SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention ~ protection ~ enforcement

SOUTH DAKOTA
EMS

AEMT COURSE
COORDINATOR'S GUIDE

Revised February 2012

TABLE OF CONTENTS

Introduction/Emergency Medical Services Staff i

Chapter 1, Responsibilities of the Course Coordinator 1
General Course Coordinator Standards 1
Pre-Course Requirements and Recommendation 1
Conducting Course Requirements and Recommendation 2
Course Ending 3

Chapter 2, Course and Clinical Requirements 4

Chapter 3, Responsibilities of the State EMS Office 5

Appendix A: AEMT Application to Conduct Training 6-10
AEMT Course/Education Standards 11-12

Appendix B: Student Clinical Forms 13
Medication Administration 14
Ventilation Performance Evaluation Form 15
Intravenous Performance Evaluation 16
Team Lead: Chest Pain, Respiratory Distress,
Altered Mental Status 17
Complete Assessments 18

Appendix C: National Registry of EMTs AEMT Practical Skill Sheets 19
Patient Assessment - Medical 20
Patient Assessment - Trauma 21
Alternative Airway Device (Supraglottic Airway) 22
Cardiac Arrest Management – AED 23
Intravenous Therapy 24
Pediatric Intraosseous Infusion 25
Pediatric Respiratory Compromise 26
Spinal Immobilization, Supine Patient 27
Spinal Immobilization, Seated Patient 28
Bleeding Control/Shock Management 29
Long Bone Immobilization 30
Joint Immobilization 31

Appendix D: National Registry Course Coordinator Registration 32
Program Registration with NREMT 33
Authorizing Students to take NREMT Exam 34

INTRODUCTION

The South Dakota Emergency Medical Services Office is charged with ensuring quality in pre-hospital emergency medical care and continues to regard the staffing of ambulance services in the State as a high priority. As the Course Coordinator, you are responsible for conducting each course in accordance with National Educational Standards and State policy. Ultimately, you are preparing each student for certification. Contact the Emergency Medical Specialist in your area for any questions you may have.

The information within this guide is provided to support you, the Course Coordinator, in preparing and conducting an EMT course. This guide is designed to assist you with the steps necessary to implement a course as well as the necessary forms. The forms can be used as "masters" to be copied as necessary.

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CHAPTER 1: RESPONSIBILITIES OF THE COURSE COORDINATOR

We recommend that you use the National Educations Standards for developing your course of instruction as your students will be tested on these standards.

Student textbooks can be purchased from the publisher or bookstore of your choice. A list of EMS publishers is available to you through the South Dakota Department of Public Safety Web Site: http://dps.sd.gov/emergency_services/emergency_medical_services/emt_courses_training.aspx. Student textbooks are mandatory while student workbooks are recommended. Additional programs or software that publishers offer are at the discretion of the Course Coordinator.

The information that follows is to clarify the steps and to provide you with the forms that you as the course coordinator are required to provide, when conducting an AEMT Course.

General Course Coordinator Standards

1. Act as a liaison between students, sponsoring agency, local medical community, clinical sites, and State EMS Office.

2. Assure completion of course goals, objectives, information, training standards, registrations, and administrative requirements.

3. Ensure all equipment required for course is available, is clean, and is in appropriate working condition and each student has adequate amount of practical time.

4. Ensure all secondary instructors are present for their course assignments; ensure all assistants are knowledgeable and competent in the subject matter; and, ensure instructors are certified at or above the level they are instructing.

Pre-Course Requirements and Recommendations

1. Course coordinators are required to submit to the EMS Office, the new application with all required signatures and forms from the approved clinical and field sites, documentation ensuring candidates will be able to complete all clinical and field requirements, at those sites, before a class is approved.

2. Recommendation: Complete an Instructor/Coordinator Course or equivalent

3. Recommendation: Purchase professional liability insurance.

4. Submit, to the EMS Office, an EMT Application to Conduct Course with syllabus and appropriate signatures no less than 30 days prior to start of class.

5. Recommendation: Advertise and/or announce course within 50 mile radius of course location.

6. Purchase or secure all needed textbooks, workbooks, audio/visual equipment, software, etc. needed for course.
7. Contact Emergency Medical Specialist to schedule class opening at least two weeks prior to start of class.

