SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention ~ protection ~ enforcement

SOUTH DAKOTA
EMS

# AEMT
# Student
# Workbook

**Updated 1/2012**

The Office of Emergency Medical Services has adopted the US Department of Transportation National Education Standards AEMT as the course of study for all AEMT Candidates in the State of South Dakota. This course will provide you with the knowledge and skills to provide quality advanced pre-hospital care to the sick and injured. This workbook has been produced to assist you in understanding the course requirements along with preparing you for the National Registry written and practical examinations. The Office of EMS wishes you the best of luck in continuing your education in the rewarding world of Emergency Medical Services.

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# Chapter 1: State EMS Staff & Responsibilities

**The EMS Office** is part of the Department of Public Safety and consists of 6 staff members located in Pierre, Sioux Falls, and Rapid City to best serve the EMS system in South Dakota. During your course of study we will provide you with, not only the information contained within this handbook, but visit your class at the beginning and close to the conclusion of your class. In the opening class we will review information contained within this handbook, complete registration paperwork, and review not only your responsibilities but that of your instructor and the state. During the class closing session you will be given instruction on the National Registry written and practical examination process and answer any last minute questions to better prepare you for the final examination.

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**Communicable Disease Prevention**
It is important that every person within the health care community afford themselves protection when it comes to communicable diseases. A common concern of the EMT is Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B. These seem to cause the most concern; however, contact with any communicable disease is a serious risk. Consider that you put not only yourself at risk, but also family and friends who may become exposed through contact with you! Your own health and safety must be your first consideration. Medical Directors cannot force you to take protective measures; however, if you neglect to take proper precautions after being advised of the dangers, you bear the responsibility for the consequences of your own actions. This may include the financial responsibilities.

Services will provide you with some type of hand protection. Gloves, even though uncomfortable and inconvenient, provide a first line of defense against infection. Most contact with an infected patient that causes problems for EMS personnel comes from contact with your hands. Therefore, it is extremely important that you glove up before you pull up, properly dispose of used gloves after a run, and then thoroughly wash your hands.

Additional protection that helps keep you at minimal risk is safety glasses and a mask. However, some situations may make them a hindrance to patient care. It is suggested that they be available for your use and that you exercise good judgment as to using them to provide yourself at least minimal protection when splatters of body fluids may occur (extrications, etc.).

Remember these important principles:

1. Don't become part of the problem, remain part of the solution.

2. Error on the side of safety.

Your safety is more important than your patients safety - without you, they have no care or protection. Remember to GLOVE UP before you PULL UP and if the situation dictates, provide yourself eye and respiratory protection. Again, it is worth repeating that it is extremely important that after an ambulance run used gloves are disposed of properly and your hands are thoroughly washed.

If you would like additional training concerning facts and myths in dealing with communicable diseases, contact the nearest Rural Health Education Center or the South Dakota Department of Public Safety.

# Chapter 2: Student Requirements, Student Status, SD Laws, Student Responsibility and Clinical Requirements

## Student Requirements

The following requirements must be met by potential 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.

## Student Status

Student Status allows the Student to perform Advanced Life Support Skills under the preceptor of an AEMT, Paramedic, RN, Physician, or Physician's Assistant. These skills include: medication administration, the initiation of an intravenous line, ventilations, team leadership during ambulance internship, patient assessments of chest pain, respiratory, altered mental status, pediatric, adult, & geriatric patients. Student Status is granted by the South Dakota Board of Medical and Osteopathic Examiners after review of your application which must be completed online by the first day of class.

The board may grant authorization for student status in advanced life support upon verification that the applicant meets the following criteria according to SDCL 36-4B-6: is at least eighteen years of age; has successfully completed an approved high school course of study or has passed a standard equivalency test; is of good moral character; and has been tentatively accepted in an approved advanced life support training program. All applicants including RN's, LPN's, and PA's, must be currently certified as an EMT to take an AEMT course. Students must obtain student status before working with patients, doing clinical experiences or taking the final test.

## Liability Insurance

Liability insurance is strongly recommended. Students should check with their class coordinator.

