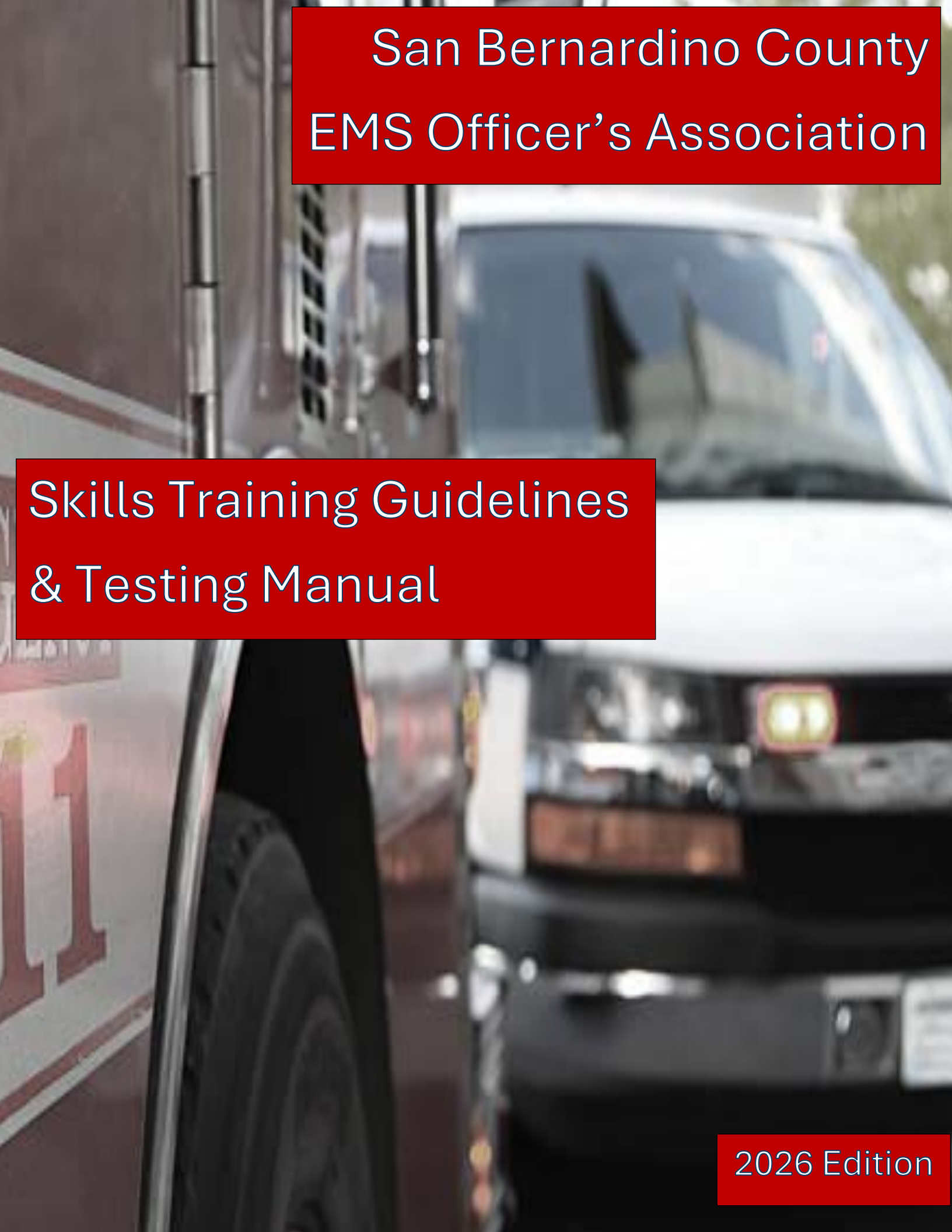




San Bernardino County EMS Officer's Association

Skills Training Guidelines & Testing Manual

2026 Edition

Foreword from EMS Officers

Greetings Colleagues,

This basic and advanced skills training guidelines and testing manual is for you! The San

Bernardino County EMS Officer's association has created and supports this living and breathing document.

This manual is supported by industry standards and resources (NREMT and ICEMA protocols/standards)

utilized in educational institutions and organizations that set a national standard for Emergency Medical

Services. As this is a living document, annual revisions will be updated based on feedback from users and

administrators who utilize this for education and application purposes. Please don't hesitate to forward

concerns to your respective EMS Officer representatives to help uphold the industry standard for all.

Best Regards,

San Bernardino County EMS Officer's Association

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12-Lead Electrography

Indications

- Patients with complaints of chest pain, suspected, or at risk of having a myocardial infarction or any patient with predisposing factors that may benefit from the procedure.

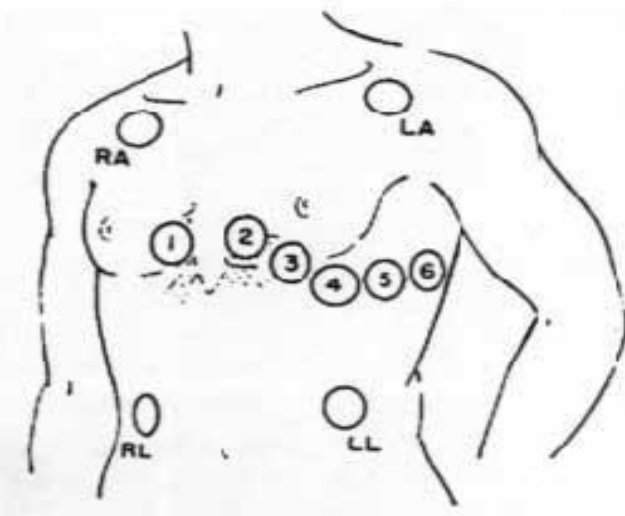
Contraindications (Relative)

- Uncooperative patients
- Life-threatening conditions
- 12-lead will impede immediate patient care needs

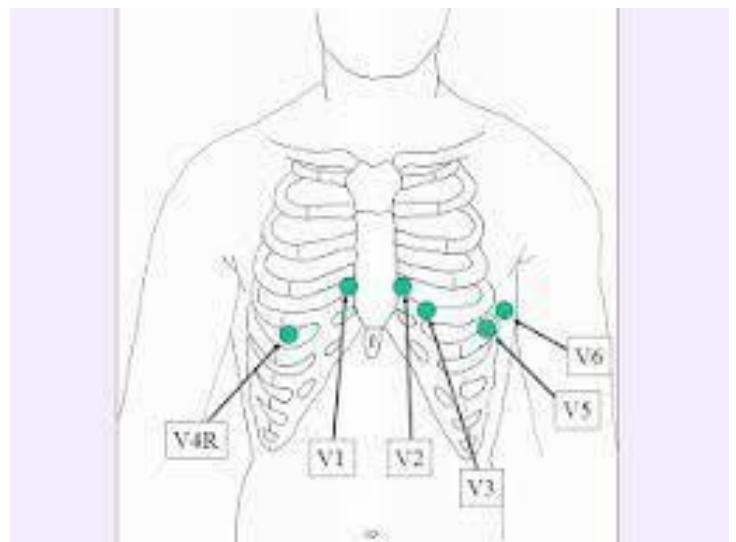
Considerations

- Consider ECG with atypical presentations (*figure 1*)
- Elderly females
- Diabetic patients
- Unexplained or near syncope
- Shortness of breath
- Generalized weakness (over fifty (50) years of age)
- Profound weakness, acute onset
- Abdominal discomfort
- For suspected right sided MI, remove V4 lead and place it at the 5th intercostal space midclavicular line on the right side of the chest (*figure 2*)
- Consider 15-lead for suspected posterior MI (*figure 3*)

12- Lead Figure 1



<http://www.ems12lead.com/2008/10/17/>



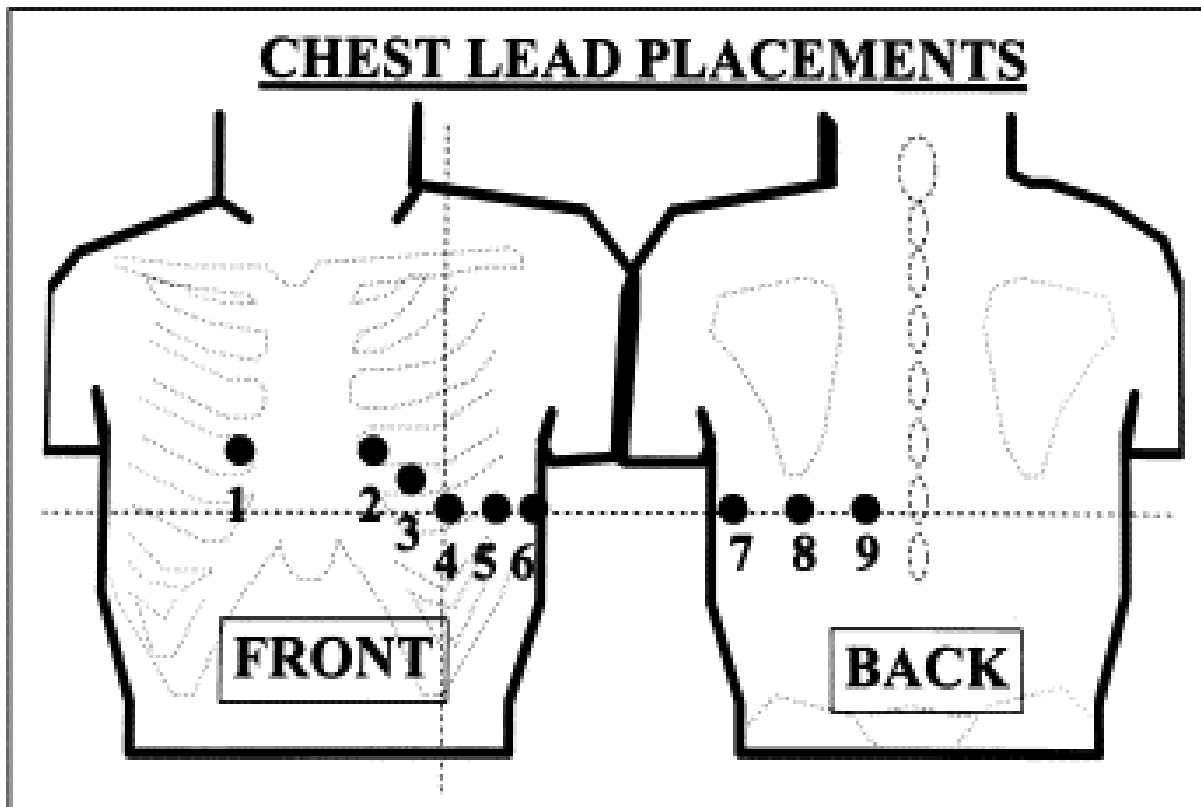
<http://nuclearcardiologyseminars.com/electrocardiography12-lead-ecg-lead-placement-diagrams/>

12-Lead Figure 2

			
I Lateral	aVR	V1 Septal	V4 Anterior
II Inferior	aVL Lateral	V2 Septal	V5 Lateral
III Inferior	aVF Inferior	V3 Anterior	V6 Lateral
SITE	FACING		RECIPROCAL
SEPTAL	V1, V2		NONE
ANTERIOR	V3, V4		NONE
ANTEROSEPTAL	V1, V2, V3, V4		NONE
LATERAL	I, aVL, V5, V6		II, III, aVF
ANTEROLATERAL	I, aVL, V3, V4, V5, V6		II, III, aVF
INFERIOR	II, III, aVF		I, aVL
POSTERIOR	NONE		V1, V2, V3, V4

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12-Lead Figure 3



12-Lead Electrography – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐				
Equipment:				
12-lead electrodes - Cardiac monitor with 12-lead capabilities - Razor (as needed)				
Assessment/Treatment indicators:				
<u>Indications</u> - Patient with complaint of chest pain, with suspected or at risk of having a myocardial infarction - Consider ECG with atypical presentations: - Elderly - Female - Diabetic - Unexplained or near syncope - Shortness of Breath - Generalized weakness (over forty (40) years of age) - Profound weakness, acute onset - Upper abdominal pain		<u>Contraindications</u> - Uncooperative patient - Life-threatening conditions - Delays caused by obtaining ECG could compromise care of that patient. - ECG will impede immediate patient care needs		
Procedure:			Yes	No
1.	BSI / PENMAN	☐	☐	
2.	States indications/contraindications	☐	☐	
3.	Prepares/checks equipment	☐	☐	
4.	Explains procedure	☐	☐	
5.	Places the patient in a preferred position of comfort (if the patient cannot tolerate being supine, obtain the ECG in semi-fowlers or a more upright position)	☐	☐	
6.	Instructs the patient to place their arms down by their side and to relax their shoulders	☐	☐	
7.	Verifies the patient's legs are uncrossed	☐	☐	
8.	Dries the skin if it's moist or diaphoretic	☐	☐	
9.	Shaves any hair that interferes with electrode placement	☐	☐	
10.	Place electrodes per manufacturer's directions (Figure 1)	☐	☐	