8. Have students complete Student Status applications online no later than the first day of class.

Pre-Course Check List

____ Application to Conduct Course submitted to State EMS Office.
____ Purchase of all needed books, equipment, software, etc.
____ Contacted Emergency Medical Specialist to schedule class opening
____ Student Status Applications completed online

Conducting Course Requirements and Recommendations

1. Once the course is approved and a class number is assigned, register your class with the National Registry of EMT's. (www.nremt.org)

2. It is essential to maintain attendance rosters. Students missing more than 3 classes should be dismissed from the course.

3. It is highly recommended that quizzes and tests, based on National Standards, are given to students. Strive for 80% or greater.

4. Coordinate or contract with approved hospitals or ambulance services to ensure students are scheduled and complete all required patient assessments, treatments, and skills.

5. At a minimum, two weeks prior to testing, each student must complete their application with the National Registry, including payment.

Conducting Course Check List

____ Register class with National Registry.
____ Maintain student rosters.
____ Schedule students with hospitals or ambulance services to complete required assessments, treatments, and skills.
____ Have student register and pay National Registry testing fee.

Course Ending

1. Check the course completion box for each student who has successfully completed the requirements for the course. This can be found by logging into your National Registry account and under course completion.

2. Administer a final cognitive exam over the course material. It is essential students pass the class final prior to taking the National Registry examination.

3. Administer a final psychomotor exam over the National Registry skills sheets. It is essential students pass the psychomotor exam prior to taking the National Registry examination.

4. Based on the level taught, ensure all forms required by the State EMS Office are complete and submitted at the practical exam site.

5. Contact Emergency Medical Specialist for class closing.

6. Report to the State EMS Office of any students NOT testing or who have dropped from the class.

Advanced Emergency Medical Technician Forms
1) IV Performance Evaluation
2) Patient Team Leads
3) Patient Assessments
4) Medication Administrations
5) Patient Ventilations
6) Class Evaluation

Course Ending Check List

____ Sign off students with National Registry
____ Administer final written and practical exams
____ Ensure all forms are complete as required by State EMS Office
____ Contact Emergency Medical Specialist for class closing
____ Report student roster changes to State EMS Office

CHAPTER 2: COURSE AND CLINICAL REQUIREMENTS

Advanced Emergency Medical Technician course follows National Highway Traffic Safety Administration (NHTSA) Educational Standards. The course standards are performance and competency based. This means, in addition to classroom performance, each student must successfully complete and show competency in clinical and internship settings. Course coordinators should adjust classroom and clinical schedules accordingly.

Advanced Emergency Medical Technician Course
The AEMT course is estimated at 182 classroom hours, plus the additional required skill

Some of the following are required but some are only strongly recommended but not required to be completed at approved sites:

1) Successfully complete 15 medication administrations on live patients, (Required)
2) Successfully ventilate 20 live patients,
3) Successfully start 25 IV's on live patients, (Required)
4) Successfully complete 10 team leads in pre-hospital setting (ambulance internship), to include successfully accessing and treating 1 patient each with the following complaints: chest pain, respiratory distress, and altered mental status. Complete assessment on 1 each of following patients: pediatric, adult, and geriatric along with 4 other patients with any of the 6 complaints listed above. (Required)

Student Requirements
The following requirements must be met by students in order to attend courses and take the National Registry practical and CBT exams:

1) Be 18 years of age
2) Must be a high school graduate or have a GED
3) Have completed all clinical skills and must submit required documents to State
4) Be signed off by Course Coordinator as completing the course

Students with felonious backgrounds must inform their course coordinator and the State EMS Office, either through the Emergency Medical Specialist in the area or the Pierre office. All students must adhere to the National Registry Felony Policy.