## Definitions

**SDCL 36-4B-1 (1) "Advanced Life Support"—**A level of pre-hospital and inter-hospital emergency care consisting of basic life support procedures and definitive therapy including the use of invasive procedures and may include the administration of drugs and manual defibrillation.

**SDCL 36-4B-1 (2) Advanced Life Support Personnel—**Any person other than a physician who has completed a department and board approved program and is licensed as an emergency medical technician-Intermediate/85; emergency medical technician-special skills; or emergency medical technician-paramedic.

**SDCL 36-4B-1 (7) "Emergency Medical Technician-Advanced,"** any person who has successfully completed a program of study approved by the department and the board in all areas of training and skills set forth in the advanced emergency medical technician instructional guidelines and standards, including placement of esophageal and supraglottic airways, intravenous cannulation, shock management, administration of specific medications, and other advanced skills approved by the board, and who is licensed by the board to perform such advanced skills;

**SDCL 36-4B-1 (8) "Emergency Medical Technician/EMT,"** any person trained in emergency medical care in accordance with standards prescribed by rules and regulations promulgated pursuant to 34-11-6, who provides emergency medical services, including automated external defibrillation under indirect medical control, in accordance with the person's level of training;

**SDCL 36-4B-1 (9) "Emergency Medical Technician-Intermediate/85,"** any person who has successfully completed a department and board approved program of instruction in basic life support and advanced life support skills in shock and fluid therapy, placement of esophageal airways, and other advanced life support skills approved by board action, and who is licensed by the board to perform such skills, including automatic defibrillation;

**SDCL 36-4B-1 (10) "Emergency Medical Technician-Paramedic,"** any person who has successfully completed a program of study approved by the department and the board and is licensed as an emergency medical technician-paramedic, which includes all training and skills set forth herein for emergency medical technician-Intermediate/85 and other advanced skills programs approved by board action, and who is licensed by the board to perform such Intermediate, special, and advanced skills;

**SDCL 36-4B-1 (11) "Emergency Medical Technician-Intermediate/99,"** any person who has successfully completed a department and board approved program of instruction in all areas of emergency medical technician-intermediate/85 curriculum plus other specific areas of emergency medical care in the following areas: manual and automated external defibrillation, telemetered electrocardiography, administration of cardiac drugs, administration of specific medications and solutions, use of adjunctive breathing devices, advanced trauma care, tracheotomy suction, esophageal airways and endotracheal intubation, Intraosseous infusion, or other special skills programs approved by board action, and who is licensed by the board to perform intermediate skills plus such special skills;

**SDCL 36-4B-1 (12) "Emergency Medical Technician-Student Status,"** any person who has received authorization for student status by the board and who has been accepted into an advanced life support training program to perform, under direct supervision, those activities and services currently being studied;

## National Registry Testing Requirements AEMT

At the end of the AEMT course you will be evaluated using the National Registry written and practical examinations. To be eligible to take the written exam you must submit a course completion certificate signed by the course coordinators, student and medical director; documentation of your medication administrations, IV completions, ventilations, team leadership, and patient assessments. A National Registry Application must be filled out completely online.

You have three attempts to pass the written test in two years; however you must pass the written and practical within one-year of each other.

Each time you take the written test you will need to fill out a new test application and pay the $100 testing fee.

The practical Exam consists of ten skill stations; you must have a passing score on all portions of the test.

1. Patient Assessment—Medical
2. Patient Assessment—Trauma
3. Alternative Airway Device (Supraglottic Airway)
4. Cardiac Arrest Management/AED (eff. 1-1-2013)
5. Intravenous Therapy/Bolus Medications
6. Pediatric Intraosseous Infusion
7. Pediatric Respiratory Compromise
8. Random Skills
    - Spinal Immobilization (Seated Patient)
    - Bleeding Control/Shock Management
    - Long Bone Immobilization
    - Joint Immobilization
    - (You will be tested on one skill in the random station)
9. Spinal Immobilization (Supine Patient)

If you pass all ten stations you have completed the practical exam.
If you fail four stations or less you may retest at that exam site.
If you retest and pass the stations then you have completed the practical exam
If you retest and fail a station you must go to a different site to retest that station
If you retest the second time and pass, you have completed the practical exam
If you fail a station on the second retest, you must report to a different test site and retake the entire practical again.

