP courses are great ways to verify skill competency.

Skill	Date Completed	Instructor's Name	Completed NYS Skill sheet? (Yes/No)	Competency Verified (Yes/No)
Patient Assessment - Trauma <sup>1</sup>				
Patient Assessment - Medical <sup>2</sup>				
Airway/Ventilation - Simple Adjuncts <sup>1,2</sup>				
Airway/Ventilation - Supplemental Oxygen Delivery <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - one rescuer <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - two rescuer <sup>1,2</sup>				
Airway/Ventilation – Advanced Airway Adjuncts <sup>1,2,3</sup>				
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge) <sup>3</sup>				
Hemorrhage Control & Splinting - Long-Bone Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Joint Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Traction Splinting <sup>1</sup>				
IV Therapy/Medication Administration <sup>3</sup>				
Spinal Immobilization Seated <sup>1</sup>				
Spinal Immobilization Supine <sup>1</sup>				

<sup>1</sup> PHTLS/BTLS offers an opportunity to verify this skill. <sup>2</sup> PEPP offers an opportunity to verify this skill.  
<sup>3</sup> ACLS offers an opportunity to verify this skill

### ADDITIONAL DOCUMENTATION SPACE:

### Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (included in book).
- PHTLS/ITLS and PEPP courses are great ways to verify skill competency.

Skill	Date Completed	Instructor's Name	Completed NYS Skill sheet? (Yes/No)	Competency Verified (Yes/No)
Patient Assessment - Trauma <sup>1</sup>				
Patient Assessment - Medical <sup>2</sup>				
Airway/Ventilation - Simple Adjuncts <sup>1,2</sup>				
Airway/Ventilation - Supplemental Oxygen Delivery <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - one rescuer <sup>1,2</sup>				
Airway/Ventilation - Bag-Valve-Mask - two rescuer <sup>1,2</sup>				
Airway/Ventilation – Advanced Airway Adjuncts <sup>1,2,3</sup>				
Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge) <sup>3</sup>				
Hemorrhage Control & Splinting - Long-Bone Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Joint Injury <sup>1</sup>				
Hemorrhage Control & Splinting - Traction Splinting <sup>1</sup>				
IV Therapy/Medication Administration <sup>3</sup>				
Spinal Immobilization Seated <sup>1</sup>				
Spinal Immobilization Supine <sup>1</sup>				

<sup>1</sup> PHTLS/BTLS offers an opportunity to verify this skill. <sup>2</sup> PEPP offers an opportunity to verify this skill.  
<sup>3</sup> ACLS offers an opportunity to verify this skill







# **AEMT-Critical Care**

## **Practical Skills Examination Sheets**





Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Takes or verbalizes body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
<b>Determines the mechanism of injury/nature of illness</b>	1	
<b>Determines the number of patients</b>	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
<b>INITIAL ASSESSMENT/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway - Opens and assesses airway (1 point)      - inserts adjunct as indicated (1 point)	2	
Breathing - Assess breathing (1 point) - Assures adequate ventilation (1 point) - Initiates appropriate oxygen therapy (1 point) - Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation - Checks pulse (1 point) - Assess skin [either skin color, temperature, or condition (1 point) - assesses for and controls major bleeding if present (1 point) - Initiates shock management (1 point)	4	
Identifies priority patients/makes transport decision	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>		
Selects appropriate assessment	1	
Obtains, or directs assistant to obtain, baseline vital signs	1	
Obtains SAMPLE history	1	
<b>DETAILED PHYSICAL EXAMINATION      NOTE: Areas denoted by ** may be integrated within Initial Assessment</b>		
Head - Inspects mouth**, nose**, and assesses facial area (1 point) - Inspects and palpates scalp and ears (1 point) - Assesses eyes for PERRL** (1 point)	3	
Neck** - Checks position of trachea (1 point) - Checks jugular veins (1 point) - Palpates cervical spine (1 point)	3	
Chest** - Inspects chest (1 point) - Palpates chest (1 point) - Auscultates chest (1 point)	3	
Abdomen/pelvis** - Inspects and palpates abdomen (1 point) - Assesses pelvis (1 point) - Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** - inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)	2	
Upper extremities - inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar, and buttocks** - Inspects and palpates posterior thorax (1 point) - Inspects and palpates lumbar and buttocks area (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
Performs ongoing assessment	1	
<b>TOTAL TO PASS 30</b>		<b>43</b>

