

Washington State Department of Health  
Office of Community Health Systems  
Approved

**EMT-BASIC**  
**Practical Evaluation Guidelines**  
**and Skill Sheets**



**DOH 530-093 September 2008**

**This page was intentionally left blank**

## **THE INITIAL EMT-B COURSE PRACTICAL SKILL EVALUATION PROCESS (WAC 246-976-021)**

### **PRACTICAL SKILL EVALUATIONS - Step # 1**

The practical skills evaluation sheets are organized in core curriculum lesson order. Each student should receive a copy when beginning the course. The evaluation sheets are used to document the performance of required skills throughout the course and during the Comprehensive End of Course Evaluation.

### **Required Practical Skills Evaluations**

Students must be proficient on each practical skill identified for each “evaluation lesson”. The required practical skill evaluation sheets for each lesson are specified on page 7. (Evaluation lessons may be combined with practical skill labs to meet this requirement). **DOH-approved EMS Evaluators must complete all evaluations.**

### **Individual Practical Skills Evaluation Sheets**

The practical skill evaluation sheets located on pages 9 through 44 are used to document the performance of students during course practical skills evaluations. **DOH-approved EMS Evaluators must complete all evaluations.** Evaluator name and signature must appear on each evaluation. Students must be proficient on all practical skill evaluations before taking the Comprehensive End of Course Evaluation. Students **must** achieve a passing score of at least 80% for each skill listed on page 51, **and** successfully pass all critical criteria.

### **Comprehensive End of Course Evaluation Skill Sheets**

The Comprehensive End of Course Evaluation skill sheets located on pages 45 through 48 are used to document the performance of students during the Comprehensive End of Course Evaluation. **DOH-approved EMS Evaluators must complete all evaluations.**

### **Initial EMT-B Course Practical Skills Evaluation & Comprehensive Course Evaluation Summary Sheet**

The Practical Skills Evaluation And Comprehensive Course Evaluation Summary Sheet located on page 49 is used to document the final results of each student’s skill evaluations. The SEI or MPD signature is required to document the results of the evaluation.

## **CLINICAL EXPERIENCE - Step # 2**

**Note: Students must complete clinical experience requirements before taking the Comprehensive End of Course Evaluation.**

The EMT-Basic course requires the successful completion of 10 hours of patient care observation **and** a minimum of 5 patient interactions in a clinical setting.

A patient interaction is the completion of an assessment and recording the patient history and assessment information on a patient care report. This report should be reviewed by the Senior EMS Instructor (SEI) to assure competent documentation practices. The training course must establish a feedback system to assure students have acted safely and professionally during the experience. **Students and SEI should receive a written report of their performance by their clinical preceptor.**

Any combination of the resources listed below may be used to meet the requirements. The SEI or Medical Program Director (MPD) must establish appropriate relationships with various clinical sites to assure students receive:

- Adequate supervision
- Adequate contact with patients
- Student performance reports.

### **CLINICAL EXPERIENCE RESOURCES**

- Intensive care unit
- Coronary care unit
- Emergency department
- OB-GYN
- Recovery room
- Other departments or clinical facilities approved by the MPD
- Ambulance runs involving the care of sick or injured patients

### **REMEDICATION**

Students reported as having difficulty must receive remediation and redirection. Clinical experiences must be repeated until the student is deemed competent within the goals established by the County Medical Program Director.

### **COMPREHENSIVE END OF COURSE EVALUATION - Step # 3**

The Comprehensive End of Course Evaluation combines cognitive knowledge and practical skills competency learned during the course. It is intended to determine if students have the basic knowledge and skill necessary to perform adequately during an EMS emergency.

It is conducted in a role-play model. This model uses written scenarios in which the task is providing appropriate patient care. The evaluation is used to determine individual and/or team practical skill performance. The scenario for the evaluation should be designed to be a realistic experience for the students.

The SEI is responsible for developing specific medical and trauma scenarios. The student team must perform the appropriate patient care. If appropriate care is not provided, remediation and repeat of a station will be necessary.

Role-play is also appropriate for end of lesson evaluations and practical skills evaluations.

### **CERTIFICATE OF COURSE COMPLETION - Step # 4**

The SEI **must** issue a Certificate Of Course Completion verifying student competency. The student needs this certificate to be eligible to take the Washington State approved written certification examination. Prior to issuing the certificate, the SEI must verify the student's:

- a. Comprehensive cognitive, affective and psychomotor abilities.
- b. Successful completion on the clinical/field internship, following the procedures identified on page 5.