CHAPTER 3: RESPONSIBILITIES OF THE STATE EMS OFFICE

1. Approve course applications and assign course numbers.

2. Assist the Course Coordinator in setting up the course.

3. Conduct class openings and closings.

4. Act as a liaison in the event of any conflicts within the course.

5. Conducting National Registry practical exams.

6. Send letters of acceptance to each student for the practical exam with date, time, location, and required materials.

7. Review and file course documents for quality assurance/improvement.

8. Ensure course coordinator has obtained clinical and field approval permissions from clinical and field sites.

APPENDIX A

APPLICATION TO CONDUCT TRAINING

SCHEDULE FOR AEMT COURSE
(AEMT EDUCATION STANDARDS)

ADVANCED EMERGENY MEDICAL TECHNCIAN (AEMT)
TRAINING COURSE AUTHORIZATION REQUEST

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MEDICAL SERVICES
118 W CAPITOL AVENUE
PIERRE, SD 57501
TELEPHONE (605) 773-4031 FAX (605) 773-6631 11/2011

INSTRUCTIONS: Type or print clearly. This request must be completed by the course coordinator and submitted to OEMS at least **four weeks** prior to beginning the course. Please keep a copy for your records.

Type of Training	☐ AEMT-INITIAL							Projected Student Number		
Physical Location of Course										
Address				City				State	Zip	
Start Date				End Date					Total Estimated	
Courses will be held on (Click all that apply)	☐ Su	☐ M	☐ Tu	☐ W	☐ Th	☐ F	☐ Sa	Meeting Time		
Course Coordinator (Paramedic Only)									State EMS #	
Address				City				State	Zip	
Email				Telephone #						
Primary Instructor									State EMS #	
Physician Medical Director									License #	
Textbook Used							Publisher		Edition	
State Practical Test Date (Initial AEMT Only)										
ALS Licensed Ambulance Service (for clinical Purposes)										
Name of Participating Hospital (for clinical purposes)										

AS THE CLASS COORDINATOR I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND INPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL OBSERVATION AND TRAINING, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPIRATE STANDARD CURRICULM THROUGHOUT THE COURSE. SCHEDULE FOR INITIAL COURSES MUST BE SUBMITTED WITH REQUEST TO THE OEMS.

Signature of Course Coordinator _____ Date _____

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON COURSE APPROVAL. **PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE. PLEASE NOTE: AN EMS REGISTRATION FORM FOR EVERY STUDENT MUST BE SUBMITTED AT BEGINNING OF INITIAL COURSES FOR EVERY STUDENT IN THE COURSE.**

OEMS USE ONLY

Course Authorization #	Posted on Website

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
MEDICAL DIRECTOR AGREEMENT
Initial Courses Only

Physician Name		
Mailing Address		
City	State	Zip Code

Responsibilities of Physician Medical Director

-Obtain approval from the hospital medical staff(s) (providing clinical training) to initiate an Advanced Emergency Medical Technician Course

-Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program.

-Oversee that the course is conducted as outlined in the Education Standards

-Oversee the quality of instruction and clinical experience

-Oversee course compliance with all applicable board regulations -Critique patient care during training and assure maintenance of written documentation of same

-Participate in review of student applications and selection

-Review results of interim examinations

-Recommend each student has appropriate liability insurance

As Physician Medical Director of the Advanced Emergency Medical Technician (AEMT) course, I agree to previous mentioned responsibilities and reserve the right to withdraw this agreement at any time. In order to withdraw this agreement it must be submitted in writing the Office of Emergency Medical Services.

_____ _____
Signature of Physician Medical Director Date

_____
SD License Number

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
ER DIRECTOR SUPPORT
Initial Courses Only

Hospital Name		
Mailing Address		
City	State	Zip Code
Hospital Administrator		

A signed copy of this form or equivalent contract must be submitted to the OEMS for each hospital used.

As ER Director of above mentioned hospital, I support the initiation of an Advanced Emergency Medical Technician (AEMT) Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital. I may withdraw this agreement at any time by submitting the request in writing to the Training Program Director and the Office of EMS (OEMS).

_____ _____

Signature of ER Director Date

ADVANCED EMERGENCY MEDICAL TECHNICIAN - AEMT
ALS AMBULANCE SERVICE SUPPORT
Initial Courses Only

Service Name		
Mailing Address		
City	State	Zip Code
Director/Manager		

A signed copy of this form or equivalent contract must be submitted to the OEMS for each ALS services used.

