

Candidate: _____ Date: _____

ID#: _____

Skill Drill 2-1 Handwashing

Task: Wash hands properly.					
Performance Observations: The candidate shall be able to correctly wash the hands.					
Candidate Directive: "Properly wash hands."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Apply soap to hands. Rub hands together for at least 15 seconds to work up a lather. Pay particular attention to your fingernails. Rinse both hands using warm water.				
2.	Dry your hands with a paper towel and use the paper towel to turn off the faucet.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 2-2 Proper Glove Removal Technique

Task: Remove gloves.					
Performance Observations: The candidate shall be able to demonstrate the proper glove removal technique.					
Candidate Directive: "Properly remove gloves."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Begin by partially removing one glove. With the other gloved hand, pinch the first glove at the wrist—making sure to touch only the outside of the first glove—and start to roll it back off the hand, inside out. Leave the exterior of the fingers on the first glove exposed.				
2.	Use the partially gloved fingers to pinch the wrist of the second glove and begin to pull it off, rolling it inside-out toward the fingertips as you did with the first glove.				
3.	Continue pulling the second glove off until you can pull the second hand free.				
4.	With your now-ungloved second hand, grasp the exposed inside of the first glove and pull it free of your first hand and over the now-loose second glove. Be sure that you touch only clean, interior surfaces with your ungloved hand.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 2-3 Preventing a Potential Exposure

Task: Prevent a potential exposure.					
Performance Observations: The candidate shall be able to demonstrate how to prevent a potential exposure.					
Candidate Directive: "Prevent a potential exposure."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	En route to the scene, make sure that PPE is out and available.				
2.	Upon arrival, make sure the scene is safe to enter, and perform a 60- to 90-second rapid exam of the patient, noting whether any blood or body fluids are present. Select the proper PPE according to the tasks you are likely to perform. Limit the number of people who are involved in patient care.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

_____ Evaluator	_____ Date	_____ Candidate	_____ Date
_____ Retest Evaluator	_____ Date	_____ Retest Candidate	_____ Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-1 Performing the Power Lift

Task: Perform the power lift.					
Performance Observations: The candidate shall be able to correctly perform the power lift.					
Candidate Directive: "Properly perform the power lift."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Tighten your back in a normal upright position and lock it in a slight inward curve at the lumbar area. Spread your legs about 15 inches (38 cm) apart, and bend your legs to lower your torso and arms. With your arms extended down, grasp the stretcher or backboard with your hands held palm up and just in front of you. Balance and center the weight between your arms.				
2.	Reposition your feet as necessary so they are about 15 inches (38 cm) apart with one slightly farther forward and rotated so your center of gravity is properly balanced between your legs. Straddle the object and distribute your weight. Do not bend your knees more than 90°, nor extend your knees past your toes. With your arms extended downward, lift by straightening your legs until you are fully standing. Hold your back upright and ensure your upper body comes up before your hips.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-2 Performing a Two-Person Body Drag

Task: Perform a two-person body drag.					
Performance Observations: The candidate shall be able to correctly perform a two-person body drag.					
Candidate Directive: "Properly perform a two-person body drag."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Position yourself by kneeling on either side of the patient, just beyond the patient's shoulders, facing the groin. You and your lifting partner will each extend one arm across and in front of your chests and grasp the patient's armpit closest to you. With the other arm extended in front and to the side of the patient's torso, you and your partner will grasp the patient's clothing at the beltline.				
2.	As a unit, raise your elbows and flex your arms to pull the patient lengthwise, as close to the floor as possible.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-3 Performing the Diamond Carry