11.	Record and print ECG findings per manufacturer's directions	☐	☐
12.	Paramedic interprets ECG, report and document findings (Figure 2) (Step 12 may be omitted with EMT only exam)	☐	☐
13.	Reassess/Document: • Patient • ECG findings • Patient response to intervention	☐	☐
Notes:			

Bag-Valve Mask (BVM)

Indications

- Patients exhibiting signs/symptoms of a compromised airway or inadequate breathing
- Required need for assisted ventilation

Contraindications

- Intact airway and breathing

Considerations

- Ensures an airway adjunct, supraglottic airway, or advanced airway has been placed

Bag-Valve Mask (BVM) – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐				
Equipment:				
- BVM - OPA/NPA - O2 Tank with Regulator		- Suction equipment - SpO₂/ETCO₂ monitoring (ALS)		
Assessment/Treatment indicators:				
<u>Indications</u> - Patients exhibiting signs/symptoms of a compromised airway or inadequate breathing - Required need for assisted ventilations		<u>Contraindications</u> Intact airway and breathing		
Procedure:			Yes	No
1.	BSI / PENMAN		☐	☐
2.	Assembles BVM correctly		☐	☐
3.	Attaches O2 to oxygen and adjusts to the proper flow rate (15-25 LPM)		☐	☐
4.	Opens patient's airway with head tilt/chin lift or modified jaw thrust		☐	☐
5.	Suctions airway as needed		☐	☐
6.	Measure and inserts OPA and/or NPA correctly		☐	☐
7.	Place mask over the patient's mouth/nose and seals appropriately with C/E grip or with two thumbs up method		☐	☐
8.	Ventilates at appropriate rate		☐	☐
9.	Ensures adequate ventilation by visualizing chest rise and fall, bilateral lung sounds, and hemodynamic improvements		☐	☐
NOTES:				

Bleeding Control / Shock Management

Indications

- Patient with blunt or penetrating trauma with active hemorrhage

Contraindications (Relative)

- No contraindications

Considerations

- Cut and expose wound
- Consider proper equipment needed for specific hemorrhage control
- Consider appropriate manufacturers' guidelines for specific tourniquet
- Consider proper equipment needed for the treatment of shock
- Destination, time, and specialty center required, need for HERT team
- Consider oxygen administration (follow oxygen administration guidelines)

Bleeding Control / Shock Management – Skills Test

Examinee: _____		Date: _____		
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐	
Equipment:				
• BSI equipment • Blanket • Absorbent material • Tourniquets (Swat-T, Soft-T)		• Bandaging material • Oxygen/ Oxygen delivery system • Israeli bandages – pressure dressings		
Assessment/Treatment indicators:				
<u>Indications</u>		<u>Contraindications</u>		
• Signs of active hemorrhage		• No contraindications		
Procedure:			Yes	No
1.	BSI / PENMAN	☐	☐	
2.	Applies direct pressure to the wound	☐	☐	
The examiner advises “The wound continues to bleed.”				
3.	Applies tourniquet appropriately	☐	☐	
The examiner advises “The patient is now exhibiting signs and symptoms of hypoperfusion.”				
4.	Positions the patient properly	☐	☐	
5.	Administers high concentration oxygen (According to NAEMT or ICEMA protocol)	☐	☐	
6.	Initiates steps to prevent heat loss from the patient	☐	☐	
7.	Indicates the need for immediate transport	☐	☐	
8.	Reassess/Document: • Patient • Motor, sensory, and circulatory function in each extremity • Patient response/tolerance to intervention • Estimated blood loss	☐	☐	
Notes:				

Blood Administration

Indications

- Patient experiencing hemorrhagic shock due to severe traumatic injury and one of the following:
 - SBP < 70 or unobtainable
 - SBP < 90 and heart rate $\geq$ 110
 - Shock Index > 1.2
 - Traumatic arrest witnessed by EMS

Contraindications (Relative)

- Patient does not consent to blood products
- Patient < 15 years old

Considerations

- No considerations

Blood Administration – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐
Equipment:			
- Blood Product (Packed RBC O+, Packed RBC O-, Low titer O+ Whole Blood) - Blood Cooler with continuous temperature monitoring - Blood Filtered IV Tubing - Normal Saline - Blood Warming Device - Rapid Transfusing Device or Pressure IV Bag			
Assessment/Treatment indicators:			
Indications		Contraindications	
- Pt. experiencing hemorrhagic shock due to severe traumatic injury and one of the following: - SBP <70 or unable to obtain or - SBP <90 and HR ≥ 110 (SI>1.2) or - Traumatic Arrest Witnessed by EMS		- Patient does not consent to blood products - Patient <15 years old	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure and obtains consent	☐	☐
5.	Attach pt. to the monitor (BP, ECG, SpO ₂ , EtCO ₂)	☐	☐
6.	Establish 2 large bore IVs or 1 IV + 1 IO, utilize IO if unable to establish IV	☐	☐
7.	Remove blood from cooler only after criteria confirmed	☐	☐
8.	Checks the "five patient rights, plus one." - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
9.	Inspect blood for integrity, discoloration, or clots	☐	☐
10.	Cross Check Blood with a Second Paramedic for: - Type (Whole Blood or Packed Red Blood Cells) - ABO and Rh Factor - Expiration Date	☐	☐

11.	Prime blood tubing and warmer with normal saline	☐	☐
12.	Spike Blood to Y-Connector	☐	☐
13.	Confirm blood is flowing with no extravasation	☐	☐
14.	Administer via rapid infuser or pressure bag	☐	☐
15.	Record time of administration	☐	☐
16.	Place bracelet on pt. and remove a sticker from the blood bag and place on pt. bracelet	☐	☐
17.	Reassess after initial administration; give second administration if criteria still met	☐	☐
18.	Flush remaining blood in tubing with saline if stopping transfusion	☐	☐
19.	Recheck vitals continuously; BP every 3 minutes	☐	☐
20.	Administer TXA 1g IV/IO via separate line	☐	☐
21.	Monitor for transfusion reactions	☐	☐
22.	Document in medication section (criteria, consent, blood type, times, volume, response)	☐	☐
23.	Attach photo of used blood bag	☐	☐
24.	Give concise verbal report (indication, product, volume, reactions, meds)	☐	☐
25.	Provide used blood bag/tubing to ED	☐	☐

Notes:

Blood Glucose Analysis

Indications

- Altered mental status
- Neurological dysfunction
- History of diabetes
- Vague or general symptoms or complaints
- Need to reassess following the treatment of hypoglycemia
- Nausea and vomiting
- Abdominal pain

Contraindications

- Recognize contraindications to blood sampling site selection:
 - Signs of local infection
 - Wounds or bleeding

Considerations

- Reassess unusual and/or unexpected glucometer results
- Consider new onset or gestational diabetes
- Consider history of vomiting and abdominal pain for pediatric patients

Blood Glucose Analysis – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- BSI Equipment / PPE - Glucometer - Alcohol preps		- Sharps container - Lancet(s) - Bandage	
Assessment/Treatment indicators:			
<u>Indications</u> - Altered Mental Status - Neurological dysfunction - History Diabetes or indications of new onset - Vague or General symptoms or complaints - Need to reassess following treatment of hypoglycemia		<u>Contraindications (Relative)</u> - Local infection - Wounds or bleeding at blood sampling site	
Procedure:			Yes
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Setup appropriate equipment (glucometer, test strip, lancet, alcohol prep)	☐	☐
4.	Explains procedure to patient	☐	☐
5.	Prepares glucometer: inserts test strip and ensure glucometer is ready for use	☐	☐
6.	Select appropriate site Adult / Pediatric - Fingertip side Infant (less than one year) - Heel of foot	☐	☐
7.	Use alcohol to clean site (allow site to dry completely before utilizing lancet)	☐	☐
8.	Obtain blood sample: prick the site with lancet	☐	☐
9.	Allow blood drop to form, transfer blood sample to the test strip following manufacturer's guidelines	☐	☐
10.	Place lancet in sharps container & apply bandage to site	☐	☐
11.	Announce / Document glucometer result	☐	☐
Notes:			

Continuous Positive Airway Pressure (CPAP)

Indications

- Awake, alert patient may be able to follow commands in severe respiratory distress as evidenced by:
 - Respiratory rate ≥ 24 breaths per minute
 - SpO₂ $< 90\%$
 - Accessory muscle use

Contraindications (Relative)

- Apnea
- Unconscious
- Pediatric < 15 years old
- Suspected pneumothorax
- Vomiting
- Systolic blood pressure ≤ 90 mmHg (relative)

Considerations

- Midazolam, 1 mg IV/IM/IN/IO (single dose only) for anxiety related to application of CPAP mask

Continuous Positive Airway Pressure (CPAP) – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- CPAP mask - CPAP circuit or device - Cardiac monitor - Oxygen tank with spare available - Capnography monitoring device			
Assessment/Treatment indicators:			
<u>Indications</u> Awake, alert patient able to follow commands in severe respiratory distress as evidenced by: - Respiratory rate $\geq$ 24 breaths per minute and/or - SpO₂ less than 90% and/or - Accessory muscle use	<u>Contraindications</u> - Apnea - Unconscious - Pediatric (appearing younger than 15 years old) - Suspected pneumothorax - Vomiting - Systolic blood pressure 90 mmHg or less (relative contraindication)		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment. Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
4.	Explains procedure	☐	☐
5.	Provides supplemental oxygen as clinically indicated	☐	☐
6.	Positions patient sitting upright	☐	☐
7.	Considers providing 1 mg Versed IV/IO/IM/IN one time for any anxiety related to CPAP mask application	☐	☐
8.	Assembles CPAP mask, circuit and device	☐	☐
9.	Applies mask and begins CPAP at 0-2cm H ₂ O (or lowest level allowed by the device); instruct patient to inhale through nose and exhale through mouth	☐	☐

10.	Slowly titrates in 3cm increments up to maximum of 15cm H ₂ O according to patients' tolerance while instructing patient to continue exhaling against increasing pressure	☐	☐
11.	Attaches ET CO ₂ monitoring device	☐	☐
12.	Verbalizes understanding of CPAP being continued until patient is placed on CPAP device at the receiving hospital Emergency Department (ED)	☐	☐
13.	Reassess/Document: • Patient work of breathing, level of anxiety, and level of comfort • CPAP level /reading • O₂ saturation, vital signs, lung sounds • Capnography monitoring • Patient tolerance/response to intervention	☐	☐
Notes: 			

Cardiac Arrest and AED

Indications

- Cardiac / Respiratory arrest

Contraindications

- Do Not Resuscitate (DNR)
- POLST directives
- End of Life Option Act

Considerations

- Ensure enough space to properly perform CPR with several rescuers
- Remove patients from standing water
- Place patient in a supine position
- Determine probable cause of the arrest
- AED patches should not be placed over implanted medical devices, jewelry, or transdermal medication patches

Cardiac Arrest and AED – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐
Equipment:			
• PPE		• AED	
Assessment/Treatment indicators:			
<u>Indications</u> • Cardiac/Respiratory arrest		<u>Contraindications</u> • DNR • POLST directives • End of Life Option Act	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Attempts to obtain information about events from bystanders	☐	☐
6.	Checks patient responsiveness, assesses for signs of breathing (agonal, apneic, gasping) and carotid pulse (no more than 10 seconds)	☐	☐
7.	Immediately begins high performance chest compressions with appropriate rate and depth while allowing for complete chest recoil	☐	☐
8.	Requests additional assistance (as needed)	☐	☐
9.	Performs 2 minutes (5 cycles) of high performance (1 or 2-person) CPR	☐	☐
10.	After 2 minutes, switches out rescuer performing compressions	☐	☐
11.	When AED arrives, first rescuer turns it on	☐	☐
12.	Follows initial AED prompts	☐	☐
13.	Correctly attaches pads to patient. ** Avoids placing pads over implanted medical devices or medication patches	☐	☐
14.	Follows additional AED prompts to clear and analyze rhythm	☐	☐
15.	If shock advised, ensures the patient is clear of all bystanders and provides shock per AED instructions	☐	☐
16.	Ensures effective chest compressions are immediately resumed	☐	☐
17.	Reassess / Documents: • Patient response / tolerance to interventions	☐	☐