If you fail five or more stations you must retest the entire exam at a different test site. You have three opportunities to pass the practical exam within two years of completion of your class, but you must pass the written and practical within one-year of each other.

**Recertification Guidelines for the Advanced Emergency Medical Technician** All South Dakota AEMT's are required to maintain certification on a biennial (two-year) basis that expires June 30 of odd numbered years. An AEMT must be state certified; however, in order to act as a South Dakota AEMT it is legally necessary to be licensed through the State Board of Medical & Osteopathic Examiners on a yearly basis. An application for licensing can be completed online.

An AEMT is responsible for completing and submitting the necessary materials to the Emergency Medical Services Office. If a change of name, address, or affiliation occurs, please notify the Emergency Medical Services Office in writing or by calling (605) 773-4031.

South Dakota certification is separate from National Registry reregistration and requirements for the two differ. For questions or concerns regarding your South Dakota certification, contact the Emergency Medical Services Office at (605) 773-4031. For questions or concerns regarding your National Registry of Emergency Medical Technicians registration contact the National Registry of Emergency Medical Technicians at (614) 888-4484 or visit www.nremt.org.

## Clinical Requirements:

The following requirements are strongly recommended but not required to; be completed at approved sites:

1) Successfully complete 15 medication administrations on live patients,
2) Successfully ventilate 20 live patients,
3) Successfully start 25 IV's on live patients,
4) Successfully complete 10 team leads in pre-hospital setting (ambulance internship),
5) Successfully assess, and treat 2 patients each with following complaints: chest pain, respiratory distress, and altered mental status.
6) Complete assessment on 2 each of following patients: pediatric, adult, and geriatric

Those hospital and ambulance sites agreeing to provide observation time do so voluntarily as they recognize the benefit to both the student and patient. Always remember that the observation period is a privilege, not a right and a high level of professionalism is required.

When reporting for the ambulance observation, please observe the following general guidelines as well as the specific guidelines required by the individual hospital/ambulance service you will be observing.

1. Wear clean, dark colored, comfortable dress slacks and a plain white shirt without patches or logos. Shoes are to be clean and comfortable. No jeans, T-shirts, Western style boots, or open toe shoes should be worn. Jackets should also be appropriate and without patches or logos. Always remember to dress according to weather conditions. Bring gloves, head cover, etc., if weather conditions indicate a possible need.
2. Report on time to the staff person or area designated to you. You should cancel only if absolutely necessary. If it becomes necessary to cancel, notify the appropriate people as soon as possible. It is important to remember that available ride time may be limited and rescheduling may be difficult.
3. Maintaining patient confidentiality is mandatory. If you are found jeopardizing the patient/provider relationship, you will be dismissed immediately from further observation time and the AEMT training program.
4. Be sure to read and follow specific observation policies for the hospital/ambulance service that is providing your observation time.
5. Never attempt to perform skills that are outside your training ability.

**AEMT Course Completion Check List**

All of the following items are to be completed and presented to the State Emergency Medical Specialist or Course Coordinator before you challenge the National Registry of Emergency Medical Technicians practical and written examinations.

1. Medication Administration (15)
2. Ventilation Performance Evaluation (20)
3. Intravenous Performance Evaluation Form (25)
4. Team Lead: Chest Pain (10)
5. Team Lead: Respiratory Distress (10)
6. Team Lead: Altered Mental Status (10)
7. Complete Assessment: Pediatric (2), Adult (2), Geriatric (2)
8. Student's Evaluation of AEMT Course
9. Clinical Site Evaluation

# Chapter 3: Forms, Skill Sheets, Registration Instructions

Please note on the top of all of the forms, except the National Registry score sheets, are instructions on where to submit the completed forms.

