

NEW YORK STATE

CEU-BASED RECERTIFICATION

LOG BOOK

EMT-Intermediate

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-I expiration date is:

___/___/___

Professional Education Consultants, Inc.

56 Hillcrest Drive

Holland, New York 14080

(716) 628-2789

www.ProfessionalEducationConsultants.com

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Introduction

Welcome to the New York State CME-Based Recertification Program. Your agency has contracted with *Professional Education Consultants* 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.

The New York State CME-Based Recertification 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 (as set by the New York State Department of Health) 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 Files found to be more than 30 days out of date will be in violation of the program.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 by the Bureau of EMS and/or the New York State Office of the State Comptroller.
- Assuring that all forms are submitted within the required time periods.
- Agency reimbursement vouchers must be submitted to the Bureau of EMS within 60 days of the participant receiving their new certification card.
- Abiding by all regulations and policies set-forth by the Bureau of EMS.

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 *Professional Education Consultants* only. Often, our courses will be scheduled several months in advance. Courses are listed on our website: <http://www.ProfessionalEducationConsultants.com>

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 PEC at 628-2789 if you have any questions or reference the New York State CME-Based Recertification Program Administration Manual at the following web address: <http://www.health.state.ny.us/nysdoh/ems/pdf/pilotguide03.pdf>

Best of luck with the program!

EMT-Intermediate

Refresher Training
"Core Content"

Basic Preparatory (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Respiratory/Cardiac (3 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Medical Assessment (1½ hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Diabetes/AMS/Allergies (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

General Pharmacology (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Poison/Environment/Behavioral (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Infants & Children (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Obstetrics/Gynecology (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Preparatory (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Patient Assessment (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

↓ *Alternative option to core modules above* ↓

BLS PEPP Course Attendance

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Trauma Assessment (1½ hours)

Date(s) Attended: ___/___/___ & ___/___/___

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Airway (5 hours)

Date(s) Attended: ___/___/___ & ___/___/___

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Trauma (7 hours)

Date(s) Attended: ___/___/___ & ___/___/___

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Elective (2 hours)

Date(s) Attended: ___/___/___ & ___/___/___

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

↓ *Alternative option to core modules above* ↓

PHTLS or ITLS-Original Certification Course

Date(s) 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 pilot recert coordinator!

Geriatrics - 3 hours minimum

- This counts towards the 48 hours of "Additional Continuing Education".
- May be obtained from PEC or 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 pilot recert coordinator!**

WMD/Terrorism - 3 hours minimum

- This counts towards the 48 hours of "Additional Continuing Education".
- May be obtained from PEC or 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 pilot recert coordinator!**

Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (pages 9 - 21).
- 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 ¹ | | | | |
| Patient Assessment - Medical ² | | | | |
| Airway/Ventilation - Simple Adjuncts ^{1,2} | | | | |
| Airway/Ventilation - Supplemental Oxygen Delivery ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - one rescuer ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - two rescuer ^{1,2} | | | | |
| Cardiac Arrest Management/AED | | | | |
| Hemorrhage Control & Splinting - Long-Bone Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Joint Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Traction Splinting ¹ | | | | |

¹ PHTLS/BTLS offers an opportunity to verify this skill. ² PEPP 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** (pages 9 - 21).
- 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 ¹ | | | | |
| Patient Assessment - Medical ² | | | | |
| Airway/Ventilation - Simple Adjuncts ^{1,2} | | | | |
| Airway/Ventilation - Supplemental Oxygen Delivery ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - one rescuer ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - two rescuer ^{1,2} | | | | |
| Cardiac Arrest Management/AED | | | | |
| Hemorrhage Control & Splinting - Long-Bone Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Joint Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Traction Splinting ¹ | | | | |

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Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (pages 9 - 21).
- 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 ¹ | | | | |
| Patient Assessment - Medical ² | | | | |
| Airway/Ventilation - Simple Adjuncts ^{1,2} | | | | |
| Airway/Ventilation - Supplemental Oxygen Delivery ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - one rescuer ^{1,2} | | | | |
| Airway/Ventilation - Bag-Valve-Mask - two rescuer ^{1,2} | | | | |
| Cardiac Arrest Management/AED | | | | |
| Hemorrhage Control & Splinting - Long-Bone Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Joint Injury ¹ | | | | |
| Hemorrhage Control & Splinting - Traction Splinting ¹ | | | | |

¹ PHTLS/BTLS offers an opportunity to verify this skill. ² PEPP offers an opportunity to verify this skill.