The Certificate Of Course Completion **MUST** include:

- Course approval number
- Course location
- Student's name
- SEI's name and signature
- Course completion date

### **WASHINGTON STATE WRITTEN CERTIFICATION EXAMINATION - Step # 5**

Once the student has received the SEI-issued Certificate of Course Completion; the student is eligible to take the Washington State written certification examination. **The Certificate of Course Completion must be presented at the examination to document successful completion of the course. This certificate will also be required for certification.**

The certification process for initial certification is provided on the office web site at: <http://www.doh.wa.gov/hsga/emstrauma/certproc.htm>

**This page was intentionally left blank**

**REQUIRED PRACTICAL SKILLS EVALUATIONS  
FOR INITIAL (EMT-B) CLASS**

<b>Lesson Number</b>	<b>LESSON TITLE</b>	<b>REQUIRED PRACTICAL SKILLS EVALUATION SHEETS (Pages)</b>
<b>2-3</b>	<b>Evaluation: AIRWAY MODULE</b>	<b>9-10, 11-12, 13-14, 15-16, 17-18</b>
<b>3-10</b>	<b>Evaluation: PATIENT ASSESSMENT MODULE</b>	<b>19-21, &amp; 22-25</b>
<b>4-11</b>	<b>Evaluation: MEDICAL MODULE</b>	<b>27-29 &amp; 31-32</b>
<b>5-6</b>	<b>Evaluation: TRAUMA MODULE</b>	<b>33-34, 35-36, 37-38, 39-40, 41-42, 43-44</b>
<b>End of Course</b>	<b>Comprehensive End of Course Evaluation MEDICAL</b>	<b>45-46</b>
<b>End of Course</b>	<b>Comprehensive End of Course Evaluation TRAUMA</b>	<b>47-48</b>

**This page was intentionally left blank**

## AIRWAY MODULE: Mouth-to-Mask Ventilation

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Connects one-way valve to mask	1	
*Opens airway (manually or with adjunct)	1	
*Establishes and maintains an effective mask-to-face seal	1	
*Ventilates the patient at the proper volume and rate (per national standards)	1	
*Reassess and continues ventilation at proper volume and rate (per national standards)	1	
<b>NOTE: The evaluator must witness ventilations for at least 30 seconds.</b>		
<b>Passing Score is 6 (all points are Critical Criteria)</b>		
<b>TOTAL:</b>	6	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not connect one-way valve to mask
- \_\_\_ Did not open airway (manually or with adjunct)
- \_\_\_ Did not establish and maintain an effective mask-to-face seal
- \_\_\_ Did not ventilate the patient at the proper volume and rate (per national standards)
- \_\_\_ Did not reassess and continue ventilations at proper rate and volume (per national standards)

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed

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



## AIRWAY MODULE: Airway Maintenance: Oropharyngeal Airway

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Assesses patient for gag reflex (absent)	1	
*Measures and selects appropriate size airway	1	
*Properly inserts an oropharyngeal airway	1	
*Demonstrates a patent airway by ventilating patient	1	
<b>NOTE: The evaluator must advise the candidate that the patient is vomiting.</b>		
*Removes oropharyngeal airway	1	
<b>SUBTOTAL:</b>	<b>6</b>	

<b>SUCTION</b>		
*Turns on and prepares suction device	1	
*Measures and inserts suction tip without suction	1	
*Applies suction to the oropharynx	1	
<b>Passing Score is 9 (all points are Critical Criteria)</b>		
<b>TOTAL:</b>	<b>9</b>	

### CRITICAL CRITERIA

#### Oropharyngeal Airway:

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not assess patient for gag reflex (absent)
- \_\_\_ Did not measure and select appropriate size air way
- \_\_\_ Did not properly insert and oropharyngeal airway
- \_\_\_ Did not demonstrate a patent airway by ventilating patient
- \_\_\_ Did not remove oropharyngeal airway

#### Suction:

- \_\_\_ Did not turn on and prepare suction device
- \_\_\_ Did not measure and insert suction tip without suction
- \_\_\_ Did not apply suction to oropharynx

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

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



## AIRWAY MODULE: Airway Maintenance: Nasopharyngeal Airway

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Assesses patient for gag reflex (absent)	1	
*Measures and selects appropriate size airway	1	
*Verbalize lubrication of the nasal airway	1	
*Fully inserts the airway with the bevel facing toward the septum	1	
*Demonstrates a patent airway by ventilating patient	1	
<b>SUBTOTAL:</b>	<b>6</b>	

<b>SUCTION</b>		
*Turns on and prepares suction device	1	
*Measures and inserts suction tip without suction	1	
*Applies suction to the nasopharynx	1	
<b>Passing Score is 9 (all points are Critical Criteria)</b>		
<b>TOTAL:</b>	<b>9</b>	

### CRITICAL CRITERIA

#### Nasopharyngeal Airway:

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not assess patient for gag reflex (present)
- \_\_\_ Did not measure and select appropriate size air way
- \_\_\_ Did not verbalize lubrication of the nasal airway
- \_\_\_ Did not fully insert airway with the bevel facing toward the septum
- \_\_\_ Did not demonstrate a patent airway by ventilating the patient

#### Suction:

- \_\_\_ Did not turn on and prepare suction device
- \_\_\_ Did not measure and insert suction tip without suction
- \_\_\_ Did not apply suction to nasopharynx

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

\_\_\_\_\_

Signature:



## AIRWAY MODULE: Ventilatory Management: Bag Valve Mask Respiratory Arrest

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
<b>*Candidate must initiate ventilations within 30 seconds</b>		
*Opens airway manually	1	
*Properly sizes and inserts simple airway adjunct	1	
Attaches the oxygen reservoir to the BVM	1	
Attaches BVM to high flow oxygen	1	
*Ventilates the patient while maintaining seal at the proper volume and rate consistent with national standards	1	
<b>NOTE: The evaluator must witness ventilations for at least 30 seconds</b>		
<b>Passing score is 5 (at least 80%)</b>		
<b>TOTAL:</b>	6	