## Clinical Forms:

- Medication Administration
- Ventilation Performance Evaluation form
- IV Performance Evaluation form
- Team Lead: Chest Pain
- Team Lead: Respiratory Distress
- Team Lead: Altered Mental Status
- Complete Assessment: Pediatric, Adult, Geriatric
- Class Evaluation
- Clinical Site Evaluation

## Skill Sheets:

Patient Assessment-Medical
Patient Assessment-Trauma
Alternative Airway Device (Supraglottic Airway)
Cardiac Arrest Management/AED (Effective 1/1/2013)
Intravenous Therapy/ Bolus Medications
Pediatric Intraosseous Infusion
Pediatric Respiratory Compromise
Spinal Immobilization Seated Patient
Bleeding Control/Shock Management
Immobilization Skills/Long Bone Injury
Joint Immobilization
Spinal Immobilization Supine Patient

## National Registry Registration Instructions

Creating Your Account/Applying for NREMT Exam

# 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. | | | |
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| 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. | | | | |
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| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |

# Team Lead: Chest Pain

***(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 |
|---|---|---|---|---|
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# Team Lead: Respiratory Distress

***(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 respiratory distress. 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 respiratory distress, 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 |
|---|---|---|---|---|
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# Team Lead: 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 altered mental status. 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 or manikins with altered mental status. 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 |
|---|---|---|---|---|
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# 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention ~ protection ~ enforcement

**AEMT PROGRAM EVALUATION FORM**
(South Dakota EMS Office Copy)

Course Location: _____

Name (not required): _____

I would recommend the AEMT Course to a friend
No Way Maybe Definitely

The AEMT Course has met my expectations
Not at all Just Barely Definitely Beyond my Expectations

The following questions are presented in order to evaluate the AEMT Course and to aid in improving future courses. Please circle one of the numbers to evaluate course.

1. Excellent 2. Good 3. Average 4. Poor

| | | | | |
|---|---|---|---|---|
| Instructors (enthusiasm, attitude, interest, availability)_____ | 1 | 2 | 3 | 4 |
| Training Methods (use of time, didactic, practical's) _____ | 1 | 2 | 3 | 4 |
| Education Literature (textbooks, workbooks, handouts) _____ | 1 | 2 | 3 | 4 |
| Audiovisual Aids (PowerPoint, video, overheads) _____ | 1 | 2 | 3 | 4 |
| Training Aids (availability, use, practical labs) _____ | 1 | 2 | 3 | 4 |
| Written and Practical Examinations (understandable, beneficial) _____ | 1 | 2 | 3 | 4 |
| Length of Course (too short, too long, too fast, too slow) _____ | 1 | 2 | 3 | 4 |
| Overall Evaluation of Course _____ | 1 | 2 | 3 | 4 |

Additional Comments, Recommendations, or Ideas for further courses/trainings (use back of sheet if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

# Clinical Site Evaluation Form
# (Submit to SD EMS Office)

Name of site_____

_____

Type of facility (i.e. hospital, clinic, ambulance service)_____

_____

What areas of the facility were you allowed in? (i.e. ER, hospital floor, clinic, etc.) _____

_____

Time at site_____

Date at site_____

Number patient contacts_____

Was your preceptor enthusiastic, helpful, available, have a good attitude?_____

_____

How would you rate your overall experience?_____

_____

Would you recommend this clinical site to other students? _____

_____

Comments_____

_____

_____

_____

_____

_____

_____

Please make copies of this form as needed if doing clinicals at more than one site or on different dates.