As director of above mentioned ambulance service I agree to provide a setting for conducting the ALS clinical for the AEMT training program to be held at named city. I understand the ALS ambulance experience will involve the AEMT students observing and participating under supervision in all aspects of patient care as carried out by this service. The ambulance clinical experience will be under the supervision of the medical director of the service on record. I understand this agreement may be terminated under written notice to the training program director and the Office of EMS.

_____ _____

Signature of Ambulance Service Director/Manager Date

Schedule for AEMT Course – AEMT Education Standards

Estimated Time	Date	Lesson	Instructor
Preparatory			
1 Hour	_____	EMS Systems	_____
1 Hours	_____	Workforce Safety & Wellness	_____
2 Hours	_____	Medical/Legal and Ethics	_____
2 Hours	_____	Communications and Documentation	_____
4 Hours	_____	Anatomy and Physiology	_____
2 Hours	_____	Life Span Development	_____
1 Hour	_____	Public Health	_____
1 Hour	_____	Evaluation: Preparatory	_____
Pharmacology			
3 Hours	_____	Principles of Pharmacology	_____
4 Hours	_____	Vascular Access & Medication Administration	_____
4 Hours	_____	Emergency Medications	_____
8 Hours	_____	Practical Skills Lab: Access & Pharmacology	_____
1 Hour	_____	Evaluation: Pharmacology	_____
Airway Management, Respiration and Artificial Ventilation			
2 Hours	_____	Airway Management	_____
5 Hours	_____	Respiration and Ventilation	_____
6 Hours	_____	Practical Skills Lab: Airway	_____
1 Hour	_____	Evaluation: Airway	_____
Patient Assessment			
1 Hour	_____	Scene Size-Up	_____
2 Hours	_____	Primary Assessment	_____
1 Hours	_____	History Taking	_____
3 Hours	_____	Secondary Assessment	_____
2 Hours	_____	Reassessment and Monitoring Devices	_____
8 Hours	_____	Practical Skills Lab: Patient Assessment	_____
1 Hour	_____	Evaluation: Patient Assessment	_____
Medical			
2 Hours	_____	Medical Overview	_____
2 Hours	_____	Neurology	_____
2 Hours	_____	Abdominal and Gastrointestinal Disorders	_____
2 Hours	_____	Immunology	_____
3 Hours	_____	Endocrine and Hematology	_____
2 Hours	_____	Psychiatric	_____
5 Hours	_____	Cardiovascular	_____
3 Hours	_____	Toxicology	_____
3 Hours	_____	Respiratory	_____
1 Hour	_____	Gynecology	_____
8 Hours	_____	Practical Skills Lab: Medical	_____
1-Hour	_____	Evaluation: Medical	_____

Estimated Time	Date	Lesson	Instructor

Shock and Resuscitation

6 Hours	_____	Shock	_____
4 Hours	_____	BLS Resuscitation - CPR	_____
4 Hours	_____	Practical Skills Lab: Shock and Resuscitation	_____
1 Hour	_____	Evaluation: Shock and Resuscitation	_____

Trauma

2 Hours	_____	Trauma Overview	_____
2 Hours	_____	Bleeding	_____
3 Hours	_____	Chest Trauma	_____
3 Hours	_____	Abdominal and Genitourinary Trauma	_____
3 Hours	_____	Orthopedic Trauma	_____
4 Hours	_____	Soft Tissue Trauma	_____
4 Hours	_____	Head, Facial, Neck and Spine Trauma	_____
3 Hours	_____	Special Considerations in Trauma	_____
2 Hours	_____	Environmental Emergencies	_____
2 Hours	_____	Multi-System Trauma	_____
8 Hours	_____	Practical Skills Lab: Trauma	_____
1 Hour	_____	Evaluation: Trauma	

Special Patient Populations

3 Hours	_____	Obstetrics and Neonatal Care	_____
3 Hours	_____	Pediatrics	_____
3 Hours	_____	Geriatrics	_____
2 Hours	_____	Patients with Special Challenges	_____
4 Hours	_____	Practical Skills Lab: Special Patient Population	_____
1 Hour	_____	Evaluation: Special Patient Population	_____