**CRITICAL FAILURE**

- \_\_\_ Failure to initiate or call for transport of the patient within 10 minutes time limit
- \_\_\_ Failure to take or verbalize infection control precautions
- \_\_\_ Failure to determine scene safety
- \_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_ Failure to voice and ultimately provide high concentration of oxygen
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's needing transportation versus continued on-scene assessment/treatment
- \_\_\_ Does other detailed physical examination before assessing & treating threats to airway, breathing & circulation
- \_\_\_ Orders a dangerous or inappropriate intervention

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

Please print.

**STATION**  
**1 - D**

**IMMOBILIZATION**  
**SKILLS**  
**LONG BONE INJURY**

Pass _____
Fail _____

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions		C		
Directs application of manual stabilization of the injury		1		
Assesses motor, sensory and circulatory function in the injured extremity		C		
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
Measures the splint		1		
Applies the splint		1		
Immobilizes the joint above the injury site		C		
Immobilizes the joint below the injury site		C		
Secures the entire injured extremity		1		
Immobilizes the hand/foot in the position of function		1		
Reassesses motor, sensory and circulatory function in the injured extremity		C		
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
Candidate did not grossly move the injured extremity		C		
Candidate must complete station within 10 minute time limit		C		

**Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.**

Total to pass 4      Total 5

COMMENTS:

Please print.

**STATION**  
**1 - E**

**IMMOBILIZATION**  
**SKILLS**  
**JOINT INJURY**

Pass \_\_\_\_\_  
Fail \_\_\_\_\_

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C			
Directs application of manual stabilization of the shoulder injury	1			
Assesses motor, sensory and circulatory function in the injured extremity	C			
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
Selects the proper splinting material	1			
Immobilizes the site of the injury	1			
Immobilizes the bone above the injured joint	C			
Immobilizes the bone below the injured joint	C			
Reassessed motor, sensory and circulatory function in the injured extremity	C			
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
Joint is supported so that the joint does not bear distal weight	C			
Candidate completed station within the 5 minute time limit	C			

**Note: Candidate must complete all critical criteria and receive at least 2 points to pass this station.**

Total to pass 2      Total 3

COMMENTS:



Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Takes or verbalizes body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
<b>INITIAL ASSESSMENT/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing - Assessment (1 point) - Assures adequate ventilation (1 point) - Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation - Assesses/controls major bleeding (1 point) - Assesses pulse (1 point) - Assesses skin [either skin color, temperature, or condition] (1 point)	3	
Identifies priority patients/makes transport decision	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>		
History of present illness - Onset (1 point) - Severity (1 point) - Provocation (1 point) - Time (1 point) - Quality (1 point) - Radiation (1 point) - Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)	8	
Past medical history - Allergies (1 point) - Past pertinent history (1 point) - Events leading to present illness (1 point) - Medications (1 point) - Last oral intake (1 point)	5	
Performs focused physical examination [assess affected body part/system if indicated, completes rapid assessment] - Cardiovascular - Neurological - Integumentary - Reproductive - Pulmonary - Musculoskeletal - GI/GU - Psychological/Social	5	
Vital signs - Pulse (1 point) - Respiratory rate and quality (1 point each) - Blood pressure (1 point) - AVPU (1 point)	5	
Diagnostics [must include application of ECG monitor for dyspnea and chest pain]	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
<b>ON-GOING ASSESSMENT</b>		
Repeats initial assessment	1	
Repeats vital signs	1	
Evaluates response to treatment	1	
Reports focused assessment regarding patients complaint or injuries	1	
<b>TOTAL TO PASS 32</b>		<b>46</b>

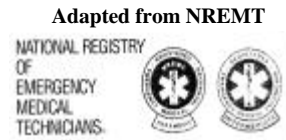
**CRITICAL FAILURE**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minutes time limit
- \_\_\_ Failure to take or verbalize infection control precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- \_\_\_ Does other detailed or focused history or physical examination before treating threats to airway, breathing & circulation
- \_\_\_ Failure to determine the patient's primary problem
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide for spinal protection when indicated