# National Registry of

# Advanced Emergency Medical Technician

# Skills 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<br>-Assessment (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point) | 3 | |
| Assesses circulation<br>-Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point)<br>-Assesses pulse (1 point) | 3 | |
| Identifies priority patients/makes transport decision | 1 | |
| **HISTORY TAKING AND SECONDARY ASSESSMENT** | | |
| History of present illness<br>-Onset (1 point) -Severity (1 point)<br>-Provocation (1 point) -Time (1 point)<br>-Quality (1 point) -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)<br>-Radiation (1 point) | 8 | |
| Past medical history<br>-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)<br>-Medications (1 point) -Last oral intake (1 point) | 5 | |
| Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment]<br>-Cardiovascular -Neurological -Integumentary -Reproductive<br>-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social | 5 | |
| Vital signs<br>-Pulse (1 point) -Respiratory rate and quality (1 point each)<br>-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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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<br>-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point) | 2 | |
| Breathing<br>-Assess breathing (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point)<br>-Manages any injury which may compromise breathing/ventilation (1 point) | 4 | |
| Circulation<br>-Checks pulse (1point)<br>-Assess skin [either skin color, temperature, or condition] (1 point)<br>-Assesses for and controls major bleeding if present (1 point)<br>-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<br>-Inspects mouth**, nose**, and assesses facial area (1 point)<br>-Inspects and palpates scalp and ears (1 point)<br>-Assesses eyes for PERRL** (1 point) | 3 | |
| Neck**<br>-Checks position of trachea (1 point)<br>-Checks jugular veins (1 point)<br>-Palpates cervical spine (1 point) | 3 | |
| Chest**<br>-Inspects chest (1 point)<br>-Palpates chest (1 point)<br>-Auscultates chest (1 point) | 3 | |
| Abdomen/pelvis**<br>-Inspects and palpates abdomen (1 point)<br>-Assesses pelvis (1 point)<br>-Verbalizes assessment of genitalia/perineum as needed (1 point) | 3 | |
| Lower extremities**<br>-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg) | 2 | |
| Upper extremities<br>-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm) | 2 | |
| Posterior thorax, lumbar, and buttocks**<br>-Inspects and palpates posterior thorax (1 point)<br>-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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**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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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<br>Adequate depth and rate (1 point)<br>Correct compression-to-ventilation ratio (1 point)<br>Allows the chest to recoil completely (1 point)<br>Adequate volumes for each breath (1 point)<br>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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## 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:<br>-Proper fluid (1 point)<br>-Clarity (1 point)<br>-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<br>-Inserts stylette (1 point)<br>-Notes or verbalizes flashback (1 point)<br>-Occludes vein proximal to catheter (1 point)<br>-Removes stylette (1 point)<br>-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 | |
| **Actual Time Ended:** _____ **TOTAL** | 22 | |

**NOTE:** Check here ☐ if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not 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

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### 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 | |
| **Actual Time Ended:** _____ **TOTAL** | 12 | |

**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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**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:<br>-Proper fluid (1 point)<br>-Clarity (1 point)<br>-Expiration date (1 point) | 3 | |
| Selects appropriate equipment to include:<br>-IO needle (1 point)<br>-Syringe (1 point)<br>-Saline (1 point)<br>-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:<br>-Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point)<br>-Inserts needle at proper angle (1 point)<br>-Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point)<br>-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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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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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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**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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**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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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

***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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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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**National Registry of Emergency Medical Technicians**
**Advanced Level Psychomotor Examination**

**PEDIATRIC (<2 yrs.) VENTILATORY MANAGEMENT**

**Candidate:**_____ **Examiner:**_____

**Date:**_____ **Signature:**_____

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

| **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 oxygen regulator [12 – 15 L/minute] | 1 | |
| Ventilates patient at a rate of 12 – 15/minute and assures visible chest rise | 1 | |
| ***NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.*** | | |
| Directs assistant to pre-oxygenate patient | 1 | |
| Identifies/selects proper equipment for intubation | 1 | |
| Checks laryngoscope to assure operational with bulb tight | 1 | |
| ***NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate*** | | |
| Places patient in neutral or sniffing position | 1 | |
| Inserts blade while displacing tongue | 1 | |
| Elevates mandible with laryngoscope | 1 | |
| Introduces ET tube and advances to proper depth | 1 | |
| Directs ventilation of patient | 1 | |
| Confirms proper placement by auscultation bilaterally over each lung and over epigastrium | 1 | |
| ***NOTE: Examiner to ask, "If you had proper placement, what should you expect to hear?"*** | | |
| Secures ET tube [may be verbalized] | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 17 | |

***CRITICAL CRITERIA***

_____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to pad under the torso to allow neutral head position or sniffing position
_____ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
_____ Failure to ventilate patient at a rate of 12 – 15/minute
_____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
_____ Failure to pre-oxygenate patient prior to intubation
_____ Failure to successfully intubate within 3 attempts
_____ Uses gums as a fulcrum
_____ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
_____ Inserts any adjunct in a manner dangerous to the patient
_____ Attempts to use any equipment not appropriate for the pediatric patient
_____ 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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# NATIONAL REGISTRY

# REGISTRATION SHEETS

# 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.*
*Release date 11/06 Revised 6/07*