Operations

1 Hour	_____	Principles of Operating an Ambulance	_____
1 Hour	_____	Incident Management	_____
2 Hours	_____	Mass Casualty Incidents	_____
1 Hour	_____	Vehicle Extrication	_____
2 Hours	_____	HazMat Awareness and Terrorism	_____
6 Hours	_____	Practical Skills Lab: Operations	_____
1 Hour	_____	Evaluation: Operations	_____

Testing

Practical	_____	National Registry Practical Exam	Administered by State EMS
CBT	_____	National Registry Computer Based Test	Administered by Pearson VUE

APPENDIX B

STUDENT CLINICAL FORMS

Medication Administration

(Submit to Course Coordinator)

Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to give required medications correctly and effectively. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student will be required to successfully give at least 15 medications to live patients, no manikins. These patients can be from the field, hospital, or fellow students. All attempts must be supervised by a trained preceptor in that skill. Sheets must be filled out completely.

Medical personnel conducting the evaluation should enter date on this sheet.

Date	Name of Medication	Amount Given	How Given	Preceptor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Ventilation Performance Evaluation Form

(Submit to Course Coordinator)

Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to ventilate a patient effectively. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student is strongly recommended but not required to successfully ventilate 20 live patients, or manikins. These patients can be from the field, hospital, or fellow students. All attempts must be supervised by a trained preceptor in that skill. Sheets must be filled out completely.

Medical personnel conducting the evaluation should enter date on this sheet.

Date	Patient Age	Location (ER/Ambulance/Classroom)	Preceptor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Intravenous Performance Evaluation

(Submit to Course Coordinator)

Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to start an intravenous line. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student will be required to successfully start 25 intravenous lines on live patients, no manikins. These patients can be from the field, hospital, or fellow students. All attempts must be supervised by a trained preceptor in that skill. Sheets must be filled out completely.

Medical personnel conducting the evaluation should enter date on this sheet.

Date	Location	IV/Site	Attempt/Success	Preceptor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Team Lead

Chest Pain, Respiratory Distress, Altered Mental Status

(Submit to Course Coordinator)

Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to correctly assess a patient with chest pain. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student is strongly recommended but not required to successfully assess 10 live patients with chest pain, or manikins. These patients can be from the field, hospital, or fellow students. All attempts must be supervised by a trained preceptor in that skill. Sheets must be filled out completely.

Medical personnel conducting the evaluation should enter date on this sheet.

Date	Age	Male/Female	Successful(yes/no)	Preceptor

Complete Patient Assessments

(Submit to Course Coordinator)

Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to completely and correctly assess the following patients: two pediatric, two adult, and two geriatric. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student will be required to successfully assess these patients, no manikins. These patients can be from the field, hospital, or fellow students. All attempts must be supervised by a trained preceptor in that skill. Sheets must be filled out completely.

Medical personnel conducting the evaluation should enter date on this sheet.

Date	Type (Pediatric, adult, geriatric)	Age	Male/ Female	Successful(yes/no)	Preceptor

APPENDIX C

NATIONAL REGISTRY OF

ADVANCED EMERGENCY MEDICAL TECHNICIAN

SKILL SHEETS

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - MEDICAL

Candidate:_____ **Examiner:**_____

Date:_____ **Signature:**_____

Scenario:_____

Actual Time Started: _____

	Possible Points	Points Awarded
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	
PRIMARY SURVEY		
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 skin [either skin color, temperature, or condition] (1 point) -Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness -Onset (1 point) -Severity (1 point) -Provocation (1 point) -Time (1 point) -Quality (1 point) -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) -Radiation (1 point)	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 secondary assessment [assess affected body part/system or, 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	
REASSESSMENT		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____		
CRITICAL CRITERIA **TOTAL**	48	

_____ Failure to initiate or call for transport of the patient within 15 minute time limit
_____ Failure to take or verbalize body substance isolation 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 [hypoperfusion]
_____ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
_____ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and 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.