Notes:

End Tidal Capnography Monitoring (ETCO₂)

Indications

- **MANDATORY:** to rule out esophageal intubation and confirm and monitor endotracheal tube position in all intubated patients, monitor perfusion with any pain medication administrations and post sedation on excited delirium patients.
- To identify endotracheal tube dislodgement
- To assist in monitoring ventilation and perfusion in all ill or injured patients or those who have been medicated with any narcotic
- To monitor quality of chest compressions to confirm ROSC
- To monitor status of asthmatic, CHF, COPD, PE patient
- To confirm mechanical capture during Transcutaneous Cardiac Pacing

Contraindications (Relative)

- No contraindications

Considerations

- In cases of suspected head trauma, i.e. signs of herniation, maintain ETCO₂ between 30 – 35 mmHg
- Aggressive hyperventilation should be avoided in all patients

End Tidal Capnography Monitoring (ETCO₂) – Skills Test

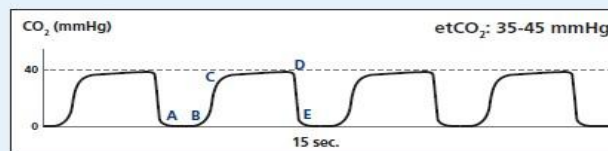
Examinee: _____		Date: _____	
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐
Equipment:			
- PPE - Cardiac monitor		- Oxygen device - ET CO₂ cable with sensor	
Assessment/Treatment indicators:			
<u>Indications</u> MANDATORY: To rule out esophageal intubation and confirm/monitor endotracheal tube position in all intubated patients, monitor perfusion with any pain medication administration and post sedation on excited delirium patients - To monitor quality of chest compressions - To confirm ROSC - To identify endotracheal tube dislodgement - To assist in monitoring respiration, metabolism and perfusion in all ill or injured patients or those who have been medicated with any narcotic. - To monitor the status of an asthmatic, CHF, COPD, PE patient - To confirm mechanical capture during Transcutaneous Cardiac Pacing		<u>Contraindications</u> None	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Attaches the capnography sensor to the endotracheal tube or oxygen delivery device without increasing dead space	☐	☐
6.	If not previously attached, attaches the ET CO ₂ connector to the cardiac monitor	☐	☐
7.	Ideally, maintains ET CO ₂ output between 35-45 mmHg	☐	☐
8.	If suctioning is required, takes caution to not dislodge "T" sensor	☐	☐
9.	Reassess/Document: - Patient - Respiratory status - Intubation or oxygen delivery - ET CO₂ reading, waveform and respiratory rate - Patient response/toleration to intervention	☐	☐
Notes:			

(ETCO₂) Figure 1:**Normal Capnogram**

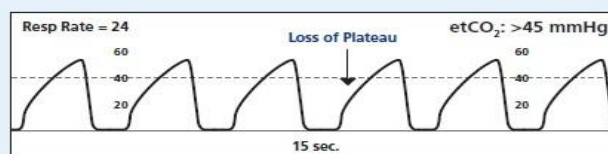
The normal capnogram is a waveform which represents the varying CO₂ level throughout the breath cycle.

Waveform Characteristics:

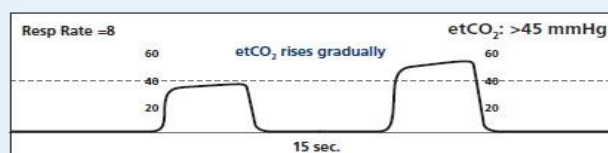
- A-B:** Baseline **D:** End-Tidal Concentration
B-C: Expiratory Upstroke **D-E:** Inspiration
C-D: Expiratory Plateau

**Bronchospasm/Asthma****Other Possible Causes:**

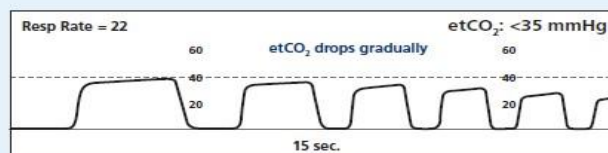
- Bronchospasm/COPD
- Obstruction in the expiratory limb of the breathing circuit
- Presence of a foreign body in the upper airway
- Partially kinked or occluded artificial airway

***Increasing etCO₂ (Hypoventilation)****Other Possible Causes:**

- Decrease in respiratory rate
- Decrease in tidal volume
- Increase in metabolic rate
- Rapid rise in body temperature (malignant hyperthermia)

***Decreasing etCO₂ (Hyperventilation)****Other Possible Causes:**

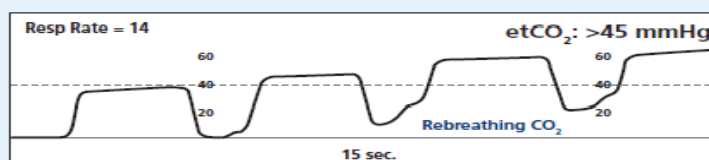
- Increase in respiratory rate
- Increase in tidal volume
- Metabolic acidosis
- Fall in body temperature



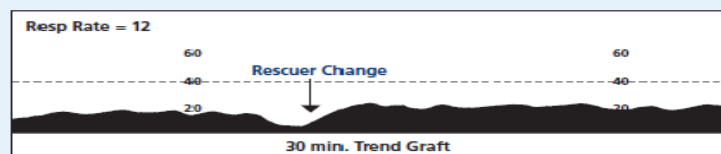
*Assumes adequate circulation and alveolar gas exchange

Rebreathing CO₂**Other Possible Causes:**

- Faulty expiratory valve
- Inadequate inspiratory flow
- Partial rebreathing
- Insufficient expiratory time

**Cardiac Arrest****Other Possible Causes:**

- Decreased or absent cardiac output
- Decreased or absent pulmonary blood flow
- Sudden decrease in CO₂ values

**Return of Spontaneous Circulation****Other Possible Causes:**

- Increase in cardiac output
- Increase in pulmonary blood flow
- Gradual increase in CO₂ production



External Jugular Vein Access

Indications

- Patient condition requires IV access and other peripheral IV access attempts are unsuccessful

Contraindications (Relative)

- Patient < 8 years old

Considerations

- If possible, place the patient into the Trendelenburg position

External Jugular Vein Access – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
• Appropriately sized IV catheter • Alcohol swabs		• Occlusive dressing • IV tubing/fluids (if indicated)	
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
• Patient condition required IV access and other peripheral IV access attempts are unsuccessful		• Patient eight (8) years of age or less	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Utilizes axial spinal stabilization in trauma patients. (f not in axial spinal stabilization, extend and stabilize patient's neck); maintain manual axial spinal stabilization if the need to remove c-collar arises	☐	☐
6.	Places patient in Trendelenburg position or apply slight pressure at base of vein for tourniquet effect	☐	☐
7.	Obtains external jugular vein access with appropriately sized IV catheter	☐	☐
8.	Securely tapes catheter with occlusive dressing in place and continue to monitor for patency	☐	☐
9.	Rechecks site frequently for signs of infiltration	☐	☐
10.	Reassess/Document: • Patient • EJ IV placement and s/s of infiltration • Patient tolerance/response to intervention	☐	☐
Notes:			

HARE Traction Splint Device

Indications

- Painful, swollen, deformed mid-thigh with no joint or lower leg injury

Contraindications

- Open fracture
- Pelvis, hip, knee, ankle injury on affected side
- Excessive avulsion
- Partial amputation

Considerations

- Utilize three rescuers to apply the HARE traction splint, if possible

HARE Traction Splint Device – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
• PPE		• HARE Traction Splint	
Assessment/Treatment indicators:			
<u>Indications</u> Painful, swollen, deformed mid-thigh with no joint or lower leg injury		<u>Contraindications</u> - Open fracture - Pelvis, hip, knee, ankle injury - Excessive avulsion - Partial amputation	
Procedure:			Yes
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Directs assistant to stabilize the injured leg	☐	☐
6.	Exposes the injured extremity	☐	☐
7.	Removes shoe and sock on injured leg	☐	☐
8.	Checks the circulation, motor and sensory function distal to the injury before moving leg or applying traction	☐	☐
9.	Positions the device parallel to the uninjured leg and adjusts the length to 10 inches beyond the foot	☐	☐
10.	Spaces the straps to support the upper and lower leg	☐	☐
11.	Applies the foot strap to the injured leg	☐	☐
12.	While supporting the fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction	☐	☐
13.	Positions the device under the injured leg with the top portion firmly against the ischium	☐	☐
14.	Directs the assistant to lower the leg onto the device while maintaining traction	☐	☐
15.	Secures the groin strap prior to application of mechanical traction	☐	☐
16.	Attaches the foot strap rings to winch and twists knob to apply mechanical traction	☐	☐
17.	Releases manual traction after the mechanical traction is applied	☐	☐
18.	Rechecks the circulation, motor, and sensory function distal to the injury	☐	☐

19.	Splints the fracture without excessive motion of the leg	☐	☐
20.	Immobilizes the patient's hip joint to backboard or equivalent if spinal precautions not already in place	☐	☐
21.	Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee	☐	☐
22.	Reassess/Document: • Patient • Patient response/tolerance to interventions	☐	☐
Notes: 			

i-Gel Supraglottic Airway

Indications

- i-Gel may be utilized on patients who meet all the following:
 - Patient is in respiratory or cardiac arrest without contraindications to placement
 - Unresponsive
 - Apneic (Less than 8 breaths per minute)
 - No gag reflex
 - Appropriately sized airway available
 - Unsuccessful airway management with BVM and/or oral tracheal intubation

Contraindications (Relative)

- Conscious patients with intact gag reflex
- Known ingestion of caustic substances
- Suspected foreign body airway obstruction (FBAO)
- Facial and/or esophageal trauma
- Patients with known esophageal disease (cancer, varices, surgery, etc.)

Considerations

- Only those who have successfully completed the training and the use of the i-Gel can utilize the device
- Only water-based lubricant should be used
- Device is not proven to protect airway from effects of regurgitation and aspiration
- Maintain cervical stabilization as needed

Complications

- Upper airway injury
- High airway pressures can divert air into the stomach

i-Gel Supraglottic Airway – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- Appropriately sized i-Gel SGA - End tidal CO₂ continuous monitoring device - Colormetric device - Water soluble lubricant - Suction set-up - Gloves	- Goggles - BVM - Oropharyngeal Airway - Oxygen - Stethoscope - Tube holder or tape		
Assessment/Treatment indicators:			
<u>Indications</u> Use of i-Gel SGA may be performed on those patients who meet ALL the following: - Patient is in respiratory or cardiac arrest without contraindications to i-Gel placement - Unresponsive - Apneic (less than 8 breaths per minute) - No gag reflex - Appropriately sized airway available - Unsuccessful airway management with endotracheal intubation - Unsuccessful airway management with BVM	<u>Contraindications</u> - Conscious patients with intact gag reflex - Known ingestion of caustic substances - Suspected foreign body airway obstruction (FBAO) - Facial and/or esophageal trauma - Patients with known esophageal disease or mass (cancer, varices, surgery, etc.)		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Confirms patient is being ventilated with 100% O ₂ and has an OPA/NPA in place	☐	☐
5.	Place patient on pulse oximetry	☐	☐
6.	Choose correct size based on patient's estimated weight	☐	☐
7.	Open the i-Gel package and remove accessory pack from protective cradle	☐	☐
8.	Place a small amount of lubricant onto the middle of the smooth surface of the protective cradle	☐	☐
9.	Lubricate the back, sides and front of the cuff with a thin layer of lubricant then place i-Gel back into protective cradle in preparation for insertion	☐	☐
10.	Ensure patient has been pre-ventilated. Instruct assistant to pause ventilations	☐	☐
11.	Position the head in a sniffing or slightly extended position. Neutral position is acceptable if there is suspected spinal injury	☐	☐