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



New York State Department of Health  
Bureau of Emergency Medical Services  
Advanced Level Practical Examination  
VENTILATORY MANAGEMENT (ET)



**STATION**  
**3 - A**

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Takes or verbalizes infection control precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilated patient immediately with bag-valve-mask device unattached to oxygen	1	
**Hyperventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 liters/min.]	1	
Ventilates patient as a rate of 10-20/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical control has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: - Cuff leaks (1 point) - Laryngoscope operational and bulb tight (1 point)	2	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally and over epigastrium	1	
<b>NOTE: Examiner to ask "If you had proper placement, what would you hear?"</b>		
Secures ET tube [may be verbalize]	1	
<b>NOTE: Examiner now asks candidate, "Please demonstrate one additional method of verifying proper tube placement in this patient."</b>		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations (compares indicator color to the colorimetric scale and states reading to examiner)	1	
<b>Note: Examiner now states, "You see secretions in the tube and hear gurgling sounds with the patient's exhalation."</b>		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
<b>TOTAL TO PASS 19</b>		<b>27</b>

**CRITICAL FAILURE**

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

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



Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Takes or verbalizes infection control precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilated patient immediately with bag-valve-mask device unattached to oxygen	1	
**Hyperventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 liters/min.]	1	
Ventilates patient as a rate of 20-30/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical control has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks laryngoscope to assure operational with bulb tight	1	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Places patient in neutral or sniffing position	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally and over epigastrium	1	
<b>NOTE: Examiner to ask "If you had proper placement, what would you hear?"</b>		
Secures ET tube [may be verbalize]	1	
<b>TOTAL TO PASS 12</b>		<b>17</b>

**CRITICAL FAILURE**

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

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





Advanced Level Practical Examination  
DUAL LUMEN AIRWAY DEVICE (COMBITUBE® OR PTL®)

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Takes or verbalizes infection control precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [either oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>		
**Ventilated patient immediately with bag-valve-mask device unattached to oxygen	1	
**Hyperventilates patient with room air	1	
<b>NOTE: Examiner now informs candidate that ventilation is being performed without difficulty</b>		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 liters/min.]	1	
Ventilates patient as a rate of 10-20/minute with appropriate volumes	1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical control has ordered intubation. The examiner must now take over ventilation.</b>		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares airway device	1	
Lubricates distal tip of the device (may be verbalized)	1	
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate</b>		
Positions head properly	1	
Performs a tongue-jaw lift	1	
<input type="checkbox"/> <b>USES COMBITUBE</b> <input type="checkbox"/> <b>USES PTL</b>		
Inserts device in mid-line and to depth so printed ring is at level of teeth	Inserts device in mid-line until bite block flange is at level of teeth	1
Inflates pharyngeal cuff with proper volume and removes syringe	Secures strap	1
Inflates distal cuff with proper volume and removes syringe	Blows into tube #1 to adequately inflate both cuffs	1
Attaches/directs attachment of BVM to the first [esophageal placement] lumen and ventilates		1
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung		1
<b>NOTE: Examiner states "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."</b>		
Attaches/directs attachment of BVM to the second [endotracheal placement] lumen and ventilates		1
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung		1
<b>NOTE: Examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.</b>		
Secures device or confirms that the device remains properly secured		1
<b>TOTAL TO PASS 14</b>		<b>20</b>

**CRITICAL FAILURE**

- \_\_\_ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilation for greater than 30 seconds at any time
- \_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_ Failure to ventilate patient at rate of at least 10/min
- \_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_ Failure to pre-oxygenate patient prior to insertion of the dual lumen airway device
- \_\_\_ Failure to insert the dual lumen airway device at a proper depth or at either proper place within 3 attempts
- \_\_\_ Failure to inflate both cuffs properly
- \_\_\_ **Combitube** - failure to remove the syringe immediately after inflation of each cuff
- \_\_\_ **PTL** - failure to secure the strap prior to cuff inflation
- \_\_\_ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- \_\_\_ Inserts any adjunct in a manner dangerous to patient.

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

Please print.