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p302/10-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ NOTE: Areas denoted by "**" may be integrated within sequence of primary survey

	Possible Points	Points Awarded
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	
PRIMARY SURVEY/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 (1point) -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 based upon calculated GCS	1	
HISTORY TAKING		
Obtains, or directs assistant to obtain, baseline vital signs	1	
Attempts to obtain sample history	1	
SECONDARY 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	
Reassesses patient	1	
Actual Time Ended: _____ TOTAL	42	

CRITICAL CRITERIA

____ Failure to initiate or call for transport of the patient within 10 minute time limit
____ Failure to take or verbalize body substance isolation 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 [hypoperfusion]
____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
____ Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
____ Failure to manage the patient as a competent EMT
____ Exhibits unacceptable affect with patient or other personnel
____ Uses or orders a dangerous or inappropriate intervention

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p301/10-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

ALTERNATIVE AIRWAY DEVICE (SUPRAGLOTTIC AIRWAY)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Device: _____

NOTE: If candidate elects to initially 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 30 seconds.

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates 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 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares supraglottic 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 insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Actual Time Ended: _____ **TOTAL**	**19**	

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
___ Failure to take or verbalize body substance isolation precautions
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of 10 – 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
___ Failure to inflate cuffs properly and immediately remove the syringe
___ Failure to secure the strap (if present) prior to cuff inflation
___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p304/08-11

National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)]	1	
Checks carotid pulse [no more than 10 seconds]	1	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____ **TOTAL**	18	

Critical Criteria

___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
___ Failure to deliver shock in a timely manner
___ Interrupts CPR for more than 10 seconds at any point
___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
___ Failure to operate the AED properly
___ Failure to correctly attach the AED to the patient
___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
___ Failure to immediately resume compressions after shock delivered
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p315/05-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Level of Testing: ☐ NREMT-Intermediate/85 ☐ NRAEMT ☐ NREMT-Intermediate/99 ☐ NREMT-Paramedic

Actual Time Started: _____

	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
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 or verbalizes body substance isolation 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	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
TOTAL	**22**	

Actual Time Ended: _____

NOTE: Check here ☐ if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do <u>not</u> evaluate the candidate in IV Bolus Medications.

Critical Criteria
___ Failure to establish a patent and properly adjusted IV within 6 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture
___ Contaminates equipment or site without appropriately correcting the situation
___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
___ Failure to successfully establish IV within 3 attempts during 6 minute time limit
___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or 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.

INTRAVENOUS BOLUS MEDICATIONS

Actual Time Started: _____

	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues to take or verbalize body substance isolation precautions	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub]	1	
Reaffirms medication	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV on and adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect and adverse side effects	1	
TOTAL	**12**	

Actual Time Ended: _____

Critical Criteria
___ Failure to continue to take or verbalize appropriate body substance isolation precautions
___ Failure to begin administration of medication within 3 minute time limit
___ Contaminates equipment or site without appropriately correcting the situation
___ Failure to adequately dispel air resulting in potential for air embolism
___ Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate]
___ Failure to turn-on IV after injecting medication
___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p309/05-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate 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 without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____ **TOTAL**	24	

Critical Criteria

___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing IO puncture
___ Contaminates equipment or site without appropriately correcting the situation
___ Performs any improper technique resulting in the potential for air embolism
___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p310/05-11

National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

Candidate:_____ Examiner:_____
Date:_____ Signature:_____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO_2 reading	1	
NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO_2, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 20/minute and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"		
Calls for immediate transport of patient	1	
Actual Time Ended: _____ **TOTAL**	20	

Critical Criteria

___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
___ Failure to take or verbalize body substance isolation precautions
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of 20/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Failure to recognize and treat respiratory failure in a timely manner
___ Insertion or use of any airway adjunct in a manner dangerous to the patient
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p314/10-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate:_____ **Examiner:**_____

Date:_____ **Signature:**_____

Actual Time Started: _____	**Possible Points**	**Points Awarded**
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and 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	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____ TOTAL	14	

CRITICAL CRITERIA

_____ Did not immediately direct or take manual immobilization of the head
_____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
_____ Released or ordered release of manual immobilization before it was maintained mechanically
_____ Manipulated or moved patient excessively causing potential spinal compromise
_____ Head immobilized to the device **before** device sufficiently secured to torso
_____ Patient moves excessively up, down, left, or right on the device
_____ Head immobilization allows for excessive movement
_____ Upon completion of immobilization, head is not in a neutral, in-line position
_____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
_____ Failure to manage the patient as a competent EMT
_____ Exhibits unacceptable affect with patient or other personnel
_____ Uses or orders a dangerous or inappropriate intervention