Task: Perform the diamond carry.					
Performance Observations: The candidate shall be able to correctly perform the diamond carry.					
Candidate Directive: "Properly perform the diamond carry."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	To best balance the weight, four providers should be positioned at each side and end while facing the patient. Providers grasp the backboard or stretcher with one hand adjacent to the distal edge of the patient's pelvis and the other midthorax. When the command is given, all four providers lift the device while facing toward the patient.				
2.	The provider at each side grasps the backboard or stretcher with the head-end hand.				
3.	The providers at each side turn toward the patient's feet. The provider at the foot end turns to face forward. All four providers face the same direction and walk forward when carrying the patient.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-4 Performing the One-Handed Carry

Task: Perform the one-handed carry.					
Performance Observations: The candidate shall be able to correctly perform the one-handed carry.					
Candidate Directive: "Properly perform the one-handed carry."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Before lifting the backboard, ensure at least two providers are positioned on each side of the backboard facing each other and using both hands.				
2.	Lift the backboard to carrying height using correct lifting techniques, including a locked-in back.				
3.	After you lifted the backboard to a carrying height, you and your partners turn in the direction you will be walking, and switch to using one hand.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-5 One-Person Technique for Removing an Unresponsive Patient From a Vehicle

Task: Remove an unresponsive patient from a vehicle.					
Performance Observations: The candidate shall be able to correctly remove an unresponsive patient from a vehicle.					
Candidate Directive: "Properly remove an unresponsive patient from a vehicle."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Move the patient's legs against the seat so they are clear of the gas and brake pedals. Rotate the patient so the back is positioned facing the open vehicle door. Place your arms through the patient's armpits and support the patient's head against your body.				
2.	Support the patient's weight while lowering the patient down into a supine position.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-6: Performing the Rapid Extrication Technique

Task: Perform the rapid extrication technique.					
Performance Observations: The candidate shall be able to correctly perform the rapid extrication technique.					
Candidate Directive: "Properly perform the rapid extrication technique."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	The first provider applies manual in-line support of the patient's head and cervical spine from behind the patient, usually from the backseat. Support may be applied from the side, if necessary, by reaching through the driver's side doorway.				
2.	The provider holding in-line stabilization gives commands, applies a cervical collar, and performs the primary survey from the driver's side doorway. If the first provider is also working from that doorway, the second provider should stand closer to the door hinges toward the front of the vehicle.				
3.	The second provider provides continuous support of the patient's torso until the patient is supine on the backboard. The third provider works from the front passenger's seat and frees the patient's legs from the gas and brake pedals and moves the legs together, without moving the pelvis or spine. After the third provider moves the legs together, the legs should be moved as a unit.				
4.	The second provider and the third provider rotate the patient as a unit in three or four short, quick "eighth turns" until the patient's back is facing out the driver's door and the legs are on the front passenger's seat. The first provider directs each quick turn by saying, "Ready, turn" or "Ready, move." Make hand position changes between moves. The first provider (relieved by the fourth provider or a bystander as needed) supports the patient's head and neck during rotation (and later steps).				
5.	Once the patient has been rotated fully, place the backboard on the seat against the patient's buttocks. The second provider and the third provider lower the patient onto the board while supporting the head and torso to maintain neutral alignment. The first provider holds the backboard until the patient is secured. (Use of a backboard versus an alternative device to maintain spinal motion restriction may depend on local protocols.)				
6.	The third provider moves across the front seat to be in position at the patient's hips. The backboard should be immediately in front of the third provider. The fourth provider maintains manual in-line support of the head and now takes over giving the commands. If a fourth provider is not present, direct a volunteer to assist you. The second provider maintains the direction of the extrication and stands with his or her back to the door, facing the rear of the vehicle. The second provider grasps the patient's shoulders or armpits. On command, the second provider and third provider slide the patient along the backboard in 8-inch to 12-inch (20-cm to 30-cm) moves, repeating this slide until the patient's hips are firmly on the backboard.				