**STATION**  
**3 - D**

**MOUTH-TO-MASK  
WITH SUPPLEMENTAL  
OXYGEN**

Pass _____
Fail _____

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions		C		
Connects one-way valve to mask		1		
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)		1		
Establishes and maintains a proper mask to face seal		1		
Ventilates the patient at the proper volume and rate (700-1000 ml per breath/10-20 breaths per minute)		1		
Candidate ventilated patient prior to connection of supplemental oxygen		C		
Connects the mask to high concentration of oxygen		1		
Adjusts flow rate to at least 15 liters per minute		C		
Continues ventilation of the patient at the proper volume and rate (400-600 ml per breath/10-20 breaths per minute)		1		
<b>Note: the examiner must witness ventilations for at least 30 seconds</b>				
Candidate provided proper volume per breath (Cannot accept more than 2 ventilations per minute below 400 ml)		C		
Candidate provided 10-20 breaths per minute		C		
Candidate allowed for complete exhalation		C		
Candidate completed the station within the 5 minute time limit		C		

**Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.**

Total to pass 4      Total 6

COMMENTS:



**Advanced Level Practical Examination  
Nasogastric Tube Insertion**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Possible Points	Points Awarded
Takes/verbalizes body substance isolation precautions	1	
Explains procedure to patient	1	
Measures and marks the NG tube to proper length	1	
Positions patient in upright or semi-sitting position	1	
Lubricates distal 3-6" of NG tube	1	
Slightly flexes patient's head	1	
Inserts tube into widest nostril and advances straight back until tube is visible in oropharynx	1	
Instructs patient to repeatedly swallow or sip water while continuing to advance the tube	1	
Inserts tube until mark reaches outer edge of nostril	1	
Injects 20-35 ml of air into tube while auscultating epigastrium to confirm proper placement	1	
Secures tube	1	
<b>Total Possible</b>	<b>11</b>	
<b>Needed to Pass</b>	<b>10</b>	

**Critical Criteria**

- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to explain procedure to patient before attempting to place the tube
- \_\_\_\_\_ Failure to measure and mark NG tube to proper length before insertion
- \_\_\_\_\_ Failure to verify proper placement by auscultation over epigastrium
- \_\_\_\_\_ Attempts to insert tube in a manner dangerous to the patient

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



**Advanced Level Practical Examination  
End Tidal CO2 Detector**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

*Placement of End tidal CO2 detector on a previously intubated patient  
EMT assistant ventilating intubated patient with BVM*

	Points Possible	Points Awarded
Takes, or verbalizes body substance isolation precautions	1	
Verbalizes examining CO2 detector for cracks, damage, and color or indicator against "Check Color" scale	1	
Verbalizes confirmation of tube placement by visualization of chest rise and auscultation of breath sounds	1	
Removes cap ends from both ports and directs EMT assistant to stop ventilations and disconnect BVM from ET tube end	1	
Rapidly attaches detector to ET tube by placing larger plastic tube at bottom of detector to ET adapter.	1	
Directs EMT assistant to connect BVM to smaller tube at side of detector and restart ventilations	1	
After six or more breaths have been delivered with CO2 detector in place, verifies color of indicator fluctuates properly	1	
TOTAL	7	

*Required to pass – 5 points*

**CRITICAL CRITERIA:**

\_\_\_ Interrupts ventilations for more than 3 seconds at any time

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

Please print.

**STATION**  
**3 - G**

**UPPER AIRWAY  
ADJUNCTS  
& SUCTION**

Pass _____
Fail _____

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

Points:    Possible    Awarded    Comments

**OROPHARYNGEAL AIRWAY**

Takes, or verbalizes, body substance isolation precautions	C		
Selects appropriately sized airway	1		
Measures airway	1		
Inserts airway without pushing the tongue posteriorly	1		
<b>Note: The examiner must advise the candidate that the patient is gagging and becoming conscious</b>			
Removes the oropharyngeal airway	1		

**SUCTION**

<b>Note: The examiner must advise the candidate to suction the patient's airway</b>			
Turns on/prepares suction device	1		
Assures presence of mechanical suction	1		
Inserts the suction tip without suction	1		
Applies suction to the oropharynx/nasopharynx	1		
Candidate demonstrated acceptable suction technique	C		