### CRITICAL CRITERIA

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not initiate ventilations within 30 seconds
- \_\_\_ Did not open airway manually
- \_\_\_ Did not properly size and insert simple airway adjunct
- \_\_\_ Did not ventilate the patient while maintaining seal at the proper volume and rate consistent with national standards

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed
Signature:



### AIRWAY MODULE: Oxygen Administration

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Attaches regulator to the tank	1	
*Opens tank	1	
*Checks for leaks	1	
*Verbalizes tank pressure	1	
*Connects nasal cannula to oxygen source	1	
*Adjusts liter flow to 2-6 L/min	1	
*Applies nasal cannula to the patient	1	
<b>NOTE: Evaluator must advise candidate to change from a nasal cannula to a non-rebreather mask.</b>		
*Connects non-rebreather mask to oxygen source	1	
*Adjusts regulator setting to high flow	1	
*Pre-fills reservoir	1	
*Applies and adjusts mask to the patients face	1	
<b>NOTE: Evaluator must now advise candidate to discontinue oxygen therapy.</b>		
*Removes the non-rebreather mask	1	
*Shuts off the regulator	1	
*Relieves the pressure within the regulator	1	
<b>Passing score is 15 (all points are Critical Criteria)</b>		
<b>TOTAL:</b>	15	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not attach the regulator to the tank
- \_\_\_ Did not open tank
- \_\_\_ Did not check for leaks
- \_\_\_ Did not verbalize tank pressure
- \_\_\_ Did not connect nasal cannula to oxygen source
- \_\_\_ Did not adjust liter flow to 2-6 L/min
- \_\_\_ Did not apply nasal cannula to patient
- \_\_\_ Did not connect non-rebreather mask to oxygen source
- \_\_\_ Did not adjust regulator setting to high flow
- \_\_\_ Did not pre-fill reservoir
- \_\_\_ Did not apply and adjust mask to the patients face
- \_\_\_ Did not remove the non-rebreather mask
- \_\_\_ Did not shut off the regulator
- \_\_\_ Did not relieve the pressure within the regulator

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

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



**PATIENT ASSESSMENT MODULE: Medical Management**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

		Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
*Determines the scene is safe		1	
Determines nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>*INITIAL ASSESSMENT (Must be completed prior to the focused physical exam)</b>			
*Verbalizes general impression of the patient		1	
*Determines chief complaint/apparent life threats		1	
Determines responsiveness/level of consciousness		1	
<b>*Airway</b>	Assessment/Assures patent airway	1	
<b>*Breathing</b>	Assures adequate ventilation	1	
	Initiates appropriate oxygen therapy	1	
<b>*Circulation</b>	Assesses pulse	1	
	Assesses/controls major bleeding	1	
	Assesses skin (color, temp, and condition)	1	
*Identifies priority patients (upgrade/rapid transport)		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT</b>			
<b>S</b> igns and Symptoms (Assess history of present illness)		1	
<b>A</b> llergies		1	
<b>M</b> edications		1	
<b>P</b> ast medical history		1	
<b>L</b> ast meal		1	
<b>E</b> vents leading to present illness (rule out trauma)		1	
Performs focused physical examination. Assesses affected body part/system or, if indicated, completes rapid assessment		1	
<b>*Vitals</b> (Obtains baseline vital signs) <b>RR:</b> <b>HR:</b> <b>BP:</b>		1	
<b>*Intervention</b> Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment		1	
<b>T</b> ransport (Re-evaluates transport decision)		1	

	Points Possible	Points Awarded
<b>DETAILED PHYSICAL EXAMINATION</b>		
Completes detailed physical examination	1	
Repeats vital signs <b>RR:</b> <b>HR:</b> <b>BP:</b>	1	
<b>ONGOING ASSESSMENT (verbalized)</b>		
Repeats initial assessment	1	
Repeats vital signs <b>RR:</b> <b>HR:</b> <b>BP:</b>	1	
Repeats focused assessment regarding patient complaint	1	
Checks interventions	1	
<b>Passing score is 26 (at least 80%)</b>		
<b>TOTAL:</b>	32	

**CRITICAL CRITERIA**

\_\_\_ Did not demonstrate proper body substance isolation precautions

**Scene Size-Up:**

\_\_\_ Did not determine scene safety

**Initial Assessment:**

- \_\_\_ Did not complete initial assessment prior to the focused physical exam
- \_\_\_ Did not verbalize general impression of the patient
- \_\_\_ Did not determine chief complaint/apparent life threats
- \_\_\_ Did not assess and assure patent airway
- \_\_\_ Did not assure adequate ventilation
- \_\_\_ Did not initiate appropriate oxygen therapy
- \_\_\_ Did not assess pulse
- \_\_\_ Did not assess or control bleeding
- \_\_\_ Did not assess skin vitals
- \_\_\_ Did not identify priority patient and upgrade/rapid transport