SUMMARY PAGE:

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you completed all <i>refresher training</i> sessions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do your total <i>refresher training</i> hours exceed 24? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you completed EACH <i>skill competency</i> at least one time during your certification period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a. Do you have a complete set of NYS skill sheets signed by the preceptor who observed you perform the skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do your total <i>additional CME</i> hours exceed 48? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you provided copies of all attendance records/ certificates/etc to your agency's pilot recert coordinator? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is it at least 60 days PRIOR to your EMT certification expiration date? | <input type="checkbox"/> | <input type="checkbox"/> |

- If you checked "NO" for **any** question above, please contact your agency's pilot program coordinator or Professional Education Consultants ASAP.

- If you checked "YES" for all boxes above, please present your completed log book to your agency's pilot program coordinator for final review.

CONTACT INFORMATION

Bureau of EMS
NYS Department of Health
433 River Street, Suite 303
Troy, New York 12180
(518) 402-0996 ext 1, 4

www.health.state.ny.us

Professional Education Consultants
56 Hillcrest Drive
Holland, New York 14080
716-628-2789

www.ProfessionalEducationConsultants.com

AEMT-Intermediate

Practical Skills Examination Sheets





Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____ Time Start: _____ Time End: _____

| | | |
|---|---|-----------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| SCENE SIZE-UP | | |
| 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 | |
| INITIAL ASSESSMENT/RESUSCITATION | | |
| 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 | |
| FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT | | |
| Selects appropriate assessment | 1 | |
| Obtains, or directs assistant to obtain, baseline vital signs | 1 | |
| Obtains SAMPLE history | 1 | |
| DETAILED PHYSICAL EXAMINATION NOTE: Areas denoted by ** may be integrated within Initial Assessment | | |
| 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 | |
| TOTAL TO PASS 30 | | 43 |

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.



**Advanced Level Practical Examination
Needle Chest Decompression**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| CRITERIA | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions | 1 | |
| Assembles needed equipment (2" 14G needle/catheter, syringe, glove finger, betadine or alcohol prep, tape) | 1 | |
| Locates second intercostal space in the midclavicular line | 1 | |
| Prepares site with alcohol or betadine | 1 | |
| Attaches syringe to needle/catheter and withdraws plunger half way | 1 | |
| Holds needle perpendicular to skin and inserts needle to superior aspect of third rib | 1 | |
| Pushes needle in until pop is heard | 1 | |
| Advances catheter over needle | 1 | |
| Withdraws needle and syringe, leaving catheter in place | 1 | |
| Attaches glove finger on top of catheter as one way valve | 1 | |
| Tapes catheter into place | 1 | |
| Verbalizes assessment of patient response to procedure including general response and lung sounds | 1 | |
| Verbalizes documentation of procedure on PCR | 1 | |
| TOTAL | 13 | |

Required to pass – 10 points

CRITICAL CRITERIA

- ___ Failure to properly locate second intercostal space
- ___ Failure to insert needle over SUPERIOR aspect of third rib
- ___ Failure to secure catheter in place
- ___ Failure to re-evaluate patient general response and lung sounds

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
Helmet Removal**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions | 1 | |
| Kneels above patient's head and stabilizes head in neutral position by holding sides of helmet | 1 | |
| Instructs EMT assistant to assess motor, sensory, and circulatory function of each extremity | 1 | |
| Instructs EMT assistant to undo chin strap | 1 | |
| Instructs EMT assistant to take over stabilization by placing one hand under the neck and the other on the patient's jaw | 1 | |
| Releases hold on helmet sides and slowly removes helmet by pulling sides apart. When sides no longer are in contact with patient's face, withdraws helmet from patient's head | 1 | |
| Once the helmet is fully removed, again holds patient's head, and assists EMT helper to move head to neutral in-line position . | 1 | |
| Instructs EMT assistant to apply extrication collar | 1 | |
| Verbalizes maintenance of stabilization until patient is fully immobilized onto board. | 1 | |
| Reassesses motor, sensory, and circulatory function of each extremity | 1 | |
| TOTAL | 10 | |