**NASOPHARYNGEAL AIRWAY**

<b>Note: The examiner must advise the candidate to insert a nasopharyngeal airway</b>			
Selects appropriately sized airway	1		
Measures airway	1		
Verbalizes lubrication of the nasal airway	1		
Fully inserts the airway with the bevel facing toward the septum	1		
Candidate did not insert any adjunct in a manner dangerous to the patient	C		
Candidate completed the station within the 5 minute time limit	C		

**Note: Candidate must complete all critical criteria and receive at least 8 points to pass this station.**

Total to pass 8    Total 12

COMMENTS:



**Advanced Level Practical Examination  
Flow Restricted Oxygen Powered Ventilation**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Points Possible	Points Awarded
Assembles resuscitator to oxygen tank	1	
Takes, or verbalizes, body substance isolation precautions	1	
<i>Timing Starts Here</i>		
Selects appropriate size mask	1	
Turns on oxygen	1	
Manually opens patient's airway	1	
Verbalizes or inserts an airway adjunct	1	
Places resuscitator mask over patient's mouth and nose and assures a proper seal	1	
Presses ventilator trigger until patient's chest rises adequately	1	
Ventilates patient at a rate of ~ 12 per minute	1	
<i>Note: The examiner must witness for at least 30 seconds</i>		
TOTAL	9	

*Required to pass – 6 points*

- \_\_\_ Does not ensure adequate volume as evidenced by rise and fall of chest
- \_\_\_ Over-inflates the patient's lungs
- \_\_\_ Does not ventilate patient within 30 seconds (*see start time line*)
- \_\_\_ Does not ventilate patient at a rate of 10-20 breaths per minute
- \_\_\_ Does not allow adequate exhalation

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



**Advanced Level Practical Examination  
Endotracheal Medication Administration**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Possible Points	Points Awarded
Confirms the verbal order	1	
Takes/verbalizes body substance isolation precautions prior to administration of medication	1	
Checks for known allergies, contraindications and incompatibilities prior to administration of drug	1	
Checks medication for: - Correctness (1 point) - Clarity (1 point) - Expiration date (1 point) - Concentration (1 point)	4	
Selects proper equipment to administer medication deeply into tracheobronchial tree	1	
Prepares medication	1	
Pre-oxygenates patient	1	
Injects medication	1	
Resumes ventilation of patient	1	
Disposed of needle and syringe into proper container	1	
Disposes of treatment delivery system into proper container	1	
Voices proper documentation of medication administration	1	
<b>Total Possible Points</b>	<b>15</b>	
<b>Points Needed to Pass</b>	<b>14</b>	

**Critical Criteria**

- \_\_\_\_\_ Failure to begin medication administration within 3 minute time limit
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Contaminates equipment without appropriately correcting the situation
- \_\_\_\_\_ Administers improper medication or dosage (wrong drug or incorrect amount)
- \_\_\_\_\_ Technique did not deliver medication in a manner to provide for deep tracheal absorption
- \_\_\_\_\_ Failure to appropriately adjust the concentration or increase the dose
- \_\_\_\_\_ Interruption of ventilations for more than 30 seconds at any time
- \_\_\_\_\_ Failure to dispose of needle and syringe in proper container

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



New York State Department of Health  
Bureau of Emergency Medical Services

STATION  
4 - A

Advanced Level Practical Examination  
INTRAVENOUS THERAPY

Adapted from NREMT



Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

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

TOTAL TO PASS 15

TOTAL 21

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**CRITICAL FAILURE**

- \_\_\_ Exceeded the 6 minute time
- \_\_\_ Failure to take or verbalize infection control precautions prior to performing venipuncture
- \_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_ Any improper technique resulting in the potential for catheter shear or air embolism
- \_\_\_ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- \_\_\_ Failure to dispose/verbalize disposal of needle in proper container

NOTE: Check here (\_\_\_) if candidate did not establish a patent IV and do not evaluate IV Bolus Medications.