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p312/10-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate:_____ **Examiner:**_____

Date: _____ **Signature:**_____

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

CRITICAL CRITERIA

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

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p311/06-11

National Registry of Emergency Medical Technicians
Advanced Level Practical Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Time Start:_____

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Time End: _____ **TOTAL**	7	

CRITICAL CRITERIA

_____ Did not take or verbalize body substance isolation precautions
_____ Did not apply high concentration of oxygen
_____ Did not control hemorrhage using correct procedures in a timely manner
_____ Did not indicate the need for immediate transportation

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p313/8-003k

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____ TOTAL	10	

Critical Criteria

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the joint above and the joint below the injury site
___ Did not immobilize the hand or foot in a position of function
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p317/05-11

National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____ **TOTAL**	9	

Critical Criteria

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the bone above and below the injury site
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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p316/05-11

APPENDIX D

NATIONAL REGISTRY REGISTRATION SHEETS

Program Directors!

How to Authorize Your Students to Take an NREMT Exam

As program director, you are responsible for verifying when your students have completed a state-approved EMS course.

Detailed instructions on how to make the necessary verifications are below. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1

Login

- Go to www.nremt.org
- From the main page, click on 'Login' (found in the blue bar at the top of the page)
- Enter your Username and Password and proceed as prompted
- Click on 'Login'

Step 2

Verification of Course Completion

To verify course completion, click on 'Course Completion Verification' on the left side of the screen.

- Review all the requirements listed and possible responses:
  1. This is 'Not our student' (Not Our Student)
  2. This student 'Did not successfully complete program requirements' (No Course Completion)
  3. This student, 'Successfully completed program requirements as well as CPR and skill competency' (Successful Course Completion)
- Go to 'Registration Level'. Use the pull-down arrow to select your choice
- Click on 'Select'
- You will see a list of candidates who indicated they were part of your education program (last name and last four digits of their Social Security Number). The date in the 'Course Completion Date' column is the date provided by the candidate on their application. If the date is not correct, you may edit this field (note: only the month and year are recorded)
- For each candidate, review the information and click on the appropriate statement as prompted
- Read the statement in the box at the end of your student list.

  By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application
- Once you have processed a student on the list, they will be removed

Step 3

Practical Exam Verification

First Responder and EMT-Basic

If your State permits, you will need to verify the Psychomotor (Practical) Examination of your students.

- To verify skills, click on 'Practical Exam Verification' on the left hand side of the screen
- Review all the requirements listed. As Program Director you will indicate one of the following responses:
  1. 'Not Our Student' or 'Failed Final Attempt'
  2. 'Successfully Completed Practical Examination' (Successful Practical Skills Completion)
- Click on 'Search'
- You will see a list of candidates who indicated they were part of your education program as in Step 2. Proceed as prompted
- Read the statement in the box at the end of your student list

  By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application
- Once you have processed a student on the list, they will be removed

Intermediate and Paramedic

Advanced level candidates (Intermediate and Paramedic) may take the psychomotor evaluation (practical exam) following completion of the didactic and laboratory portions of an approved program if permitted by the program director and the State EMS Licensing Agency.

Advanced level psychomotor examinations will be verified by NREMT Advanced Level Representatives.

Please refer to the NREMT website for the most current policies and procedures.

Revised 8/2010

EMS Students!

Follow These Steps to Take The NREMT Exam

Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1: Create Your Account

- Go to nremt.org and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Read this to avoid delay! *Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!*

Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – If any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

Read this to avoid delay! *An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.*

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

Read this to avoid delay! *You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!*

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

Read this to avoid delay! *Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.*

Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

- **Read this to avoid delay!**
  - You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
  - Refunds cannot be issued for no-shows.
  - If you arrive late for your exam, you may lose your appointment!

Additional informational can be found on the NREMT instructional DVD.
Ask your instructor for more information or visit the NREMT website at www.NREMT.org.

Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the NREMT website for the most current policies and procedures.
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