Required to pass – 7 points

CRITICAL CRITERIA;

- Does not immediately direct, or take, manual stabilization of the head
- Released, or ordered released, manual stabilization before it was maintained mechanically
- Patient head moves excessively up, down, left, or right
- Upon completion of procedure, head is not in a neutral position

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 | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| 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 | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| 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 | | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| 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 | | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| 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 | |
| SCENE SIZE-UP | | |
| 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 | |
| INITIAL ASSESSMENT/RESUSCITATION | | |
| 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 | |
| FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT | | |
| 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 | |
| ON-GOING ASSESSMENT | | |
| Repeats initial assessment | 1 | |
| Repeats vital signs | 1 | |
| Evaluates response to treatment | 1 | |
| Reports focused assessment regarding patients complaint or injuries | 1 | |
| TOTAL TO PASS 32 | | 46 |

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.



**Advanced Level Practical Examination
Pulse Oximetry**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes, or verbalizes body substance isolation precautions | 1 | |
| Places monitor near patient where display can readily be seen | 1 | |
| Attaches sensor probe to patient. Turns monitor on. | 1 | |
| Assures proper placement and adequate circulation by presence of light or display | 1 | |
| If location/circulation indicates inadequate, repositions sensor probe until proper sensing is confirmed | 1 | |
| Reports Spo2 reading | 1 | |
| TOTAL | 6 | |

Required to pass – 5 points

CRITICAL CRITERIA:
None

Please print.

STATION
2 - C

**SUPPLEMENTAL
OXYGEN
ADMINISTRATION**

| |
|------------|
| Pass _____ |
| Fail _____ |

Candidate _____
 Examiner _____ Initials _____
 Date _____ Start Time _____ Stop Time _____

| | Points: | Possible | Awarded | Comments |
|---|---------|----------|---------|----------|
| Takes, or verbalizes, body substance isolation precautions | | C | | |
| Assembles the regulator to the tank | | 1 | | |
| Opens the tank | | 1 | | |
| Checks for leaks | | 1 | | |
| Checks and verbalizes tank pressure | | 1 | | |
| Attaches non-rebreather mask to oxygen | | 1 | | |
| Prefills reservoir | | C | | |
| Adjusts liter flow to 12 liters per minute or greater | | C | | |
| Applies and adjusts the mask to the patient's face | | 1 | | |
| Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient. | | | | |
| Attaches nasal cannula to oxygen | | 1 | | |
| Adjusts liter flow to 6 liters per minute or less | | C | | |
| Applies nasal cannula to the patient | | 1 | | |
| The examiner must advise the candidate to discontinue oxygen therapy | | | | |
| Removes the nasal cannula from the patient | | 1 | | |
| Shuts off the regulator | | 1 | | |
| Relieves the pressure within the regulator | | 1 | | |
| Candidate assembles the tank and regulator without leaks | | C | | |
| Candidate completed the station within the 5 minute time limit | | C | | |

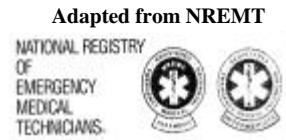
Note: Candidate must complete all critical criteria and receive at least 8 points to pass this station.