12.	Open patients' mouth by applying downward pressure to the chin and remove OPA	☐	☐
13.	Grasp i-Gel along integral bite block and remove from protective cradle. Position device so the i-Gel cuff outlet is facing towards the chin of the patient	☐	☐
14.	Introduce i-Gel leading soft tip into the patient's mouth in a direction towards the hard palate	☐	☐
15.	Glide device downwards and backwards along the hard palate until definitive resistance is met	☐	☐
16.	Verify incisors are resting along the integral bite block near position guide	☐	☐
17.	Attach capnography / capnometry device to end of bag valve device	☐	☐
18.	Attach bag valve device to i-Gel™ and begin ventilations while simultaneously assessing for ease of ventilation	☐	☐
19.	Steps 11-16 completed in 30 seconds	☐	☐
20.	Confirm tube placement: • Chest rise • Bilateral breath sounds • Verification of CO₂ by capnography/capnometry	☐	☐
21.	Secure i-Gel with support strap (can tape down from maxilla to maxilla if support strap is not available) ** Reconfirm placement every time patient/tube is moved/manipulated.	☐	☐
22.	Reassess patients' respiratory status every 5 minutes or when patient condition changes	☐	☐
23.	If unsuccessful after three attempts, continue with BVM/BLS airway management	☐	☐
24.	Reassess/Document: • Patient • Lung sounds • Continuous monitoring (auscultation, chest movement, ETCO₂, SPO₂) • Patient response/tolerance to intervention	☐	☐
Notes:			

i-Gel Supraglottic Airway Size Guide Chart 1:

Color	Weight	i-Gel™ size
Pink	2 - 5 kg	0
Blue	5 - 12 kg	1
Grey	10 - 25 kg	2
White	25 - 35 kg	2.5
Yellow	30 - 60 kg	3
Green	50 - 90 kg	4
Orange	90+ kg	5

Intramuscular Medication Administration

Indications

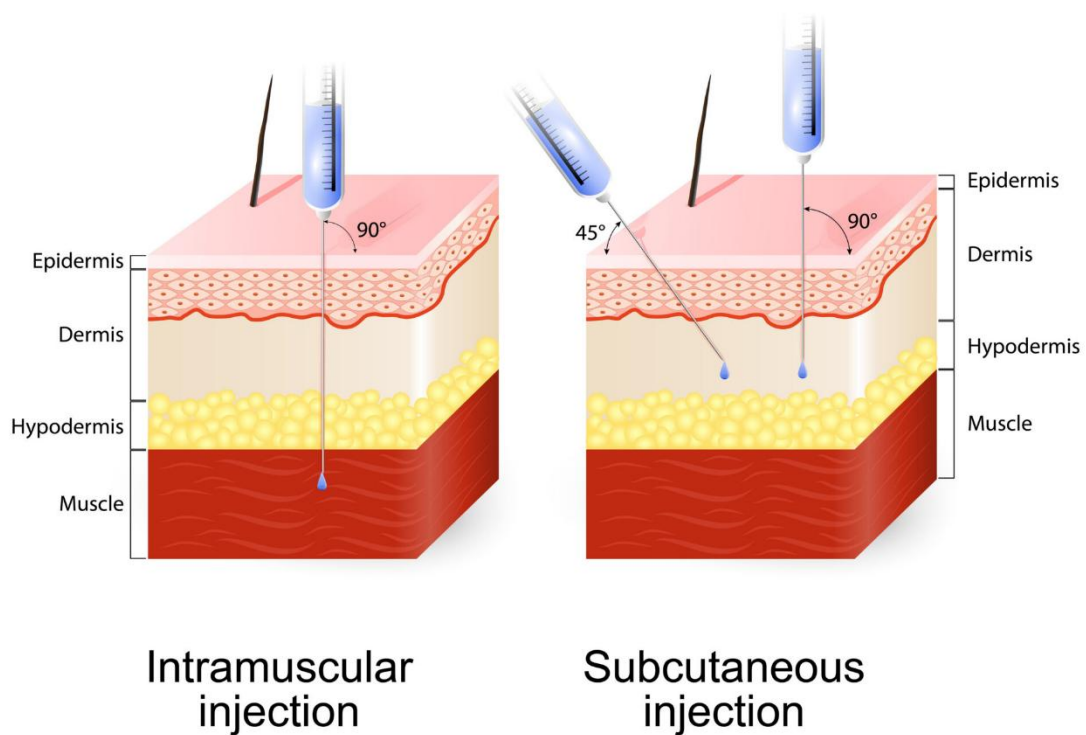
- Unable to establish IV for medication administration
- Desired route for administration of medication

Contraindications (Relative)

- If any of the following are noted at the site, select a different site:
 - Masses
 - Tenderness
 - Bruising
 - Infections
 - Abrasions
 - Swelling

Considerations

- No considerations



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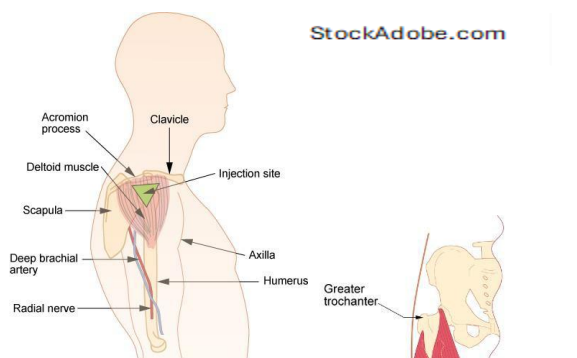
Intramuscular Medication Administration – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐				
Equipment:				
- BSI equipment - Syringe - Alcohol Prep		- Safety Needles (20-25g; 5/8 to 1 ½ inches in length) - Bandage		
Assessment/Treatment indicators:				
Indications - Unable to establish IV for medication administration - Desired route for administration of medication		Contraindications (relative to site) - Masses - Tenderness - Bruising - Infection - Abrasions - Swelling		
Procedure:			Yes	No
1.	BSI / PENMAN		☐	☐
2.	States indications/contraindications		☐	☐
3.	Prepares and checks equipment		☐	☐
4.	Explains procedure to patient/family		☐	☐
5.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies		☐	☐
6.	Inspects desired site for contraindications		☐	☐
7.	Selects appropriate medication		☐	☐
8.	Inspects site for significant muscle mass		☐	☐
9.	Withdraws medication		☐	☐
10.	Verbalizes no more than recommended solution per site: Deltoid (Upper Arm) (2 mL) Vastus Lateralis (Anterior Thigh) (5 mL) Ventrogluteal (Lateral Hip) (5 mL)		☐	☐
11.	Positions patient and prepares site		☐	☐

12.	Removes air from needle (Pushes slightly on the plunger to bring a drop of solution to the level of the bevel of the needle)	☐	☐
13.	Supports the muscle to be injected (Without contaminating the site, spreads skin tight with non-dominant hand)	☐	☐
14.	Inserts needle with a dart like motion into site at 90° angle and stabilizes hub of syringe and aspirates for no blood return (no blood return indicates proper placement)	☐	☐
15.	Slowly injects medication to reduce pain and tissue trauma	☐	☐
16.	Withdraws needle and ensures proper disposal	☐	☐
17.	Applies direct pressure, massages site and applies bandage as needed	☐	☐
18.	Reassess/Document: • Patient • Medication and dosage given • Administration success • Patient response/tolerance to intervention	☐	☐
Notes: 			

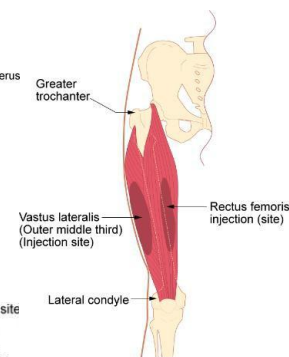
Deltoid

Select needle length based on age, weight, and body mass. In general, for an adult male weighing 60 to 118 kg (130 to 260 lbs), a 25 mm (1 inch) needle is adequate. For women under 60 kg (130 lbs), a 16 mm (5/8 inch) needle is adequate, while for women between 60 and 90 kg (130 to 200 lbs), a 25 mm (1 inch) needle is required. A 38mm (1 1/2 inch) length needle may be required for women over 90 kg (200 lbs) for a deltoid IM injection. The maximum amount of medication for a single injection is 2 ml.



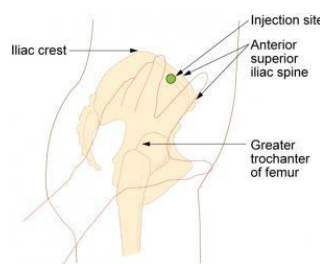
Vastus Lateralis

Recommended needle length for an adult is 25 mm to 38 mm (1 to 1 1/2 inch). A smaller gauge needle (22 to 25 gauge) should be used with children. The maximum amount of medication for a single injection is 5 ml.



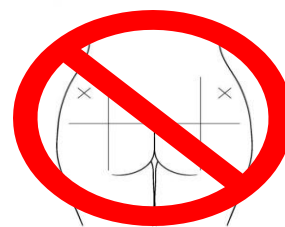
Ventrogluteal

Recommended needle length is based on patient weight and body mass index. Thin adults may require a 16 mm to 25 mm (5/8 to 1 inch) needle, average adult may require a 25 mm (1 inch) needle, larger adult (over 70 kg) may require a 25 mm to 38 mm (1 to 1 1/2 inch) needle. Children and infants will require shorter needles. For the ventrogluteal muscle of an average adult, give up to 5 ml of medication.



Dorsal Gluteal Muscle (Gluteus Maximus)

NEVER give an IM injection in the dorsolateral muscle. If the needle hits the sciatic nerve, the patient may experience **partial or permanent** paralysis of the leg.



Intranasal Medication Administration

Indications

- Unable to establish IV for medication administration
- Desired route for administration of medication

Contraindications (Relative)

- Significant nasal trauma
- Significant amount of blood or dried mucous discharge

Considerations

- No considerations

Intranasal Medication Administration – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐				
Equipment:				
BSI equipment		Mucosal Atomization Device (MAD) or other IN medication device		
Assessment/Treatment indicators:				
Indications - Unable to establish IV for medication administration. - Desired route for administration of medication		Contraindications (relative to site) - Significant nasal trauma - Significant amount of blood or dried mucous discharge		
Procedure:			Yes	No
1.	BSI / PENMAN		☐	☐
2.	States indications/contraindications		☐	☐
3.	Prepares and checks equipment		☐	☐
4.	Explains procedure to patient/family		☐	☐
5.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies		☐	☐
6.	Inspects nostril for contraindications		☐	☐
7.	Chooses appropriate medication		☐	☐
8.	Inspects nare for any trauma or blood		☐	☐
9.	Withdraws medication		☐	☐
10.	Places the administration end of the IN device in the nostril. If repeating dose, if possible, use opposite nostril.		☐	☐
11.	Verbalizes no more than 1mL of solution should be administered in each nostril		☐	☐
Notes:				

Intraosseous Insertion/Infusion (IO)

Indications

- Primary vascular access in cardiac patients eight years of age and younger
- Any patient where venous access is unavailable by any other means

Contraindications (Relative)

- Fracture of target bone
- Previous IO attempt and marrow entry at Target site
- Infection at target site
- Severe burn to extremity
- Crush injuries
- Known bone disease

Considerations

- Anterior distal femur, 2cm above the patella is a base station order
 - Consider lidocaine for pain control
- Use of a pressure infusion device

Intraosseous Insertion/Infusion (IO) – Skills Test

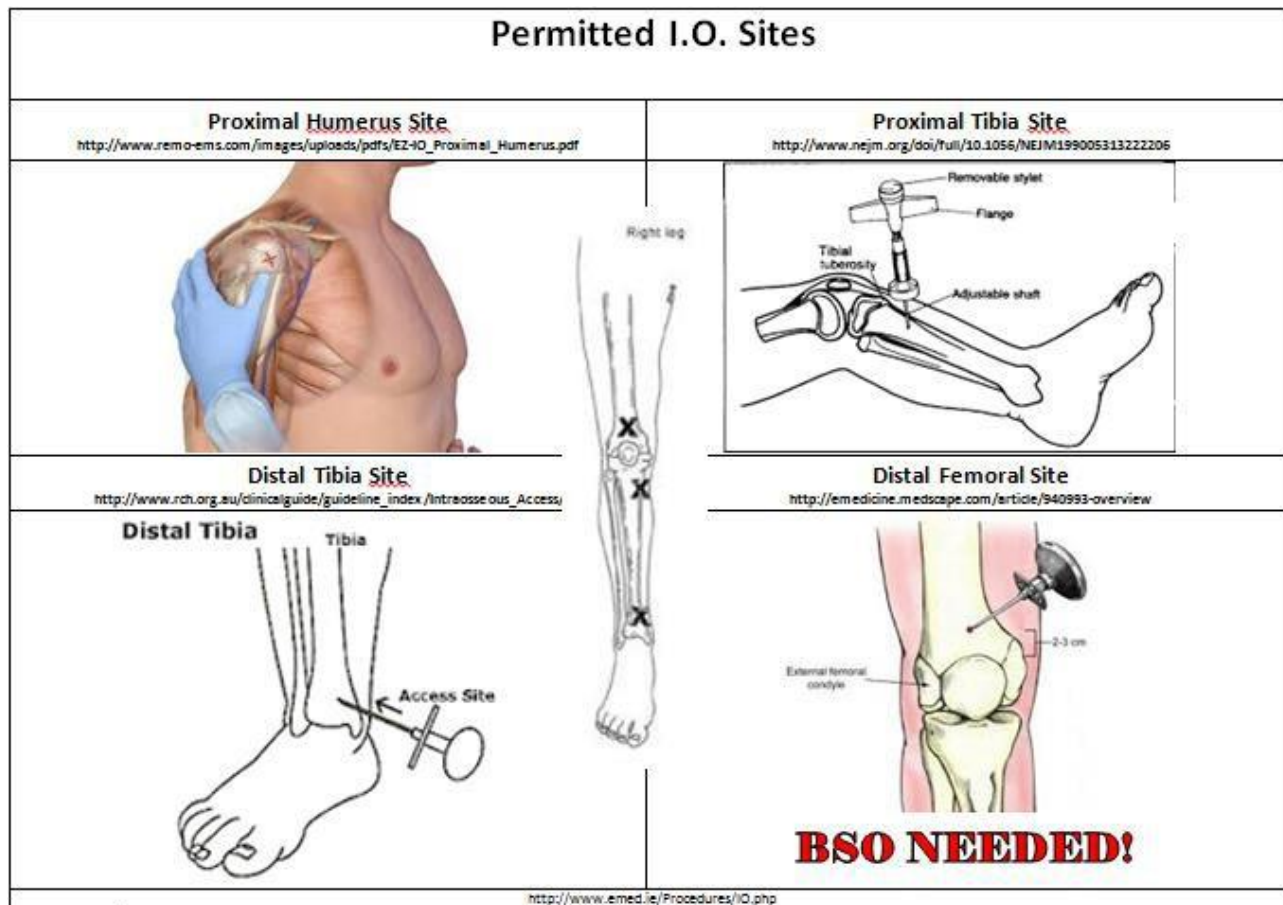
Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- PPE - IV Solution - IV administration set 3-way stopcock - IO needle/driver (25mm, 45mm) - Povidone – iodine OR - Chlorhexidine skin cleaner	- Extension tubing - Sharps container - Tape - Splint - Pressure infuser or BP cuff - Syringe - Sterile gauze pads		
Assessment/Treatment indicators:			
<u>Indications</u> - Primary vascular access in cardiac patients eight (8) years of age and younger - Any patient where venous access is unavailable by any other means	<u>Contraindications</u> - Fracture to the target bone - Previous IO attempt and marrow entry at target site - Severe burn to the extremity - Crush injuries - Known bone disease - Infection at target site		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
5.	Selects appropriate solution/administration set Prepares IO and attaches 3-way stopcock (as needed), extension tubing, and syringe	☐	☐
6.	Selects the appropriately sized needle for insertion Attaches needle to driver	☐	☐
7.	Select the appropriate site of insertion and cleans with selected skin cleanser Anterior medial aspect of the proximal tibia – approximately 1-3cm below the tibial tuberosity (preferred site for pediatrics eight (8) years of age and younger)	☐	☐

	• Anterior medial malleolus (distal tibia) – approximately 1-3cm above the medial malleolus (one of the preferred sites for adults nine (9) years of age and older) • Proximal humeral head – approximately 1-3cm from the humeral tuberosity when the hand is rotated inward toward the body (adults nine (9) years of age and older only) • Distal Femur – approximately 1-3cm above the distal head ** Base Station Order (BSO) only	☐	☐
8.	Explains procedure	☐	☐
9.	Insertion (EZ-IO): • Anterior Tibia (example) ○ Swabs dominant hand with iodine and relocate the landmark, with other hand stabilizing the leg ○ Positions the IO needle and driver perpendicular to the patient's leg (90-degree angle) ○ Inserts the needle through the skin to the bone until the needle rests against the bone ○ Visualizes the 5mm mark above the skin. ○ Depresses the trigger on driver to insert IO needle until there is a sudden decrease of resistance (or "pop") ○ Removes the driver and the stylet; ensures proper disposal. ○ Attaches primed IV extension tubing to hub of needle	☐	☐
10.	Insertion (manual): • Anterior Tibia (example) ○ Swabs dominant hand with Povidone-iodine and relocate the landmark while stabilizing the leg. ○ Positions the IO needle perpendicular to the patient's leg (90-degree angle) ○ Applies downward pressure in a twisting motion perpendicular to the surface of the target site. ○ Upon entrance into medullary cavity, slightly advances needle 1-2cm	☐	☐
11.	Confirms IO placement • Loss of resistance on insertion • Needle free standing • IO flushes freely • Aspiration of blood/marrow and does not extend past the hub. • No extravasation	☐	☐
12.	Secures IO • Leaves site uncovered, hinge tapes tubing to extremity	☐	☐
13.	Pain control for conscious patients • Utilize 2% Lidocaine • Primes extension tubing with 0.5 mg/kg of 2% Lidocaine and infuse slowly (over 2 minutes), not to exceed 40mg	☐	☐
14.	Determines how IV fluid/medication may be administered: • Using a syringe, pressure device or B/P cuff	☐	☐
15.	Reassess/Document: • Patient • Placement/size/site for signs of extravasation	☐	☐

- Medication: dose, time, route/location,
- Patient response/tolerance to intervention

Notes:

Intraosseous Insertion/Infusion (IO) Figure 1:



Joint Immobilization

Indications

- Signs of a possible dislocation or fracture of a joint, including pain, deformity, crepitus, or swelling to a joint

Contraindications (Relative)

- No contraindications

Considerations

- Cut and expose affected extremity
- Prepare equipment for joint immobilization

Joint Immobilization – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐
Equipment:			
• BSI equipment • Splint, roller bandage, and/or tape		• Padding	
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
• Signs of possible dislocation or fracture of joint deformity, crepitus, or swelling of joint		• No contraindications	
Procedure:			Yes
No			
1.	BSI / PENMAN	☐	☐
2.	Directs application of manual stabilization of injury	☐	☐
3.	Assesses distal motor, sensory, or circulatory functions in the injured extremity, compares with uninjured extremity	☐	☐
The examiner advises “Motor, sensory and circulatory functions are present and normal.”			
4.	Selects the proper splinting material	☐	☐
5.	Immobilizes the site of injury	☐	☐
6.	Immobilizes the bone above the injury site	☐	☐
7.	Immobilizes the bone below the injury site	☐	☐
8.	Ensures the entire injured extremity is secured	☐	☐
9.	Reassesses distal motor, sensory and circulatory functions in the injured extremity	☐	☐
10.	Reassess/Document: • Patient, pain scale • Patient response/tolerance to interventions	☐	☐
The examiner advises “Motor, sensory and circulatory functions are present and normal.”			
Notes:			

Nasogastric/Orogastric Tube Insertion

Indications

- Any ventilated patient or gastric distension may impede ABC's
- Conscious patients with continuous vomiting and inability to maintain airway

Contraindications (Relative)

- History of esophageal strictures, varices, and/or other esophageal disease
- Caustic and ingestion
- Significant facial or head trauma
- History of bleeding disorders

Considerations

- Oral route for patients with mid-facial trauma and all patients less than six (6) months of age

Nasogastric/Orogastric Tube Insertion – Skills Test

Examinee: _____		Date: _____		
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐		
Equipment:				
- PPE - Naso/Orogastric tube (appropriately sized) - Adult 16-18fr - Pediatric 8-10fr - Infant 5-6fr		- Water soluble lubricant or viscous Lidocaine gel 30-60 ml syringe - Suction Setup - Emesis Basin - Tape		
Assessment/Treatment indicators:				
<u>Indications</u> - Any ventilated patient where gastric distention may impede ABC's - Conscious with continuous vomiting and unable to support airway <u>Considerations</u> - Oral route for patients with mid-facial trauma and all patients less than six (6) months of age		<u>Relative Contraindications</u> - History of esophageal strictures, varices and/or other esophageal disease - Caustic ingestion - Significant facial or head trauma - History of bleeding disorders		
Procedure:			Yes	No
1.	BSI / PENMAN	☐	☐	
2.	States indications/contraindications	☐	☐	
3.	Prepares/checks equipment	☐	☐	
4.	Selects appropriate size OG/NG tube	☐	☐	
5.	Explains procedure	☐	☐	
6.	Positions patient in high Fowler's unless otherwise contraindicated or unconscious	☐	☐	
7.	Measures and marks the gastric tube for proper insertion length; have suction equipment and emesis basin readily available. Nasogastric – combined distance between the tip of the nose to the ear lobe to the xiphoid process Orogastric – combined distance between the corner of the mouth to the ear lobe to the xiphoid process	☐	☐	
8.	Examines both nares to determine the nare with best airflow or examine oropharyngeal cavity for obstructions or secretions	☐	☐	
9.	Lubricates distal third of the gastric tube with a water-soluble lubricant or viscous Lidocaine gel	☐	☐	
10.	Gently passes the tube posteriorly along the floor of nasal or oral cavity	☐	☐	
11.	Instructs patient to swallow (if conscious)	☐	☐	
12.	If resistance is met while using nasal route, removes and attempts the other nostril	☐	☐	

13.	Slowly rotates and advances tube during insertion until pre-designated mark is at tip of nose or corner of mouth	☐	☐
14.	Confirms proper tube placement. • Aspiration of stomach contents • Injection of 30-60ml of air into tube and auscultate for the sound of air over the epigastric region	☐	☐
15.	Secures tube to bridge of nose or to side of mouth	☐	☐
16.	Attaches gastric tube to suction tubing and adjusts to low suction or other type of approved suction device	☐	☐
17.	Reassess/Document: • Patient • Placement/size, number of attempts • Dose	☐	☐
Notes: 			

Neonatal Resuscitation Post Delivery

Indications

- Cardiac/Respiratory arrest post delivery

Contraindications (Relative)

- Known still birth

Considerations

- Two patients
- Emotional support for mother
- Continued medical support for mother

Neonatal Resuscitation Post Delivery – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- BSI Equipment / PPE - Obstetric Kit - Infant BVM		- Oxygen - OPA	
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
Cardiac / Respiratory arrest post-delivery to neonate		Known still birth	
Procedure:		Yes	No
1.	After birth, assess the newborn for good tone, breathing or crying. Check heart rate >60 if <60 continue to #3	☐	☐
2.	If the infant is breathing at an appropriate rate or crying, warm and maintain normal temperature, position airway, clear secretions if needed, dry. Then give to mother for continued care	☐	☐
3.	If not breathing or agonal respirations check ABC's: - Airway: Open airway, suction if needed, position - Breathing: Provide oxygen in high concentration, nonrebreather or assist ventilations as indicated (e.g., BVM) - Circulation: Assess perfusion, perform chest compressions as indicated (i.e. HR <60/min with poor perfusion). All rates and procedures shall adhere to AHA guidelines	☐	☐
4.	Provide emotional support to mother and family	☐	☐
5.	Continue to reassess and transport; keep infant warm	☐	☐
Notes:			

Needle Cricothyrotomy

Indications

- Upper airway obstruction with severe respiratory distress
- Unable to ventilate using conventional airway maneuvers or devices

Contraindications (Relative)

- Transection of the distal trachea
 - Symptoms: Respiratory distress, hoarseness, dysphonia (inability to produce voice sounds), cough, noisy breathing and stridor, dysphagia (inability to swallow)
 - Physical signs: Abnormal laryngeal contour, subcutaneous emphysema, cervical ecchymosis, hemoptysis (the coughing of blood from the respiratory tract below the level of the larynx)

Considerations

- In line cervical stabilization as needed

Needle Cricothyrotomy – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- PPE - NRB mask with 100% oxygen - Adult 10–15-gauge needle - Pediatric 12–15-gauge needle - Cannula adaptor		- Syringe - BVM or Translaryngeal Jet Ventilation (TLJV) device - Optional: 3-way stopcock or Y-connector - End-tidal CO₂ and Pulse Oximetry	
Assessment/Treatment indicators:			
<u>Indications</u> - Upper airway obstruction with severe respiratory distress - When unable to ventilate utilizing conventional airway maneuvers or devices		<u>Contraindications</u> Transection of distal trachea	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Supports ventilations, applies inline cervical stabilization as needed	☐	☐
6.	Pre-oxygenates and place patient in supine position prior to attempting procedure	☐	☐
7.	Locates the soft cricothyroid membrane between the thyroid and cricoid cartilage	☐	☐
8.	Holds the trachea in place and provide skin tension with the thumb and middle finger of the non-dominant hand placed on either side of the trachea	☐	☐
9.	Uses the index finger to palpate the cricothyroid membrane	☐	☐
10.	Places the needle in the midline of the neck at the inferior margin of the cricothyroid membrane (to avoid the cricothyroid blood vessels located superiorly and laterally) Directing it caudally (toward the feet) at an angle of 30 to 45 degrees	☐	☐
11.	Punctures the skin and subcutaneous tissue. Advance the needle while continuously applying negative pressure on the syringe, until air bubbles are seen, confirming intratracheal placement	☐	☐
12.	Advances the catheter forward off the needle until its hub rests at the skin surface	☐	☐
13.	Removes the needle, attach a syringe and aspirate for air to confirm that the catheter remains in the trachea	☐	☐
14.	Attaches cannula adaptor to BVM or use Translaryngeal Jet Ventilation (TLJV) device and ventilate with either BVM or TLJV One (1) second on and three (3) seconds off	☐	☐

15.	Secures device	☐	☐
16.	Reassess/Document: • Patient • Placement • Lung sounds • Chest expansion • SpO2 and ETCO2 • Patient response/tolerance (if conscious) to intervention	☐	☐
Notes:			

Needle Thoracostomy

Indications

- Patients with hypotension (SBP less than 90), clinical signs of shock and at least one of the following signs:
 - Jugular vein distension
 - Tracheal deviation away from the side of the injury
 - Absent or decreased breath sounds on the affected side
 - Increased resistance when ventilating a patient

Contraindications (Relative)

- Unable to locate the landmark

Considerations

- Determine position for conscious and unconscious patient:
 - If conscious, placed the patient in an upright position, if able to tolerate
 - If patient is unconscious or in spinal motion restriction, leave the patient supine
- Determine the best site:
 - 5th intercostal space, mid-axillary is the preferred site or an alternative site at the 2nd intercostal space, midclavicular line can be used
 - Caution should be exercised in the latter stages of pregnancy and a higher 3rd intercostal space, mid-axillary should be used to avoid injury to the liver or spleen
 - Consider bilateral needle thoracostomy if no improvements in traumatic cardiac arrest

Needle Thoracostomy – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐		
Equipment:		
- PPE - Needle Thoracostomy Kit; or 14 or 16-gauge 3.25-inch needle (pts >50 kg); 18-gauge needle 1.5-inch needle (pts <50 kg) - Antiseptic wipes - End tidal CO₂ monitoring device. - BVM - Tape		
Assessment/Treatment indicators:		
<u>Indications</u> - Patients with hypotension (SBP less than 90 mmHg), clinical signs of shock, and at least one of the following signs: - Jugular vein distention - Tracheal deviation away from the side of the injury (often a late sign). Absent or decreased breath sounds on the affected side - Increased resistance when ventilating a patient	<u>Contraindications</u> None	
Procedure:	Yes	No
1. BSI / PENMAN	☐	☐
2. States indications/contraindications	☐	☐
3. Prepares/checks equipment	☐	☐
4. Explains procedure	☐	☐
5. Preps chosen site with antiseptic wipes	☐	☐
6. Inserts needle perpendicular to the chest wall at the level of the superior border of the fifth (5 th) rib until pleura is penetrated as indicated by one or more of the following: - A rush of air - Ability to aspirate free air into the syringe	☐	☐
7. Removes the syringe and needle stylet and leave cannula in place	☐	☐
8. Adds flutter valve	☐	☐
9. Secures needle hub in place with tape or another device	☐	☐
10. Reassess/Document: - Patient - Placement/location - Lung sounds, respiratory status, SpO₂ and CO₂ monitoring - Patient response/tolerance to intervention	☐	☐

Notes:

OB/Emergency Childbirth

Indications

- Patient with the complaint of severe abdominal pain and signs of imminent birth

Contraindications (Relative)

- Consider rapid transport if the following is found:
 - Mother has uncontrolled hemorrhage with no imminent signs of delivery
 - Limb or cord presentation is visualized at the vaginal opening

Considerations

- Assess the patient by asking the following questions:
 - Have you had prenatal care?
 - Have you had any past pregnancies?
 - How many live deliveries have you had in the past?
 - What is your expected due date? Last menstrual period?
 - Do you have the urge to bare down?
 - Have you had excessive fluid; BOW broken, or plug passed?
 - What have been the length and frequency of contractions?
 - Are there any expected complications?
- Consider preparing for in place delivery, if any of the following are identified:
 - Mother has the urge to push
 - Mother states water has broken
 - Bulging or crowning of the perineum is noted
 - Contractions are less than three minutes apart lasting 30 seconds or longerPlace the patient in a supine or semi-Fowler's position
- Instruct the patient to focus on breathing and notify you when contractions start and stop.

OB/Emergency Childbirth – Skills Test

Examinee: _____ Date: _____				
Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐				
Equipment:				
• BSI equipment • Obstetric kit				
Assessment/Treatment indicators:				
<u>Indications</u> • Signs of imminent delivery • History of pregnancy with urge to push or bear down		<u>Contraindications</u> • Limb presentation at vaginal opening • Respiratory or cardiac failure		
Procedure:			Yes	No
1.	BSI / PENMAN	☐	☐	
2.	States indications/contraindications	☐	☐	
3.	Asks patient appropriate assessment questions	☐	☐	
4.	Explains and reassures the need to check for crowning or abnormal bleeding	☐	☐	
5.	Observes for presentation of prolapsed cord or abnormal presentation	☐	☐	
6.	Opens OB kit, cleans and drapes the area, being sure to keep a sterile zone	☐	☐	
7.	Appropriately dons sterile gloves	☐	☐	
8.	Explains procedure to patient before placing one hand to the baby's head applying gentle pressure to prevent explosive birth	☐	☐	
9.	Uses second hand to apply gentle pressure to the perineum to prevent tearing of the opening	☐	☐	
10.	Observes for nuchal cord	☐	☐	
The examiner advises "The cord is wrapped around the baby's neck."				
11.	Loosens and slips cord over baby's head	☐	☐	
12.	Suctions mouth, then nose (once head is delivered)	☐	☐	
13.	Applies gentle upward and downward pressure to head to help release the upper shoulders	☐	☐	
14.	Once delivery is complete, holds baby securely	☐	☐	
15.	Notes the time of birth and initial A-P-G-A-R	☐	☐	
The examiner advises "The baby is out, has a pulse, but is not breathing."				
16.	Provides tactile stimulation while drying the baby and rubbing the feet	☐	☐	
The examiner notifies "The baby is now crying."				

17.	Wraps the baby in a blanket, places hat on baby's head for warmth	☐	☐
18.	Verifies cord is no longer pulsating, places clamps cord approximately 6 and 8 inches away from baby, verbalizing the cutting of the cord	☐	☐
19.	Gives baby to mother/encourages bonding and warmth	☐	☐
20.	Massages fundus (demonstrate), states why this is necessary	☐	☐
21.	Mother delivers placenta; places placenta in biohazard safe bag	☐	☐
22.	Places sanitary pad then has mother lower and close legs and assume position of comfort	☐	☐
23.	Addresses the need to observe and treat possible bleeding control of mother	☐	☐
24.	Reassess/Document: • Patient • Newborn, document A-P-G-A-R at 1 and 5 minutes	☐	☐
Notes:			

Assess APGAR at 1 and 5 minutes after birth on all newborns

APGAR Scoring System

Indicator		0 Points	1 Point	2 Points
A	Activity (muscle tone)	Absent	Flexed arms and legs	Active
P	Pulse	Absent	Below 100 bpm	Over 100 bpm
G	Grimace (reflex irritability)	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Appearance (skin color)	Blue; pale	Pink body, Blue extremities	Pink
R	Respiration	Absent	Slow and irregular	Vigorous cry

<https://www.abclawcenters.com/practice-areas/diagnostic-tests/apgar-score-for-assessment-of-the-newborn/>

Oral Endotracheal Intubation

Indications

- Unresponsive and apneic patient
- Agonal or failing respirations and/or no gag reflex present
- Adequate ventilation cannot otherwise be achieved

Contraindications (Relative)

- Suspected ALOC from hypoglycemia and opiate overdose

Considerations

- Utilize cervical spinal immobilization as needed
- Select appropriately sized endotracheal tube
- Utilize ETCO₂

Oral Endotracheal Intubation – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- PPE - Endotracheal Intubation Tube (<i>appropriately sized for age</i>) - Stylet - Laryngoscope		- End tidal CO₂ monitoring device - BVM - Tape	
Assessment/Treatment indicators:			
<u>Indications</u> - Unresponsive and apneic patient - Patient with agonal or failing respirations, and/or no gag reflex - Prolonged ventilation required, adequate ventilation cannot otherwise be achieved		<u>Contraindications</u> Suspected ALOC (initially)	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Selects appropriately sized ET tube	☐	☐
5.	Explains procedure	☐	☐
6.	Supports ventilations with appropriate basic airway adjuncts	☐	☐
7.	Visualizes vocal cords with the laryngoscope. Watches the tube pass through the vocal cords. Advances tube until vocal cord marker is situated beyond the vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation	☐	☐
8.	Maximum of three (3) attempts or identification of an unmanageable airway (If unsuccessful consider alternative airway management, i.e. l-gel or BVM)	☐	☐
9.	Inflates the balloon to the point where no air leak can be heard	☐	☐
10.	Listens for bilateral breath sounds, resume ventilation with 100% oxygen and secure airway	☐	☐
11.	Reassess/Document: - Patient - Lung sounds - Placement verification - SpO₂ and CO₂ monitoring - Patient response to intervention	☐	☐

Notes:

Oxygen Administration

Indications

- Patient Complaints of shortness of breath and/or chest pain
- Signs and symptoms of chronic pulmonary disease, shortness of breath, coughing, wheezing, desaturation, purse lip breathing, anxiety, accessory muscle use, cyanosis, decreased breath sounds, or ALOC

Contraindications (Relative)

- No contraindications. Be cautious for potential hyper-oxygenation

Considerations

- Oxygen needs of the patient
 - Hypoxia – Titrate O₂ at the lowest rate to maintain SPO₂ $\geq$ 94%
 - COPD – Titrate O₂ at the lowest rate to maintain SPO₂ $\geq$ 90%

Oxygen Administration – Skills Test

Examinee: _____		Date: _____		Examiner: _____	
		Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:					
- PPE - Nasal cannula, simple mask, or non-rebreather mask - Monitor with SpO2 capabilities - Oxygen regulator - Oxygen tank					
Assessment/Treatment indicators:					
<u>Indications</u> - Patients have complaint of shortness of breath and/or chest pain - Signs and symptoms of chronic pulmonary disease, shortness of breath, coughing, wheezing, desaturation, pursed lip breathing, anxiety, accessory muscle use, cyanosis, decreased breath sounds, or ALOC				<u>Contraindications</u> No contraindications	
Procedure:				Yes	No
1.	BSI / PENMAN			☐	☐
2.	States indications/contraindications			☐	☐
3.	Prepares/checks equipment			☐	☐
4.	Checks the “five patient rights, plus one.” - Right patient - Right medication - Right dose - Right route - Right time - Allergies D-Dose/Drug I- Integrity of packaging C-Clarity of solution E-Expiration Date			☐	☐
5.	Explains procedure			☐	☐
6.	Gathers appropriate equipment (i.e. oxygen tank, nasal cannula, simple mask, non- rebreather mask)			☐	☐
7.	Cracks valve on the oxygen tank			☐	☐
8.	Assembles regulator to the oxygen tank			☐	☐
9.	Opens oxygen tank valve			☐	☐
10.	Checks oxygen tank pressure			☐	☐
11.	Checks for leaks			☐	☐
12.	Attaches (nasal cannula, simple or non-rebreather mask) to correct port of regulator			☐	☐
13.	Adjusts regulator to ensure oxygen flow rate appropriately per delivery device. Nasal cannula – 1 to 6 LPM			☐	☐

	• Simple mask – 6 to 10 LPM • Non-rebreather mask – 10 to 15 LPM	☐	☐
14.	Attaches adjunct to patients face and adjusts to patient comfort	☐	☐
15.	Reassess/Document: • Patient • Lung sounds • SpO₂ and CO₂ monitoring. • Patient tolerance/response to intervention	☐	☐
Notes:			

Patient Assessment/Management – Medical

Indications

- Patient with a medical complaint

Contraindications (Relative)

- No contraindications

Considerations

- Considers spinal motion restriction as needed

Patient Assessment/Management – Medical Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
• BSI Equipment			
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
• Patient with a medical complaint		• No contraindications	
Procedure:			Yes
			No
SCENE SIZE-UP			
1.	BSI / PENMAN	☐	☐
2.	Determines the scene/situation is safe	☐	☐
3.	Determines the nature of illness	☐	☐
4.	Determines the number of patients	☐	☐
5.	Requests additional EMS assistance if necessary	☐	☐
6.	Considers stabilization of the spine	☐	☐
PRIMARY SURVEY/RESUSCITATION			
7.	Verbalizes general impression of the patient	☐	☐
8.	Determines responsiveness/level of consciousness (AVPU)	☐	☐
9.	Determines chief complaint/apparent life-threats	☐	☐
10.	Assesses airway and breathing • Assures adequate ventilation • Initiates appropriate oxygen therapy	☐	☐
11.	Assesses circulation • Re-prioritizes to CAB when necessary • Checks pulse • Assesses skin (color, temperature or condition)	☐	☐
12.	Identifies patient priority and makes treatment/transport decision	☐	☐
HISTORY TAKING			
13.	Obtains history of the present illness • Onset • Provocation • Quality • Radiation • Severity • Time • Assesses patient with clarifying questions related to O-P-Q-R-S-T	☐	☐

14.	Obtains or attempts to obtain past medical history • Signs/Symptoms • Allergies • Medications • Past pertinent history • Last oral intake • Events leading to present illness	☐	☐
SECONDARY ASSESSMENT			
15.	Assesses affected body part/system • Cardiovascular • Neurological • Integumentary • Reproductive • Pulmonary • Musculoskeletal • GI/GU • Psychological/Social	☐	☐
VITAL SIGNS			
16.	Obtains or delegates the blood pressure, pulse, respiratory rate, quality and effort	☐	☐
17.	States field impression of patient	☐	☐
18.	Interventions (verbalizes proper interventions/treatment)	☐	☐
REASSESSMENT			
19.	Reassess/Document: • Patient • Changes in patient's condition or vital signs • Patient response/tolerance to assessment and interventions	☐	☐
20.	Provides accurate verbal report to arriving EMS unit	☐	☐
Notes: 			

Patient Assessment/Management – Trauma

Indications

- Patient with blunt or penetrating trauma

Contraindications (Relative)

- No contraindications

Considerations

- Considers spinal motion restriction as needed

Patient Assessment/Management – Trauma Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
• BSI Equipment			
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
• Patient with possible or confirmed blunt or penetrating trauma		• No contraindications	
Procedure:			Yes
			No
SCENE SIZE-UP			
1.	BSI / PENMAN	☐	☐
2.	Determines the scene/situation is safe	☐	☐
3.	Determines the mechanism of injury	☐	☐
4.	Determines the number of patients	☐	☐
5.	Requests additional EMS assistance if necessary	☐	☐
6.	Considers spinal motion restriction, delegates as needed	☐	☐
PRIMARY SURVEY/RESUSCITATION			
7.	Verbalizes general impression of the patient	☐	☐
8.	Determines responsiveness/level of consciousness	☐	☐
9.	Determines chief complaint/apparent life-threats	☐	☐
10.	Airway • Opens and assesses • Inserts adjunct as indicated	☐	☐
11.	Breathing • Assesses breathing. • Assures adequate ventilation • Initiates appropriate oxygen therapy • Manages any injury which may compromise breathing/ventilation	☐	☐
12.	Circulation • Checks pulse • Assesses skin (color, temperature or condition) • Assesses for and controls major bleeding if present • Initiates shock management (positions patient properly, conserves body heat)	☐	☐
13.	Calculates GCS	☐	☐
14.	Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	☐	☐

HISTORY TAKING			
15.	Attempts to obtain SAMPLE history	☐	☐
SECONDARY ASSESSMENT			
16.	Head • Inspects and palpates scalp, ears, and mastoid areas • Assesses eyes, and pupils • Inspects mouth, nose, and facial area	☐	☐
17.	Neck • Checks position of trachea • Checks jugular veins • Palpates cervical spine	☐	☐
18.	Chest • Inspects and palpates chest • Auscultates lung sounds	☐	☐
19.	Abdomen/pelvis • Inspects and palpates abdomen • Assesses pelvis • Verbalizes assessment of genitalia/perineum as needed	☐	☐
20.	Lower extremities • Inspects, palpates, and assesses distal motor, sensory and circulatory functions	☐	☐
21.	Upper extremities • Inspects, palpates, and assesses distal motor, sensory and circulatory functions	☐	☐
22.	Posterior thorax, lumbar and buttocks • Inspects and palpates posterior thorax. • Inspects and palpates lumbar and buttocks areas	☐	☐
VITAL SIGNS			
23.	Obtains baseline vital signs (must include BP, P and R)	☐	☐
24.	Manage secondary injuries and wounds appropriately	☐	☐
25.	Verbalizes how and when to reassess the patient	☐	☐
REASSESSMENT			
26.	Reassess/Document: • Patient • Lung sounds • SpO2 and CO₂ monitoring • Patient tolerance/response to intervention	☐	☐
Notes:			

Penetrating Trauma

Indications

- Open chest wound that requires rapid initial care

Contraindications (Relative)

- Uncontrolled hemorrhage from the chest wound

Considerations

- No considerations

Penetrating Trauma – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- PPE - Occlusive dressing		- Tape - Stethoscope	
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
Open chest wound due to penetrating trauma		Uncontrolled hemorrhage from chest wound	
Procedure:			Yes
	No		
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Maintains an open airway and provides basic life support if necessary	☐	☐
6.	Exposes chest	☐	☐
7.	Removes occlusive dressing from packaging	☐	☐
8.	Place occlusive dressing over wound creating a seal on all sides. *****If no dressing is available use gloved hand to create temporary seal	☐	☐
9.	Assess for signs of tension pneumothorax. *****Remove dressing if signs of tension pneumothorax develop	☐	☐
10.	Administer high flow oxygen if indicated	☐	☐
11.	Auscultate lung sounds	☐	☐
12.	Treats for shock	☐	☐
13.	Places patient in position of comfort: - Upright due to respiratory distress - Shock position if signs of shock appear - On affected side, if possible, this allows the injured lung to expand without restriction	☐	☐
14.	Transport immediately	☐	☐
15.	Reassess/Document: - Patient - Lung sounds - Placement verification - SpO2 and CO2 monitoring	☐	☐

	• Patient response/tolerance to intervention		
Notes:			

Pulse Oximetry

Indications

- Chief complaint of respiratory, cardiovascular, and neurological complications
- Abnormal vital signs
- Trauma patients
- Any other patient would benefit from monitoring

Contraindications (Relative)

- No contraindications

Considerations

- Remove nail polish if necessary; Acetone prep may be used for this
- Oxygen needs of the patient
 - Hypoxia – Titrate O₂ at the lowest rate to maintain SPO₂ $\geq$ 94%
 - COPD – Titrate O₂ at the lowest rate to maintain SPO₂ $\geq$ 90%

Pulse Oximetry – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- PPE - Pulse oximetry sensor	Monitor with SpO₂ capabilities		
Assessment/Treatment indicators:			
<u>Indications</u> - Patients have respiratory, cardiovascular and neurological complaints - Abnormal vital signs - Trauma patients - Any patient, medic states would benefit from monitoring	<u>Contraindications</u> No contraindications		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Gathers appropriate equipment (monitor, pulse oximetry sensor)	☐	☐
6.	Removes nail polish as needed	☐	☐
7.	Applies adhesive sensor or clip sensor to finger (light on nailbed)	☐	☐
8.	Utilizes monitor to provide pulse oximetry reading (normal = 94% - 98%) Hypoxia: Titrate O₂ at lower rate to maintain SpO₂ at 94% - Verbalizes understanding: No O₂ for SpO₂ >95% COPD: Titrate O₂ at lower rate to maintain SpO₂ at 90% - Verbalizes understanding: No O₂ for SpO₂ >91%	☐	☐
9.	Reassess/Document: - Patient - Lung sounds - Placement verification - SpO₂ and CO₂ monitoring - Patient response/tolerance to intervention	☐	☐

Notes:

Sager Traction Splint

Indications

- Painful, swollen, deformed mid-thigh with no joint or other lower leg injury

Contraindications (Relative)

- Open fracture
- Pelvis, hip, knee, ankle injury
- Excessive avulsion
- Partial amputation

Considerations

- Utilize 3 rescuers to apply traction splint, if possible

Sager Traction Splint – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
• PPE		• SAGER Traction Splint	
Assessment/Treatment indicators:			
<u>Indications</u> Painful, swollen, deformed mid-thigh with no joint or lower leg injury		<u>Contraindications</u> - Open fracture - Pelvis, hip, knee, ankle injury - Excessive avulsion - Partial amputation	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Direct assistant to stabilize the injured leg	☐	☐
6.	Exposes the injured extremity	☐	☐
7.	Removes shoe and sock on injured leg	☐	☐
8.	Checks the circulation, motor and sensory function distal to the injury before moving leg or applying traction	☐	☐
9.	Place the device between patient's legs, resting the cushion against the groin and applies the groin strap	☐	☐
10.	Folds the pads on the ankle hitch as needed to fit the patient. Applies and secures. under the foot	☐	☐
11.	Extends the device, providing approximately 10% of the patient's body weight in axial traction (Max 15 pounds for single leg or 25 pounds bilateral)	☐	☐
12.	Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg	☐	☐
13.	Applies the foot strap or cravat around both feet to prevent rotation	☐	☐
14.	Directs the assistant to lower the leg onto the device while maintaining traction	☐	☐
15.	Secures the groin strap prior to application of mechanical traction	☐	☐
16.	Attaches the foot strap rings to winch and twists knob to apply mechanical traction	☐	☐
17.	Releases manual traction after the mechanical traction is applied	☐	☐

18.	Rechecks the circulation, motor and sensory function distal to the injury	☐	☐
19.	Splints the fracture without excessive motion of the leg	☐	☐
20.	Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place	☐	☐
21.	Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee	☐	☐
22.	Reassess/Document: • Patient • Patient response/tolerance to interventions	☐	☐
Notes:			

Spinal Motion Restriction of a Seated Patient

Indications

- Suspected spinal injuries, complaints of spinal pain.
- Determine if the patient meets criteria for full axial spinal precautions by following the indicators of the following acronym (NSAID):
 - **N** – Neuro deficit present?
 - **S** – Spinal tenderness?
 - **A** – Altered mental status?
 - **I** – Intoxication?
 - **D** – Distracting injury?

Contraindications

- No contraindications

Considerations

- For pediatric patients: If the level of the patient's head is greater than that of the torso, use an approved pediatric spine board with a head drop or arrange padding in the board to keep the entire lower spine and pelvis in line with the cervical spine and parallel to the board.
- For patients being placed on a backboard from the standing or sitting position, consider providing comfort by placing padding on the board.
- Any elderly or other adult patients, who may have a spine that is normally flexed forward, should be stabilized in the patient's normal anatomical position considering spinal curvatures.
- When a pregnant patient is placed in axial spinal stabilization, the board should be elevated at least four (4) inches on the left side to decrease pressure on the inferior vena cava.
- Certain patients may not tolerate normal stabilization positioning due to the location of additional injuries. These patients may require stabilization in their position of comfort. Additional material may be utilized to properly stabilize these patients while providing for the best possible axial spinal alignment.
- ALS personnel may remove patients placed in axial spinal stabilization by first responders and BLS personnel if the patient does not meet the NSAID indicators after a complete assessment and documentation on the patient care report should be completed.

Spinal Motion Restriction of a Seated Patient – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- Cervical collar - Backboard - Padding (as indicated)		- Backboard straps - Spinal motion restriction device	
Assessment/Treatment indicators:			
<u>Indications</u>		<u>Contraindications</u>	
Per NSAID acronym		Per NSAID acronym	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	State indications/contraindications	☐	☐
3.	Prepare/check equipment	☐	☐
4.	Explain procedure	☐	☐
5.	Direct assistant to place/maintain head in the neutral, in-line position	☐	☐
6.	Reassess motor, sensory, and circulatory function in each extremity	☐	☐
7.	Apply appropriately sized extrication/cervical collar	☐	☐
8.	Position the immobilization device appropriately	☐	☐
9.	Direct movement of the patient onto the backboard without compromising the integrity of the spine	☐	☐
10.	Apply padding to voids between the torso and the device as necessary	☐	☐
11.	Immobilize the patient's torso to the device	☐	☐
12.	Evaluate and pad behind the patient's head as necessary	☐	☐
13.	Immobilize the patient's head to the device	☐	☐
14.	Secure the patient's arms and legs to the device	☐	☐
15.	Reassess/Document: - Patient - Reassessment of motor, sensory, and circulatory function in each extremity - Patient response/tolerance to intervention	☐	☐

Notes:

Spinal Motion Restriction of a Supine Patient

Indications

- Determine if the patient meets criteria for spinal motion restriction by following the indicators of the following acronym (NSAID):
 - **N** – Neuro deficit present?
 - **S** – Spinal tenderness?
 - **A** – Altered mental status?
 - **I** – Intoxication?
 - **D** – Distracting injury?

Contraindications

- Penetrating trauma without any NSAID indicators are not candidates for spinal motion restriction.

Considerations

- Maintain spinal alignment on the gurney, or using spinal motion restriction on an awake, alert and cooperative patient, without the use of a rigid spine board.
- For standing patients with complaints of neck or back pain; consider placement on a backboard executing the standing takedown technique.
- For pediatric patients: use an approved pediatric spine board with a head drop or arrange padding on the board to keep the entire lower spine and pelvis in line with the cervical spine and parallel to the board.
- All intubated neonatal and pediatric patients should be placed in full axial spinal immobilization to prevent tube dislodgement with movement.
- Any elderly or other adult patients should be stabilized in the patient's normal anatomical position.
- Pregnant patients placed in axial spinal stabilization; board should be elevated at least four (4) inches on the left side to decrease pressure on the inferior vena cava.
- Certain patients may not tolerate normal stabilization positioning due to the location of additional injuries, position of comfort may be utilized.
- ALS personnel may remove patients placed in axial spinal stabilization by first responders and BLS personnel if the patient does not meet the NSAID indicators after assessment.
- **Age of the patient, co-morbidities (osteoporosis, etc.) should always be a priority in the decision-making process.**
- ***The long backboard (LBB) is an extrication tool, whose purpose is to facilitate the transfer of a patient to a transport stretcher and is not intended, or appropriate for achieving spinal stabilization. Judicious application of the LBB for purposes other than extrication necessitates that healthcare providers ensure the benefits outweigh the risks. If a LBB is applied for any reason, patients should be removed as soon as it is safe and practical. LBB does not need to be reapplied on interfacility transfer (IFT) patients.***

Spinal Motion Restriction of a Supine Patient – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐	Pass/Counsel ☐ Fail ☐
Equipment:			
• Cervical collar • Backboard • Padding (as indicated)		• Backboard straps • Spinal motion restriction device	
Assessment/Treatment indicators:			
<u>Indications</u> • Per NSAID acronym		<u>Contraindications</u> • Per NSAID acronym • Penetrating trauma without any NSAID indicators	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Explains procedure	☐	☐
5.	Directs assistant to place/maintain head in the neutral, in-line position	☐	☐
6.	Reassesses motor, sensory, and circulatory function in each extremity	☐	☐
7.	Applies appropriately sized extrication/cervical collar	☐	☐
8.	Positions the immobilization device appropriately	☐	☐
9.	Directs movement of the patient onto the backboard without compromising the integrity of the spine	☐	☐
10.	Applies padding to voids between the torso and the device as necessary	☐	☐
11.	Immobilizes the patient's torso to the device	☐	☐
12.	Evaluates and pads behind the patient's head as necessary	☐	☐
13.	Secures the patient's arms and legs to the device	☐	☐
14.	Immobilizes the patient's head to the device	☐	☐
15.	Reassess/Document: • Patient • Motor, sensory, and circulatory function in each extremity • Patient response/tolerance to intervention	☐	☐

Notes:

Subcutaneous Medication Administration

Indications

- Desired route for administration of medication

Contraindications (Relative)

- If any of the following are noted at the site, select a different site:
 - Evisceration
 - Masses
 - Tenderness
 - Bruising
 - Infection
 - Abrasions
 - Swelling

Considerations

- No considerations

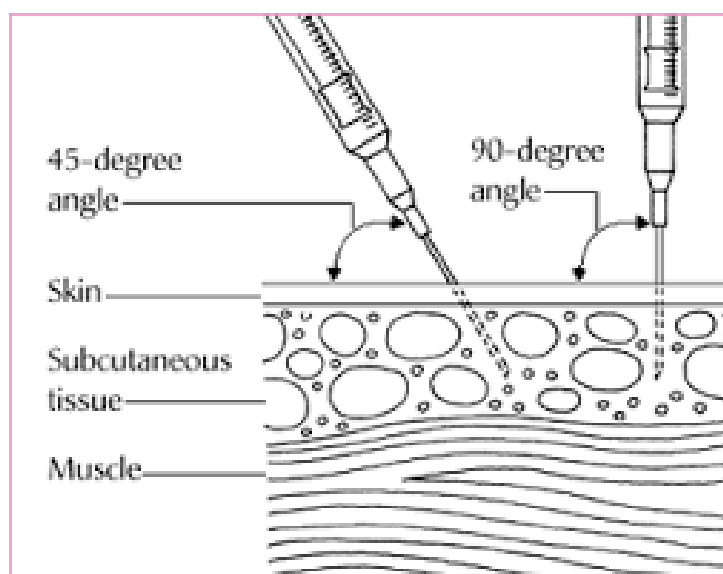
Subcutaneous Medication Administration – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- BSI equipment - Syringe - Alcohol Prep	- Safety Needles (25g 1/2 -7/8 inch) - Bandage		
Assessment/Treatment indicators:			
<u>Indications</u> Desired route for administration of medication	<u>Contraindications (relative to site)</u> - Evisceration - Masses - Tenderness - Bruising - Infection - Abrasions - Swelling		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindication	☐	☐
3.	Prepares and checks equipment	☐	☐
4.	Explains procedure to patient/family	☐	☐
5.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
6.	Chooses and inspects desired site for contraindications - Back of the upper arm (humeral region) - Upper outer aspect of thigh	☐	☐
7.	Selects appropriate medication	☐	☐
8.	Withdraws medication	☐	☐
9.	Positions patient and prepares site	☐	☐
10.	Remove air from syringe (Push slightly on the plunger to bring a drop of solution to the level of the bevel of the needle)	☐	☐
11.	Support the muscle to be injected (Without contaminating the site pinch skin with non-dominant hand)	☐	☐

12.	Inserts needle into the site at 45° angle, stabilizes hub of syringe and aspirates for no blood return (no blood return indicates proper placement)	☐	☐
13.	Slowly injects medication to reduce pain and tissue trauma	☐	☐
14.	Withdraws needle and properly disposes needle and syringe	☐	☐
15.	Applies direct pressure, massages site and applies bandage as needed	☐	☐
16.	Reassess/Document: • Patient • Medication and dosage given • Administration success • Patient response/tolerance to intervention	☐	☐
Notes: 			

Subcutaneous Medication Administration Figure 1:

<http://www.ada-diabetes-management.com/administer-subcutaneous-injection/>



Synchronized Cardioversion

Indications

- Unstable ventricular tachycardia or wide complex tachycardias
- Unstable, narrow complex tachycardias

Contraindications (Relative)

- Patient 8 years of age and younger

Considerations

- In typical pad placement, assess for:
 - Transdermal medication patches, remove if found and wipe area clean
 - Implanted medical devices
 - Avoid placing pads over any device or jewelry
 - If patient condition permits, administer sedative medication for conscious patients with signs of adequate tissue perfusion

Synchronized Cardioversion – Skills Test

Examinee: _____		Date: _____	
Examiner: _____		Pass ☐ Pass/Counsel ☐ Fail ☐	
Equipment:			
- Pacing/Defibrillator pads - PPE - Cardiac monitor			
Assessment/Treatment indicators:			
<u>Indications</u> - Unstable ventricular tachycardia or wide complex tachycardias (sustained) - Unstable narrow complex tachycardias		<u>Contraindications</u> Patient less than eight (8) years of age	
Procedure:		Yes	No
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
5.	Explains procedure	☐	☐
6.	Applies defibrillation pads	☐	☐
7.	Selects initial energy level setting at 100 joules or a clinically equivalent biphasic energy level per manufacture guidelines (procedure may be repeated at 200, 300 and 360 joules or a clinically equivalent biphasic energy level per manufacturer guidelines)	☐	☐
8.	Sets monitor/defibrillator to synchronized cardioversion mode	☐	☐
9.	Makes certain all personnel are clear of patient	☐	☐
10.	Presses and holds the shock button to cardiovert (stays clear of the patient until you are certain the energy has been delivered)	☐	☐
11.	Assesses patient response and perform immediate defibrillation if the patients. rhythm has deteriorated into pulseless ventricular tachycardia or ventricular fibrillation	☐	☐
12.	Considers Midazolam 2.5mg slow IV/IO or 5mg IN/IM if patient is awake and alert	☐	☐

13.	Considers Fentanyl 50mcg IV/IO or 100mcg IN/IM to max of 200mcg for patient with complaint of pain	☐	☐
14.	Reassess/Document: • Patient • Initial and post conversion cardiac rate/rhythm • Medication administration • Patient response/tolerance to intervention	☐	☐
Notes:			

Transcutaneous Cardiac Pacing

Indications

- Symptomatic bradycardia

Contraindications (Relative)

- Patient 8 years of age and younger
- Asystole

Considerations

- Sedative medication for conscious patients with signs of adequate tissue perfusion

Transcutaneous Cardiac Pacing – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- Pacing/defibrillator pads - PPE - Cardiac monitor			
Assessment/Treatment indicators:			
<u>Indications</u> Symptomatic Bradycardia	<u>Contraindications</u> - Patient less than eight (8) years of age - Asystole		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Checks the “five patient rights, plus one.” - Right patient - Right medication D-Dose/Drug - Right dose I- Integrity of packaging - Right route C-Clarity of solution - Right time E-Expiration Date - Allergies	☐	☐
5.	Explains procedure	☐	☐
6.	Applies pacing pads	☐	☐
7.	Starts pacing at lowest setting available on monitor until capture is noted at a rate of 60	☐	☐
8.	Assesses peripheral pulses to confirm correlation with paced rhythm (Utilize capnography to assist in monitoring improvement of perfusion, reassesses patient for signs of adequate tissue perfusion)	☐	☐
9.	Determines lowest threshold by turning the output control down until capture is lost, and then turn it back up slightly until capture is noted again (maintains this capture)	☐	☐
10.	Re-assesses peripheral pulses and confirm correlation with paced rhythm (Utilize capnography to assist in monitoring improvement of perfusion, reassesses patient for signs of adequate perfusion)	☐	☐
11.	Considers Midazolam 2mg slow IV/IO or 2mg IN/IM if patient is awake and alert and exhibits signs of adequate tissue perfusion	☐	☐
12.	Considers Fentanyl 50mcg IV/IO or 100mcg IN/IM to max of 200mcg for patient with complaint of pain	☐	☐

13.	Reassess/Document: • Patient • Initial and post procedural cardiac rate/rhythm • Capture threshold; rate and amperes • Medication administration • Patient response/tolerance to intervention	☐	☐
Notes:			

Vagal Maneuvers (Valsalva)

Indications

- Stable narrow complex tachycardia

Contraindications (Relative)

- Hypertension (relative)
- Suspected AMI (relative)
- Suspected head/brain injury

Considerations

- No considerations

Vagal Maneuvers (Valsalva) – Skills Test

Examinee: _____ Date: _____ Examiner: _____ Pass ☐ Pass/Counsel ☐ Fail ☐			
Equipment:			
- Cardiac monitor - SpO₂ monitor 10ml syringe or straw - Ice water or cold washcloth as needed			
Assessment/Treatment indicators:			
<u>Indications</u> Stable narrow complex tachycardias	<u>Contraindications</u> - Hypertension - Suspected acute MI - Suspected head/brain injury		
Procedure:			
1.	BSI / PENMAN	☐	☐
2.	States indications/contraindications	☐	☐
3.	Prepares/checks equipment	☐	☐
4.	Have patient perform one of the following techniques: a. Pinch nostrils together, close mouth and blow against their closed glottis b. Submerge face in water or apply cold wet washcloth against face (preferred method for infants) c. Blow through straw or 10ml syringe	☐	☐
5.	All procedures should be performed until arrhythmia is terminated or a max of ten (10) seconds have passed; consider Adenosine and/or sync cardioversion	☐	☐
6.	Reassess/Document: - Patient - Initial cardiac rate/rhythm - Subsequent cardiac rate/rhythm - Medication consideration - Patient response/tolerance to intervention	☐	☐
Notes:			

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