Skill Drill 6-6: Performing a Rapid Full-Body Scan, continued

No.	Task Steps	First Test		Retest	
		P	F	P	F
7.	The third provider exits the vehicle and moves to the opposite side of the backboard opposite the second provider. On command, they continue to slide the patient along the backboard in 8-inch to 12-inch (20-cm to 30-cm) slides until the patient is placed fully on the backboard.				
8.	The first (or fourth) provider continues to stabilize the patient's head and neck while the second provider and the third provider carry the patient away from the vehicle and onto the prepared stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-7 Direct Ground Lift

Task: Perform the direct ground lift.					
Performance Observations: The candidate shall be able to correctly perform the direct ground lift.					
Candidate Directive: "Properly perform the direct ground lift."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Line up on one side of the patient, with the first provider at the head, the second provider at the waist, and the third provider at the patient's knees. All providers kneel on one knee, preferably the same knee. Place the patient's arms on the chest, if possible. The first provider places one arm under the patient's neck and shoulders and cradles the patient's head. The first provider then places the other arm under the patient's lower back. The second provider places one hand under the patient's waist, and the other under the knees. The third provider places one arm under the patient's knees and the other under the ankles.				
2.	On command, the providers lift up the patient to knee level as each provider rests an arm on the knee.				
3.	Together and on command, each provider rolls the patient in toward the chest. Again on command, providers stand and carry the patient to the stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-8 Extremity Lift

Task: Perform the extremity lift.					
Performance Observations: The candidate shall be able to correctly perform the extremity lift.					
Candidate Directive: "Properly perform the extremity lift."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Kneel behind the patient's head as your partner kneels at the patient's feet. The patient's hands should be crossed over the chest. Place one hand under each of the patient's armpits. Grasp the patient's wrists or forearms and pull the upper torso until the patient is in a sitting position.				
2.	Your partner moves to a position between the patient's legs, faces the same direction as the patient, and slips the hands under the patient's knees.				
3.	Rise to a crouching position. As you give the command, stand fully upright and move the patient to the stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-9 Direct Carry

Task: Perform a direct carry.					
Performance Observations: The candidate shall be able to correctly perform a direct carry.					
Candidate Directive: "Properly perform a direct carry."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Position the stretcher parallel to the bed. Secure the stretcher to prevent movement. Position yourself at the head end of the bed facing toward the patient. Your partner should be positioned between the bed and the stretcher and faces you and the patient. Place your arms under the patient's armpits. Your partner positions the hands under the patient's knees.				
2.	Slowly and smoothly lift the patient in a smooth, coordinated fashion.				
3.	Slowly carry the patient from the bed to the stretcher.				
4.	Gently lower the patient onto the stretcher and secure with straps.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-10 Draw Sheet Method

Task: Perform the draw sheet method.					
Performance Observations: The candidate shall be able to correctly perform the draw sheet method.					
Candidate Directive: "Properly perform the draw sheet method."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Loosen the bottom sheet under the patient, or log roll the patient onto a drop sheet or blanket.				
2.	Place the stretcher next to the bed, ensure it is at the same height, or slightly lower than the bed. Hold or secure the stretcher to keep it from moving. Reach across the stretcher, and grasp the sheet or blanket firmly at the patient's head, chest, hips, and knees.				
3.	Gently slide the patient onto the stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-11 Using a Scoop Stretcher

Task: Use a scoop stretcher.					
Performance Observations: The candidate shall be able to correctly use a scoop stretcher.					
Candidate Directive: "Properly use a scoop stretcher."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	With the scoop stretcher separated, measure the length of the scoop and adjust to the proper length.				
2.	Position the stretcher, one side at a time. Slightly lift the patient's side by pulling on the far hip and upper arm, while your partner slides the stretcher into place.				
3.	Lock the stretcher ends together by engaging its locking mechanisms one at a time and continue to slightly lift the patient as needed to avoid pinching.				
4.	Secure the patient to the scoop stretcher, and transfer it to the stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-12 Lifting a Patient From the Ground