New York State Department of Health  
Bureau of Emergency Medical Services

STATION  
**4 - B**

Advanced Level Practical Examination  
INTRAVENOUS BOLUS MEDICATIONS

Adapted from NREMT



Asks patient for know allergies	1	
Selects correct medication	1	
Assures correct concentration of drug	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues infection control precautions	1	
Cleanses injection site (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow (pinches tubing)	1	
Administers correct dose at proper push rate	1	
Flushes tubing (runs wide open for a brief period)	1	
Adjusts drip rate to TKO (KVO)	1	
Voices proper disposal of syringe and needle	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	

**TOTAL TO PASS 9**

**TOTAL 13**

**CRITICAL FAILURE**

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

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



New York State Department of Health  
Bureau of Emergency Medical Services

STATION  
**4 - C**

Adapted from NREMT



Advanced Level Practical Examination  
PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

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

**TOTAL TO PASS 16**

**TOTAL 23**

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**CRITICAL FAILURE**

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

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



**Advanced Level Practical Examination  
Intravenous Piggyback Medications**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Possible Points	Points Awarded
Confirms the verbal order	1	
Takes/verbalizes body substance isolation precautions prior to administration of medication	1	
Checks for known allergies, contraindications and incompatibilities prior to administration of drug	1	
Checks selected I.V. fluid for: - Proper fluid (1 point) - Clarity (1 point)	2	
Checks medication for: - Correctness (1 point) - Clarity (1 point) - Expiration date (1 point)	3	
Injects proper amount of drug into I.V. solution, given scenario	1	
Connects proper administration set to medication solution	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Attaches appropriate needle to administration set	1	
Cleanses port of primary line	1	
Inserts needle into port without contamination	1	
Adjusts flow of medication line as required	1	
Stops flow of primary line	1	
Secures needle in place	1	
Verbalizes need to observe patient for desired/adverse side effects	1	
Voices proper documentation of medication administration	1	
<b>Total Possible</b>	<b>19</b>	
<b>Needed to Pass</b>	<b>16</b>	

**Critical Criteria**

- \_\_\_\_\_ Failure to begin medication administration within 5 minute time limit
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Contaminates equipment without appropriately correcting the situation
- \_\_\_\_\_ Administers improper medication or dosage (wrong drug or incorrect amount)
- \_\_\_\_\_ Failure to dispel air from medication line causing potential for air embolism

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



**Advanced Level Practical Examination  
Intramuscular/Subcutaneous Medication Administration**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Possible Points	Points Awarded
Confirms the verbal order	1	
Explains procedure to patient	1	
Takes/verbalizes body substance isolation precautions prior to administration of medication	1	
Checks for known allergies, contraindications and incompatibilities prior to administration of drug	1	
Checks medication for: - Correctness (1 point) - Clarity (1 point) - Concentration (1 point) - Expiration date (1 point)	4	
Selects proper equipment	1	
Draws up proper amount of medication	1	
Identifies proper site for injection	1	
Cleanses site appropriately	1	
Introduces needle at appropriate angle with bevel up	1	
Aspirates for blood return	1	
Administers medication	1	
Withdraws needle and dresses the injection site	1	
Disposes of needle and syringe in proper container	1	
Verbalizes need to observe patient for desired/adverse side effects	1	
Voices proper documentation of medication administration	1	
<b>Total Possible</b>	<b>19</b>	
<b>Needed to Pass</b>	<b>17</b>	

**Critical Criteria**

- \_\_\_\_\_ Failure to administer medication within 3 minute time limit
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Contaminates equipment without appropriately correcting the situation
- \_\_\_\_\_ Administers improper medication or dosage (wrong drug, incorrect amount or inappropriate rate)
- \_\_\_\_\_ Technique or equipment used would have resulted in drug being deposited into wrong tissue
- \_\_\_\_\_ Failure to dispose of needle and syringe in proper container

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



New York State Department of Health  
Bureau of Emergency Medical Services

STATION  
**5 - A**

Adapted from NREMT

NATIONAL REGISTRY  
OF  
EMERGENCY  
MEDICAL  
TECHNICIANS



Critical Care & Paramedic Practical Examination  
**CARDIAC ARREST SKILLS STATION**  
**STATIC CARDIOLOGY**

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Set # \_\_\_\_\_

**Note:** No points for treatment may be awarded if the diagnosis is incorrect.  
**Only document incorrect responses in spaces provided**