**Vitals:**

\_\_\_ Did not obtain baseline vitals

**Interventions:**

\_\_\_ Did not obtain medical direction, verbalize standing orders for medication interventions, or verbalize proper additional intervention/treatment

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed

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



**This page was intentionally left blank**

**PATIENT ASSESSMENT MODULE: Trauma Management**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

		Points Possible	Points Awarded
* Demonstrates proper body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
*Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
*Considers stabilization of spine		1	
<b>*INITIAL ASSESSMENT (Must be completed prior to the focused physical exam)</b>			
*Verbalizes general impression of patient		1	
Determines chief complaint		1	
Determines responsiveness/LOC		1	
*Manages apparent life threats		1	
<b>*Airway</b>	Assessment/Assures patent airway	1	
<b>*Breathing</b>	Assures adequate ventilation	1	
	Initiates appropriate oxygen therapy	1	
	Injury management	1	
<b>*Circulation</b>	Assesses pulse	1	
	Assesses for & controls major bleeding	1	
	Assesses skin (color, temp, and condition)	1	
*Identifies priority patients (upgrade/rapid transport)		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT</b>			
*Selects appropriate assessment (focused or rapid assessment)		1	
* Obtains baseline vital signs <b>RR:</b> <b>HR:</b> <b>BP:</b>		1	
Obtains S.A.M.P.L.E. history		1	
Transport (Re-evaluates transport decision)		1	

		Points Possible	Points Awarded
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial area including oral & nasal area	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Exposes patient in order to: Inspect the chest	1	
	Palpate the chest	1	
	Auscultate the chest	1	
Assesses the abdomen/pelvis	Assesses/palpates the abdomen	1	
	Assesses/palpates the pelvic girdle	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	(1 point for each extremity)	4	
	Exposes patient in order to: Inspect, palpate, and assess pulses, sensation and movement		
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
*Initiates steps to prevent heat loss from the patient		1	
*Finds all injuries and verbalizes appropriate treatments		1	
Verbalizes reassessment of the vital signs		1	
Completes pt. assessment and transport decision within 10 minutes.		1	
<b>Passing Score is 36 (at least 80%)</b>			
<b>START TIME:</b>	<b>STOP TIME:</b>	<b>TIME OF COMPLETION:</b>	
		<b>TOTAL:</b>	44

**CRITICAL CRITERIA**

\_\_\_ Did not demonstrate proper body substance isolation precautions

**Scene Size-Up:**

\_\_\_ Did not determine scene safety  
 \_\_\_ Did not consider stabilization of spine

**Initial Assessment:**

\_\_\_ Did not complete initial assessment prior to the focused physical exam  
 \_\_\_ Did not verbalize general impression of patient  
 \_\_\_ Did not manage apparent life threats  
 \_\_\_ Did not assess/assure patent airway  
 \_\_\_ Did not assure adequate ventilation  
 \_\_\_ Did not initiate appropriate oxygen therapy  
 \_\_\_ Did not manage injuries  
 \_\_\_ Did not assess pulses  
 \_\_\_ Did not assess for and control major bleeding  
 \_\_\_ Did not assess skin vitals  
 \_\_\_ Did not identify priority patients (upgrade/rapid transport)

**Focused Physical Exam and History/Rapid Assessment:**

\_\_\_ Did not select appropriate rapid or focused assessment  
 \_\_\_ Did not obtain baseline vitals

**Detailed Physical Examination**

\_\_\_ Did not initiate steps to prevent heat loss  
 \_\_\_ Did not find all injuries and verbalize appropriate treatments

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

**Evaluator Name:** \_\_\_\_\_

**Printed**

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



**This page was intentionally left blank**

**MEDICAL MODULE: Cardiac Arrest Management/AED**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
<b>ASSESSMENT</b>		
*Demonstrates body substance isolation precautions	1	
*Determines unresponsiveness	1	
*Determines respiratory status	1	
*Determines pulse status	1	
*Determines need for resuscitation (POLST, DNR, Lividity, Rigor, etc.)	1	
Turns on AED	1	
*Attaches AED to patient	1	
*Ensures all individuals are standing clear of patient prior to delivering each shock	1	
*Initiates analysis of rhythm	1	
*Delivers shock per national guidelines	1	
<b>TRANSITION</b>		
*Directs resumption of CPR	1	
Gathers additional information on cardiac arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
<b>INTEGRATION</b>		
Directs insertion of a simple airway adjunct if necessary (oropharyngeal/nasopharyngeal)	1	
Directs ventilation of patient assuring chest rise (per national standards)	1	
Ensures high concentration of oxygen connected to the BVM	1	
*Assures CPR without prolonged interruption (per national standards)	1	
Re-evaluates patient/CPR (per national standards)	1	
Repeats defibrillator sequence (as needed)	1	
<b>TRANSPORTATION</b>		
Delivers verbal report to medical control	1	
Determines and verbalizes need for transportation of patient	1	
<b>Passing score is 17 (at least 80%)</b>		
<b>TOTAL:</b>	21	