Total to pass 8 Total 11

COMMENTS:



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 | |
| NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct | | |
| **Ventilates patient immediately with bag-valve-mask device unattached to oxygen | 1 | |
| **Hyperventilates patient with room air | 1 | |
| NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85% | | |
| Attaches oxygen reservoir to bag-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 | |
| 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. | | |
| 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 | |
| NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate | | |
| Positions head properly | 1 | |
| Inserts blade while displacing tongue | 1 | |
| Elevates mandible with laryngoscope | 1 | |
| Introduces ET tube and advances to proper depth | 1 | |
| Inflates cuff to proper pressure and disconnects syringe | 1 | |
| Directs ventilation of patient | 1 | |
| Confirms proper placement by auscultation bilaterally and over epigastrium | 1 | |
| NOTE: Examiner to ask "If you had proper placement, what would you hear?" | | |
| Secures ET tube [may be verbalize] | 1 | |
| NOTE: Examiner now asks candidate, "Please demonstrate one additional method of verifying proper tube placement in this patient." | | |
| Identifies/selects proper equipment | 1 | |
| Verbalizes findings and interpretations (compares indicator color to the colorimetric scale and states reading to examiner) | 1 | |
| Note: Examiner now states, "You see secretions in the tube and hear gurgling sounds with the patient's exhalation." | | |
| 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 | |
| TOTAL TO PASS 19 | | 27 |

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 | |
| NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct | | |
| **Ventilates patient immediately with bag-valve-mask device unattached to oxygen | 1 | |
| **Hyperventilates patient with room air | 1 | |
| NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85% | | |
| Attaches oxygen reservoir to bag-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 | |
| 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. | | |
| Directs assistant to pre-oxygenate patient | 1 | |
| Identifies/selects proper equipment for intubation | 1 | |
| Checks laryngoscope to assure operational with bulb tight | 1 | |
| NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate | | |
| Places patient in neutral or sniffing position | 1 | |
| Inserts blade while displacing tongue | 1 | |
| Elevates mandible with laryngoscope | 1 | |
| Introduces ET tube and advances to proper depth | 1 | |
| Directs ventilation of patient | 1 | |
| Confirms proper placement by auscultation bilaterally and over epigastrium | 1 | |
| NOTE: Examiner to ask "If you had proper placement, what would you hear?" | | |
| Secures ET tube [may be verbalize] | 1 | |
| TOTAL TO PASS 12 | | 17 |

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 | |
| NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct | | |
| **Ventilated patient immediately with bag-valve-mask device unattached to oxygen | 1 | |
| **Hyperventilates patient with room air | 1 | |
| NOTE: Examiner now informs candidate that ventilation is being performed without difficulty | | |
| 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 | |
| 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. | | |
| Directs assistant to pre-oxygenate patient | 1 | |
| Checks/prepares airway device | 1 | |
| Lubricates distal tip of the device (may be verbalized) | 1 | |
| NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate | | |
| Positions head properly | 1 | |
| Performs a tongue-jaw lift | 1 | |
| <input type="checkbox"/> USES COMBITUBE <input type="checkbox"/> USES PTL | | |
| 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 |
| NOTE: Examiner states "You do not see rise and fall of the chest and you only hear sounds over the epigastrium." | | |
| 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 |
| NOTE: Examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds. | | |
| Secures device or confirms that the device remains properly secured | | 1 |
| TOTAL TO PASS 14 | | 20 |

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 | | |
| Note: the examiner must witness ventilations for at least 30 seconds | | | | |
| 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 | |
| Total Possible | 11 | |
| Needed to Pass | 10 | |

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 | | |
| Note: The examiner must advise the candidate that the patient is gagging and becoming conscious | | | |
| Removes the oropharyngeal airway | 1 | | |

SUCTION

| | | | |
|---|---|--|--|
| Note: The examiner must advise the candidate to suction the patient's airway | | | |
| 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

| | | | |
|---|---|--|--|
| Note: The examiner must advise the candidate to insert a nasopharyngeal airway | | | |
| 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.



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

| |
|--|
| |
|--|

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.

Please print.