<b>STRIP #1</b>		
Diagnosis:	1	
Treatment:	2	

<b>STRIP #2</b>		
Diagnosis:	1	
Treatment:	2	

<b>STRIP #3</b>		
Diagnosis:	1	
Treatment:	2	

<b>STRIP #4</b>		
Diagnosis:	1	
Treatment:	2	

TOTAL TO PASS 8

TOTAL 12

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New York State Department of Health  
Bureau of Emergency Medical Services

STATION  
**5 - B**

Adapted from NREMT



Critical Care & Paramedic Practical Examination  
**CARDIAC ARREST SKILLS STATION**  
**DYNAMIC CARDIOLOGY**

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Set # \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Takes or verbalizes infection control precautions	1	
Checks level of responsiveness	1	
Checks ABC's	1	
Initiates CPR if appropriate [verbally]	1	
Performs "Quick Look" with paddles	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate, BP	1	
Appropriately manages second rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	2	
Notes changes in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	2	
Orders high percentages of supplemental oxygen at proper times	1	

**TOTAL TO PASS 17**

**TOTAL 24**

**CRITICAL FAILURE**

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

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



Advanced Level Practical Examination  
External Cardiac Pacing

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario #: \_\_\_\_\_ Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes body substance isolation precautions	1	
Attach ECG leads to obtain an initial rhythm strip	1	
If the patient is alert, verbalizes explaining procedure to patient.	1	
If patient is alert, considers requesting medical control order for analgesic/sedation	1	
Prepares clean, dry skin sites	1	
Applies pacing pad properly and in correct location	1	
Verifies pacing cable attached to pads and monitor correctly	1	
Turns on pacing function and observes ECG monitor screen to verify proper sensing of QRS	1	
Sets initial pacing rate (~80 per minute)	1	
Gradually increases amount of current until capture is confirmed	1	
Verbalizes reassessment of patients vital signs and general response to the procedure	1	
Verbalizes documentation of time, rate, current, patient response, & attachment of baseline & pacing strips to PCR	1	
TOTAL	12	

*Required to pass – 9 points*

**CRITICAL CRITERIA:**

- \_\_\_ Failure to place pacing pads properly
- \_\_\_ Failure to set appropriate rate and output

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



**Advanced Level Practical Exam  
Synchronized Cardioversion**

**Candidate:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Attaches monitor to patient and verifies rhythm requiring cardioversion	1	
Discusses medical control request for analgesia/sedation for conscious patient	1	
Assures large upright QRS complex. Adjusts ECG size if QRS size is not initially adequate	1	
Applies defibrillation pads to chest in proper location or places paddles on patient's chest as in defibrillation	1	
Presses power button and selects desired energy setting	1	
Pushes synchronizer button until "sync" light is on	1	
Assures sync light is flashing. If light is not flashing, turns up ECG size button until light begins to flash	1	
Visually and verbally "clears" the area around the patients	1	
Once patient is "clear", presses discharge button and holds down until defibrillator fires	1	
Once energy is delivered, verifies rhythm and determines if another shock is necessary	1	
<i>Examiner states that rhythm and patient condition are unchanged</i>		
Repeats same steps using the next energy level per protocol or order	1	
Once energy is delivered, verifies rhythm and determines if another shock is necessary	1	
<i>Examiner states that rhythm has converted to normal sinus</i>		
Evaluates patient's vital signs and general response to procedure	1	
<b>TOTAL</b>	<b>14</b>	

*Required to pass – 10 points*

**CRITICAL CRITERIA**

- Did not assure all individuals were clear of patient before delivering each shock
- Did not operate synchronizer properly. (Inability to deliver shock)
- Did not hold discharge button down until defibrillator fired

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



Please print.

