

Name: \_\_\_\_\_

Instructors: \_\_\_\_\_

# **EMERGENCY MEDICAL TECHNICIAN**

## **Practical Skills Exam Guidelines**

**Bring this handout to class EVERY DAY.**

**DO NOT lose this handout. It will NOT be replaced.**

**For more information regarding  
practical skills and EMT certification go to:**

**[www.nremt.org](http://www.nremt.org)**

**[www.azdhs.gov/bems](http://www.azdhs.gov/bems)**

**For cognitive exam help check out:**

**[www.emtprep.com](http://www.emtprep.com)**

**[www.emt-national-training.com](http://www.emt-national-training.com)**

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

[Skill Examiner now reads "Mechanism of Injury" from prepared scenario and begins 10 minute time limit.]



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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by "" may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway		
-Opens and assesses airway (1 point)	2	
-Inserts adjunct as indicated (1 point)		
Breathing		
-Assess breathing (1 point)	4	
-Initiates appropriate oxygen therapy (1 point)		
-Assures adequate ventilation (1 point)		
-Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation		
-Checks pulse (1 point)	4	
-Assess skin [either skin color, temperature or condition] (1 point)		
-Assesses for and controls major bleeding if present (1 point)		
-Initiates shock management [positions patient properly, conserves body heat] (1 point)		
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
<b>HISTORY TAKING</b>		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
<b>SECONDARY ASSESSMENT</b>		
Head		
-Inspects and palpates scalp and ears (1 point) **	3	
-Assesses eyes (1 point)		
-Inspects mouth**, nose** and assesses facial area (1 point)		
Neck**		
-Checks position of trachea (1 point)	3	
-Checks jugular veins (1 point)		
-Palpates cervical spine (1 point)		
Chest**		
-Inspects chest (1 point)	3	
-Palpates chest (1 point)		
-Auscultates chest (1 point)		
Abdomen/pelvis**		
-Inspects and palpates abdomen (1 point)	3	
-Assesses pelvis (1 point)		
-Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks**		
-Inspects and palpates posterior thorax (1 point)	2	
-Inspects and palpates lumbar and buttocks areas (1 point)		
Manages secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient	1	
TOTAL		42

Actual Time Ended: \_\_\_\_\_

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to determine scene safety
- \_\_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_\_ Failure to voice and ultimately provide high concentration oxygen
- \_\_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_\_ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, should be obtained from the Simulated Patient just as you would in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

[Skill Examiner now reads "Entry Information" from approved scenario and begins 15 minute time limit.]



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Emergency Medical Technician Psychomotor Examination

Candidate Number \_\_\_\_\_

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Instructor \_\_\_\_\_

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point)      -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness		
-Onset (1 point)      -Quality (1 point)      -Severity (1 point)		
-Provocation (1 point)      -Radiation (1 point)      -Time (1 point)	8	
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point)	5	
-Medications (1 point)      -Last oral intake (1 point)		
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system		
-Cardiovascular      -Neurological      -Integumentary      -Reproductive	5	
-Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social		
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	<b>TOTAL</b>	<b>42</b>

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR CARDIAC ARREST MANAGEMENT/AED**

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

[After an appropriate time period or when the candidate informs you he/she is familiar with the equipment, the Skill Examiner continues reading the following:]

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor.



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Emergency Medical Technician Psychomotor Examination

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

CARDIAC ARREST MANAGEMENT / AED

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</b>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR <ul style="list-style-type: none"><li>-Adequate depth and rate (1 point)</li><li>-Correct compression-to-ventilation ratio (1 point)</li><li>-Allows the chest to recoil completely (1 point)</li><li>-Adequate volumes for each breath (1 point)</li><li>-Minimal interruptions of no more than 10 seconds throughout (1 point)</li></ul>	5	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	<b>TOTAL</b>	17

**Critical Criteria**

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_\_ Failure to operate the AED properly
- \_\_\_\_ Failure to deliver shock in a timely manner
- \_\_\_\_ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR OXYGEN ADMINISTRATION BY NON-REBREATHING MASK**

This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

A 45 year old male is short of breath. His lips are cyanotic and he is confused. You have five (5) minutes to administer oxygen by non-rebreather mask.





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Emergency Medical Technician Psychomotor Examination

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL	11

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks
- \_\_\_\_ Failure to prefill the reservoir bag
- \_\_\_\_ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- \_\_\_\_ Failure to ensure a tight mask seal to patient's face
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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## **INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT**

This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

**You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized.** I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe and no hemorrhage or other immediate problem is found. You have five (5) minutes to complete this skill.