**CRITICAL CRITERIA**

- Did not demonstrate proper body substance isolation precautions
- Did not determine unresponsiveness
- Did not determine respiratory status
- Did not determine pulse status
- Did not determine need for resuscitation
- Did not attach AED to patient
- Did not ensure all individuals were standing clear of the patient prior to delivering each shock
- Did not initiate analysis of rhythm
- Did not deliver shock per national standards
- Did not direct resumption of CPR
- Did not ensure CPR without prolonged interruption per national standards

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

**Evaluator Name:** \_\_\_\_\_  
**Printed**

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



**This page was intentionally left blank**

## MEDICAL MODULE: Epinephrine Auto-Injector

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation	1	
*Appropriately determines the need for an Epi auto-injector <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>	1	
Contacts medical direction for authorization as indicated per local protocol	1	
*Checks medication for expiration date	1	
*Checks medication for cloudiness or discoloration	1	
Removes safety cap from the auto-injector	1	
*Selects (and cleans as appropriate) injection site (thigh)	1	
Pushes injector firmly against site	1	
*Holds injector against site for a minimum of ten (10) seconds	1	
Massages the site for 10 seconds	1	
*Properly discards auto-injector in appropriate container	1	
Verbalizes ongoing assessment of the patient	1	
<b>Passing score is 10 (at least 80%)</b>		
	12	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation
- \_\_\_ Did not appropriately determine the need for an Epi auto-injector
- \_\_\_ Did not check medication for expiration date
- \_\_\_ Did not check medication for cloudiness or discoloration
- \_\_\_ Did not select appropriate injection site
- \_\_\_ Did not hold the injector against the site for a minimum of 10 seconds
- \_\_\_ Did not properly discard auto-injector into appropriate container

**Asterisk denotes Critical Criteria**

**Failure to perform any critical criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed
Signature:



## TRAUMA MODULE: Bleeding Control/Shock Management

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Applies direct pressure to the wound	1	
*Applies a dressing to the wound	1	
*Elevates the extremity if needed	1	
*Bandages the wound	1	
*Assesses for distal pulse	1	
<b>Note: The evaluator must now inform the candidate that the wound is continuing to bleed.</b>		
Applies an additional dressing to the wound and secures with a bandage	1	
<b>Note: The evaluator must now inform the candidate that the wound is continuing to bleed. The second dressing does not control the bleeding.</b>		
*Locates and applies pressure to appropriate arterial pressure point	1	
<b>Note: The evaluator must now inform the candidate that the bleeding is controlled and the patient is in shock.</b>		
*Applies high-concentration oxygen (per national guidelines)	1	
*Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
*Indicates need for immediate transportation	1	
<b>Passing score is 11 (at least 80%)</b>		
<b>TOTAL:</b>	12	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not apply direct pressure to the wound
- \_\_\_ Did not apply a dressing to the wound
- \_\_\_ Did not elevate the extremity as needed
- \_\_\_ Did not bandage the wound
- \_\_\_ Did not assess for distal pulse
- \_\_\_ Did not locate and apply pressure to appropriate arterial pressure point
- \_\_\_ Did not apply high-concentration of oxygen per national standards
- \_\_\_ Did not properly position the patient
- \_\_\_ Did not indicate a need for immediate transportation

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

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



## TRAUMA MODULE: Immobilization Skills: Long Bone

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
* Demonstrates proper body substance isolation precautions	1	
Directs application of manual stabilization	1	
*Assesses distal pulse, sensation, and movement	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
Measures splint	1	
Applies 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 hand/foot in the position of function	1	
*Reassesses distal pulse, sensation, and movement	1	
<b>Note: The evaluator acknowledges present and normal</b>		
<b>Passing score is 8 (at least 80%)</b>		
<b>TOTAL:</b>	10	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not assess for distal pulse, sensation, or movement
- \_\_\_ Did not Immobilize the joint above or below the injury site
- \_\_\_ Did not reassess for distal pulse, sensation or movement

**Asterisk denotes Critical Criteria**

**Failure to perform any critical criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed Signature:



### TRAUMA MODULE: Immobilization Skills: Joint Injury

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper substance isolation precautions	1	
*Directs application of manual stabilization of the injury (in position found)	1	
*Assesses distal pulse, sensation, and movement	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
Selects proper splinting material	1	
*Immobilizes the site of the injury	1	
*Immobilizes bone above injured joint	1	
*Immobilizes bone below injured joint	1	
*Reassesses distal pulse, sensation, and movement	1	
<b>NOTE: The evaluator acknowledges present and normal</b>		
<b>Passing score is 7 (at least 80%)</b>		
<b>TOTAL:</b>	8	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not direct the application of manual stabilization of the injury
- \_\_\_ Did not assess for distal pulse, sensation, and movement
- \_\_\_ Did not immobilize the site of the injury
- \_\_\_ Did not immobilize the bone above and below injured joint
- \_\_\_ Did not reassess for distal pulse, sensation, and movement