**STATION**  
**6 - A**

**SPINAL**  
**IMMOBILIZATION**  
**SEATED PATIENT**

Pass _____
Fail _____

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions		C		
Directs assistant to place and maintain head in the neutral in-line position		C		
Reassesses motor, sensory and circulatory function in each extremity		1		
Applies appropriately sized extrication collar		1		
Positions the immobilization device behind the patient		1		
Secures the device to the patient's torso		1		
Evaluates torso fixation and adjusts as necessary		1		
Evaluates and pads behind the patient's head as necessary		1		
Secures the patient's head to the device		1		
Verbalizes moving the patient to a long board		1		
Reassesses motor, sensory and circulatory function in each extremity		C		
Did not release or order release of manual immobilization before it was maintained mechanically		C		
Patient was not manipulated or moved excessively, to cause potential spinal compromise		C		
Did not move device excessively up, down, left, right on the patient's torso		C		
Head immobilization does not allow for excessive movement		C		
Torso fixation does not inhibit chest rise, resulting in respiratory compromise		C		
Upon completion of immobilization, head is in the neutral position		C		
Immobilized the torso before the head		C		
Candidate completed station within 10 minute time limit		C		

**Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.**

Total to pass 6      Total 8

COMMENTS:

Please print.

**STATION**  
**6 - B**

**SPINAL**  
**IMMOBILIZATION**  
**SUPINE PATIENT**

Pass _____
Fail _____

Candidate \_\_\_\_\_  
 Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
 Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions		C		
Directs assistant to place and maintain head in the neutral in-line position		C		
Reassesses motor, sensory and circulatory function in each extremity		1		
Applies appropriately sized extrication collar		1		
Positions the immobilization device appropriately		1		
Directs movement of the patient onto the device without compromising the integrity of the spine		C		
Applies padding to voids between the torso and the board as necessary		1		
Secures the patient's torso to the device		1		
Secures the patient's legs to the device		1		
Secures the patient's head to the device		1		
Secures the patient's arms		1		
Reassesses motor, sensory and circulatory function in each extremity		C		
Did not release or order release of manual immobilization before it was maintained mechanically		C		
Patient was not manipulated or moved excessively, to cause potential spinal compromise		C		
Did not move device excessively up, down, left, right on the patient's torso		C		
Head immobilization does not allow for excessive movement		C		
Upon completion of immobilization, head is in the neutral position		C		
Immobilized the torso before the head		C		
Candidate completed station within 10 minute time limit.		C		

**Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.**

Total to pass 6      Total 8

COMMENTS:



**Advanced Level Practical Examination  
BLEEDING CONTROL/SHOCK MANAGEMENT**

Candidate: \_\_\_\_\_ Examiner \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Takes or verbalizes infection control precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b>NOTE: The examiner must now inform the candidate that the wound continues to bleed</b>		
Applies an additional dressing to the wound	1	
<b>Note: The examiner must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control bleeding.</b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b>Note: The examiner must now inform the candidate that the bleeding is controlled.</b>		
Bandages the wound	1	
<b>Note: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
Properly position the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
<b>TOTAL TO PASS 7</b>		<b>TOTAL 10</b>

**CRITICAL FAILURE**

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

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

Please print.

**STATION**

**IMMOBILIZATION  
SKILLS  
TRACTION SPLINTING**

Pass \_\_\_\_\_  
Fail \_\_\_\_\_

Candidate \_\_\_\_\_  
Examiner \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_

	Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C			
Directs application of manual stabilization of the injured leg	1			
Candidate assesses motor, sensory and circulatory function in the injured extremity	C			
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
Directs the application of manual traction	1			
Prepares/adjusts splint to the proper length	1			
Applies the splint to the injured leg	1			
Applies the proximal security device (e.g...ischial strap)	1			
Applies the distal securing device (e.g...ankle hitch)	1			
Applies mechanical traction	1			
Positions/secures the support straps	1			
Re-evaluates the proximal/distal security devices	1			
Candidate reassesses motor, sensory and circulatory function in the injured extremity	C			
<b>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</b>				
<b>Note: The examiner must ask the candidate how he/she would prepare the patient for transportation</b>				
Verbalizes securing the torso to the long board to immobilize the hip	1			
Verbalizes securing the splint to the long board to prevent movement of the splint	1			
Traction is maintained throughout application of splint	C			
The foot was not excessively rotated or extended after the splint was applied	C			
Secured the ischial strap before applying mechanical traction	C			
Final immobilization supported the femur and prevented rotation of the injured leg	C			
Applied mechanical traction before securing the leg to the splint	C			
Candidate completed the station within the 10 minute time limit	C			

**Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one point as if manual traction were applied.**

**Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.**

**Note: Candidate must complete all critical criteria and receive at least 7 points to pass this station.**

Total to pass 7    Total 11

COMMENTS: