



**pennsylvania**  
DEPARTMENT OF HEALTH



Pennsylvania Department of Health  
Bureau of Emergency Medical Services

BLS Skill Sheets

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## Table of Contents

<b>BSI and Exam Glove Removal</b> .....	1
<b>Diagnostic/Vital Signs</b>	
Level of Consciousness.....	2
Pulse (Radial).....	2
Respirations.....	2
Blood Pressure	
Auscultation.....	3
Palpation.....	3
Skin Temperature/Color.....	4
Pupils.....	4
Vital Sign Reassessment.....	4
Lung Sounds.....	5
<b>Lifting and Moving</b>	
Body Mechanics	
Lifting.....	7
Power Grip.....	8
Carrying.....	8
Correct Carrying Procedure.....	8
One-Handed Carrying.....	8
Correct Carrying on Stairs.....	8
Reaching.....	9
Correct Reaching for Log Rolling the Patient.....	9
Pushing and Pulling.....	9
Recovery Position.....	10
Log Roll.....	11
Blanket Drag.....	12
Clothes Drag.....	13
Shoulder Drag.....	14
Extremity Lift.....	15
Direct Carry—Transfer of Supine Patient from Bed to Stretcher.....	16
Direct Ground Lift.....	17
Draw Sheet Move.....	18
Application of Scoop Stretcher.....	19

Flexible Stretcher .....	20
<b>Airway</b>	
Oropharyngeal (Oral) Airway.....	21
Nasopharyngeal (Nasal) Airway.....	23
Oxygen Setup/Teardown.....	24
Nasal Cannula.....	25
Non-Rebreather Face Mask.....	26
Bag-Valve-Mask (BVM).....	27
Suction.....	28
<b>Patient Assessment</b>	
Scene Size Up.....	29
Initial Assessment .....	30
Focused History and Physical Exam (Trauma).....	33
Focused History and Physical Exam (Medical).....	36
Detailed Physical Exam.....	38
Ongoing Assessment.....	40
<b>Medication Administration</b>	
Inhaler.....	42
Nitroglycerin.....	44
Auto-Injector .....	46
Oral Glucose.....	48
Activated Charcoal.....	50
<b>Childbirth and Childbirth Complications</b>	
Childbirth.....	51
Childbirth complications	
Prolapsed Cord.....	54
Limb Presentation.....	54
Multiple Birth.....	54
Meconium.....	55
Premature Birth.....	55
Breech Birth.....	55
<b>Splinting</b>	
General Principles.....	57
Rigid (Board Splints).....	59

Air Splints.....	60
Sling and Swathe.....	61
Immobilization of the Hip joint with Board Splints.....	62
Immobilization with a pillow/blanket.....	63
Traction Splint.....	64
<b>The Central Nervous System</b>	
Cervical Collar.....	65
Cervical Immobilization Device (CID).....	66
Short Backboard Application.....	67
Vest Type Short Backboard.....	69
Helmet Removal.....	71
Long Board Application.....	72
Rapid Extrication.....	73
<b>Bleeding Control</b>	
External.....	75
Shock.....	76
<b>Burns</b>	
Thermal.....	77
Chemical Burns.....	78
Electrical Burns.....	79
<b>Soft Tissue Injury</b>	
Amputations.....	80
Open Neck Wound.....	80
Sucking Chest Wound.....	80
Evisceration.....	81
Impaled Objects.....	81
<b>Environmental Emergencies</b>	
Hypothermia.....	82
Local Cold Emergencies.....	83
Heat Emergencies	
Moist, Pale, Normal to Cool Temperature Skin.....	84
Hot, Dry, or Moist Skin.....	84
Water-Related Emergencies.....	85

**Behavioral Emergencies**

Behavioral Emergencies.....	86
Patient Restraint.....	86

**Appendices**

**Appendix A**

Patient Assessment Flow chart.....A-1  
 Scene Size-up.....A-2  
 Initial Assessment.....A-3  
 Focused History and Physical Exam—Trauma.....A-7  
 Focused History and Physical Exam—Medical.....A-9  
 Detailed Assessment.....A-10  
 On-going Assessment.....A-11

**Appendix B**

CPR Skill Sheets.....B-1  
 1 Person Adult CPR.....B-2  
 1 Person Adult CPR with AED.....B-4  
 1 Person Child CPR.....B-6  
 1 Person Child CPR with AED.....B-8  
 1 Person Infant CPR.....B-10  
 2 Person Adult CPR.....B-12  
 2 Person Child CPR.....B-14  
 2 Person Infant CPR.....B-16  
 2 Person Adult CPR with AED.....B-18  
 2 Person Child CPR with AED.....B-21  
 Newborn/Neonatal Resuscitation.....B-24

**Appendix C**

Foreign Body Airway Obstruction.....C-1  
 Conscious to Unconscious Adult/Child.....C-2  
 Unconscious Adult/Child.....C-4  
 Conscious to Unconscious Infant.....C-6  
 Unconscious Infant.....C-8

**BSI & EXAM GLOVE REMOVAL**

<b>Skill:</b> BSI & Exam Glove Removal	
<b>Description:</b> Practitioner will properly remove, and dispose of, contaminated gloves without contacting the contaminant(s).	
<input type="checkbox"/>	Using a gloved hand, the practitioner will pinch the glove on the other hand just distal to the cuff
<input type="checkbox"/>	With a distal movement, the practitioner will remove the pinched glove, turning it inside out while removing the hand
<input type="checkbox"/>	Practitioner will grasp the inside portion (now outside) of the removed glove with their ungloved hand
<input type="checkbox"/>	Using the removed glove as a barrier, the practitioner will grasp the distal cuff area of the gloved hand
<input type="checkbox"/>	With the same movement used in step 2, practitioner will remove the second glove making sure not to make contact between the gloves outer surface and their skin
<input type="checkbox"/>	Used gloves will be placed in an appropriate container /Red Biohazard Bag
<input type="checkbox"/>	Practitioner will wash hands by an acceptable method or use an acceptable germicidal
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Removes gloves without contacting the contaminant(s)
<input type="checkbox"/>	Disposes gloves in appropriate container/Biohazard Bag

## DIAGNOSTIC / VITAL SIGNS

<b>Skill: Diagnostic / Vital Signs – Level Of Consciousness</b>	
<b>Description:</b> Assess patient's level of consciousness by evaluating the person's responsiveness and orientation	
<input type="checkbox"/>	Determine patient's responsiveness ( <b>AVPU</b> ): <ul style="list-style-type: none"> <li>• Patient is conscious &amp; <b>Alert</b> upon your arrival <i>or</i></li> <li>• Patient responds to <b>Verbal</b> stimuli <i>or</i></li> <li>• Patient responds to <b>Painful</b> stimuli [tactile (touch)] <i>or</i></li> <li>• Patient does not respond to any stimuli (<b>Unresponsive</b>).</li> </ul>
<input type="checkbox"/>	Determine patient's orientation: <ul style="list-style-type: none"> <li>• Ask person his/her name (person)</li> <li>• Ask person his/her current location (place)</li> <li>• Ask person current time, year, month, approximate date (time)</li> <li>• Ask person what happened (event)</li> </ul>
<input type="checkbox"/>	Record findings.

<b>Skill: Diagnostic / Vital Signs – Pulse (Radial)</b>	
<b>Description:</b> Monitor patient's radial pulse for rate and quality.	
<input type="checkbox"/>	Locate radial artery (anterior thumb side of wrist). <b>NOTE:</b> If radial pulse is inaccessible use another pulse point
<input type="checkbox"/>	Palpate pulse using, two fingers for 30 seconds and multiply by 2
<input type="checkbox"/>	Record findings, to include <ul style="list-style-type: none"> <li>• Rate</li> <li>• Quality - <b>Strong, Weak, Regular, Irregular</b></li> </ul>

<b>Skill: Diagnostic / Vital Signs – Respirations</b>	
<b>Description:</b> Monitor patient's respirations for rate and quality by palpation or observation.	
<input type="checkbox"/>	Observe rise & fall of patient's chest for 30-seconds and multiply by 2
<input type="checkbox"/>	Record findings, to include: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Quality - <b>Normal, Shallow, Labored, Noisy</b></li> </ul>



<b>Skill: Diagnostic / Vital Signs – Blood Pressure</b>	
<b>Description:</b> Take patient's blood pressure using a sphygmomanometer (blood pressure cuff), by either auscultation or palpation method. (The palpation method should be used when one cannot hear the pulse sounds due to background noise)	
<b>Auscultation</b>	
<input type="checkbox"/>	Expose the arm, externally rotate it, palm up, and position appropriate size blood pressure blood pressure cuff above the elbow, centering bladder over the brachial artery
<input type="checkbox"/>	Palpate brachial pulse at the crease of elbow
<input type="checkbox"/>	Position diaphragm of stethoscope directly over the brachial pulse
<input type="checkbox"/>	With the valve closed inflate the blood pressure cuff until you no longer hear the brachial pulse; inflate the blood pressure cuff another 20-30 mm Hg so you do not miss the first systolic pulse sound
<input type="checkbox"/>	Slowly release air from the blood pressure cuff by opening the bulb valve allowing the pressure to fall smoothly at the rate of approximately 2-3 mm per second; observe dial return to zero
<input type="checkbox"/>	When you hear the first tapping or clicking sound, note the reading on the gauge; this is the systolic pressure
<input type="checkbox"/>	Continue to deflate the blood pressure cuff, listening for the point at which the distinctive sounds fade; when the sounds turn to dull, muffled thuds or when the sound disappears, the reading on the gauge is the diastolic pressure
<input type="checkbox"/>	Blood pressure is recorded as Systolic/Diastolic, i.e., "130/80".
<b>Palpation</b>	
<input type="checkbox"/>	Palpate the radial pulse point on the arm to which the blood pressure cuff has been applied. (Maintain pulse point contact.)
<input type="checkbox"/>	Inflate the blood pressure cuff as explained under auscultation, which is to increase pressure by 20-30mmHg after the radial pulse is no longer palpated
<input type="checkbox"/>	Deflate the blood pressure cuff slowly while continuing to palpate the radial pulse point.
<input type="checkbox"/>	When the pulse is felt, observe gauge.
<input type="checkbox"/>	Record, as the systolic blood pressure, the point on the gauge at which the pulse is first felt. Record as <b>Systolic by palpation or "130/p."</b>

<b>Skill: Diagnostic / Vital Signs – Skin</b>	
<b>Description:</b> Assess patient's skin to determine adequacy of perfusion	
<input type="checkbox"/>	Check patients skin temperature by placing the back of your hand on the patient's skin.  <b>NOTE:</b> The most common area for assessing the skin temperature is the forehead. Practitioner's glove will need to be peeled back slightly to adequately assess skin condition.
<input type="checkbox"/>	Record findings: i.e. <b>hot, warm, cool, cold.</b>
<input type="checkbox"/>	Check patient's skin condition.
<input type="checkbox"/>	Record findings: i.e. <b>dry, moist</b> (clammy).
<input type="checkbox"/>	Check patient's skin color in nail beds, oral mucosa, or conjunctiva.
<input type="checkbox"/>	Record findings: i.e. <b>normal, cyanotic, pale, red</b>
<b>For patients less than six years of age:</b>	
<input type="checkbox"/>	Assess capillary refill by pressing on the patient's skin or nail beds and determine time for return to initial color
<input type="checkbox"/>	Record findings: <b>normal</b> < 2 seconds <b>abnormal</b> > 2 seconds

<b>Skill: Diagnostic / Vital Signs – Pupils</b>	
<b>Description:</b>	
<input type="checkbox"/>	Check both pupils by observing for size ( <b>dilated, constricted, normal</b> ).
<input type="checkbox"/>	Check both pupils for equality ( <b>equal</b> or <b>unequal</b> ).
<input type="checkbox"/>	Check each pupil for reaction to light ( <b>fixed, reactive, sluggish</b> ). As appropriate, each pupil may be either exposed to or shaded from light to check for reaction
<input type="checkbox"/>	Record observations.

<b>Skill: Diagnostic / Vital Signs – Vital Sign Reassessment</b>	
<b>Description:</b> Patient vital signs should be taken and recorded according to the following guidelines:	
<input type="checkbox"/>	Every 15 minutes, at minimum, for a stable patient.

<input type="checkbox"/>	Every 5 minutes, at minimum, for an unstable patient.
<input type="checkbox"/>	Following all medical interventions and then either every 5 or 15 minutes depending on the patient's condition.
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Assesses level of consciousness ( <b>AVPU</b> )
<b>Assesses baseline vital signs:</b>	
<input type="checkbox"/>	Pulse (Accuracy within +/- 10%)
<input type="checkbox"/>	Respiration (Accuracy within +/- 25%)
<input type="checkbox"/>	Blood pressure by auscultation using a stethoscope and blood pressure cuff (Accuracy within +/- 10 mmHg Systolic and Diastolic)
<b>Assesses skin for</b>	
<input type="checkbox"/>	Temperature
<input type="checkbox"/>	Condition
<input type="checkbox"/>	Color
<b>Assesses pupils for</b>	
<input type="checkbox"/>	Size
<input type="checkbox"/>	Equality
<input type="checkbox"/>	Reaction to light

**Skill: Diagnostic / Vital Signs – Lung Sounds**

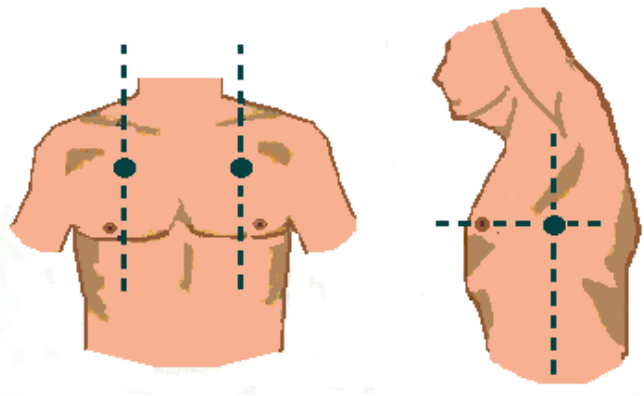
**(NOTE:** Lung sounds are not considered a vital sign, but rather an assessment skill that takes practice and is integrated with the patient assessment skill)

**Description:** Auscultate patient's chest to determine quality of air exchange in lungs

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Place stethoscope directly against skin (on the mid-clavicular line at the apices and the mid-axillary line at the bases. See diagram below)   |
| <input type="checkbox"/> | On the mid-clavicular line at the apices, listen for quality of air exchange during inspiration and expiration. Note if sounds heard are <b>normal</b> (clear); <b>abnormal</b> (noisy); <b>diminished</b> or <b>absent</b> (may be one-side only). (Assess bilaterally) |

<input type="checkbox"/>	On the mid-axillary line at the base, listen for quality of air exchange during inspiration and expiration. Note if sounds heard are normal (clear); abnormal (noisy); diminished or absent (May be one side only) (Assess bilaterally)
--------------------------	---

<input type="checkbox"/>	Record findings.
--------------------------	------------------



Mid-Clavicular

Mid-Axillary

**CRITICAL CRITERIA**

<input type="checkbox"/>	Takes appropriate body substance isolation precautions
--------------------------	--

<input type="checkbox"/>	Places stethoscope directly on skin
--------------------------	-------------------------------------

<input type="checkbox"/>	Auscultate on mid-clavicular line below and mid-axillary line (as indicated on diagram)
--------------------------	---

<input type="checkbox"/>	Assess lung sounds bi-laterally
--------------------------	---------------------------------

## **LIFTING AND MOVING PATIENTS**

### **Skill: Lifting And Moving Patients – Body Mechanics - Lifting Techniques**

**Description:** Safety Precautions:

- A. Consider the weight of the patient and the equipment.
- B. Know your physical ability and limitations.
- C. Position feet properly
- D. Lift without twisting.
- E. Use your legs, not back, to lift.
- F. Keep the weight close to your body.
- G. Communicate clearly & frequently with your partner

Practitioner will approach the patient/stretcher and evaluate the total weight.

Practitioner will determine if weight is within the limits for a two-person crew.

- If yes, begin lift.
- If no, summon additional help

Practitioner will use the power-lift or squat lift, depending upon which one can most comfortably maintain your lumbar posture.

**Power-lift or squat-lift position, practitioner will:**

Space feet a comfortable distance apart

Tighten your back in its normal upright position and use your abdominal muscles to lock it in a slight inward curve

Keep feet flat

Distribute weight to balls of feet or just behind them

Ensure the back is locked in and the upper body comes up before the hips

Keep head up

- Do not reach more than 15-20 inches in front of your body.
- Carry the load as close to the body as possible while maintaining normal curvature of the spine

Lift while keeping back in locked-in position.

Reverse steps when lowering the lifting device.

Avoid bending at the waist.

**Skill: Lifting And Moving Patients – Body Mechanics – Power Grip**

**Description:** Use the power grip to get the maximum force from hands. The power grip should always be used in lifting. This allows for maximum force to be developed

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Practitioner grips the object with palm up and fingers in contact with the object |
| <input type="checkbox"/> | Practitioner assures that all fingers are bent at the same angles                 |
| <input type="checkbox"/> | Practitioner will position the hands at least 10 inches apart                     |

**Skill: Lifting And Moving Patients – Body Mechanics – Carrying**

**Description:** Carrying Precautions:

- A. Know the weight (ask patient's weight if possible and add weight of the lifting device)
- B. Know you and your partner's capabilities.
- C. Have a plan and communicate it.
- D. Keep the weight as close to your body as possible.
- E. Keep your back in a locked in position and refrain from twisting
- F. Flex at the hips, not the waist, bend at the knees.
- G. Do not hyperextend the back (leaning back from the waist).

**Correct Carrying Procedure**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Practitioners will pair off according to height (and/or strength), if possible |
| <input type="checkbox"/> | Practitioners use correct lifting technique to lift the lifting device         |

**One-Handed Carrying Procedure**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Practitioner picks up the equipment with the back in the locked-in position |
| <input type="checkbox"/> | Practitioner avoids leaning to either side                                  |

**Correct Carrying Procedure On Stairs**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Practitioners assure that they have enough help to accomplish the move safely. (Practitioners will have a spotter while going backwards down the stairs, if available) |
| <input type="checkbox"/> | Keep back in locked-in position  |
| <input type="checkbox"/> | Flex at the hips, not the waist, bend at the knees   |
| <input type="checkbox"/> | Practitioners keep the weight, and their arms, as close to their body as possible  |

**Skill: Lifting And Moving Patients – Body Mechanics – Reaching****Description:** Reaching Precautions:

- A. Keep your back in a locked-in position.
- B. Avoid reaching more than 15 to 20 inches in front of your body.
- C. Avoid twisting while reaching.
- D. When reaching overhead, avoid hyperextended position

Practitioner maintains the reach for as short a time interval as possible.

**Correct Reaching for Log Rolling the Patient**

Keep back straight while leaning over patient

Practitioner keeps the back straight, leaning from the hips and using your body weight to assist

**Skill: Lifting And Moving Patients – Body Mechanics – Pushing and Pulling****Description:** Pushing and Pulling Precautions:

- A. Push, rather than pull, whenever possible.
- B. Always keep your back locked-in.
- C. Bend your knees whenever you pull so that the line of pull is through the center of your body.
- D. Keep the weight close to your body.
- E. Push from the area between the waist and shoulder
- F. If weight is below waist level, use kneeling position
- G. Avoid pushing or pulling from an overhead position if possible
- H. Keep elbows bent with arms close to the sides

Practitioner keeps the back straight and maintains the load between the shoulders and hips. If the object is below waist level, then the push or pull should come from a kneeling position

Practitioner keeps the elbows bent and arms as close to the side as possible

Practitioner positions the hands and arms to allow the force of the push/pull to be through the center of his/her body

As practitioner is moving during the push/pull, he/she maintains the back in neutral alignment by tightening the back and abdominal muscles and maintaining a slight lordosis (normal curvature of the spine).

Practitioner accomplishes all maneuvering of the patient/stretcher with the use of shoulder, arm and leg muscles with good foot positioning - not body weight or back muscles

<b>Skill: Lifting And Moving Patients – Recovery Position (Lateral Recumbent)</b>	
<b>Description:</b> Patient position used for unresponsive patients who have adequate breathing and pulse, without suspected spine injury:	
<input type="checkbox"/>	Practitioner kneels beside the patient
<input type="checkbox"/>	Practitioner then rolls the patient towards himself/herself without twisting the patient's body. <b>NOTE:</b> Rolling patient onto his/her left side is preferred for most patients: <ul style="list-style-type: none"> <li>• Patients presenting with paralysis - paralyzed side down.</li> <li>• Patients presenting with chest trauma - injured side down.</li> </ul>
<input type="checkbox"/>	Practitioner assures that the patient has an open airway. <b>NOTE:</b> This position should avoid any pressure on the chest that impairs breathing, allows good observation of and access to the airway, promote fluid drainage from mouth and nose, as well as prevent the mouth from touching the ground
<input type="checkbox"/>	Practitioner flexes the patient's superior leg and positions it over the inferior leg so that the superior knee is touching the ground
<input type="checkbox"/>	Practitioner continually monitors the patient for airway compromise
<input type="checkbox"/>	Practitioner uses proper body mechanics to accomplish the skill
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move



<b>Skill: Lifting And Moving Patients – Log Roll</b>	
<b>Description:</b> Patient position used for unresponsive patients who have adequate breathing and pulse, without suspected spine injury:	
<input type="checkbox"/>	Practitioner applies and/or maintains manual in-line stabilization of the patient's head and neck throughout the procedure
<input type="checkbox"/>	At least one additional practitioner kneels at the patient's side to control movement of the rest of the body. All practitioners kneel on the same side of the patient
<input type="checkbox"/>	Practitioners (except person at head) will grasp the patient as appropriate to enable support of the body as the roll is being accomplished. (i.e. one practitioner will support at the shoulders and belt line; two practitioners can support: one at the shoulders and buttocks, one at the belt line and mid-thigh; etc.)
<input type="checkbox"/>	On command of the first practitioner (at patient's head), all practitioners roll patient toward them, keeping patient in a straight line
<input type="checkbox"/>	When ready, the patient is lowered back to the supine position on command of the first practitioner still keeping the patient's spinal column in alignment
<input type="checkbox"/>	Practitioner uses proper body mechanics to move the patient
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move
<input type="checkbox"/>	Ensures spinal alignment

<b>Skill: Lifting And Moving Patients – Blanket Drag</b>	
<b>Description:</b> This is an emergency move used to get a patient from an area of immediate danger to a safe area:	
<input type="checkbox"/>	Practitioner will prepare the blanket by folding it approximately two-thirds of the way in lengthwise
<input type="checkbox"/>	Practitioner will place the pleated blanket lengthwise beside the patient with the pleats toward the patient's body and the leading edge on top.
<input type="checkbox"/>	Practitioner will kneel beside the patient, opposite the blanket. <b>NOTE: <u>Supine Patient Only!</u></b>
<input type="checkbox"/>	Practitioner will grasp the patient at the hip & shoulder area and roll the patient gently toward himself/herself and onto his/her knees. Move body as a unit if possible.
<input type="checkbox"/>	Practitioner will reach across the patient and pull the folded part of the blanket close to the patient's body. Tuck some of the blanket as far underneath the patient as possible.
<input type="checkbox"/>	Practitioner will allow the patient to roll, or gently roll the patient, while protecting the patient's head, to a supine position on top of the blanket.
<input type="checkbox"/>	Practitioner will gently roll the patient away from the practitioner enough to be able to smooth out the folds underneath the patient.
<input type="checkbox"/>	Practitioner will allow the patient to roll back onto the center of the blanket.
<input type="checkbox"/>	Practitioner will wrap the patient in the blanket.
<input type="checkbox"/>	Practitioner will grasp the blanket under or alongside the head and neck
<input type="checkbox"/>	Practitioner will pull the patient, using the blanket, to a safe area
<input type="checkbox"/>	Proper body mechanics are used throughout the skill
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Clothes Drag</b>	
<b>Description:</b> This is an emergency move used to get a patient from an area of immediate danger to a safe area:	
<input type="checkbox"/>	Practitioner will position patient on the back
<input type="checkbox"/>	Practitioner will kneel at the patient's head, facing the patient.
<input type="checkbox"/>	Practitioner will grasp the patient's clothing (shirt) while, if possible, supporting the victim's head in his/her forearms
<input type="checkbox"/>	Practitioner will pull, long axis if possible, while keeping the patient's head and shoulders close to the ground
<input type="checkbox"/>	Practitioner maintains proper body mechanics throughout move
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Shoulder Drag</b>	
<b>Description:</b> Emergency move used to get a patient from an area of immediate danger to a safe area:	
<input type="checkbox"/>	Practitioner will position patient on the back
<input type="checkbox"/>	Practitioner will kneel at the patient's head, facing the patient
<input type="checkbox"/>	Practitioner will place his/her arms under the patient's armpits (from the back) and grasp the patient's forearms
<input type="checkbox"/>	Practitioner will drag the patient, long axis if possible, to a safe environment
<input type="checkbox"/>	Practitioner maintains proper body mechanics throughout move. <b>NOTE:</b> Rescue can be accomplished in a crouched or standing position depending upon practitioner/patient size and situation encountered
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Extremity Lift</b>	
<b>Description:</b> A non-urgent move used to transfer a patient from one area to another such as a stretcher or bed. This move is only appropriate for patients who have <b><u>NO SUSPECTED SPINAL INJURY</u></b>	
<input type="checkbox"/>	Practitioner kneels at the patient's side near the patient's knees
<input type="checkbox"/>	Practitioner grips the patient's wrists and, with help from the second practitioner, pulls the patient to a sitting position
<input type="checkbox"/>	The other practitioner crouches on one knee, at the patient's head - facing patient; while supporting patient with the other knee, the practitioner slips his/her hands under the patient's arms and grasps the patient's wrists
<input type="checkbox"/>	Practitioner will position the patient so the patient's legs are spread and knees flexed.
<input type="checkbox"/>	Practitioner then crouches on one knee, between patient's legs facing toward patient, and grips patient's legs behind the knees
<input type="checkbox"/>	On command, both practitioners lift patient and move the patient as needed
<input type="checkbox"/>	Proper body mechanics are followed throughout the move
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Direct Carry</b>	
<b>Transfer of Supine Patient From Bed to Stretcher</b>	
<b>Description:</b> Non-urgent move that can be used to transfer a supine patient from a bed to a stretcher or vice versa. Can be accomplished with two or three practitioners	
<input type="checkbox"/>	Practitioners will position stretcher parallel to the bed with head end of stretcher at foot end of bed
<input type="checkbox"/>	Practitioners will prepare stretcher for patient (unbuckle straps, remove items, etc.).
<input type="checkbox"/>	Practitioners will position themselves between the bed and stretcher, facing patient.
<b>NOTE:</b> Specific order of the next 4 areas are not critical to patient care	
<input type="checkbox"/>	Practitioner slides one arm under patient's neck and cups patient's shoulder.
<input type="checkbox"/>	The other practitioner slides hand under hip and lifts slightly
<input type="checkbox"/>	The other practitioner slides other arm under patient's back. <b>NOTE:</b> If a third practitioner is available, he/she should place both arms under the patient's waist and the other two practitioners slide their arms either up to the mid-back or down to the buttocks as appropriate
<input type="checkbox"/>	The other practitioner places other arm under calves
<input type="checkbox"/>	Practitioners slide patient to edge of bed, as a unit as much as possible
<input type="checkbox"/>	On signal, practitioners lift patient and curl them towards the practitioner's chest
<input type="checkbox"/>	On signal, practitioners rotate the patient and position patient for placement on the stretcher
<input type="checkbox"/>	On signal, patient is gently lowered onto the stretcher
<input type="checkbox"/>	Patient movement is accomplished using proper body mechanics
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Direct Ground Lift</b>	
<b>Description:</b> A non-urgent move used to transfer a patient from one area to another such as a stretcher or bed. This move is only appropriate for patients who have <b><u>NO SUSPECTED SPINAL INJURY</u></b> . Appropriate for two or three practitioners	
<input type="checkbox"/>	Practitioners will kneel on one knee (preferably the same for all practitioners), all on the same side of the patient
<input type="checkbox"/>	Practitioners will place and secure, if appropriate, the patient's arms on the patient's chest
<input type="checkbox"/>	Practitioner at head will place one arm under the patient's neck and shoulder to cradle the patient's head
<input type="checkbox"/>	Practitioner at head will place the other arm under the patient's lower back. <b>NOTE:</b> If a third practitioner is available, he/she should place both arms under the patient's waist and the other two practitioners slide their arms either up to the mid-back or down to the buttocks as appropriate
<input type="checkbox"/>	Second practitioner will place one arm under the patient's knees
<input type="checkbox"/>	Second practitioner places other arm under the patient right above the buttocks
<input type="checkbox"/>	On signal, the practitioners lift the patient to their knees and roll the patient in toward their chests
<input type="checkbox"/>	On signal, the practitioners stand and move the patient as needed
<input type="checkbox"/>	To lower the patient, the steps are reversed
<input type="checkbox"/>	Proper body mechanics are used when lifting and/or moving the patient
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Draw Sheet Move</b>	
<b>Description:</b> Non-urgent move that can be used to transfer a supine patient from a bed to a stretcher or vice versa. Can be accomplished with two or more practitioners.	
<input type="checkbox"/>	Practitioners will loosen the bottom bed sheet (under the patient).
<input type="checkbox"/>	Practitioners will prepare stretcher for patient (unbuckle straps, remove items, etc.).
<input type="checkbox"/>	Practitioners will position the stretcher next to the bed.
<input type="checkbox"/>	Practitioners will grasp the sheet firmly allowing for control of the patient's head and body throughout the move.  <b>NOTE:</b> Exact practitioner placement is dependent upon patient size, location, and number of practitioners available. Two practitioners can either be on the same side (patient's head, chest, hips & knees) or one on each side of the bed supporting the sheet at the neck and hip area. Three practitioners would allow one to control the head and neck with the other two guiding the patient's body
<input type="checkbox"/>	On signal, practitioners will gently slide the patient onto the stretcher
<input type="checkbox"/>	Patient movements are accomplished using appropriate body mechanics
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move



<b>Skill: Lifting And Moving Patients – Application of Scoop Stretcher</b>	
<b>Description:</b> Scoop stretcher is <u>NOT</u> adequate when used alone for standard immobilization of a spinal injury, but may be used as an adjunct to move a patient with a suspected spinal injury onto a long spine board.	
<input type="checkbox"/>	Practitioner unfolds the scoop stretcher, if necessary
<input type="checkbox"/>	Practitioner adjusts the length as needed by sliding lower end out of upper end and locking it into position with lock pegs
<input type="checkbox"/>	Separate both halves of scoop stretcher by grasping head part of stretcher and depressing catch device, apply outward pressure
<input type="checkbox"/>	Repeat step 3 for foot end of scoop stretcher
<input type="checkbox"/>	Place one half of the scoop stretcher on each side of the patient's body without passing the parts over the patient. Place the scoop blades toward patient and head end at patient's head
<input type="checkbox"/>	Place half of scoop stretcher under patient. Be careful not to pinch the patient
<input type="checkbox"/>	Place other half of scoop stretcher under patient, foot end first
<input type="checkbox"/>	Lock the lower end of the scoop stretcher together by securing the latch (be careful not to pinch the patient).
<input type="checkbox"/>	Place the upper end of the second half of the scoop stretcher under the patient with the assistance of a second practitioner or bystander (to gently roll the patient), if needed
<input type="checkbox"/>	Lock the upper part of the scoop stretcher together being careful not to pinch the patient
<input type="checkbox"/>	Secure patient to the scoop stretcher - minimum of two appropriately placed straps or other securing device
<input type="checkbox"/>	Device is lifted using proper body mechanics
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

<b>Skill: Lifting And Moving Patients – Flexible Stretcher</b>	
<b>Description:</b> There are multiple makes of flexible stretchers available for EMS use. Follow manufacturer's recommendations when dealing with any make or model device.	
<input type="checkbox"/>	Patient is placed onto the flexible stretcher. <ul style="list-style-type: none"> <li>• If spinal injury is suspected, patient should be immobilized to a long spine board with cervical collar applied. Patient can then be lifted by the backboard and placed on the center of the stretcher.</li> <li>• If no spinal injury is suspected, patient can be log rolled onto the stretcher and then slid to the center.</li> </ul>
<input type="checkbox"/>	Sides of the stretcher are drawn up around the patient and straps are secured
<input type="checkbox"/>	Practitioner will tighten the built-in straps. Straps should be tight enough to not allow the patient to move while in the stretcher, but not impinge on breathing
<input type="checkbox"/>	Two, four, or six practitioners can be used to carry the device: <ul style="list-style-type: none"> <li>• If two practitioners - one at the head and one at the feet.</li> <li>• If four practitioners - one each side of both head and feet.</li> <li>• If six practitioners - one each side at head, waist, and feet.</li> </ul>
<input type="checkbox"/>	Practitioners will kneel on one knee, preferably all the same knee, and grasp the handle built into the device
<input type="checkbox"/>	Upon signal, practitioners will stand, lifting the stretcher to arms length height
<input type="checkbox"/>	Stretcher is lowered, upon signal, by kneeling
<input type="checkbox"/>	Proper body mechanics are used throughout the procedure
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Moves patient in a safe and effective manner
<input type="checkbox"/>	Prevents further aggravation/injury to patient
<input type="checkbox"/>	Prevents injury to self by using proper body mechanics throughout the move

**AIRWAY**

<b>Skill: Airway – Oropharyngeal (Oral) Airway</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner will take appropriate body substance isolation precautions
<input type="checkbox"/>	If there is significant mechanism of injury, maintain c-spine stabilization throughout
<input type="checkbox"/>	Determine that the patient is unconscious, unable to maintain airway and has no gag reflex
<input type="checkbox"/>	Practitioner will select proper size oral airway by either measuring from the corner of the mouth to the bottom of the angle of the jaw or, if rotated to the tip of the earlobe
<input type="checkbox"/>	Practitioner will open the patient's mouth with the crossed finger technique. <ul style="list-style-type: none"> <li>• Practitioner will insert the airway upside down into the patient's mouth until resistance is met as the airway approaches the posterior wall of the pharynx.</li> <li>• The practitioner will then rotate the airway (180°) so that it comes to rest with the flange on the patient's lips or teeth.</li> <li>• If at anytime the patient gags or coughs remove the oral airway and consider a nasopharyngeal airway</li> </ul>
<b>Alternate Method (preferred for infants and children)</b>	
<input type="checkbox"/>	Practitioner may use a tongue depressor to hold the tongue down and forward and out of the airway while inserting the airway right side up until the flange comes to rest on the patient's teeth or lips. If at anytime the patient gags or coughs remove the oropharyngeal airway and consider a nasopharyngeal airway
<input type="checkbox"/>	After insertion, place the non-traumatic patient in the maximum head tilt position
<input type="checkbox"/>	Practitioner will insure that the procedure has resulted in an adequately opened airway, by reassessing respirations
<input type="checkbox"/>	Provide high flow oxygen, and ventilate as needed
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes body substance isolation precautions
<input type="checkbox"/>	Determines that the patient is unable to maintain an open airway and is unresponsive
<input type="checkbox"/>	Correctly measures oropharyngeal airway

<input type="checkbox"/>	Correctly inserts oropharyngeal airway
<input type="checkbox"/>	Able to maintain a patent airway, once adequately opened with oropharyngeal airway
<input type="checkbox"/>	Monitors patient respiratory effort

<b>Skill: Airway – Nasopharyngeal (Nasal) Airway</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner will take appropriate body substance isolation precautions
<input type="checkbox"/>	Practitioner will determine that the patient is unable to maintain an open airway
<input type="checkbox"/>	Practitioner will measure the correct size of the airway by measuring from the tip of the nose to the earlobe or from the tip of the nose to the angle of the jaw
<input type="checkbox"/>	Practitioner will lubricate the airway with sterile water-soluble jelly
<input type="checkbox"/>	Practitioner will <b>GENTLY</b> insert the airway with the bevel (angled portion of the tip) pointing towards the base of the nostril or toward the septum. <ul style="list-style-type: none"> <li>Rotating the airway from side to side may make the insertion easier</li> </ul>
<input type="checkbox"/>	Practitioner will stop advancing the airway if resistance is met. The practitioner can attempt insertion into the other nostril if needed. Practitioner will reapply lubrication
<input type="checkbox"/>	Practitioner will stop advancing airway when the proximal ring has come in contact with the nostril
<input type="checkbox"/>	Practitioner will stop advancing and remove the airway if the patient at anytime begins to cough and has signs of a gag reflex
<input type="checkbox"/>	Practitioner ensures that the procedure has resulted in an adequately open airway, by reassessing respiratory efforts once airway is opened with nasopharyngeal airway
<input type="checkbox"/>	Practitioner will then provide high flow oxygen and ventilate as necessary
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Determines that the patient is unable to maintain an open airway
<input type="checkbox"/>	Correctly measures nasopharyngeal airway
<input type="checkbox"/>	Fully inserts the airway, bevel pointing towards the base of the nostril or toward the septum
<input type="checkbox"/>	Maintains a patent airway, once adequately opened with nasopharyngeal airway
<input type="checkbox"/>	Monitors patient respiratory effort

<b>Skill: Airway – Oxygen Setup/Teardown</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner will identify the contents of the cylinder by checking the label or tag, and the color of the cylinder. If the cylinder has a protective seal the practitioner will remove it
<input type="checkbox"/>	Practitioner will evaluate the cylinder and regulator for damage. Practitioner will evaluate the valve area to make sure it is free from foreign material and grease. <ul style="list-style-type: none"> <li>• If damage is found or there is dirt in the valve, it should be labeled and placed aside until maintenance can be performed</li> </ul>
<input type="checkbox"/>	Practitioner will quickly open and close the valve to remove any dust or debris from the orifice. The valve must be turned away from practitioner, anyone else and any equipment for safety
<input type="checkbox"/>	Practitioner will select the correct regulator, making sure that a gasket is in place between the regulator and the valve and the index pins match the holes in the cylinder valve. Practitioner will hand tighten the regulator to complete the seal
<input type="checkbox"/>	Practitioner will open the valve of the oxygen cylinder and observe gauge on the regulator to ensure adequate pressure. <ul style="list-style-type: none"> <li>• If a leak is heard the practitioner will shut off the oxygen cylinder and remove the regulator. Practitioner will then repeat the previous two steps</li> </ul>
<input type="checkbox"/>	Practitioner will open the regulator to ensure adequate flow
<b>To discontinue administration</b>	
<input type="checkbox"/>	Practitioner will close the regulator
<input type="checkbox"/>	Practitioner will close the valve on the oxygen cylinder
<input type="checkbox"/>	Practitioner will then bleed the regulator by opening the flow-meter valve until the flow has stopped and the gauge indicates zero pressure
<input type="checkbox"/>	Practitioner will then close the flow-meter valve and remove regulator from the oxygen cylinder
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Practitioner selects appropriate equipment
<input type="checkbox"/>	Practitioner ensures minimum of 500 psi in cylinder
<input type="checkbox"/>	Practitioner safely completes all steps in the setup of the oxygen system to ensure adequate oxygen administration
<input type="checkbox"/>	Practitioner safely completes all steps in the teardown

<b>Skill: Airway – Nasal Cannula</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner will take appropriate body substance isolation precautions
<input type="checkbox"/>	Practitioner will attach the nasal cannula tubing to the nipple of the regulator and adjust the flow rate between 1/lpm and 6/lpm. Practitioner will ensure that oxygen is flowing through the cannula by listening and feeling for oxygen movement
<input type="checkbox"/>	Practitioner will apply nasal cannula by inserting the two nasal prongs into the patients nostrils ensuring that the prongs curve downward toward the patient then bring the tubing of the nasal cannula over the patients' ears and the remainder under the chin and secure in place with the plastic adjuster.
<b>To discontinue use</b>	
<input type="checkbox"/>	Practitioner will remove the cannula from the patient
<input type="checkbox"/>	Practitioner will turn off the flowmeter
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Selects appropriate equipment
<input type="checkbox"/>	Oxygen flow rate is set between 1/lpm and 6/lpm
<input type="checkbox"/>	Applies the nasal cannula with prongs pointing in
<input type="checkbox"/>	Monitors patient respiratory effort
<input type="checkbox"/>	Practitioner correctly discontinues use of nasal cannula

<b>Skill: Airway – Non-Rebreather Face Mask</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner will take appropriate body substance isolation precautions
<input type="checkbox"/>	Practitioner selects appropriate size non-rebreather mask
<input type="checkbox"/>	Practitioner attaches the non-rebreather mask to the nipple of oxygen regulator and sets the Flowmeter between 12/lpm to 15lpm
<input type="checkbox"/>	Practitioner uses finger to cover the rubber gasket until the reservoir bag is filled
<input type="checkbox"/>	Practitioner places the mask over the patients' nose and mouth and place the elastic strap around patient's head and tightens the strap. Practitioner will then mold the metal nosepiece to the patient's nose
<input type="checkbox"/>	Practitioner may consider letting the claustrophobic patient hold the mask on face to help in calming patient down
<b>To discontinue use</b>	
<input type="checkbox"/>	Practitioner will remove the mask from the patient
<input type="checkbox"/>	Practitioner will turn off the flowmeter
<input type="checkbox"/>	Practitioner will shut down the oxygen cylinder valve
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Selects appropriate size non-rebreather mask
<input type="checkbox"/>	Oxygen flow rate set between 12/lpm and 15/lpm
<input type="checkbox"/>	Correctly applies the mask and maintains proper seal
<input type="checkbox"/>	Monitors patient respiratory effort
<input type="checkbox"/>	Ensures continuous oxygen supply to device
<input type="checkbox"/>	Practitioner correctly discontinues use of non-rebreather



<b>Skill: Airway – Bag-Valve-Mask (BVM)</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner(s) take appropriate body substance isolation precautions
<input type="checkbox"/>	Practitioner chooses appropriate BVM size (adult, child, infant), and assembles to manufacturers standards
<input type="checkbox"/>	Practitioner attaches the BVM to supplemental oxygen (15/lpm or greater) as soon as available
<input type="checkbox"/>	Practitioner if possible positions self at the head of the patient and will open the airway by either using head-tilt or if spinal injury suspected, jaw thrust. <ul style="list-style-type: none"> <li>• Insert oral or nasal airway to assist in maintaining open airway if available.</li> <li>• Ventilation should not be delayed if oral or nasal airway not available</li> </ul>
<input type="checkbox"/>	Practitioner while maintaining an open airway will seal the mask. <ul style="list-style-type: none"> <li>• If alone, practitioner will place the mask and form a C around the ventilation port with thumb and forefinger, uses middle, ring and little finger under jaw to maintain chin-lift.</li> <li>• With two practitioners, one will seal the mask by positioning thumbs over top part of mask, index and middle fingers over the bottom half and then uses the ring and little fingers to grasp the mandible and maintain the open airway.</li> <li>• If additional practitioner available s/he will provide continuous cricoid pressure during ventilation.</li> </ul>
<input type="checkbox"/>	Practitioner will then ventilate the patient at the desired breaths per minute. Ventilations should be delivered at a minimum of once every 5 seconds in adults and once every 3 seconds in children. One breath should be delivered over 2 seconds in adults. <ul style="list-style-type: none"> <li>• If needed, the practitioner can squeeze the bag against his/her thigh for increased volume</li> </ul>
<input type="checkbox"/>	Practitioner will observe that there is adequate chest rise during ventilation
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Selects appropriate equipment
<input type="checkbox"/>	Maintains proper face/mask seal
<input type="checkbox"/>	Oxygen flow rate set at 15/lpm or greater
<input type="checkbox"/>	Maintains patent airway
<input type="checkbox"/>	Appropriately monitors patient respiratory effort and adequacy of ventilation

<b>Skill: Airway – Suction</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner applies full body substance isolation precautions
<input type="checkbox"/>	Practitioner assembles equipment and checks that it's operational. <ul style="list-style-type: none"> <li>• Suction unit may remain on during the entire skill.</li> </ul>
<input type="checkbox"/>	Practitioner determines the need to suction the patient's airway. Practitioner opens the airway with cross-finger technique and removes oral airway if needed
<input type="checkbox"/>	If patient has large amounts of secretions that cannot be removed quickly by suction, the pt should be log rolled onto side and the oropharynx should be cleared. If CPR, compressions need to be stopped until log roll is completed
<input type="checkbox"/>	Practitioner chooses the correct catheter, puts it onto the suction tube and runs water through it by placing the catheter tip in the water. <ul style="list-style-type: none"> <li>• Rigid catheter is better suited for suctioning gastric contents and thick secretions. Soft or "French" catheters are long and flexible and ideal for nasal suctioning.</li> </ul>
<input type="checkbox"/>	Practitioner will insert the catheter no further than the base of the tongue and will suction on withdrawal no longer than 15 seconds. Practitioner moves the catheter from side to side in the oral cavity. <ul style="list-style-type: none"> <li>• Allow a few seconds between suction. If necessary ventilate between suction.</li> <li>• Continued suction attempts without periods of rest can cause hypoxia.</li> <li>• If patient produces frothy secretions as rapidly as suctioning can remove, suction for 15 seconds, artificially ventilate for two minutes, then suction for two minutes and continue in this manner.</li> </ul>
<input type="checkbox"/>	It is common for the suction catheter to become clogged. If this occurs place the tip into water and clear the tube
<input type="checkbox"/>	Practitioner will insert /reinsert oral airway as needed
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Correctly measures suction catheter
<input type="checkbox"/>	Turns on equipment, prepares tubing and tip. Tests for presence of suction
<input type="checkbox"/>	Inserts suction catheter into mouth (only as far as practitioner can see) and applies suction only while withdrawing the catheter

## **PATIENT ASSESSMENT**

<b><u>Skill:</u> Patient Assessment – Scene Size-Up</b>	
<b><u>Description:</u></b>	
<input type="checkbox"/>	Uses appropriate body substance isolation precautions
<input type="checkbox"/>	Evaluate the scene for existing or potential hazards to determine scene safety <ul style="list-style-type: none"> <li>• Is the scene safe?               <ul style="list-style-type: none"> <li>○ Safe—you may enter</li> <li>○ Unsafe—do not enter scene until it is safe                   <ul style="list-style-type: none"> <li>▪ Control scene <b><u>OR</u></b></li> <li>▪ Correct hazards <b><u>OR</u></b></li> <li>▪ Move patient to safe location</li> </ul> </li> </ul> </li> </ul>
<input type="checkbox"/>	Determine Mechanism of Injury (MOI) for trauma patient or Nature of Illness (NOI) for medical patient <ul style="list-style-type: none"> <li>• If the responding crew can manage the situation, consider cervical spine precautions and continue care</li> </ul>
<input type="checkbox"/>	Determine the total number of patients at the scene
<input type="checkbox"/>	Determine if additional resources are needed to effectively manage the scene <b><u>AND/OR</u></b> the patient
<input type="checkbox"/>	Proceed to Initial Assessment (next page)
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Correctly identifies hazards and takes appropriate action to handle or react to a hazard
<input type="checkbox"/>	Determines <b>MOI</b> or <b>NOI</b>
<input type="checkbox"/>	Evaluates need for additional resources

<b>Skill: Patient Assessment – Initial Assessment</b>	
<b>Description:</b>	
Form a General Impression of the patient’s condition by considering the following	
<input type="checkbox"/>	Consider Mechanism of Injury ( <b>MOI</b> ) or Nature of Illness ( <b>NOI</b> )
<input type="checkbox"/>	Consider patients age, sex, & race
<input type="checkbox"/>	Obtain patient’s chief complaint
<input type="checkbox"/>	Assess for life threatening condition: <ul style="list-style-type: none"> <li>• If a life threatening condition is found, treat immediately</li> <li>• If no life threatening conditions are found, proceed to the next step</li> </ul>
<input type="checkbox"/>	Determine if trauma or medical patient <ul style="list-style-type: none"> <li>• Trauma patient—if spinal injury suspected establish in line stabilization</li> <li>• Medical patient—proceed to next step (mental status)</li> </ul>
<input type="checkbox"/>	Assess mental status (AVPU) <ul style="list-style-type: none"> <li>• <b>A</b>lert</li> <li>• Responds to <b>V</b>erbal stimuli</li> <li>• Responds to <b>P</b>ainful stimuli</li> <li>• <b>U</b>nresponsive, no gag or cough</li> </ul>
<input type="checkbox"/>	Assess <b>A</b> irway status <ul style="list-style-type: none"> <li>• Is airway open? <ul style="list-style-type: none"> <li>○ Open <ul style="list-style-type: none"> <li>▪ If patient is unresponsive insert appropriate ventilatory adjunct <ul style="list-style-type: none"> <li>• Correctly sized oral airway, if no gag reflex</li> <li>• Correctly sized nasal airway, if gag reflex</li> </ul> </li> </ul> </li> <li>○ Closed <ul style="list-style-type: none"> <li>▪ Open airway <ul style="list-style-type: none"> <li>• If spinal injury suspected, use modified jaw thrust</li> <li>• If no spinal injury suspected, use head tilt-chin lift</li> </ul> </li> <li>▪ Insert appropriate ventilatory adjunct <ul style="list-style-type: none"> <li>• Correctly sized oral airway, if no gag reflex</li> <li>• Correctly sized nasal airway, if gag reflex</li> </ul> </li> </ul> </li> </ul> </li> </ul>

<input type="checkbox"/>	<p>Assess <b>B</b>reathing status (Look, Listen, Feel for breathing– is it present and is it adequate?)</p> <ul style="list-style-type: none"> <li>• Adequate breathing = adequate rate <b>AND</b> adequate tidal volume. If breathing is adequate and patient is responsive, oxygen may be indicated             <ul style="list-style-type: none"> <li>○ Administer high flow oxygen</li> </ul> </li> <li>• Inadequate breathing = inadequate rate <b>OR</b> inadequate tidal volume             <ul style="list-style-type: none"> <li>○ Additional signs of inadequate breathing                 <ul style="list-style-type: none"> <li>▪ Retractions at the suprasternal notch, intercostal spaces or supraclavicular spaces</li> <li>▪ Use of neck muscles on inhalation</li> <li>▪ Nasal flaring</li> <li>▪ Excessive abdominal muscle use</li> <li>▪ Tripod positioning</li> <li>▪ Tracheal tugging</li> <li>▪ Pale, cool, clammy skin</li> <li>▪ Cyanosis</li> <li>▪ Asymmetrical movement of the chest wall</li> <li>▪ Pulse oximeter reading of less than 95%</li> </ul> </li> <li>○ Begin positive pressure ventilation with supplemental oxygen</li> </ul> </li> </ul>									
<input type="checkbox"/>	<p>Assess <b>C</b>irculation</p> <ul style="list-style-type: none"> <li>• Assess patient’s pulse             <ul style="list-style-type: none"> <li>○ If patient is &gt; 1 year old, assess circulation by feeling for a radial pulse                 <ul style="list-style-type: none"> <li>▪ If pulse present, continue to next step</li> <li>▪ If no radial pulse is felt, palpate carotid pulse</li> <li>▪ If no carotid pulse felt, or in child 1 year of age to puberty pulse rate is &lt; 60 bpm with signs of poor perfusion, start CPR and apply AED, if available</li> </ul> </li> <li>○ If patient is ≤ 1 year old, assess circulation by feeling for a brachial pulse                 <ul style="list-style-type: none"> <li>▪ If pulse present, go to the next step</li> <li>▪ If no brachial pulse felt or if pulse rate is &lt; 60 bpm with signs of poor perfusion, start CPR</li> </ul> </li> </ul> </li> </ul>									
<input type="checkbox"/>	<p>Assess the patient for major bleeding</p> <ul style="list-style-type: none"> <li>• If major bleeding is present, control bleeding.</li> </ul>									
<input type="checkbox"/>	<p>Assess the patient’s perfusion by evaluating skin <b>C</b>olor and <b>T</b>emperature</p>									
<input type="checkbox"/>	<p>Assess skin color by looking at the nail beds, lips and eyes.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><b>NORMAL</b></th> <th colspan="2" style="text-align: center;"><b>ABNORMAL</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Pink</td> <td style="text-align: center;">Pale</td> <td style="text-align: center;">Cyanotic or blue-gray</td> </tr> <tr> <td></td> <td style="text-align: center;">Flushed or red</td> <td style="text-align: center;">Jaundice or yellow</td> </tr> </tbody> </table>	<b>NORMAL</b>	<b>ABNORMAL</b>		Pink	Pale	Cyanotic or blue-gray		Flushed or red	Jaundice or yellow
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Pink	Pale	Cyanotic or blue-gray								
	Flushed or red	Jaundice or yellow								

<input type="checkbox"/>	Assess patient's skin temperature by feeling the skin. <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 5px;"><b>NORMAL</b></th> <th colspan="2" style="padding: 5px;"><b>ABNORMAL</b></th> </tr> <tr> <td style="padding: 5px;">Warm</td> <td style="padding: 5px;">Hot</td> <td style="padding: 5px;">Cold</td> </tr> <tr> <td></td> <td style="padding: 5px;">Cool</td> <td style="padding: 5px;">Clammy – cool &amp; moist</td> </tr> </table>	<b>NORMAL</b>	<b>ABNORMAL</b>		Warm	Hot	Cold		Cool	Clammy – cool & moist
<b>NORMAL</b>	<b>ABNORMAL</b>									
Warm	Hot	Cold								
	Cool	Clammy – cool & moist								
<input type="checkbox"/>	Assess patient's skin <b>C</b> ondition (the amount of moisture on the skin) <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 5px;"><b>Normal</b></th> <th style="padding: 5px;"><b>Abnormal</b></th> </tr> <tr> <td style="padding: 5px;">Dry</td> <td style="padding: 5px;">Moist or Wet</td> </tr> </table>	<b>Normal</b>	<b>Abnormal</b>	Dry	Moist or Wet					
<b>Normal</b>	<b>Abnormal</b>									
Dry	Moist or Wet									
<input type="checkbox"/>	If patient < 6 years old, assess capillary refill <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 5px;"><b>Normal</b></th> <th style="padding: 5px;"><b>Abnormal</b></th> </tr> <tr> <td style="padding: 5px;">&lt; 2 seconds</td> <td style="padding: 5px;">&gt; 2 seconds</td> </tr> </table>	<b>Normal</b>	<b>Abnormal</b>	< 2 seconds	> 2 seconds					
<b>Normal</b>	<b>Abnormal</b>									
< 2 seconds	> 2 seconds									
<input type="checkbox"/>	Identify priority patients.  Consider: <ul style="list-style-type: none"> <li>• Poor general impression</li> <li>• Unresponsive with no gag reflex or cough</li> <li>• Responsive but unable to follow commands</li> <li>• Difficulty breathing</li> <li>• Exhibiting the signs and symptoms of shock</li> <li>• Complicated childbirth</li> <li>• Chest pain with systolic blood pressure of less than 100</li> <li>• Uncontrolled bleeding</li> <li>• Severe pain anywhere</li> </ul>									
<input type="checkbox"/>	If priority patient, expedite transport of patient and consider ALS intercept or back up									
<input type="checkbox"/>	Proceed to the appropriate focused history and physical examination									
<b>CRITICAL CRITERIA</b>										
<input type="checkbox"/>	Identifies and assumes spinal stabilization, if indicated									
<input type="checkbox"/>	Determines Mental Status									
<input type="checkbox"/>	Determines Airway Status									
<input type="checkbox"/>	Determines Breathing Status									
<input type="checkbox"/>	Determines Circulation Status									
<input type="checkbox"/>	Determines Patient's Priority Status									

<b>Skill: : Patient Assessment – Focused History &amp; Physical Exam (Trauma)</b>	
<b>Description:</b>	
<input type="checkbox"/>	Reconsider Mechanism of Injury
<input type="checkbox"/>	Classify patient due to the significance of <b>MOI</b> or clinical findings <ul style="list-style-type: none"> <li>• If significant <b>MOI OR</b> Multiple injuries <b>OR</b> Altered Mental Status, perform rapid trauma assessment to determine life threats</li> </ul>
<input type="checkbox"/>	Continue spinal stabilization
<input type="checkbox"/>	Consider ALS request (if not already requested).
<input type="checkbox"/>	Reconsider transport decision
<input type="checkbox"/>	Assess mental status
Perform Rapid Trauma Assessment ( <b>DCAP-BTLS</b> = <b>D</b> eformities, <b>C</b> ontusions, <b>A</b> brasions, <b>P</b> unctures/Penetrations- <b>B</b> urns, <b>T</b> enderness, <b>L</b> acerations, <b>S</b> welling)	
<input type="checkbox"/>	Assess head - <b>DCAP-BTLS</b> <ul style="list-style-type: none"> <li>• Crepitation</li> </ul>
<input type="checkbox"/>	Assess Neck - <b>DCAP-BTLS</b> <ul style="list-style-type: none"> <li>• Injury or sign of injury</li> <li>• Jugular vein distention (JVD) or tracheal deviation</li> <li>• Crepitation</li> <li>• Apply c-collar</li> </ul>
<input type="checkbox"/>	Assess chest - <b>DCAP-BTLS</b> <ul style="list-style-type: none"> <li>• Paradoxical motion</li> <li>• Crepitation</li> <li>• Breath sounds               <ul style="list-style-type: none"> <li>○ Present</li> <li>○ Absent</li> <li>○ Equal</li> </ul> </li> </ul>
<input type="checkbox"/>	Assess abdomen - <b>DCAP-BTLS</b> <ul style="list-style-type: none"> <li>• Firm</li> <li>• Soft</li> <li>• Distended</li> </ul>

<input type="checkbox"/>	Assess pelvis - <b>DCAP-BTLS</b> <ul style="list-style-type: none"> <li>• If no pain noted, gently compress the pelvis to determine tenderness or motion</li> </ul>
<input type="checkbox"/>	Assess extremities (all four) - <b>DCAP-BTLS &amp; PMS</b> <ul style="list-style-type: none"> <li>• Distal <b>P</b>ulse</li> <li>• <b>M</b>otor function</li> <li>• <b>S</b>ensation</li> </ul>
<input type="checkbox"/>	Roll patient with spinal precautions and assess posterior body
<input type="checkbox"/>	Assess baseline vital signs (could be done in transit for priority patients) <ul style="list-style-type: none"> <li>• Breathing</li> <li>• Pulse</li> <li>• Skin</li> <li>• Pupils</li> <li>• Blood Pressure</li> </ul>
<input type="checkbox"/>	Assess <b>SAMPLE</b> history (could be done in transit for priority patients). <ul style="list-style-type: none"> <li>• <b>S</b>igns/Symptoms</li> <li>• <b>A</b>llergies</li> <li>• <b>M</b>edications</li> <li>• <b>P</b>ertinent Past Medical History</li> <li>• <b>L</b>ast Oral Intake</li> <li>• <b>E</b>vents Leading to Injury</li> </ul>
<input type="checkbox"/>	Transport to appropriate facility
<input type="checkbox"/>	Perform detailed physical exam
<input type="checkbox"/>	Perform ongoing assessment
If no significant <b>MOI</b> (i.e. cut finger) <b>OR</b> Multiple injuries <b>OR</b> Altered Mental Status, perform appropriate focused history and physical exam	
<input type="checkbox"/>	Use components of rapid assessment that are specific to the injury site
<input type="checkbox"/>	Assess baseline vital signs (could be done in transit for priority patients) <ul style="list-style-type: none"> <li>• Breathing</li> <li>• Pulse</li> <li>• Skin</li> <li>• Pupils</li> <li>• Blood Pressure</li> </ul>



<input type="checkbox"/>	Assess <b>SAMPLE</b> history (could be done in transit for priority patients). <ul style="list-style-type: none"> <li>• <b>S</b>igns/Symptoms</li> <li>• <b>A</b>llergies</li> <li>• <b>M</b>edications</li> <li>• <b>P</b>ertinent Past Medical History</li> <li>• <b>L</b>ast Oral Intake</li> <li>• <b>E</b>vents Leading to Injury</li> </ul>
<input type="checkbox"/>	Transport to appropriate facility
<input type="checkbox"/>	Perform ongoing assessment
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess Mental Status
<input type="checkbox"/>	Performs appropriate Trauma Assessment <ul style="list-style-type: none"> <li>• Rapid Trauma Assessment <b>OR</b></li> <li>• Focused History and Physical Exam of Chief Complaint</li> </ul>
<input type="checkbox"/>	Assesses baseline Vitals signs
<input type="checkbox"/>	Performs a SAMPLE history assessment
<input type="checkbox"/>	Selects appropriate treatment/transport interventions
<input type="checkbox"/>	Performs Ongoing Assessment

<b>Skill: : Patient Assessment – Focused History &amp; Physical Exam (Medical)</b>	
<b>Description:</b>	
<input type="checkbox"/>	Reassess mental status
<b>If patient is responsive</b>	
<input type="checkbox"/>	Assess complaints plus signs and symptoms ( <b>OPQRST</b> ) <ul style="list-style-type: none"> <li>• <b>O</b>nset</li> <li>• <b>P</b>rovocation</li> <li>• <b>Q</b>uality</li> <li>• <b>R</b>adiation</li> <li>• <b>S</b>everity</li> <li>• <b>T</b>ime</li> </ul>
<input type="checkbox"/>	Obtain <b>SAMPLE</b> history <ul style="list-style-type: none"> <li>• <b>S</b>igns/Symptoms</li> <li>• <b>A</b>llergies</li> <li>• <b>M</b>edications</li> <li>• <b>P</b>ertinent Past Medical History</li> <li>• <b>L</b>ast Oral Intake</li> <li>• <b>E</b>vents Leading to Injury</li> </ul>
<input type="checkbox"/>	Perform a focused medical assessment <ul style="list-style-type: none"> <li>• Assess head, if necessary</li> <li>• Assess neck, if necessary</li> <li>• Assess chest, if necessary</li> <li>• Assess abdomen, if necessary</li> <li>• Assess pelvis, if necessary</li> <li>• Assess extremities, if necessary</li> <li>• Assess posterior, if necessary</li> </ul>
<input type="checkbox"/>	Assess baseline vitals <ul style="list-style-type: none"> <li>• Breathing</li> <li>• Pulse</li> <li>• Skin</li> <li>• Pupils</li> <li>• Blood pressure</li> </ul>
<input type="checkbox"/>	Provide emergency medical care based on assessment findings <ul style="list-style-type: none"> <li>• Consult medical command, as needed</li> </ul>
<input type="checkbox"/>	Make a transport decision <ul style="list-style-type: none"> <li>• Consult medical command, as needed</li> </ul>

<b>If patient is unresponsive</b>	
<input type="checkbox"/>	Perform a Rapid Medical Assessment (same as Rapid Trauma Assessment)
<input type="checkbox"/>	Assess baseline vitals <ul style="list-style-type: none"> <li>• Breathing</li> <li>• Pulse</li> <li>• Skin</li> <li>• Pupils</li> <li>• Blood pressure</li> </ul>
<input type="checkbox"/>	Position patient to protect airway
<input type="checkbox"/>	Obtain <b>SAMPLE</b> history from bystanders, family, friends, if possible <ul style="list-style-type: none"> <li>• <b>S</b>igns/Symptoms</li> <li>• <b>A</b>llergies</li> <li>• <b>M</b>edications</li> <li>• <b>P</b>ertinent Past Medical History</li> <li>• <b>L</b>ast Oral Intake</li> <li>• <b>E</b>vents Leading to Injury</li> </ul>
<input type="checkbox"/>	Make a transport decision <ul style="list-style-type: none"> <li>• Consult medical command, as needed</li> </ul>
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess Mental Status
<input type="checkbox"/>	Performs appropriate Trauma Assessment
<input type="checkbox"/>	Responsive patient, <b>OPQRST</b> , <b>SAMPLE</b> History and Focused Medical Assessment
<input type="checkbox"/>	Unresponsive patient, Rapid Medical Assessment
<input type="checkbox"/>	Assess baseline vital signs
<input type="checkbox"/>	Selects appropriate treatment/transport intervention(s) based on the assessment

<b>Skill: : Patient Assessment – Detailed Physical Exam</b>	
<b>Description:</b> The detailed physical exam is essentially the same as the rapid trauma examination except more detailed and looking not just for immediate life threats but all injuries, including minor injuries. It is used to gather additional information on certain patients, primarily while en route to the medical facility. Not all patients will require a detailed physical exam. (If patient has only minor injuries, e.g. cut finger would not require a detailed physical exam)	
<input type="checkbox"/>	Assess mental status
<input type="checkbox"/>	Perform components of detailed physical exam based on patient's injuries and complaints
<input type="checkbox"/>	Reassess vital signs
Perform detailed physical exam ( <b>DCAP-BTLS</b> ) all the following areas plus:	
<input type="checkbox"/>	Assess the head <ul style="list-style-type: none"> <li>• Crepitation</li> </ul>
<input type="checkbox"/>	Assess the face
<input type="checkbox"/>	Assess the ears <ul style="list-style-type: none"> <li>• Drainage</li> </ul>
<input type="checkbox"/>	Assess the eyes <ul style="list-style-type: none"> <li>• Discoloration</li> <li>• Unequal pupils</li> <li>• Foreign bodies</li> <li>• Blood in anterior chamber</li> </ul>
<input type="checkbox"/>	Assess the nose <ul style="list-style-type: none"> <li>• Drainage</li> <li>• Bleeding</li> </ul>
<input type="checkbox"/>	Assess the mouth <ul style="list-style-type: none"> <li>• Teeth</li> <li>• Obstruction</li> <li>• Swollen or lacerated tongue</li> <li>• Odors</li> <li>• Discoloration</li> </ul>
<input type="checkbox"/>	Assess the neck <ul style="list-style-type: none"> <li>• JVD or tracheal deviation</li> <li>• Crepitation</li> </ul>
<input type="checkbox"/>	Assess the chest <ul style="list-style-type: none"> <li>• Crepitation</li> </ul>

	<ul style="list-style-type: none"> <li>• Paradoxical motion</li> <li>• Breath sounds</li> </ul>
<input type="checkbox"/>	Assess the abdomen <ul style="list-style-type: none"> <li>• Firm</li> <li>• Soft</li> <li>• Distended</li> </ul>
<input type="checkbox"/>	Assess the pelvis <ul style="list-style-type: none"> <li>• If no pain noted, gently compress the pelvis to determine tenderness or motion</li> </ul>
<input type="checkbox"/>	Assess the extremities (PMS) <ul style="list-style-type: none"> <li>• Distal <b>P</b>ulses</li> <li>• <b>M</b>otor function</li> <li>• <b>S</b>ensation</li> </ul>
<input type="checkbox"/>	Assess the posterior
<input type="checkbox"/>	Reassess vital signs
<input type="checkbox"/>	Perform ongoing assessment
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Reassess mental status
<input type="checkbox"/>	Perform appropriate components of detailed physical exam
<input type="checkbox"/>	Initiate appropriate treatment based upon findings of the detailed physical exam
<input type="checkbox"/>	Reassess vital signs
<input type="checkbox"/>	Perform ongoing assessment

<b>Skill: : Patient Assessment – On-Going Assessment</b>	
<b>Description:</b> The on-going assessment is done on all patients, unlike the detailed physical exam. It is completed periodically during transport of the patient to a medical facility	
<input type="checkbox"/>	Repeat the initial assessment <ul style="list-style-type: none"> <li>• <u>Stable patient</u>—repeat and record every 15 minutes</li> <li>• <u>Unstable/Priority patient</u>-repeat and record every 5 minutes</li> </ul>
<input type="checkbox"/>	Reassess mental status
<input type="checkbox"/>	Reassess airway – is it open? Is it adequate? <ul style="list-style-type: none"> <li>• Monitor breathing               <ul style="list-style-type: none"> <li>○ Rate</li> <li>○ Quality</li> </ul> </li> </ul>
<input type="checkbox"/>	Reassess pulse – is it present? Is there any bleeding? <ul style="list-style-type: none"> <li>• Monitor pulse               <ul style="list-style-type: none"> <li>○ Rate</li> <li>○ Quality</li> </ul> </li> <li>• Check for bleeding (if appropriate)</li> </ul>
<input type="checkbox"/>	Monitor skin CTC <ul style="list-style-type: none"> <li>• Skin <b>C</b>olor</li> <li>• Skin <b>T</b>emperature</li> <li>• Skin <b>C</b>ondition</li> </ul>
<input type="checkbox"/>	Reestablish patient priorities
<input type="checkbox"/>	Reassess vital signs.
<input type="checkbox"/>	Repeat focused assessment regarding patient’s complaint or injuries
Checks interventions:	
<input type="checkbox"/>	Assure adequacy of oxygen delivery / artificial ventilation
<input type="checkbox"/>	Assure management of bleeding
<input type="checkbox"/>	Assure adequacy of other interventions

<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Recognizes patient is stable or unstable
<input type="checkbox"/>	Repeat initial assessment
<input type="checkbox"/>	Reassess vital signs (every 5 minutes for unstable patients, every 15 minutes for stable patients)
<input type="checkbox"/>	Check interventions

## **MEDICATION ADMINISTRATION**

### **Skill: Medication Administration – Patient Assisted Inhalers**

#### **Description:**

<input type="checkbox"/>	Perform a focused history and physical exam on the patient
<input type="checkbox"/>	Assess vital signs, unless patient is in severe distress
<input type="checkbox"/>	Assure the following: <ul style="list-style-type: none"> <li>• Right Patient</li> <li>• Right Medication</li> <li>• Right time</li> <li>• Right Dose (1 or 2 puffs)</li> <li>• Right Route</li> </ul>
<input type="checkbox"/>	Check Expiration Date
<input type="checkbox"/>	Assure “short acting, rapid onset” bronchodilator per protocol 421 (Contact Medical Command as needed)
<input type="checkbox"/>	Previous doses prior to EMS arrival do not exclude EMS assisting patient, per protocol
<input type="checkbox"/>	Make sure inhaler is at room temperature or warmer
<input type="checkbox"/>	Shake inhaler vigorously several times
<input type="checkbox"/>	Remove oxygen adjunct from patient
<input type="checkbox"/>	Have the patient exhale deeply
<input type="checkbox"/>	Have the patient put their lips around the opening of the inhaler  <b>NOTE:</b> If patient has a spacer device with the inhaler, it should be used. A spacer device attaches between inhaler and patient that allows more effective use of medication
<input type="checkbox"/>	Have the patient depress the handheld inhaler as he begins to inhale deeply
<input type="checkbox"/>	Instruct the patient to hold their breath for as long as they comfortably can
<input type="checkbox"/>	Replace oxygen on the patient
<input type="checkbox"/>	Record time of administration



<input type="checkbox"/>	Reassess the patient: <ul style="list-style-type: none"><li>• Did patient get any relief from the inhaler?</li><li>• Vitals within 2-5 minutes after administration</li></ul>
<input type="checkbox"/>	Contact Medical Command after first assisted administration
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Checks the 5 Rights and the expiration date prior to administration of medication
<input type="checkbox"/>	Administers medication
<input type="checkbox"/>	Record time of administration
<input type="checkbox"/>	Reassesses, including vitals, 2-5 minutes after medication administration
<input type="checkbox"/>	Contacts Medical Command after administration of medication

<b>Skill: Medication Administration – Patient Assisted Nitroglycerin</b>	
<b>Description:</b>	
<input type="checkbox"/>	Perform a focused history and physical exam on the patient
<input type="checkbox"/>	Assess Vitals, unless patient is in severe distress
<input type="checkbox"/>	Assure the following or contact Medical Command before administering Nitroglycerin <ul style="list-style-type: none"> <li>• B/P is above 100 mm/Hg systolic</li> <li>• Patient has not taken Viagra or similar medication for erectile dysfunction within the last 24-48 hours</li> </ul>
<input type="checkbox"/>	Assure the following: <ul style="list-style-type: none"> <li>• Right Patient</li> <li>• Right Medication</li> <li>• Right Dose</li> <li>• Right Time</li> <li>• Right Route</li> </ul>
<input type="checkbox"/>	Check expiration date
<input type="checkbox"/>	Question patient on last dose administered and effects
<input type="checkbox"/>	Confirm patient has not taken any erectile dysfunction class medications (i.e. Viagra, Cialis, Levitra) in previous 24-48 hours
<input type="checkbox"/>	Ask patient to lift tongue and place tablet or spray under the tongue (utilize BSI when administering Nitroglycerin) or have patient place tablet or spray under tongue
<input type="checkbox"/>	Direct patient to keep their mouth closed with tablet under tongue (without swallowing) until dissolved and absorbed
<input type="checkbox"/>	Record time of administration
<input type="checkbox"/>	Reassess the patient to include: <ul style="list-style-type: none"> <li>• Did the patient get any relief from the Nitro?</li> <li>• Vitals within 2-5 minutes after administration</li> </ul>
<input type="checkbox"/>	Contact Medical Command after first assisted administration

<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assures B/P >100 systolic prior to administering Nitroglycerin
<input type="checkbox"/>	Assures patient has not used any of erectile dysfunction medications in previous 24-48 hours
<input type="checkbox"/>	Checks the 4 Rights and the expiration date prior to administration of medication
<input type="checkbox"/>	Administers medication appropriately per protocol
<input type="checkbox"/>	Records time of administration
<input type="checkbox"/>	Reassesses, including vitals, 2-5 minutes after medication administration
<input type="checkbox"/>	Contacts Medical Command after administration of medication

<b>Skill: Medication Administration – Patient Assisted Epinephrine Auto-Injector</b>	
<b>Description:</b>	
<input type="checkbox"/>	Perform a focused history and physical exam on the patient (identifies severe allergic reaction/anaphylaxis)
<input type="checkbox"/>	Assess Vitals, unless patient is in severe distress
<input type="checkbox"/>	Assure the following: <ul style="list-style-type: none"> <li>• Right Medication</li> <li>• Right Patient</li> <li>• Right Dose (adult 0.3 mg; child 0.15 mg)</li> <li>• Right Route</li> </ul>
<input type="checkbox"/>	Check Expiration Date
<input type="checkbox"/>	Check medication for cloudiness or discoloration
<input type="checkbox"/>	Remove safety cap from the injector
<input type="checkbox"/>	Selects the appropriate injection site (lateral portion of the thigh, midway between the waist and knee)
<input type="checkbox"/>	Pushes the injector firmly against the site until the injector activates. Hold the injector in place for 10 seconds
<input type="checkbox"/>	Properly discards auto-injector
<input type="checkbox"/>	Record time of administration
<input type="checkbox"/>	Reassess the patient to include: <ul style="list-style-type: none"> <li>• Did patient get any relief from the auto-injector?</li> <li>• Vitals taken within 2-5 minutes after administration (may be taken during transport)</li> </ul>
<input type="checkbox"/>	Contact Medical Command after first assisted administration
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Checks the 4 Rights and the expiration date prior to administration of medication
<input type="checkbox"/>	Administers medication appropriately per protocol
<input type="checkbox"/>	Records time of administration

<input type="checkbox"/>	Reassesses, including vital signs, 2-5 minutes after medication administration
<input type="checkbox"/>	Properly disposes Auto-injector in sharps container
<input type="checkbox"/>	Contacts Medical Command after administration of medication

<b>Skill: Medication Administration – Oral Glucose</b>	
<b>Description:</b>	
<input type="checkbox"/>	Perform Initial Assessment
<input type="checkbox"/>	Determine Altered Mental Status
<input type="checkbox"/>	Manage airway and assist ventilations, as necessary
<input type="checkbox"/>	Administer high flow oxygen
<input type="checkbox"/>	Obtain <b>SAMPLE</b> History
<input type="checkbox"/>	Assess Vitals
<input type="checkbox"/>	Perform a focused history and physical exam
<input type="checkbox"/>	Assure signs and symptoms of altered mental status with a known history of diabetes
<input type="checkbox"/>	Assure patient is conscious and can swallow and protect their airway
<input type="checkbox"/>	Check expiration date
<input type="checkbox"/>	Administer glucose <ul style="list-style-type: none"> <li>• Place between cheek and gum (may use a tongue depressor if available)</li> </ul> <p><b>NOTE:</b> If patient can't swallow but still has gag reflex, oral glucose may be placed between cheek and gum in small amounts</p>
<input type="checkbox"/>	If patient loses consciousness or starts to seize, remove tongue depressor
<input type="checkbox"/>	Record time of administration
<input type="checkbox"/>	Reassess the patient to include: <ul style="list-style-type: none"> <li>• Level of consciousness</li> <li>• Vitals</li> </ul>
<input type="checkbox"/>	Perform ongoing assessment
<input type="checkbox"/>	Contact Medical Command after first assisted administration

<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Administers medication appropriately per protocol
<input type="checkbox"/>	Checks expiration date prior to administration of medication
<input type="checkbox"/>	Records time of administration
<input type="checkbox"/>	Reassesses, including vitals, after medication administration
<input type="checkbox"/>	Contacts Medical Command after administration of medication

<b>Skill: Medication Administration – Activated Charcoal</b>	
<b>Description:</b>	
<input type="checkbox"/>	Perform a focused history and physical exam
<input type="checkbox"/>	Obtain a <b>SAMPLE</b> History
<input type="checkbox"/>	Assess Vitals
<input type="checkbox"/>	Contact Medical Command or Poison Control Center before administering anything by mouth
<input type="checkbox"/>	<b>NOTE:</b> May only administer activated charcoal if ordered by Medical Command or Poison Control Center. EMS personnel must follow instructions from Poison Control Center unless the orders are superceded by orders from a medical command physician. (Document all orders received from Medical Command and/or Poison Control Center)
<input type="checkbox"/>	Shake the container vigorously
<input type="checkbox"/>	Coach the patient to drink the medication (medication may need to be put in a covered container and a straw used to help patient drink the medication)
<input type="checkbox"/>	If the patient does not drink it immediately, shake or stir it again before administering
<input type="checkbox"/>	Record time of administration
<input type="checkbox"/>	Reassess patient to include vitals
<input type="checkbox"/>	Contact Medical Command after first assisted administration
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Prior to administering medication, receives orders from Medical Command or Poison Control Center
<input type="checkbox"/>	Administers medication appropriately per protocol
<input type="checkbox"/>	Checks the expiration date prior to administering medication
<input type="checkbox"/>	Records time of administration
<input type="checkbox"/>	Reassesses, including vitals, after medication administration
<input type="checkbox"/>	Contacts Medical Command or Poison Control Center after administration of medication



## **CHILDBIRTH AND CHILDBIRTH COMPLICATIONS**

<b>Skill: Childbirth And Childbirth Complications – Childbirth</b>	
<b>Description:</b>	
<b>Determine the imminence of delivery by patient interview.</b>	
<input type="checkbox"/>	Determine the number of past pregnancies.
<input type="checkbox"/>	Determine complications of past pregnancies.
<input type="checkbox"/>	Determine known complications with the current pregnancy.
<input type="checkbox"/>	Determine the anticipated due date.
<input type="checkbox"/>	Determine how far apart contractions are occurring.
<input type="checkbox"/>	Determine if there has been any bleeding or discharge.
<input type="checkbox"/>	Determine if the patient feels the urge to move her bowels or push.
<input type="checkbox"/>	Explain the need to examine for crowning.
<input type="checkbox"/>	Takes appropriate body substance isolation precautions.
<input type="checkbox"/>	Conduct the examination for crowning in a professional and modest manner.
<input type="checkbox"/>	<b>NOTE:</b> If delivery is imminent with crowning, prepare for delivery. If delivery does not occur within 10 minutes, contact medical command for permission to transport.
<b>Prepare the patient for delivery</b>	
<input type="checkbox"/>	Position your partner or the patient's labor coach at the patient's head.
<input type="checkbox"/>	Assemble equipment while maintaining a sterile field.
<input type="checkbox"/>	Drape the patient to maintain a sterile field (one drape over each leg and abdomen)
<b>Delivery of the baby</b>	
<input type="checkbox"/>	Place a gloved hand on the baby's head or buttocks as it presents, and exert gentle pressure to prevent an explosive birth. Avoid the infant's "soft spot" or fontanel

<input type="checkbox"/>	Support the baby's head as it delivers
<input type="checkbox"/>	If the amniotic sac has not broken, use a clamp or other dull instrument to puncture it and clear it from the baby's head and mouth as it appears
<input type="checkbox"/>	Check to see if the cord is around the baby's neck. If it is, gently loosen it and slip it over the head or shoulder if unable to slip it overhead. If this is unsuccessful, the cord will need to be clamped in two places and cut between the clamps to free the baby's neck.
<input type="checkbox"/>	Clear the baby's mouth and nose of body fluids using a bulb syringe. <b>NOTE:</b> Compress the syringe <u>prior to inserting</u> it in the baby's mouth or nose. Avoid contacting the back of the mouth with the syringe
<input type="checkbox"/>	Support the shoulders and head during delivery
<input type="checkbox"/>	Document the time of delivery of the baby and placenta
<b>Post-partum management</b>	
<input type="checkbox"/>	Wrap the baby in a blanket and place the baby on his/her side with head lowered to allow drainage of body fluid from the mouth and nose, and maintain the airway. Keep baby at the same level as mother's vagina to prevent blood from returning through the umbilical cord to the placenta
One practitioner should:	
<input type="checkbox"/>	Wipe mucous from baby's face with sterile gauze, suction mouth and nose with a bulb syringe
<input type="checkbox"/>	Dry the baby with a clean towel and bundle appropriately for weather—keep the head covered. Babies can become hypothermic very quickly
<input type="checkbox"/>	Provide tactile stimulation including suctioning and drying the baby. This should stimulate breathing. You may also need to rub the back or flick the soles of the feet
<input type="checkbox"/>	When the cord pulsation stops, clamp or tie the cord approximately four (4) finger widths from the baby. A second clamp or tie is secured two inches further away from the baby than the initial clamp. The cord is then cut between the two clamps or ties
<input type="checkbox"/>	Determine the baby's <b>APGAR</b> score 1 minute and 5 minutes following birth

AREA OF ACTIVITY	APGAR SCORE		
	2	1	0
<u>A</u> pppearance	Entire infant is pink	Body is pink, but hands and feet remain blue	Entire infant is blue or pale
<u>P</u> ulse	More than 100 beats/minute	Fewer than 100 beats/minute	Absent pulse
<u>G</u> rimace or Irritability	Infant cries and tries to move foot away from finger snapped against it's sole	Infant gives a weak cry in response to stimulus	Infant does not cry or react to stimulus
<u>A</u> ctivity or Muscle Tone	Infant resists attempts to straighten out hips and knees	Infant makes weak attempts to resist straightening	Infant is completely limp, with no muscle tone
<u>R</u> espiration	Rapid respirations	Slow respirations	Absent respirations

The other practitioner should:	
<input type="checkbox"/>	Assist with the delivery of the placenta
<input type="checkbox"/>	The mother will feel contractions as the placenta prepares to deliver — Encourage her to push. As the placenta delivers, wrap it in a towel and place it in a plastic bag. The placenta must be transported to the hospital with the mother. Never pull the umbilical cord to try to force the placenta to deliver
<input type="checkbox"/>	After the placenta has delivered, place a sterile/sanitary napkin over the vaginal opening and place the mother in the left lateral recumbent position
<input type="checkbox"/>	If hemorrhaging begins, uterine massage may help stop the bleeding. (Up to 500mL blood loss is normal)
<input type="checkbox"/>	Begin transport and notify the hospital as soon as possible
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Uses appropriate body substance isolation precautions
<input type="checkbox"/>	Recognizes when a “childbirth complication” situation happens and takes appropriate actions
<input type="checkbox"/>	Ensures adequately open airway for mother and infant
<input type="checkbox"/>	Transports patients in a timely manner, even if placenta has not yet delivered

<b>Skill: Childbirth And Childbirth Complications – Childbirth Complications</b>	
<b>Description:</b> Appropriate body substance isolation precautions should be taken in all of the situations described below.	
<b>Prolapsed Cord</b>	
<input type="checkbox"/>	Place the mother in a position that removes pressure from the cord (head down and/or pelvis elevated).
<input type="checkbox"/>	Administer high flow oxygen (15 /lpm via NRB) to mother
<input type="checkbox"/>	Encourage mother to pant and not push through contractions
<input type="checkbox"/>	With gloved hand, insert several fingers into the vagina to gently push the baby off the cord to maintain cord pulsations. Do not attempt to replace the cord in the vagina
<input type="checkbox"/>	Maintain this position enroute to the hospital
<input type="checkbox"/>	If any portion of the cord is visible outside the vagina, apply moist sterile dressings to the cord
<input type="checkbox"/>	Transport the patient to the hospital immediately
<b>Limb Presentation</b>	
<input type="checkbox"/>	Place the mother in head down position with pelvis elevated
<input type="checkbox"/>	Place the mother on high flow oxygen (15/lpm via NRB).
<input type="checkbox"/>	Transport the patient to the hospital immediately
<b>Multiple Births</b>	
<b>NOTE:</b> Delivery is assisted in the same way as other births with the following considerations: Multiple births have a higher rate of associated complications than single births	
<input type="checkbox"/>	Call for assistance and be prepared for more than one resuscitation. <b>NOTE:</b> Consider oxygen application
<input type="checkbox"/>	After delivery of the first infant, when the cord stops pulsating, clamp or tie and cut the umbilical cord
<input type="checkbox"/>	When contractions begin again, usually within 5-10 minutes of the first delivery, assist the delivery of the subsequent infant(s) as usual

<input type="checkbox"/>	When the cord stops pulsating, clamp or tie and cut the umbilical cord of the second infant
<input type="checkbox"/>	Provide maternal care as for a single birth. <b>NOTE: Keep in mind that premature or low birth weight babies are common in multiple births</b>
<b>Meconium</b>	
<input type="checkbox"/>	Do not stimulate the baby to breathe before suctioning the oropharynx
<input type="checkbox"/>	Suction as soon as possible
<input type="checkbox"/>	Maintain on open airway
<input type="checkbox"/>	Transport as soon as possible
<b>Premature Birth</b>	
<b>NOTE:</b> Premature births (less than 38 weeks gestation or 5.5 lbs.) have a higher rate of complications than full-term births	
<input type="checkbox"/>	Keep the infant warm. Make sure to dry and wrap the baby in a blanket. <b>NOTE: Consider oxygen application</b>
<input type="checkbox"/>	Suction as needed
<input type="checkbox"/>	Monitor the umbilical cord to assure that there is no bleeding. If there is bleeding, place an additional clamp on the cord closer to the infant
<b>Childbirth Complications - Breech Birth</b>	
<input type="checkbox"/>	Place the mother in a position that removes pressure from the cord (head down and/or pelvis elevated).
<input type="checkbox"/>	Administer high flow oxygen (15 L/min) to mother
<input type="checkbox"/>	Begin transport, notify the hospital immediately, and watch for a prolapsed cord
If delivery begins, and the head fails to deliver	
<input type="checkbox"/>	Place a gloved hand into the patient's vagina with your palm facing the baby's face. Make a "V" with your index and middle fingers on either side of the baby's nose. Push the vaginal wall away from the baby's face until the head delivers. Do not hyperextend the baby's head while pushing the vaginal wall away from the face. If the head does not deliver, transport immediately. Do not attempt to force delivery by pulling on the trunk or legs of the infant

<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Uses appropriate body substance isolation (BSI) precautions
<input type="checkbox"/>	Recognizes a childbirth complication
<input type="checkbox"/>	Appropriately manages a childbirth complication
<input type="checkbox"/>	Recognizes a “load and go” situation and takes appropriate actions
<input type="checkbox"/>	Ensures adequately open airway for mother and infant
<input type="checkbox"/>	Transports patients in a timely manner, even if placenta has not yet delivered

**SPLINTING**

<b>Skill: Splinting – General Principles</b>	
<b>Description:</b> Treatment for <b>Painful Swollen Deformities (PSD's)</b>	
<input type="checkbox"/>	Practitioner will conduct an initial assessment
<input type="checkbox"/>	Practitioner will start a focused trauma assessment, which may be interrupted for any life or limb threatening injuries found
<input type="checkbox"/>	Practitioner will expose the injury and check for pulse, motor function and sensory ( <b>PMS</b> ) impairment distal to the injury
<input type="checkbox"/>	Practitioner will align the injury with gentle traction, if severe deformity is noted <b>OR</b> the distal extremity is cyanotic <b>OR</b> lacks pulses  <b>NOTE:</b> If the injury is a “joint injury”, the extremity should not be straightened unless cyanotic and/or pulseless and no resistance is met.
<input type="checkbox"/>	Practitioner will determine appropriate splinting material and prepare it for use (pad as needed)
<input type="checkbox"/>	Practitioner will immobilize the appropriate area <ul style="list-style-type: none"> <li>• Long bones—Joint above and below</li> <li>• Joint injury—Long bone above and below</li> <li>• Hand and foot—Position of function</li> </ul>
<input type="checkbox"/>	Practitioner will secure the splint to the injury area using materials applied firmly but not so tightly that circulation is impaired
<input type="checkbox"/>	Practitioner will re-assess pulse, motor function and sensation ( <b>PMS</b> ) after splint is applied
<input type="checkbox"/>	Practitioner will treat the patient for hypoperfusion (including administration of high flow oxygen 15/lpm via NRB)
<input type="checkbox"/>	Practitioner will apply cold pack(s) to the area to reduce swelling
<input type="checkbox"/>	Practitioner will complete focused assessment, treat as appropriate and package the patient for transport
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Manual stabilization for isolated multi-system injury
<input type="checkbox"/>	Assesses <b>PMS</b>
<input type="checkbox"/>	Selects and sizes appropriate splinting device

<input type="checkbox"/>	Splints the bones above and below the joint injury or the joints above and below a bone injury
<input type="checkbox"/>	Correctly applies splinting device
<input type="checkbox"/>	Re-assesses <b>PMS</b>



<b>Skill: Splinting – Rigid (Board) Splints</b>	
<b>Description:</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Select splint material of appropriate size to immobilize joint <b>OR</b> long bone above and below the injury
<input type="checkbox"/>	Pad splint, if necessary
<input type="checkbox"/>	First practitioner should gently support the limb and apply slight, steady traction
<input type="checkbox"/>	Second practitioner places splint under, along side or on top of the limb, as appropriate for the injury
<input type="checkbox"/>	Fill all void areas
<input type="checkbox"/>	Secure splint to limb with appropriate bandaging materials
<input type="checkbox"/>	Elevate extremity
<input type="checkbox"/>	Apply cold pack
<input type="checkbox"/>	Treat for shock, if necessary
<input type="checkbox"/>	Reassess pulse, motor function and sensation ( <b>PMS</b> )
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation ( <b>PMS</b> ) prior to and after application of splint
<input type="checkbox"/>	Rigid splint appropriately applied

<b>Skill: Splinting – Air Splints</b>	
<b>Description:</b>	
<input type="checkbox"/>	Assess injury to include pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Select proper size inflatable splint
<input type="checkbox"/>	First practitioner should gently support the limb and apply slight, steady traction
<input type="checkbox"/>	Second practitioner slips the air splint on the extremity and takes over applying light traction
<input type="checkbox"/>	First practitioner properly positions the splint and inflates the splint on the patient's extremity while traction is being maintained
<input type="checkbox"/>	Splint should be inflated to a point where a slight dent can be made with the thumb and it will rise slowly
<input type="checkbox"/>	Elevate the injured extremity
<input type="checkbox"/>	Treat for shock, if necessary
<input type="checkbox"/>	Reassess pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Monitor air pressure in splint
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation ( <b>PMS</b> ) prior to or after application of splint
<input type="checkbox"/>	Air splint appropriately applied

<b>Skill: Splinting – Sling And Swathe</b>	
<b>Description:</b>	
<b>Sling</b>	
<input type="checkbox"/>	Assess injured extremity to include pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Prepare a triangular bandage
<input type="checkbox"/>	Place the bandage with one end on the uninjured side with the other end hanging down in front of the chest, parallel to the side of the body
<input type="checkbox"/>	Carry the point behind the elbow of the injured side
<input type="checkbox"/>	Carry the second end of the bandage up over the shoulder of the injured arm
<input type="checkbox"/>	Tie ends at the side of the neck (not spine) if necessary
<input type="checkbox"/>	Bring the point of the bandage forward, and pin it to the front of the sling. If no pin is available, twist the point until snug at elbow and tie in a knot
<input type="checkbox"/>	The ends of the fingers should extend beyond the base of the triangular bandage; the hand should be higher than the elbow on the injured side
<input type="checkbox"/>	Reassess pulse, motor and sensation ( <b>PMS</b> )
<b>Swathe</b>	
<input type="checkbox"/>	Following application of a sling, fold a triangular bandage (More than one may be needed)
<input type="checkbox"/>	Wrap the triangular bandage around the chest and secure by tying on uninjured side of chest
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation ( <b>PMS</b> ) prior to and after application of sling and swathe
<input type="checkbox"/>	Sling and swathe appropriately applied

<b>Skill: Splinting – Immobilization Of A Hip Joint With Board Splints</b>	
<b>Description:</b>	
<input type="checkbox"/>	Assess the injured extremity to include pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Fold seven triangular bandages into cravat bandages
<input type="checkbox"/>	Position cravats by placing them under the injured extremity and over the uninjured extremity and underneath the board, as follows <ul style="list-style-type: none"> <li>• Ankle</li> <li>• Below knee</li> <li>• Above knee</li> <li>• Groin area</li> <li>• Hips</li> <li>• Abdomen</li> <li>• Chest</li> </ul>
<input type="checkbox"/>	Splint with two board splints by placing one padded board on the inner side of the injured leg (extending from the crotch to below the foot/heel) and one on the outer side of the injured leg (extending from the victim's armpit to below his foot/heel) cushion armpit and crotch with padding
<input type="checkbox"/>	Pad all voids, particularly at the ankle and knee
<input type="checkbox"/>	Tie splint in place using positioned cravats
<input type="checkbox"/>	Reassess pulse, motor function and sensation ( <b>PMS</b> )
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation prior to and after application of splints
<input type="checkbox"/>	Rigid splints appropriately applied

<b>Skill: Splinting – Immobilization Using A Soft Pillow/Blanket</b>	
<b>Description:</b>	
<input type="checkbox"/>	Gently remove patient’s shoe and sock
<input type="checkbox"/>	Assess injured extremity to include pulse, motor function and sensation ( <b>PMS</b> )
<input type="checkbox"/>	Place a pillow/blanket under the injured foot or hand/wrist and wrap the pillow around the ankle allowing access to toes and fingers to assess pulse
<input type="checkbox"/>	Secure pillow with cravats
<input type="checkbox"/>	Elevate the injured leg and treat for shock if appropriate
<input type="checkbox"/>	Reassess pulse, motor function and sensation ( <b>PMS</b> )
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation prior to and after application of pillow/blanket
<input type="checkbox"/>	Soft pillow provides effective immobilization

<b>Skill: Splinting – Traction Splint</b>	
<b>Description:</b>	
<input type="checkbox"/>	Expose fracture site and assess the injured extremity to include pulse, motor function and sensation ( <b>PMS</b> ) (Remove shoe and sock)
<input type="checkbox"/>	If fracture is open, using appropriate body substance isolation precautions, control bleeding and dress wound prior to applying the traction splint
<input type="checkbox"/>	First practitioner exerts manual traction. Support may be provided with one hand under the suspected fracture. Once manual traction is applied it must be maintained until traction is provided by the splint
<input type="checkbox"/>	Second rescuer applies traction splint per manufacturer's recommendations
<input type="checkbox"/>	Reassess pulse, motor function and sensation ( <b>PMS</b> )
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assess pulse, motor function and sensation ( <b>PMS</b> ) prior to and after application of splint
<input type="checkbox"/>	Properly applies splint per manufacturer's recommendations
<input type="checkbox"/>	Manual traction was maintained until traction was provided by the splint

## **THE CENTRAL NERVOUS SYSTEM**

### **Skill: The Central Nervous System – Cervical Collar**

#### **Description:**

<input type="checkbox"/>	Practitioner(s) determine the need for cervical spine immobilization during scene size-up (Consider Mechanism of Injury).
<input type="checkbox"/>	Practitioner 1 will stabilize the patient's cervical spine by grasping the patient's head, placing one hand on each side to prevent movement, bringing it into a neutral in-line position (if needed), and providing manual immobilization. Immobilization is maintained until the patient's head is securely fastened to a long backboard  <b>NOTE:</b> Practitioner 2 should talk to the patient, keeping the patient's attention, while practitioner 1 gets into position to take stabilization. Practitioner should advise patient not to move their head  Practitioner 2 conducts a focused cervical spine assessment to determine the need for continued cervical immobilization.
<input type="checkbox"/>	Practitioner 2 properly sizes and applies cervical collar, if needed. (Follow manufacturer's recommendations.)  <b>NOTE:</b> Practitioner 2 should survey for <b>DCAP-BTLS</b> (Deformities, Contusions, Abrasions, Punctures-Burns, Tenderness, Lacerations, and Swelling) of the neck prior to application of the collar
<input type="checkbox"/>	Once the patient's head has been manually stabilized, manual stabilization should be continued until one of the following occurs: <ul style="list-style-type: none"> <li>• The patient's head is secured to a long board with a cervical immobilization device (<b>CID</b>) or other appropriate device used with long spine boards <b><u>OR</u></b></li> <li>• There is no need for spinal immobilization</li> </ul>
<input type="checkbox"/>	Continues patient assessments and treatment
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Maintains manual immobilization until head is secure to long board
<input type="checkbox"/>	Measures to determine correct c-collar size
<input type="checkbox"/>	Applies c-collar appropriately ensuring integrity of the spine

<b>Skill: The Central Nervous System – Cervical Immobilization Device (CID)</b>	
<b>Description:</b>	
<input type="checkbox"/>	<p>Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, patient is placed onto a long spine board (see specific skill).</p> <p><b>NOTE:</b> Some commercial CIDs come with bases that require attachment to the long board prior to movement of the patient onto the board.</p>
<input type="checkbox"/>	<p>While practitioner 1 continues to stabilize the patient's head, practitioner 2 will place appropriate object(s) along both sides of the patient's head to secure it from moving. Appropriate items include:</p> <ul style="list-style-type: none"> <li>• Head Blocks (commercial)</li> <li>• Foam Blocks</li> <li>• Rolled Towels</li> <li>• Clothing</li> <li>• Rolled Blanket(s)</li> <li>• Paper towel rolls</li> </ul> <p><b>NOTE:</b> Sandbags are not appropriate head immobilization devices.</p>
<input type="checkbox"/>	Practitioner 2 will hold the objects in place while the first practitioner slips the hands out from between the objects and patient's head.
<input type="checkbox"/>	<p>Practitioner 1 secures the objects in place using one of the following (or similar) materials:</p> <ul style="list-style-type: none"> <li>• Commercial head straps</li> <li>• Roller bandage</li> <li>• Tape</li> <li>• Cravats</li> </ul>
<input type="checkbox"/>	Head is secured across the forehead to the long board
<input type="checkbox"/>	Head is secured across the cervical collar to the long board
<input type="checkbox"/>	Once the head is secured, practitioner 2 can cease manual head stabilization
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Maintains manual immobilization until head is secured to long board
<input type="checkbox"/>	Immobilizes patients head to device, after torso



<b>Skill: The Central Nervous System – Short Backboard Application</b>	
<b>Description:</b> There are local variations regarding the application of this skill. The primary concerns are that spinal immobilization is applied with spinal alignment maintained, and that the immobilization device maintains alignment after application. Techniques may be altered as personnel permit	
<input type="checkbox"/>	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while Practitioner 1 continues to stabilize the patient's head, practitioner 2 prepares short board for application. (Inserts two straps making an "X" on the back of the board with buckles to the front)  <b>NOTE:</b> Short spine board application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
<input type="checkbox"/>	Practitioner 2 positions the board behind the patient with minimal patient movement
<input type="checkbox"/>	Practitioner 2 secures the patient firmly onto the board by buckling the two straps. Buckles are on the patient's chest; while straps go over the inside of the thighs at the groin, under and around the outside of the thigh, up across the chest to the buckle. Sufficient straps/buckles may cause pressure
<input type="checkbox"/>	Practitioner 2 fills voids between patient's neck and the board with towel, padding or similar object and secures patient's head to board using forehead straps, cravats or roller bandage. Head must remain in neutral alignment once immobilized
<input type="checkbox"/>	Practitioner(s) will check torso straps and tighten if appropriate (being careful not to jar or move the patient) while evaluating immobilization
<input type="checkbox"/>	Practitioners will gently lift the patient (one practitioner on each side of the patient with one hand under the patient's armpit and the other one under the patient's buttocks) one or two inches off the seat
<input type="checkbox"/>	A third practitioner (police officer, fire/rescue person, etc.) will position the long backboard under the patient with the distal end of the board extending outside the vehicle
<input type="checkbox"/>	While practitioner 3 secures the distal end of the backboard, the first and second practitioners (with additional help if available) will rotate the patient (making sure not to twist his body) and lay patient on the long backboard while supporting patient's legs and feet
<input type="checkbox"/>	Practitioner 2 will release the straps around the patient's thighs and slowly, carefully lower the patient's legs simultaneously onto the long board. Loosen chest straps as needed for patient's comfort

<input type="checkbox"/>	After patient is immobilized to the short backboard, practitioner 2 will properly immobilize the patient to the long board (See specific skill)
<input type="checkbox"/>	Practitioner 2 will reassess distal pulse, motor function, and sensation (PMS) and prepare the patient for transport
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Maintains manual immobilization until head is secure to long board
<input type="checkbox"/>	Assesses pulse, motor function, and sensation ( <b>PMS</b> ) on each extremity prior to application of device
<input type="checkbox"/>	Positions immobilization device appropriately
<input type="checkbox"/>	Immobilizes patient's torso to device
<input type="checkbox"/>	Immobilizes patient's head to device, after torso
<input type="checkbox"/>	Immobilizes patient to device
<input type="checkbox"/>	Reassesses pulse, motor function, sensation ( <b>PMS</b> ) on each extremity after immobilization on long board

<b>Skill: The Central Nervous System – Vest Type Short Backboard</b>	
<b>Description:</b> There are multiple devices that accomplish the same goal but are used in a slightly different manner. These devices should be applied as specified in the manufacturer's instruction	
<input type="checkbox"/>	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while practitioner 1 stabilizes the patient's head, practitioner 2 prepares the vest type device:  <b>NOTE:</b> Vest type device application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
<input type="checkbox"/>	Practitioner 2 will apply the vest type device, per manufacturer's recommendations, with minimal patient movement.  <b>NOTE:</b> Once head is secured to the long board, the practitioner maintaining stabilization can release the manual stabilization
<input type="checkbox"/>	Practitioners will re-evaluate immobilization
<input type="checkbox"/>	The crew will gently lift the patient (using the lifting handles or with one practitioner on each side of the patient with one hand under the patient's armpit and the other one under the patient's buttocks) one or two inches off the seat
<input type="checkbox"/>	A third practitioner (police officer, fire/rescue person, etc.) will position the long backboard under the patient with the distal end of the board extending outside the vehicle
<input type="checkbox"/>	While the third practitioner secures the distal end of the backboard, the first and second practitioners (with additional help if available) will rotate the patient (making sure not to twist his body) and lay patient on the long backboard while supporting patient's legs and feet
<input type="checkbox"/>	Practitioners will release the leg straps and slowly, carefully lower the patient's legs simultaneously onto the long board. Loosen chest straps as needed for patient's comfort
<input type="checkbox"/>	Practitioners will properly immobilize the patient to the long spine board (See specific skill).
<input type="checkbox"/>	Practitioners will reassess PMS in all extremities and prepare the patient for transport
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Maintains manual immobilization until head is secure to long board

<input type="checkbox"/>	Assesses pulse, motor function, and sensation ( <b>PMS</b> ) on each extremity prior to application of vest type short back board
<input type="checkbox"/>	Immobilizes patient's torso to device
<input type="checkbox"/>	Immobilizes patient's head to device, after torso
<input type="checkbox"/>	Reassesses pulse, motor function, sensation ( <b>PMS</b> ) on each extremity after immobilization on long board

<b>Skill: The Central Nervous System – Helmet Removal</b>	
<b>Description:</b> This skill sheet describes one of several appropriate methods for helmet removal. Whichever technique is used, the objective of cervical spine immobilization must be accomplished throughout the skill	
<input type="checkbox"/>	Practitioner(s) determine the need for cervical spine immobilization during scene size-up (Consider Mechanism of Injury).
<input type="checkbox"/>	Practitioner 1 manually stabilizes the patient's head by grasping the helmet (fingers should hold the victim's mandible to prevent slippage within the helmet).
<input type="checkbox"/>	Practitioner 2 conducts appropriate assessment and determines the need to remove the helmet.  <b>NOTE:</b> Helmets should only be removed when they are of improper fit and/or there is the possibility of respiratory/airway compromise that may need correction. Otherwise, the helmet should be left on and secured in place on the long spine board
<input type="checkbox"/>	Practitioner 2 cuts or loosens the chinstrap (at the D rings)
<input type="checkbox"/>	Practitioner 2 places one hand on the patient's mandible at the angle (thumb on one side, fingers on the other) and the other under the patient's head at the occipital region. This allows practitioner 2 to assume the manual stabilization
<input type="checkbox"/>	Practitioner 1 removes the helmet by expanding it laterally to clear the ears.  <b>NOTE:</b> If the helmet provides full facial coverage, the nose will impede removal. To clear the nose, the helmet must be tilted backward and raised over it
<input type="checkbox"/>	After the helmet is removed, practitioner 1 replaces his/her hands on either side of the patient's head with his/her palms over the ears and now assumes the manual stabilization
<input type="checkbox"/>	Practitioner 2 can then proceed with indicated treatment
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Removes helmet ensuring integrity of the spine
<input type="checkbox"/>	Maintains manual stabilization until head is secured to long board
<input type="checkbox"/>	Assesses pulse, motor function, and sensation ( <b>PMS</b> ) prior to helmet removal

<b>Skill: The Central Nervous System – Long Board Application</b>	
<b>Description:</b>	
<input type="checkbox"/>	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while practitioner 1 continues to stabilize the patient's head, practitioner 2, with assistance, places the patient onto a long spine board using a log roll, suitable lift or slide, or scoop stretcher.  <b>NOTE:</b> Long spine board application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
<input type="checkbox"/>	Practitioner 1 holds manual stabilization
<input type="checkbox"/>	Patient is moved onto the long board ensuring integrity of the spine
<input type="checkbox"/>	Practitioner 2 pads voids, between the patient and board: <ul style="list-style-type: none"> <li>• Adults: Under head &amp; torso as needed.</li> <li>• Infants &amp; Children: Under shoulders to toes to establish a neutral position.</li> </ul>
<input type="checkbox"/>	Practitioner 2 will immobilize patient's torso to the board by applying straps across the chest and pelvis, adjust as needed
<input type="checkbox"/>	Practitioner 2 will immobilize the patient's head to the board using a cervical immobilization device (CID) or other suitable material
<input type="checkbox"/>	Practitioner 2 will fasten the legs to the board, both proximal & distal to the knees
<input type="checkbox"/>	Practitioners will reassess pulse, motor function, and sensation (PMS) in all extremities and prepare the patient for transport
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position
<input type="checkbox"/>	Maintains manual immobilization until head is secured to long board
<input type="checkbox"/>	Directs movement of patient onto device ensuring integrity of the spine
<input type="checkbox"/>	Immobilizes patient's torso to device prior to immobilizing head to device
<input type="checkbox"/>	Reassesses pulse, motor function, sensation (PMS) on each extremity

<b>Skill: The Central Nervous System – Rapid Extrication</b>	
<p><b>Description:</b> This procedure is indicated in the following situations:</p> <ul style="list-style-type: none"> <li>• Unsafe scene.</li> <li>• Unstable patient condition warrants immediate movement and transport</li> <li>• Patient blocks the EMT-Basic's access to another, more seriously injured patient. Several variations of the technique are possible. The skill must be accomplished without compromise to the spine.</li> </ul>	
<input type="checkbox"/>	Practitioner 1 or 2 conducts scene size-up and determines possibility of spinal injury
<input type="checkbox"/>	Practitioner 1 immediately secures the head, bringing it into neutral in-line position and then maintaining manual (hand) stabilization.  <b>NOTE:</b> Manual stabilization is maintained until the patient's head is properly secured to the long spine board.
<input type="checkbox"/>	Practitioner 2 conducts initial patient assessment. Need for rapid extrication is determined.  <b>NOTE:</b> Practitioner 2 should survey for Deformity, Contusion, Abrasion, Puncture/Penetration – Burns, Tenderness, Lacerations, Swelling ( <b>DCAP-BTLS</b> ) to the neck prior to application of the collar.
<input type="checkbox"/>	Practitioner 2 applies appropriate cervical collar.
<input type="checkbox"/>	A third practitioner (if available) will position the long board under the patient with the distal end of the board extending outside the vehicle, near the door and then moves to the seat beside the patient.
<input type="checkbox"/>	Practitioner 2 supports the patient's thorax as practitioner 3 frees the patient's legs.
<input type="checkbox"/>	At the direction of practitioner 1, the second and third practitioners rotate the patient in several short, coordinated moves until the patient's back is in the open doorway and the patient's feet are parallel with the long board
<input type="checkbox"/>	Since the first practitioner usually cannot support the patient's head any longer, another available practitioner (#4) or bystander supports the patient's head as the first practitioner gets out of the vehicle and takes support of the head outside of the vehicle.  <b>NOTE:</b> This skill can be accomplished with three trained practitioners and a bystander, when necessary, if the third practitioner does the job of the fourth practitioner except in the next step where the bystander stabilizes the end of the long board.

<input type="checkbox"/>	Practitioner 3 supports the distal end of the board as practitioners 1 and 2 lower the patient onto it
<input type="checkbox"/>	Practitioners 2 and 3 slide the patient into the proper position on the board in short coordinated moves
<input type="checkbox"/>	Patient is then transferred to the appropriate device and placed in the ambulance. <b>NOTE:</b> Application of torso straps and/or CID may be done prior to or after movement to litter depending on situation encountered
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Maintains patient's head in neutral in-line position until head is secured to long board
<input type="checkbox"/>	Assesses pulse, motor function, and sensation prior to moving patient
<input type="checkbox"/>	Applies appropriately sized c-collar
<input type="checkbox"/>	Directs movement of patient onto device ensuring integrity of the spine
<input type="checkbox"/>	Immobilizes patient's torso to long board
<input type="checkbox"/>	Immobilizes patient's torso to long board prior to head
<input type="checkbox"/>	Reassesses pulse, motor function, sensation (PMS) on each extremity after immobilization on appropriate device.



**BLEEDING CONTROL****Skill: Bleeding Control – External****Description:**

<input type="checkbox"/>	Practitioner uses appropriate body substance isolation precautions
<input type="checkbox"/>	Apply direct pressure to the bleeding site (utilizing gloved hand, sterile dressing, etc.)
<input type="checkbox"/>	Elevate if involving an extremity
<input type="checkbox"/>	If bleeding continues, apply pressure at the appropriate pressure point
<input type="checkbox"/>	<p>If direct pressure, elevation and pressure point fail, administer high flow oxygen, assist ventilations as needed, and splint the extremity with one of the following</p> <ul style="list-style-type: none"> <li>• Splints</li> <li>• Pressure splints</li> <li>• Tourniquet (Last resort as per National Standard Curriculum) <ul style="list-style-type: none"> <li>○ Use a bandage that is 4 inches wide and 6-8 layers deep</li> <li>○ Wrap it around the extremity twice at a point proximal to the bleeding but as distal on the extremity as possible</li> <li>○ Tie one knot in the bandage and place a stick or rod on top of the knot and tie the ends of the bandage over the stick in a square knot</li> <li>○ Twist the stick until the bleeding stops</li> <li>○ Once the bleeding has stopped, secure the stick or rod in position</li> <li>○ Notify other emergency personnel and Medical Command that a tourniquet has been used</li> <li>○ Document on patients forehead time tourniquet was applied</li> <li>○ Document on patient care report the use of tourniquet and time</li> </ul> </li> </ul>
<input type="checkbox"/>	Transport immediately
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes body substance isolation precautions
<input type="checkbox"/>	Follows treatment sequence
<input type="checkbox"/>	If tourniquet is applied, notifies Medical Command of time of application
<input type="checkbox"/>	If tourniquet is applied, documents time on patient's forehead and PCR

<b>Skill: Bleeding Control – Shock</b>	
<b>Description:</b>	
<input type="checkbox"/>	Practitioner uses appropriate body substance isolation precautions
<input type="checkbox"/>	Secure and maintain an airway and give high flow oxygen
<input type="checkbox"/>	Lay patient supine
<input type="checkbox"/>	Elevate the lower extremities 8 to 12 inches (Trendelenburg position)
<input type="checkbox"/>	Treat other conditions as needed
<input type="checkbox"/>	Prevent loss of body heat by covering the patient with a blanket
<input type="checkbox"/>	Transport immediately
<input type="checkbox"/>	Accurately record initial pulse, blood pressure and other vitals signs and maintain a record of them at five-minute intervals
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes body substance isolation precautions
<input type="checkbox"/>	Recognizes signs and symptoms of shock
<input type="checkbox"/>	Applies high flow oxygen

**BURNS**

<b><u>Skill:</u> Burns – Thermal</b>	
<b><u>Description:</u></b>	
<input type="checkbox"/>	Uses appropriate body substance isolation precautions
<input type="checkbox"/>	Stop the burning process initially with water or saline <b>Caution:</b> Use care to avoid hypothermia
<input type="checkbox"/>	Remove smoldering clothing and jewelry, if possible
<input type="checkbox"/>	Continually monitor airway
<input type="checkbox"/>	Prevent further contamination
<input type="checkbox"/>	Cover the burn with a dry sterile dressing
<input type="checkbox"/>	Do not use any ointment, lotion or antiseptic
<input type="checkbox"/>	Do not break blisters
<input type="checkbox"/>	Transport to appropriate facility
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assures scene safety
<input type="checkbox"/>	Takes body substance isolation precautions
<input type="checkbox"/>	Properly treats the burn
<input type="checkbox"/>	Prevents additional injury to patient

<b>Skill: Burns - Chemical Burns</b>	
<b>Description:</b>	
<input type="checkbox"/>	Assures scene safety
<input type="checkbox"/>	Uses appropriate personal protective equipment and body substance isolation precautions
<input type="checkbox"/>	Attempt to obtain substance or information
<input type="checkbox"/>	Dry powders should be carefully brushed off prior to flushing
<input type="checkbox"/>	Flush with copious amounts of water prior to transport, contain runoff if possible
<input type="checkbox"/>	Do not contaminate uninjured area when flushing the injured area
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assures scene safety
<input type="checkbox"/>	Properly treats the burn
<input type="checkbox"/>	Prevents additional injury to patient

<b>Skill: Burns - Electrical Burns</b>	
<b>Description:</b>	
<input type="checkbox"/>	Assure scene safety; <b>DO NOT</b> remove the patient from the electrical source unless trained to do so and have the appropriate equipment available. If possible, safely disconnect power source (i.e.: shut off circuit breaker, unplug wire from receptacle)
<input type="checkbox"/>	If patient is still in contact with the electrical source, or you are not sure, do not touch the patient or attempt to remove electrical source until scene is made safe.
<input type="checkbox"/>	Administer high flow oxygen if not already done (15/lpm via NRB)
<input type="checkbox"/>	Monitor the patient closely for respiratory or cardiac arrest, consider AED
<input type="checkbox"/>	Treat the soft tissue injuries associated with the burn
<input type="checkbox"/>	Look for an exit and entrance wound
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assures scene safety
<input type="checkbox"/>	Properly treats the burn

**SOFT TISSUE INJURIES****Skill: Soft Tissue Injuries - Amputations****Description:**

<input type="checkbox"/>	Take appropriate body substance isolation precautions
<input type="checkbox"/>	Expose the wound
<input type="checkbox"/>	Control bleeding, if needed
<input type="checkbox"/>	Dress and immobilize, if needed
<input type="checkbox"/>	Wrap amputated part in gauze soaked in sterile saline and place part in a sealed plastic bag. (Part may be wrapped in clean moistened towel or like material if too large to wrap in gauze)
	<b>NOTE: DO NOT</b> put amputated part directly on ice

**Skill: Soft Tissue Injuries - Open Neck Wound****Description:**

<input type="checkbox"/>	Take appropriate body substance isolation precautions
<input type="checkbox"/>	Expose the wound
<input type="checkbox"/>	Control bleeding
<input type="checkbox"/>	Use occlusive dressing on severed blood vessel

**Skill: Soft Tissue Injuries - Sucking Chest Wound****Description:**

<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Exposes wound
<input type="checkbox"/>	Applies gloved hand to wound to prevent air from entering chest cavity
<input type="checkbox"/>	Properly applies and secures occlusive dressing, taping down three sides
<input type="checkbox"/>	Monitors for tension pneumothorax and releases occlusive dressing if signs and symptoms of a tension pneumothorax develop

<b>Skill: Soft Tissue Injuries - Evisceration</b>	
<b>Description:</b>	
<input type="checkbox"/>	Take appropriate body substance isolation precautions
<input type="checkbox"/>	Expose wound <b>NOTE: DO NOT</b> Manipulate Organs
<input type="checkbox"/>	Apply a moist sterile dressing over the organ(s)
<input type="checkbox"/>	Cover the moist sterile dressing with plastic or other occlusive dressing (i.e. foil)

<b>Skill: Soft Tissue Injuries - Impaled Objects</b>	
<b>Description:</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation precautions
<input type="checkbox"/>	Expose the wound
<input type="checkbox"/>	Manually stabilize the object
<input type="checkbox"/>	Stabilize the object with bulky dressings
<input type="checkbox"/>	Bandage in place
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Takes appropriate body substance isolation
<input type="checkbox"/>	Properly treat the conditions

## **ENVIRONMENTAL EMERGENCIES**

<b>Skill: Environmental Emergencies - Hypothermia</b>	
<b>Description:</b>	
<input type="checkbox"/>	Remove the patient from the environment
<input type="checkbox"/>	Remove wet clothing and cover with blanket
<input type="checkbox"/>	Handle patient extremely gently. <b>Avoid rough handling</b>
<input type="checkbox"/>	Do not let patient walk or exert himself
<input type="checkbox"/>	Administer high flow oxygen, if not already done
<input type="checkbox"/>	Assess vital signs for a longer time than usual, so that a very slow pulse or respiratory rate is not missed. Assess pulse for 45 seconds. If a pulse or respirations are detected, <b>DO NOT</b> perform CPR
<input type="checkbox"/>	Turn the heat up to high in the patient compartment of the ambulance
<input type="checkbox"/>	<p>If patient is alert and responding appropriately, rewarm patient slowly</p> <ul style="list-style-type: none"> <li>• Apply heat packs or hot water bottles to the groin, axillary and cervical regions</li> <li>• If patient is alert, administer warm non-caffeinated beverages (if available) by mouth slowly. <b>DO NOT</b> permit fluids by mouth if patient also has traumatic injuries or abdominal pain</li> </ul>
<input type="checkbox"/>	<b>DO NOT</b> allow patient to eat or drink stimulants
<input type="checkbox"/>	<b>DO NOT</b> massage extremities
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Handle patient gently
<input type="checkbox"/>	Re-warm patient slowly



<b>Skill: Environmental Emergencies - Local Cold Emergencies</b>	
<b>Description:</b>	
<input type="checkbox"/>	Remove the patient from the environment
<input type="checkbox"/>	Protect the cold injured extremity from further injury
<input type="checkbox"/>	Administer oxygen, if not already done
<input type="checkbox"/>	Remove wet or restrictive clothing
<input type="checkbox"/>	<p>If early or superficial injury</p> <ul style="list-style-type: none"> <li>• Remove jewelry, if needed</li> <li>• Splint extremity</li> <li>• Cover extremity</li> <li>• <b>DO NOT</b> rub or massage extremity</li> <li>• <b>DO NOT</b> re-expose to the cold</li> </ul>
<input type="checkbox"/>	<p>If late or deep cold injury</p> <ul style="list-style-type: none"> <li>• Remove jewelry, if needed</li> <li>• Cover with dry dressing or clothing</li> <li>• <b>DO NOT</b> Break blisters</li> <li>• <b>DO NOT</b> Rub or massage area</li> <li>• <b>DO NOT</b> Apply heat</li> <li>• <b>DO NOT</b> Rewarm</li> <li>• <b>DO NOT</b> Allow patient to walk on the affected extremity</li> </ul>
<input type="checkbox"/>	<p>If an extremely long or delayed transport is inevitable, then active rapid rewarming should be done, unless it is a late <b>OR</b> deep cold injury <b>OR</b> patient can not be protected from additional cold injury</p> <ul style="list-style-type: none"> <li>• Immerse the affected part in warm water</li> <li>• Monitor the water to ensure it does not cool from the frozen part</li> <li>• Continuously stir water</li> <li>• Continue until the part is soft and color and sensation have returned</li> <li>• Dress the area with dry sterile dressing. If it is a hand or foot, place dry sterile dressings between the fingers and toes</li> <li>• Protect against refreezing the warmed part</li> <li>• Expect the patient to complain of severe pain</li> </ul>
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Appropriate care is administered

<b>Skill: Environmental Emergencies - Heat Emergencies</b>	
<b>Description:</b>	
<b>Moist, Pale, Normal to Cool Temperature Skin</b>	
<input type="checkbox"/>	Remove patient from the hot environment and place in a cool environment
<input type="checkbox"/>	Administer high flow oxygen if not already done
<input type="checkbox"/>	Loosen or remove clothing
<input type="checkbox"/>	Cool patient by fanning
<input type="checkbox"/>	Put patient in supine position with legs elevated
<input type="checkbox"/>	If patient is responsive and not nauseated, have patient drink cool fluids, ideally commercial sport/re-hydration drinks
<input type="checkbox"/>	If patient is unresponsive or is vomiting, protect airway and transport the patient on their left side
<b>Hot, Dry or Moist Skin</b>	
<input type="checkbox"/>	Remove patient from the hot environment and place in a cool environment
<input type="checkbox"/>	Administer high flow oxygen if not already done
<input type="checkbox"/>	Remove clothing
<input type="checkbox"/>	Apply cool packs to neck, groin and armpits
<input type="checkbox"/>	Keep the skin wet by applying water with sponges or wet towels
<input type="checkbox"/>	Fan aggressively
	<b>NOTE:</b> If shivering begins, slow cooling process
<input type="checkbox"/>	Transport immediately
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Appropriate care is administered

<b>Skill: Environmental Emergencies - Water-Related Emergencies</b>	
<b>Description:</b>	
<input type="checkbox"/>	If spinal injury is suspected, establish in-line spinal immobilization and removal from water with backboard
<input type="checkbox"/>	If there is no suspected spine injury, remove patient from water and place in the left lateral recumbent (recovery position) allowing water and vomitus to drain and continuing to assure an adequate airway
<input type="checkbox"/>	Suction as needed
<input type="checkbox"/>	Administer high flow oxygen and ventilate if necessary
<input type="checkbox"/>	Provide external chest compressions for pulseless patient
<input type="checkbox"/>	If gastric distention interferes with artificial ventilation, the patient should be placed on their left side
<input type="checkbox"/>	With suction immediately available, the practitioner should place their hand over the epigastric area of the abdomen and apply firm pressure to relieve the distention
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Appropriate care is administered

## BEHAVIORAL EMERGENCIES

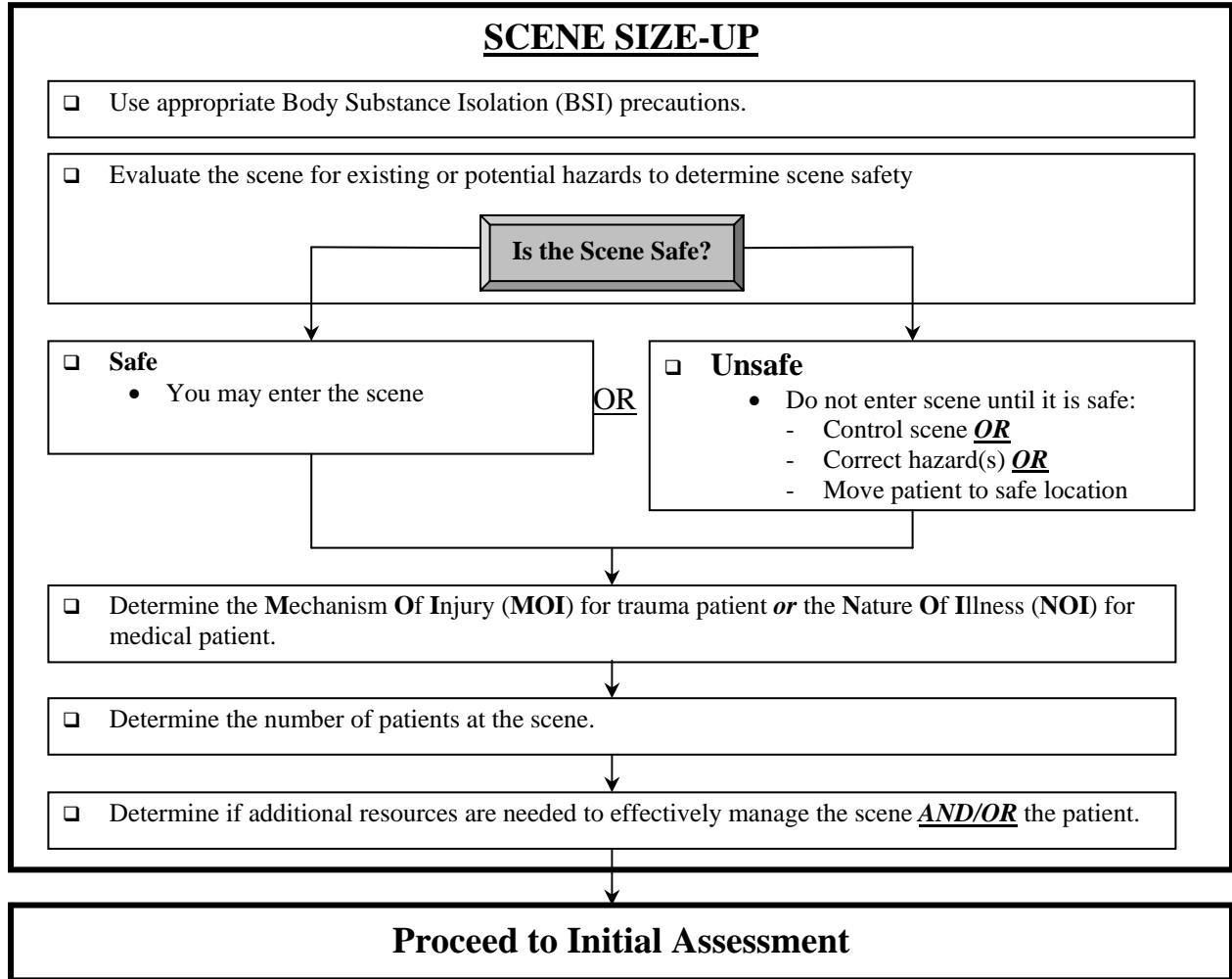
<b><u>Skill:</u> Behavioral Emergencies</b>	
<b><u>Description:</u></b>	
<input type="checkbox"/>	Scene Size-up, personal safety
<input type="checkbox"/>	If safe, patient assessment
<input type="checkbox"/>	Calm the patient—Do not leave patient alone
<input type="checkbox"/>	Do not allow patient to block your exit pathway
<input type="checkbox"/>	Restrain patient if necessary
<input type="checkbox"/>	Transport
<input type="checkbox"/>	If overdose or poisoning, bring medications, substance and containers to hospital with patient

<b><u>Skill:</u> Behavioral Emergencies - Patient Restraint</b>	
<b><u>Description:</u></b>	
<input type="checkbox"/>	Plan your approach <ul style="list-style-type: none"> <li>• Assure you have adequate help</li> <li>• Estimate range of motion of patients arms and legs</li> <li>• Approach with four persons ( if available), one assigned to each limb all at the same time</li> </ul>
<input type="checkbox"/>	Act quickly
<input type="checkbox"/>	Avoid unnecessary force
<input type="checkbox"/>	Secure limbs together with equipment approved by medical command
<input type="checkbox"/>	<b><u>Do not restrain patient in a hog-tied or prone position</u></b>
<input type="checkbox"/>	Secure to stretcher with multiple straps
<input type="checkbox"/>	Cover patient's mouth with a non-rebreather mask with high flow oxygen (or a surgical mask)
<input type="checkbox"/>	Reassess circulation frequently and constantly monitor patient

<input type="checkbox"/>	Document indications for restraining patients, restraint method used and results of frequent reassessment
<b>CRITICAL CRITERIA</b>	
<input type="checkbox"/>	Assures scene safety
<input type="checkbox"/>	Patient was restrained appropriately

**Appendix A**  
**Patient Assessment Flowchart**

### PATIENT ASSESSMENT



## PATIENT ASSESSMENT

### INITIAL ASSESSMENT

- ❑ Form a general impression:
  - ❑ Consider Mechanism of Injury (MOI) or Nature of Illness (NOI).
  - ❑ Consider patient's age, sex & race.
  - ❑ Obtain patient's chief complaint.
- ❑ Assess for life threatening condition:

**Is any Life Threatening Condition Identified?**

- ❑ **Life Threat Identified**
  - ❑ Treat Immediately

- ❑ **No Life Threat Identified**

- ❑ Determine if Trauma or Medical patient:

**Is it a Trauma or a Medical patient?**

**Trauma Patient**

**Medical Patient**

- ❑ If spinal injury suspected, Establish In-Line Stabilization

- ❑ Assess Mental Status (AVPU)
  - Alert
  - Responds to Verbal stimuli
  - Responds to Painful stimuli
  - Unresponsive, no gag or cough

- ❑ Assess Airway Status:

**Is Airway Open?**

**OPEN**

**CLOSED**

- ❑ Open Airway
  - If spinal injury suspected, use Modified Jaw Thrust
  - If no spinal injury suspected, use head tilt-chin lift

- ❑ If patient unresponsive insert appropriate ventilatory adjunct
  - Correctly sized oral airway, if no gag reflex
  - Correctly sized nasal airway, if gag reflex

**Continued on next page**



## PATIENT ASSESSMENT

### INITIAL ASSESSMENT

Continued from previous page

- Assess **B**reathing Status (Look, Listen, Feel for breathing):
  - Adequate Breathing = adequate rate **AND** adequate tidal volume. If breathing is adequate and patient is responsive, oxygen may be indicated.
  - Inadequate Breathing = inadequate rate **OR** inadequate tidal volume
  - Additional signs of inadequate breathing:
    - Retractions at the suprasternal notch, intercostal spaces, or supraclavicular spaces
    - Use of neck muscles on inhalation
    - Nasal flaring
    - Excessive abdominal muscle use
    - Tripod positioning
    - Tracheal tugging
    - Pale, cool, clammy skin
    - Cyanosis
    - Asymmetrical movement of the chest wall
    - Pulse oximeter (SpO<sub>2</sub>) reading of less than 95%

Breathing Status?

**INADEQUATE**

- Administer high flow oxygen (15 lpm via nonrebreather mask)
    - If patient is unresponsive **OR**
    - If patient is responsive breathing >24 or < 8 breaths per minute with signs of poor perfusion

- Begin positive pressure ventilation with supplemental oxygen

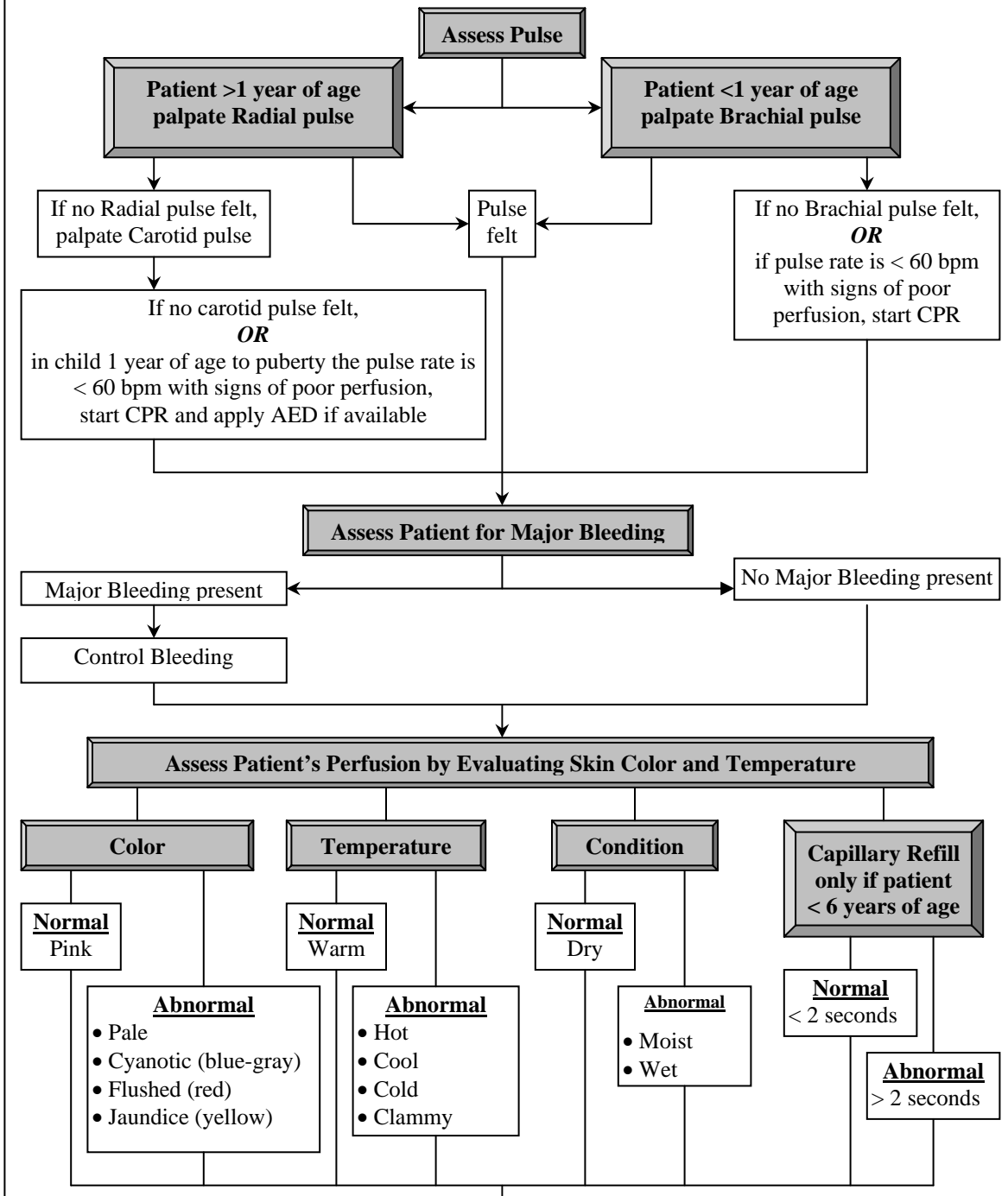
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## PATIENT ASSESSMENT

### INITIAL ASSESSMENT

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□ Assess Circulation:



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## PATIENT ASSESSMENT

### INITIAL ASSESSMENT

Continued from previous page

Identify Priority Patients:

• Consider:

- Poor general impression
- Unresponsive patients – no gag or cough
- Responsive, not following commands
- Difficulty breathing
- Shock (Hypoperfusion)
- Complicated childbirth
- Chest pain with BP < 100 systolic
- Uncontrolled bleeding
- Severe pain anywhere

**YES**

**Priority Patient**

**NO**

- Expedite transport of the patient *AND* consider ALS back-up

**Proceed to Appropriate Focused History and Physical Examination**

**PATIENT ASSESSMENT**

**FOCUSED HISTORY AND PHYSICAL EXAM - TRAUMA**

- Reconsider Mechanism of Injury
- Classify patient due to significance of MOI or clinical findings

**YES TO ANY**

**Significant MOI *OR*  
 Multiple injuries *OR*  
 Altered Mental Status**

**NO**

- Continue In-Line Stabilization

- Consider ALS Request

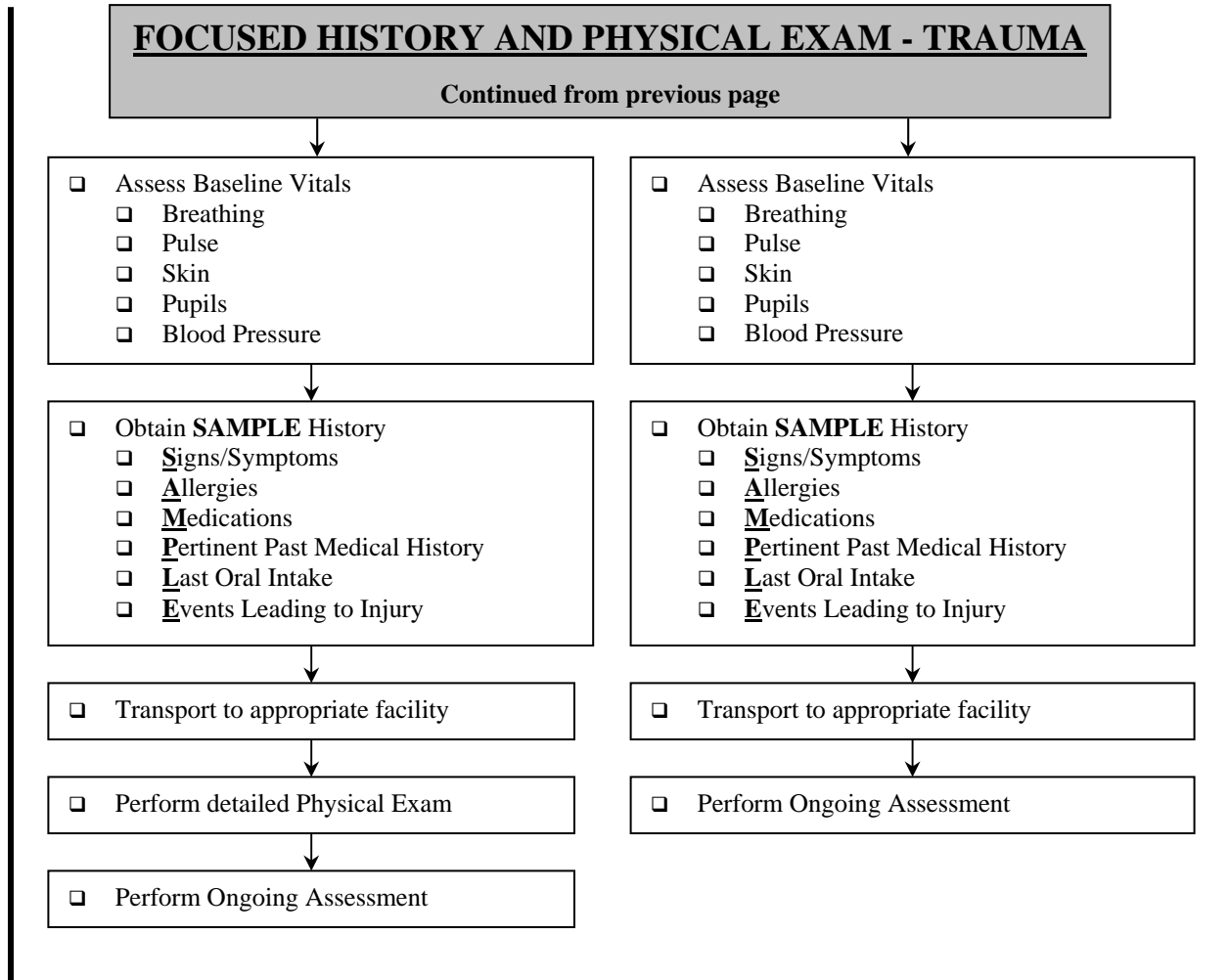
- Reconsider Transport Decision

- Reassess Mental Status

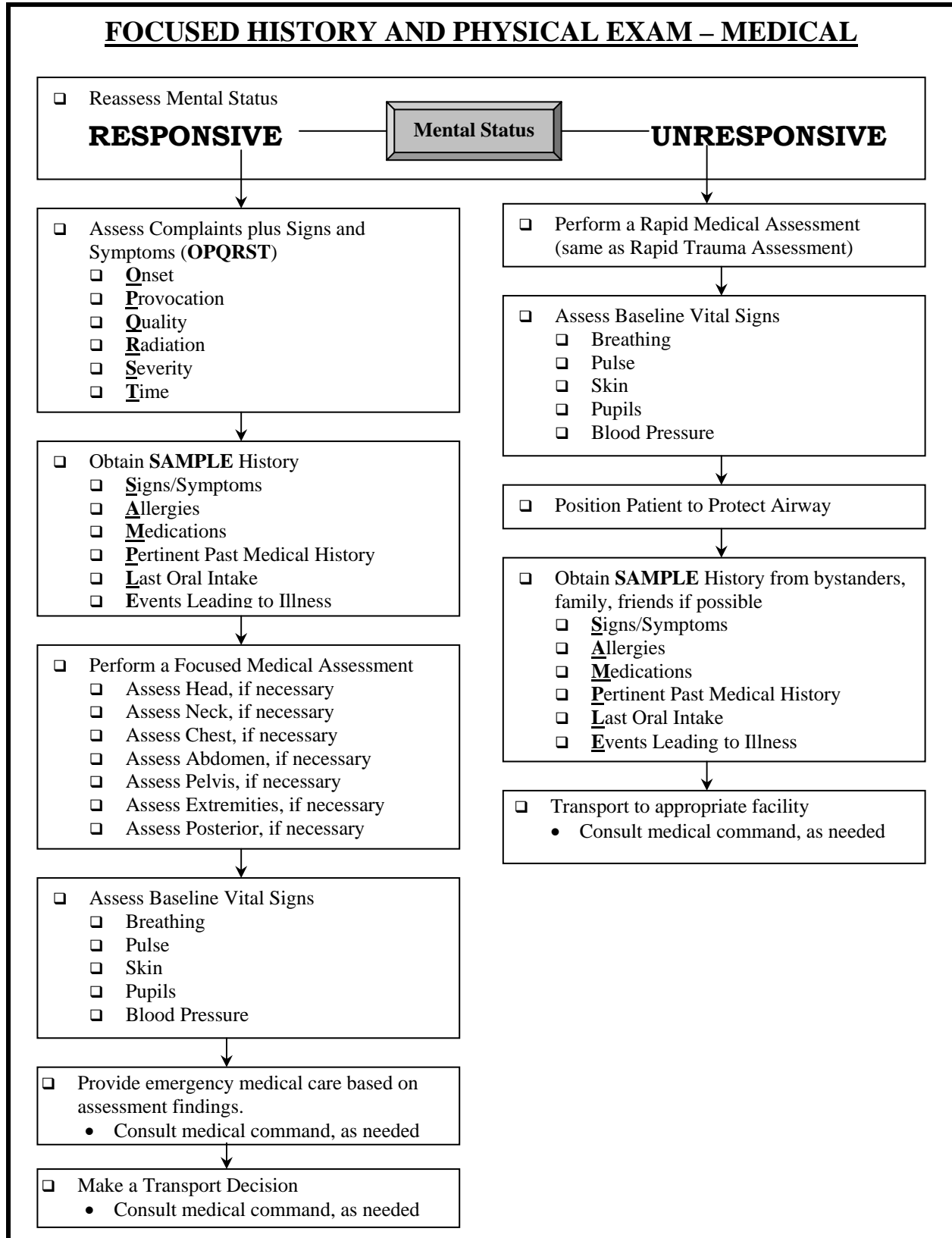
- Perform Appropriate Focused History and Physical Exam
  - Use components of rapid assessment that are specific to the injury site.

- Perform Rapid Trauma Assessment  
**(DCAP-BTLS = Deformities, Contusions, Abrasions, Punctures/Penetrations – Burns, Tenderness, Lacerations, Swelling)**
  - Assess Head
    - DCAP-BTLS**
    - Crepitation
  - Assess Neck
    - DCAP-BTLS**
    - Injury or signs of injury
    - Jugular Vein Distention (**JVD**) or Tracheal Deviation
    - Crepitation
    - Apply C-Collar
  - Assess Chest
    - DCAP-BTLS**
    - Paradoxical motion
    - Crepitation
    - Breath Sounds in apices, mid-clavicular line, bilaterally and at the bases, mid-axillary line, bilaterally
      - Present
      - Absent
      - Equal
  - Assess Abdomen
    - DCAP-BTLS**
    - Firm
    - Soft
    - Distended
  - Assess Pelvis
    - DCAP-BTLS**
    - If no pain noted, gently compress the pelvis to determine tenderness or motion.
  - Assess Extremities (all four)
    - DCAP-BTLS**
    - Distal Pulse
    - Sensation
    - Motor function
  - Roll patient with spinal precautions and assess posterior body, examining for injury or signs of injury

**PATIENT ASSESSMENT**

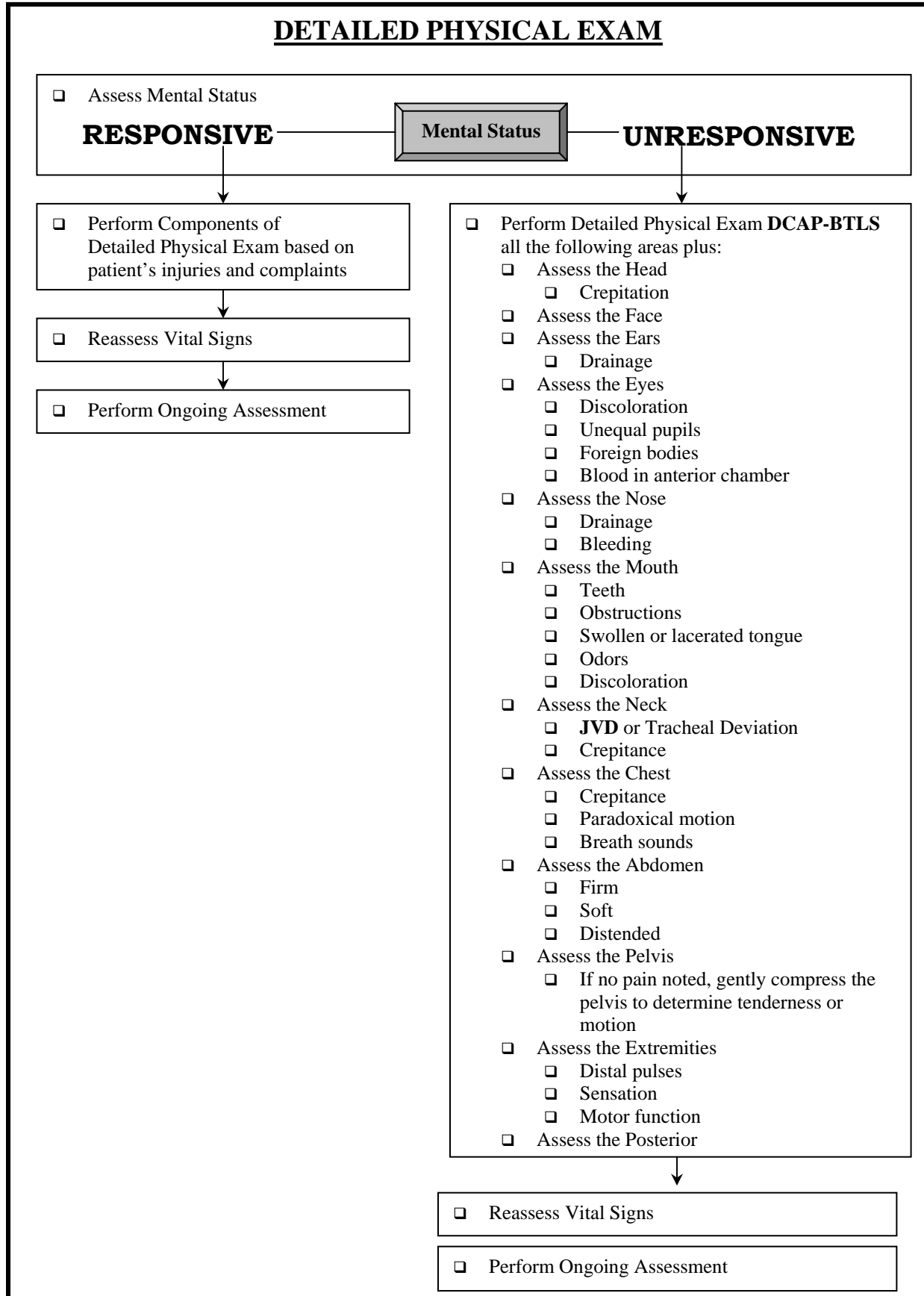


**PATIENT ASSESSMENT**



**PATIENT ASSESSMENT**

**DETAILED PHYSICAL EXAM**



**PATIENT ASSESSMENT****ONGOING ASSESSMENT**

- Repeat Initial Assessment
  - Stable patient – repeat and record every 15 minutes
  - Unstable patient – repeat and record every 5 minutes
    - Reassess Mental Status
    - Maintain Open Airway
    - Monitor Breathing
      - Rate
      - Quality
    - Reassess Pulse
      - Rate
      - Quality
    - Monitor Skin
      - Skin Color
      - Skin Temperature
    - Reestablish Patient Priorities.



- Reassess Vital Signs



- Repeat Focused History and Physical Exam regarding patient complaint or injuries



- Check Interventions
  - Assure adequacy of oxygen delivery/artificial ventilation.
  - Assure management of bleeding
  - Assure adequacy of other interventions.