STATION
5 - A

**CARDIAC ARREST
MANAGEMENT
AED**

Pass _____
Fail _____

Candidate _____
Examiner _____ Initials _____
Date _____ Start Time _____ Stop Time _____

| | Points: | Possible | Awarded | Comments |
|---|---|-------------------|---------|----------|
| ASSESSMENT | Takes, or verbalizes, body substance isolation precautions | C | | |
| | Briefly questions the rescuer about arrest events | 1 | | |
| | Directs rescuer to stop CPR | 1 | | |
| | Verifies absence of spontaneous pulse (skill station examiner states "no pulse") | C | | |
| | Directs resumption of CPR | 1 | | |
| | Turns on defibrillator power | 1 | | |
| | Attaches automated defibrillator to the patient | 1 | | |
| | Directs rescuer to stop CPR | 1 | | |
| | Ensures all individuals are clear of the patient | 1 | | |
| | Initiates analysis of the rhythm | 1 | | |
| | Delivers shock (up to three successive shocks) | C | | |
| | Verifies absence of spontaneous pulse (skill station examiner states "no pulse") | 1 | | |
| | INTEGRATION | TRANSITION | | |
| Directs resumption of CPR | | 1 | | |
| Gathers additional information about arrest event | | 1 | | |
| Verifies effectiveness of CPR (ventilation and compression) | | 1 | | |
| Verbalizes insertion of a simple airway adjunct (oral/nasal airway) | | 1 | | |
| Ventilates the patient | | 1 | | |
| Assures high concentration of oxygen is delivered to the patient | | 1 | | |
| CPR continues without unnecessary/prolonged interruption | | 1 | | |
| Re-evaluates patient in approximately one minute | | 1 | | |
| Candidate verbalizes defibrillation sequence protocol | | 1 | | |
| TRANSPORTATION | Verbalizes transportation of patient | 1 | | |
| | Candidate initiated first shock within 90 seconds of arrival | C | | |
| | Assured all individuals were clear of patient before delivering each shock | C | | |
| | Directed initiation/resumption of ventilation/compressions at appropriate times | C | | |
| | Candidate completed station within the 15 minute time limit | C | | |

Note: Candidate must complete all critical criteria and receive at least 13 points to pass this station.

Total to pass 13 Total 19

COMMENTS:

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 | |
| NOTE: The examiner must now inform the candidate that the wound continues to bleed | | |
| Applies an additional dressing to the wound | 1 | |
| Note: The examiner must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control bleeding. | | |
| Locates and applies pressure to appropriate arterial pressure point | 1 | |
| Note: The examiner must now inform the candidate that the bleeding is controlled. | | |
| Bandages the wound | 1 | |
| Note: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion. | | |
| Properly 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 | |
| TOTAL TO PASS 7 | TOTAL 10 | |

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 | | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| 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 | | | |
| Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal" | | | | |
| Note: The examiner must ask the candidate how he/she would prepare the patient for transportation | | | | |
| 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:



**Advanced Level Practical Examination
Immobilizing a Child or Infant in a Child/Infant Safety Seat**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| CRITERIA | Points Possible | Points Awarded |
|---|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions | 1 | |
| Directs assistant to take manual stabilization of the head | 1 | |
| Assesses distal sensory, motor, and circulatory function in each extremity | 1 | |
| Assesses any damage to child safety seat | 1 | |
| Places extrication collar or equivalent | 1 | |
| Immobilizes the child's torso snugly into the seat with towel rolls as needed on either side of the body | 1 | |
| Secures the cloth rolls and child with tape | 1 | |
| Immobilizes the child's head with towel rolls on each side of the head or one large towel in a horseshoe shape over the child's head extending to the shoulders | 1 | |
| Secures the towel/s with tape, starting at one side of the seat, crossing the forehead, and anchoring the tape on the other side of the seat. | 1 | |
| Reassesses distal sensory, motor, and circulatory function in each extremity | 1 | |
| Cuts or removes the seat belt that secures the child seat to the vehicle seat and removes safety seat from car | 1 | |
| TOTAL | 11 | |

Required to pass – 8 points

- Did not immediately direct, or take, manual stabilization of the head
- Released, or ordered release of, manual stabilization before it was secured mechanically
- Failed to immobilize properly - allows for excessive movement
- Upon completion of immobilization, head is not in the neutral position
- Did not reassess motor, sensory, and circulatory function after immobilization to the device
- Immobilized head before securing the torso