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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly (mask, bag, reservoir) to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
Actual Time Ended: _____	<b>TOTAL</b>	16

**CRITICAL CRITERIA**

- \_\_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- \_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SUPINE PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a supine patient using a long spine immobilization device. You arrive on the scene with an EMT Assistant. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a long spine immobilization device. When moving the Simulated Patient to the device, you should use the help of the assistant EMT and me. The assistant EMT should control the head and cervical spine of the Simulated Patient while you and I move the Simulated Patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?



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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to void between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>14</b>

**CRITICAL CRITERIA**

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

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SEATED PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a sitting patient using a half-spine immobilization device. You arrive on the scene of an auto crash with an EMT Assistant. The scene is safe and there is only one (1) patient. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant. Transferring and immobilizing the Simulated Patient to the long backboard should be described verbally. You have ten (10) minutes to complete this skill. Do you have any questions?



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

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**CRITICAL CRITERIA**

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

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR BLEEDING CONTROL/SHOCK MANAGEMENT**

This skill is designed to evaluate your ability to control hemorrhage. This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the Simulated Patient's condition. You will be required to manage the Simulated Patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

### **[Sample Scenario:]**

You respond to a stabbing and find a 25 year old (male/female) patient. Upon examination, you find a two (2) inch stab wound to the inside of the right arm at the antecubital fossa. Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. (His/Her) airway is open and (he/she) is breathing adequately. Do you have any questions?





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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

**BLEEDING CONTROL/SHOCK MANAGEMENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to administer high concentration oxygen
- \_\_\_\_ Failure to control hemorrhage using correct procedures in a timely manner
- \_\_\_\_ Failure to indicate the need for immediate transportation
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR JOINT IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the \_\_\_\_\_ (left, right) shoulder is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any question?



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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

JOINT IMMOBILIZATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**Critical Criteria**

- ☐ Failure to immediately stabilize the extremity manually
- ☐ Grossly moves the injured extremity
- ☐ Failure to immobilize the bone above and below the injury site
- ☐ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

## **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR LONG BONE IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the **tibia** is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill.

You may use any equipment available in this room.

You have five (5) minutes to complete this skill. Do you have any questions?



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

Candidate Number \_\_\_\_\_

Instructor \_\_\_\_\_

LONG BONE IMMOBILIZATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**Critical Criteria**

- \_\_\_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Failure to immobilize the joint above and the joint below the injury site
- \_\_\_\_\_ Failure to immobilize the hand or foot in a position of function
- \_\_\_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

## SAMPLE MEDICAL SCENARIOS

### RESPIRATORY

You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a "tripod" position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

#### INITIAL / 1° ASSESSMENT

**Chief Complaint:** "I'm having a hard time breathing and I need to go to the hospital."

**Apparent Life Threats:** Respiratory compromise

**Level of Responsiveness:** Pt is only able to speak in short sentences interrupted by coughing.

**Airway:** Patent

**Breathing:** RR= 26 and labored breathing through pursed lips.

**Circulation:** No bleeding. Pulse rate is 120 and strong. There is cyanosis around his lips, fingers and capillary beds.

**Transport Decision:** IMMEDIATE

#### 2° ASSESSMENT

**Onset:** "I've had Emphysema for the past ten years but my breathing has been getting worse the last couple of days."

**Provokes:** "Whenever I go up or down steps it gets really bad."

**Quality:** "I don't have any pain. I'm just worried because it's so hard to breathe and I can't catch my breath."

**Radiate:** "I don't have any pain."

**Severity:** "I can't stop coughing. I think I'm dying"

**Time:** "I woke up about three hours ago. I haven't been able to breathe right since then."

**Intervention:** "I turned up my the flow of my oxygen about an hour ago."

**Allergies:** "Amoxicillin and bee stings."

**Medications:** "Oxygen and my hand held Atrovent inhaler."

**Past Medical Hx:** "I've been treated for Emphysema for the past ten years."

**Last Meal:** "I ate breakfast this morning."

**Events Leading To Illness:** "I got worse a few days ago. The day it got really bad it rained all day. Today I've just felt bad since I got out of bed."

**Physical Exam:** Auscultate breath sounds

**Vitals:** RR =26 P=120 BP=140/88 SaO2= 89% BG= 124

Treatment should include assisting with MDI

### CARDIAC

You arrive to the scene where a 57 y/o male is complaining of chest pain. He is pale and sweaty.