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed

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



**TRAUMA MODULE: Immobilization Skills: Traction Splinting**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
Directs/maintains manual stabilization of the injured leg	1	
*Assesses distal pulse, sensation, and movement	1	
<b>NOTE: The evaluator acknowledges circulation to be present and normal.</b>		
<input type="checkbox"/> *Angulated fracture: Realigns leg, then pulls manual traction until mechanical traction has been completed.	1	
<input type="checkbox"/> *Non-angulated fracture: Directs/maintains manual traction <i>(Depending on splint used, follow the manufacturers recommendations)</i>		
*Prepares/adjusts splint to the proper length	1	
Positions the splint at the injured leg	1	
*Applies the proximal securing device (e.g., ischial strap)	1	
*Applies the distal securing device (e.g., ankle hitch)	1	
*Applies mechanical traction	1	
*Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
*Reassesses for distal pulse, movement, and sensation	1	
<b>NOTE: The evaluator acknowledges circulation to be present and normal.</b>		
<b>NOTE: Evaluator must ask candidate how he/she would prepare patient for transportation.</b>		
*Verbalizes securing patient to long board to immobilize hip and secure splint.	1	
<b>Passing Score is 11 (at least 80%)</b>	<b>Total:</b>	13

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not assess distal pulse, sensation, or movement
- \_\_\_ Angulated Fx: Did not realign leg or pull manual traction until mechanical traction had been completed
- \_\_\_ Non-Angulated Fx: Did not direct/maintain manual traction
- \_\_\_ Did not prepare/adjust splint to the proper length
- \_\_\_ Did not apply the proximal or distal securing device
- \_\_\_ Did not apply mechanical traction
- \_\_\_ Did not position/secure the support straps
- \_\_\_ Did not reassess for distal pulse, sensation, or movement
- \_\_\_ Did not verbalize securing the patient to a long board to immobilize hip and secure the splint

**Asterisk denotes Critical Criteria****Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

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



## TRAUMA MODULE: Spinal Immobilization: Longboard

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Directs assistant to place/maintain head in neutral in-line position	1	
*Assesses distal pulse, sensation, and movement in extremities	1	
Applies appropriate size cervical collar	1	
Positions the longboard appropriately	1	
*Moves patient onto longboard without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
*Immobilizes the patient's torso to the longboard	1	
*Secures the patient's legs to the longboard	1	
Pads behind the patient's head as necessary	1	
*Immobilizes the patient's head to the longboard	1	
Secures the patient's arms to the longboard	1	
*Reassesses distal pulse, sensation, and movement in extremities	1	
<b>Passing score is 11 (at least 80%)</b>		
<b>TOTAL:</b>	13	

**CRITICAL CRITERIA**

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not direct assistant to place/maintain head in neutral in-line position
- \_\_\_ Did not assess for distal pulse, sensation, or movement in extremities
- \_\_\_ Did not move the patient onto the longboard without compromising the integrity of the spine
- \_\_\_ Did not immobilize the patient's torso to the longboard
- \_\_\_ Did not secure the patient's legs to the longboard
- \_\_\_ Did not immobilize the patient's head to the longboard
- \_\_\_ Did not reassess for distal pulse, sensation, or movement in extremities

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

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

Printed

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



## TRAUMA MODULE: Spinal Immobilization: Short Spine Device

Student Name \_\_\_\_\_ Date \_\_\_\_\_

	Points Possible	Points Awarded
*Demonstrates proper body substance isolation precautions	1	
*Directs assistant to place/maintain head in neutral in-line position	1	
*Assesses distal pulse, sensation, and movement in extremities	1	
Applies appropriate size cervical collar	1	
Positions the immobilization device behind the patient	1	
*Applies device without compromising the integrity of the spine	1	
*Properly secures the device to the patient's torso and adjusts as necessary	1	
Evaluates the need for and pads behind the patient's head	1	
*Secures the patient's head to the device	1	
Verbalizes moving the patient to a long board	1	
*Reassesses distal pulse, sensation, and movement in extremities	1	
<b>Passing score is 9 (at least 80%)</b>		
<b>TOTAL:</b>	11	

### CRITICAL CRITERIA

- \_\_\_ Did not demonstrate proper body substance isolation precautions
- \_\_\_ Did not direct assistant to place/maintain head in neutral in-line position
- \_\_\_ Did not assess for distal pulse, sensation, or movement in extremities
- \_\_\_ Did not apply device without compromising the integrity of the spine
- \_\_\_ Did not properly secure the device to the patient's torso and adjust as necessary
- \_\_\_ Did not secure the patient's head to the device
- \_\_\_ Did not reassess for distal pulse, sensation, or movement of extremities

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed

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



**Washington State DOH Skill Sheet**  
**COMPREHENSIVE END OF COURSE EVALUATION**

**Major Medical**  
 FOR INITIAL CERTIFICATION

NAME	PRINT STUDENT'S NAME			DATE	
	PRINT STUDENT'S NAME				

**Objective:** Given a team approach, appropriate equipment and a patient with a major medical emergency, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.