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
Extrication of a Child from Child Safety Seat**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| CRITERIA | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions | 1 | |
| Directs assistant to take manual stabilization of the head | 1 | |
| Apply an extrication collar or equivalent | 1 | |
| Assesses motor, sensory, and circulatory function of the extremities | 1 | |
| Release or cut the seat belt that secures the child safety seat to the car seat | 1 | |
| Remove the child safety seat from the car and set it on a firm surface (such as a spine board) | 1 | |
| Position the safety seat to overlap the bottom end of the spine board | 1 | |
| Tilt the safety seat so that the back of the seat rests on the spine board. | 1 | |
| Cut or release the shoulder and chest straps that secure the child to the seat | 1 | |
| Maintaining spinal stabilization, slide the child out of the seat and onto the extrication device | 1 | |
| Secure the child to the extrication device | 1 | |
| Reassesses motor, sensory, and circulatory function of the extremities | 1 | |
| TOTAL | 12 | |

Required to pass – 9 points

CRITICAL CRITERIA:

- ___ Did not immediately direct, or take, manual stabilization of the head
- ___ Released, or ordered release of, manual stabilization before it was maintained mechanically
- ___ Patient manipulated, or moved excessively, causing potential spinal compromise
- ___ Failed to immobilize properly - allows for excessive movement
- ___ Upon completion of immobilization, head is not in neutral position
- ___ Does not reassess distal C/S/M function following completion of immobilization
- ___ Immobilized head to the board before securing the torso

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
Extrication of Infant from Infant Safety Seat**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| CRITERIA | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs assistant to take and maintain manual stabilization of the head | 1 | |
| Applies an extrication collar or equivalent | 1 | |
| Assesses circulatory, sensory and motor function of each extremity | 1 | |
| Releases or cuts the seat belt that secures the infant seat to the car seat | 1 | |
| Removes the infant seat from the car and sets it next to short spine board or equivalent (KED, etc.) | 1 | |
| Places padding on spine board for under infants upper back and shoulders | 1 | |
| Cuts or removes the shoulder or chest strap that secures the infant in the safety seat | 1 | |
| Slides arm board or equivalent thin board behind infant | 1 | |
| With assistant maintaining head stabilization while also holding board, removes infant on board from seat and places on spine board | 1 | |
| Secures the infant to the spine board or extrication device | 1 | |
| Reassesses motor, sensory, and circulatory function of each extremity | 1 | |
| TOTAL | 12 | |

Required to pass – 9 points

CRITICAL CRITERIA:

- ___ Did not immediately take, or direct, manual stabilization of the head
- ___ Released, or ordered release of, manual stabilization before it was maintained mechanically
- ___ Did not pad behind infant's upper back and shoulders
- ___ Patient manipulated, or moved excessively, causing potential spinal compromise
- ___ Failed to immobilize properly - allows for excessive movement
- ___ Upon completion of immobilization, head is not in neutral position
- ___ Did not reassess motor, sensory, and circulatory function in each extremity after immobilization to the device
- ___ Immobilized head to the board before securing the torso

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 (EMT-I)
Newborn Resuscitation**

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Scenario #: _____ **Time Start:** _____ **Time End:** _____

| CRITERIA | Points Possible | Points Awarded |
|--|-----------------|----------------|
| Takes, or verbalizes, body substance isolation precautions | 1 | |
| Verifies apnea and pulselessness (or slow heart/respiratory rate) | 1 | |
| Dries, warms, suctions, stimulates and positions infant to encourage spontaneous improvement | 1 | |
| Ventilate infant (using proper BVM being careful not to over inflate lungs) | 1 | |
| Verbalizes consideration of Endotracheal Intubation (does not intubate) | 1 | |
| Provides Chest Compressions for Heart Rate below 60bpm (appropriate hand placement, rate) | 1 | |
| Obtains Vascular Access Route (I.V / I.O.) | 1 | |
| Reassesses patient after each intervention | 1 | |
| TOTAL | 8 | |

Required to pass – 7 points

Critical Failure Criteria

- _____ Failure to take Body Substance Isolation precautions
- _____ Failure to Dry, Warm, Suction, Stimulate and Position before using Adjuncts or Invasive Therapy
- _____ Failure to Reassess patient after each intervention

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
7 - E

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

| |
|--|
| |
|--|

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.