#### INITIAL / 1° ASSESSMENT

**Chief Complaint:** "My chest really hurts. I have angina but this pain is way worse than any I have felt before."

**Apparent Life Threats:** Cardiac compromise

**Level of Responsiveness:** Awake and alert.

**Airway:** Patent

**Breathing:** RR= 24 and shallow

**Circulation:** No bleeding. Pulse rate is 124 and weak. Skin is cool and clammy

**Transport Decision:** IMMEDIATE

#### 2° ASSESSMENT

**Onset:** "The pain woke me up from my afternoon nap."

**Provokes:** "it hurts really bad and nothing I do makes the pain go away."

**Quality:** It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breathe"

**Radiate:** "My shoulder and jaw started to ache about 10 minutes before you got here, but the worst pain is in the middle of my chest. That's why I called you."

**Severity:** "This is the worst pain I've ever felt. I can't stand it."

**Time:** "I've had this pain for about an hour but it feels like days."

**Intervention:** "I took my nitroglycerin about 15 minutes before you got here but it didn't make any difference. Nitro always worked before. Am I having a heart attack?"

**Allergies:** "None that I know of."

**Medications:** "Nitroglycerin."

**Past Medical Hx:** "I was diagnosed with angina two years ago."

**Last Meal:** "I had soup and a sandwich about 3 hours ago."

**Events Leading To Illness:** "I was just sleeping and the pain woke me up."

**Physical Exam:** Assess vitals

**Vitals:** RR =24 P=124 BP=144/92 SaO2= 90% BG= 118

Treatment should include administration of 324 mg ASA and .4mg Nitroglycerin

## SAMPLE MEDICAL SCENARIOS

### ALTERED MENTAL STATUS

You arrive at a home and you are met by a 37 y/o male. He states that his wife is a diabetic and she isn't acting normal.

#### INITIAL / 1° ASSESSMENT

##### Chief

**Complaint:** "My wife seems very confused. She keeps asking where her dog is. We don't have a dog. She keeps falling asleep."

##### Apparent

**Life Threats:** Altered mental status

##### Level of

**Responsiveness:** The pt responds to mild shaking but she is very confused. She stays awake if stimulated.

**Airway:** Patent

**Breathing:** RR= 14 shallow.

**Circulation:** No bleeding. Pulse rate is 120 and weak. Skin is cool and clammy

**Transport Decision:** IMMEDIATE

#### 2° ASSESSMENT

**Onset:** The husband states that his wife took her insulin this morning like every other morning but she has had the flu and she threw up after eating her breakfast. She started to be confused about 20 minutes later.

**Duration:** The husband states: "This came on so fast. We were just talking and then she started saying weird stuff. She's been like this for about 15 minutes."

**Associated symptoms:** The husband states: "The only thing I can think of is that she's been vomiting since last night."

**Evidence of trauma:** None. The husband states: "She didn't fall. We were just sitting on the couch talking and she started asking weird questions."

**Time:** "I woke up about three hours ago. I haven't been able to breathe right since then."

**Intervention:** The husband states: "I haven't done anything but call you guys. I know she took her insulin this morning."

**Seizures:** None

**Allergies:** "Penicillin."

**Medications:** Insulin

**Past Medical Hx:** Type 1 diabetic since 21 years old

**Last Meal:** The husband states his wife ate breakfast this morning

**Events Leading To Illness:** The husband states: "My wife has had the flu and has been vomiting for the past 24 hours."

**Physical Exam:** Assess blood glucose

**Vitals:** RR =14 P=120 BP=110/72 SaO2= 90% BG= 32

Treatment should include administration of oral glucose.

### ALLERGIC REACTION

You arrive to the scene where a 32 y/o male is complaining of having shortness of breath and tightness in his throat and chest. The pt states it started after he ate some cookies at the fair. He is scratching at red splotchy areas on his chest, abdomen and arms. He has audible wheezing.

#### INITIAL / 1° ASSESSMENT

##### Chief

**Complaint:** "I'm having an allergic reaction to those cookies I ate."

##### Apparent

**Life Threats:** Respiratory compromise

##### Level of

**Responsiveness:** Awake and alert. Very anxious and restless.

**Airway:** Patent

**Breathing:** RR= 26 and shallow with wheezing

**Circulation:** No bleeding. Pulse rate is 124 and weak. Skin is cold and clammy

**Transport Decision:** IMMEDIATE

#### 2° ASSESSMENT

##### History of

**Allergies:** "Yes, I'm allergic to peanuts."

**When ingested:** "I ate the cookies about 20 minutes ago and began itching about 5 minutes later."

**How much ingested:** "I only ate 2 cookies."

**Effects:** "I'm havin trouble breathing and I feel lightheaded and dizzy."

**Progression:** "My wheezing is getting worse. Now I'm sweating really bad."

**Intervention:** "My epi pen is upstairs but I am afraid to stick myself."

**Allergies:** "Peanuts and sulfa drugs."

**Medications:** "I just have this Epi Pen because the last time this happened I ended up in the hospital. I haven't had to use it since."

**Past Medical Hx:** "I had to spend two days in the hospital when this happened before."

**Last Meal:** "The last thing I ate was those two cookies."

##### Events Leading

**To Illness:** "Nothing except eating those cookies."

**Physical Exam:** Assess vitals

**Vitals:** RR =26 P=120 BP=90/60 SaO2= 89% BG= 110

Treatment should include assisting with the patients Epi Pen

## Oxygen (O2)

**Indications:** Signs / symptoms of decreased O2 levels in the blood (pulse oximeter <94%), or critical medical or trauma patient.

**Contraindications:** None. Be careful with COPD patients.

**Actions:** Increases O2 pressure and O2 content in the blood.

**Side Effects:** May decrease respiratory drive in COPD patients.

**Dose:** 2 - 15 LPM

**Route:** Inhaled via a variety of masks or nasal cannula

## Oral Glucose

**Indications:** Altered LOC due to hypoglycemia

**Contraindications:** Unresponsive or semi-responsive should not be given anything by mouth\*

**Actions:** Increases glucose levels in the blood

**Side Effects:** Possible **HYPER**glycemia

**Dose:** 10g to 25g depending on packaging (q PRN)

**Route:** Oral

\*May be rubbed inside the cheek of an unresponsive or semi responsive patient. **USE EXTREME CAUTION** due to possible airway compromise.

## Metered Dose Inhaler (MDI)

**Indications:** A variety of reactive airway diseases.

**Contraindications:** Allergy to the drug or use of Monoamine oxidase inhibitors (MAOIs) medications

**Actions:** Opens bronchioles in the lungs making it easier to breath

**Side Effects:** Cardiac arrhythmias, Hypertension, Tachycardia, Tremors

**Dose:** 2 to 3 deep inhalations q 4 hrs

**Route:** Inhaled via a variety of mechanical inhalers.

EMT may assist the patient that has an Rx for the MDI

## Activated Charcoal

**Indications:** Overdoses of an ingested drug or poison

**Contraindications:** DO NOT administer to unresponsive, semi responsive or convulsing patient. Not indicated for ingestion of strong caustic or acidic substances.

**Actions:** Binds with the ingested drug or poison throughout the digestive tract

**Side Effects:** Can cause severe respiratory complications if aspirated into the lungs. Deactivates Ipecac

**Dose:** 25g to 100g (MAX) in a water slurry

**Route:** Oral



### **Epinephrine (Epi)**

**Indications:** Severe allergic reaction (Anaphylaxis)

**Contraindications:** NONE for patients with anaphylaxis  
(Caution for patients > 40 y/o)

**Actions:** Counteracts Histamine.  
INCREASES blood pressure by constricting blood vessels and  
OPENS the air passages in the lungs by relaxing bronchial  
smooth muscle

**Side Effects:** Cardiac arrhythmias, Hypertension, Tachycardia,  
Tremors

**Dose:** 0.2 to 0.5 ml of a 1:1000 dilution

**Route:** Subcutaneous injection by auto injector

### **Nitroglycerin (NTG)**

**Indications:** Chest pain indicative of CARDIAC ORIGIN

**Contraindications:** Allergy to Nitrates. Hypotension (B/P < 100)  
Indications of increased ICP. Use of ED drugs within 48 hours.

**Actions:** Dilates blood vessels. Restores blood flow and  
decreases workload on the heart.

**Side Effects:** Hypotension, tachycardia, headache

**Dose:** 0.4 mg tablet or metered dose spray (0.3, 0.4 or 0.6mg)  
q 5 minutes if pain persists. MAX 3 doses.

**Route:** Sub lingual (SL)

### **Aspirin (ASA)**

**Indications:** Chest pain indicative of CARDIAC ORIGIN

**Contraindications:** Bleeding ulcer or other bleeding disorder,  
allergy or hypersensitivity (use caution with patients that have  
Hx of asthma)

**Actions:** Decreases blood platelet aggregation

**Side Effects:** Stomach upset, allergic reaction,

**Dose:** 324 mg = 81mg chewable tablet x4

**Route:** Oral (chewed and swallowed)

### **Naloxone (Narcan)**

**Indications:** ALOC with known or suspected opiate overdose

**Contraindications:** Hypersensitivity

**Actions:** Counteracts the opiate affect. Reverses respiratory  
depression secondary to narcotics

**Side Effects:** Withdrawal symptoms, (nausea, vomiting,  
diaphoresis, increased heart rate, hypotension or  
hypertension, tremors).

Be prepared for combative patient after administration.

**Dose:** 1.0 mg each nostril using a Mucosal Atomizer Device for  
a total of 2 mg. May repeat every 2 minutes as necessary

**Route:** Intra nasal spray