**scene size-up (MUST VERBALIZE)**

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources
------------------------------	---------------------------------------	---	---	---

**initial assessment (MUST VERBALIZE)**

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> Offers Appropriate General Impression
<input type="checkbox"/> Chief complaint			<input type="checkbox"/> Skin Signs		

**subjective (focused history)**

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint**
- Thoroughly **investigates patient history, NOI** (follows **SAMPLE** and **OPQRST** investigation)
- Obtains names/dosages of current **medications** and if any were taken (if possible)

**objective (physical exam)**

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs appropriate **medical assessment** based on clinical presentation
- Appreciates patient's body position (distressed, tripod, normal)
- Obtains **second set of vital signs** and compares to baseline

**assessment (impression)**

- Verbalizes** to evaluator what 'you think is going on'
- Determines** the need for **immediate transport** — states rationale \_\_\_\_\_

**plan (treatment)**

<p>GENERAL CARE <i>(Check all that apply)</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Properly <b>positions patient</b></td> <td><input type="checkbox"/> Assists patient with (MDI) inhaler (if indicated)</td> </tr> <tr> <td><input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)</td> <td><input type="checkbox"/> <b>Monitors</b> patient vital signs</td> </tr> <tr> <td><input type="checkbox"/> Properly <b>ventilates</b> patient with a BVM (if indicated)</td> <td><input type="checkbox"/> Considers Index of suspicion (<b>IOS</b>) and states rationale</td> </tr> <tr> <td><input type="checkbox"/> Suctions airway (if indicated)</td> <td><input type="checkbox"/> Performs ongoing assessment</td> </tr> <tr> <td><input type="checkbox"/> Considers/uses <b>EpiPen</b> appropriately (if indicated)</td> <td><input type="checkbox"/> Aspirin (ASA) (if indicated)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Nitro (if indicated)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CPR/AED protocols</td> </tr> </table>	<input type="checkbox"/> Properly <b>positions patient</b>	<input type="checkbox"/> Assists patient with (MDI) inhaler (if indicated)	<input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)	<input type="checkbox"/> <b>Monitors</b> patient vital signs	<input type="checkbox"/> Properly <b>ventilates</b> patient with a BVM (if indicated)	<input type="checkbox"/> Considers Index of suspicion ( <b>IOS</b> ) and states rationale	<input type="checkbox"/> Suctions airway (if indicated)	<input type="checkbox"/> Performs ongoing assessment	<input type="checkbox"/> Considers/uses <b>EpiPen</b> appropriately (if indicated)	<input type="checkbox"/> Aspirin (ASA) (if indicated)		<input type="checkbox"/> Nitro (if indicated)		<input type="checkbox"/> CPR/AED protocols	<p><b>CRITICAL (FAIL) CRITERIA</b></p> <p><i>DID NOT...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take/verbalize <b>BSI</b></li> <li><input type="checkbox"/> Appropriately provide/manage airway, breathing, treatment of shock</li> <li><input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated)</li> <li><input type="checkbox"/> <b>Determine</b> the need for <b>immediate transport</b></li> </ul>
<input type="checkbox"/> Properly <b>positions patient</b>	<input type="checkbox"/> Assists patient with (MDI) inhaler (if indicated)														
<input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)	<input type="checkbox"/> <b>Monitors</b> patient vital signs														
<input type="checkbox"/> Properly <b>ventilates</b> patient with a BVM (if indicated)	<input type="checkbox"/> Considers Index of suspicion ( <b>IOS</b> ) and states rationale														
<input type="checkbox"/> Suctions airway (if indicated)	<input type="checkbox"/> Performs ongoing assessment														
<input type="checkbox"/> Considers/uses <b>EpiPen</b> appropriately (if indicated)	<input type="checkbox"/> Aspirin (ASA) (if indicated)														
	<input type="checkbox"/> Nitro (if indicated)														
	<input type="checkbox"/> CPR/AED protocols														

**communication and documentation**

- Delivers timely and effective **short report** (if indicated)

meets standards

YES       NO

**2<sup>nd</sup> ATTEMPT**

YES       NO

IF NO EXPLAIN

EVALUATOR SIGN YOUR NAME and EMS #

PRINT NAME

Office of Community Health Systems – Approved EMT-Basic Practical Evaluation Guidelines and Skill Sheets

TIME →						
Respiratory Rate						
Pulse Rate						
Blood Pressure						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Narrative (SOAP)

Subjective

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Objective

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Assessment

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Plan

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Washington State DOH Skill Sheet  
**COMPREHENSIVE END OF COURSE EVALUATION**

**Major Trauma**  
 FOR INITIAL CERTIFICATION

NAME	PRINT STUDENT'S NAME		Date
	PRINT STUDENT'S NAME		

**Objective:** Given a team approach, appropriate equipment and a patient with major trauma, demonstrate appropriate assessment and treatment as outlined in the approved guidelines.

**scene size-up (MUST VERBALIZE)**

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources
------------------------------	---------------------------------------	---	---	---

**initial assessment (MUST VERBALIZE)**

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> <b>Offers Appropriate General Impression</b>
<input type="checkbox"/> C/C	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	

**subjective (focused history)**

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **mechanism of injury (MOI)** as soon as possible – considers **NOI** and acts accordingly
- Obtains names/dosages of current **medications** and if any were taken (if possible)

**objective (physical exam)**

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs proper **trauma exam** based on clinical presentation: exposes/checks for bleeding and/or injuries
- Assesses pulse, sensation, and movement before and after wound care/splinting (as indicated)
- Obtains **second set of vital signs** and compares to baseline

**assessment (impression)**

- Verbalizes** to evaluator what 'you think is going on'
- Determines** the need for **immediate transport** — states rationale \_\_\_\_\_

**plan (treatment)**

<p>GENERAL CARE <i>(Check all that apply)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applies proper and immediate bleeding control technique: <b>direct pressure, pressure dressing, pressure points</b></li> <li><input type="checkbox"/> Provides immediate fracture stabilization</li> <li><input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)</li> <li><input type="checkbox"/> Appropriately applies splint</li> <li><input type="checkbox"/> Properly <b>positions patient</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Initiates steps to prevent heat loss</li> <li><input type="checkbox"/> <b>Monitors</b> patient's vital signs</li> <li><input type="checkbox"/> Considers Index of Suspicion (<b>IOS</b>) and states rationale</li> <li><input type="checkbox"/> Performs ongoing assessment</li> <li><input type="checkbox"/> Proper spinal immobilization</li> <li><input type="checkbox"/> Bag-valve-mask (BVM) use</li> <li><input type="checkbox"/> Suction (as needed)</li> <li><input type="checkbox"/> _____(additional)</li> <li><input type="checkbox"/> _____(additional)</li> </ul>	<p><b>CRITICAL (FAIL) CRITERIA</b>  <i>DID NOT...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take/verbalize <b>BSI</b></li> <li><input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock</li> <li><input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated)</li> <li><input type="checkbox"/> <b>Determine</b> the need for <b>immediate transport</b></li> </ul>
---	--	---

**communication and documentation**

<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated)	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

EVALUATOR SIGN YOUR NAME and EMS #	PRINT NAME	IF NO EXPLAIN
------------------------------------	------------	---------------

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						

Medications taken by patient at home: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Narrative (SOAP)

**Subjective**

---



---



---



---

**Objective**

---



---



---



---

**Assessment**

---



---



---



---

**Plan**

---



---



---



---

**INITIAL EMT-B COURSE  
PRACTICAL SKILLS EVALUATION AND  
COMPREHENSIVE END OF COURSE EVALUATION  
SUMMARY SHEET**

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Lesson Number	Page Numbers	Practical Skill	S	U	SEI Signature
2.3	9-10	Airway: Mouth to Mask			
2.3	11-12	Airway: Oropharyngeal Airway and Suction			
2.3	13-14	Airway: Nasopharyngeal Airway and Suction			
2.3	15-16	Ventilatory Management: Bag-Valve-Mask: Respiratory Arrest			
2.3	17-18	Oxygen Administration			
3.10	19-21	Patient Assessment – Medical Management			
3.10	22-25	Patient Assessment – Trauma Management			
4.11	27-29	Medical: Cardiac Arrest Management/AED			
4.11	31-32	Medical: Epinephrine Auto-Injector			
5.6	33-34	Trauma: Bleeding Control/Shock			
5.6	35-36	Trauma: Immobilization Skills: Long Bone			
5.6	37-38	Trauma: Immobilization Skills: Joint Injury			
5.6	39-40	Trauma: Immobilization Skills: Traction Splinting			
5.6	41-42	Trauma: Spinal Immobilization: Longboard			
5.6	43-44	Trauma: Spinal Immobilization: Short Spine Device			
End of Course	45-46	Comprehensive End of Course Evaluation: Major Medical			
End of Course	47-48	Comprehensive End of Course Evaluation: Major Trauma			

**This page was intentionally left blank**

## PRACTICAL SKILLS EVALUATION SHEET

### Required Scores for Successful Completion

Practical Skill Sheet Page Numbers	Practical Skill	Total Points Possible	Points Required to Successfully Complete Practical Skill
9-10	Airway Module: Mouth-to-Mask Ventilation	6	6
11-12	Airway Module: Oropharyngeal Airway and Suction	9	9
13-14	Airway Module: Nasopharyngeal Airway and Suction	9	9
15-16	Airway Module: Ventilatory Management: Bag-Valve-Mask: Respiratory Arrest	6	5
17-18	Airway Module: Oxygen Administration	15	15
19-21	Patient Assessment Module: Medical Management	32	26
22-25	Patient Assessment Module: Trauma Management	44	36
27-29	Medical Module: Cardiac Arrest Management/AED	21	17
31-32	Medical Module: Epinephrine Auto-Injector	12	10
33-34	Trauma Module: Bleeding Control/Shock Management	12	11
35-36	Trauma Module: Immobilization Skills: Long Bone	10	8
37-38	Trauma Module: Immobilization Skills: Joint Injury	8	7
39-40	Trauma Module: Immobilization Skills: Traction Splinting	13	11
41-42	Trauma Module: Spinal Immobilization: Longboard	13	11
43-44	Trauma Module: Spinal Immobilization: Short Spine Device	11	9

**NOTE: A check mark in any of the critical criteria skills sections constitutes a failure of the entire station regardless if the individual passed all other skills sections.**

**This page was intentionally left blank**