Task: Lift a patient from the ground using a blanket.					
Performance Observations: The candidate shall be able to correctly lift a patient from the ground using a blanket.					
Candidate Directive: "Properly lift a patient from the ground using a blanket."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Log roll the patient onto a blanket.				
2.	Lift the patient by the blanket, and carry the patient to the nearby stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-13 Moving a Patient From a Chair to a Stair Chair

Task: Move a patient from a chair to a stair chair.					
Performance Observations: The candidate shall be able to correctly move a patient from a chair to a stair chair.					
Candidate Directive: "Properly move a patient from a chair to a stair chair."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Remove any removable side pieces on the chair or move the side pieces to a position so as to minimize Interference. Slide your arms through the patient's armpits, and grasp the patient's crossed forearms. Your partner grasps the patient's legs at the knees.				
2.	Gently lift the patient into the locked stair chair.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-14 Loading a Stretcher Into an Ambulance

Task: Load a stretcher into an ambulance.					
Performance Observations: The candidate shall be able to correctly load a stretcher into an ambulance.					
Candidate Directive: "Properly load a stretcher into an ambulance."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Tilt the head end of the stretcher upward, and place it into the patient compartment with the wheels on the floor. Ensure the safety bar under the head of the stretcher catches on the hook prior to lifting the stretcher.				
2.	With the patient's weight supported by the two head-end wheels and the provider at the foot end of the stretcher, move to the side of the main frame and release the undercarriage lock to lift the undercarriage up to its fully retracted position.				
3.	Roll the stretcher the rest of the way into the back of the ambulance, where it will rest on all six wheels.				
4.	Secure the stretcher to the clamps mounted in the ambulance.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-15 Using a Stair Chair

Task: Use a stair chair.					
Performance Observations: The candidate shall be able to correctly use a stair chair.					
Candidate Directive: "Properly use a stair chair."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Secure the patient to the stair chair with straps. One provider should be positioned at the head end and one provider at the foot end. The provider at the head will coordinate lifts and movement. If a third provider is on scene, the third provider keeps a hand on the back of the second provider who is at the patient's feet. The third provider will open doors and provide guidance and support.				
2.	When you reach landings and other flat intervals in the move, lower the chair to the ground and roll the chair to the next position. When you reach the ground level where the stretcher awaits, roll the chair into position next to the stretcher in preparation for transferring the patient.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 6-16 Carrying a Patient on Stairs

Task: Carry a patient on stairs.					
Performance Observations: The candidate shall be able to correctly carry a patient on stairs.					
Candidate Directive: "Properly carry a patient on stairs."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Strap the patient securely. Ensure one strap is tight across the patient's upper torso, under the arms, and secured to the handles to prevent the patient from sliding.				
2.	When you carry the patient down stairs or an incline, ensure the backboard or stretcher is carried with the foot end first so the head end is elevated higher than the foot end.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 10-1 Performing a Rapid Full-Body Scan

Task: Perform a rapid full-body scan.					
Performance Observations: The candidate shall be able to correctly perform a rapid full-body scan.					
Candidate Directive: "Properly perform a rapid full-body scan."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Assess the head, looking and feeling for DCAP-BTLS and crepitus (a grating or grinding sensation or sound made when two pieces of broken bone are rubbed together). Have your partner maintain in-line stabilization if trauma is suspected.				
2.	Assess the neck, looking and feeling for DCAP-BTLS, step-offs where the cervical vertebrae are not aligned properly, jugular vein distention, tracheal deviation from midline in the neck, and crepitus.				
3.	In trauma patients, apply a cervical collar when applicable.				
4.	Assess the chest, looking and feeling for DCAP-BTLS, paradoxical motion, subcutaneous emphysema, and crepitus. Listen to breath sounds on both sides of the patient's chest.				
5.	Assess the abdomen, looking and feeling for DCAP-BTLS, rigidity (firm or soft), guarding, rebound tenderness, and distention.				
6.	Assess the pelvis, looking for DCAP-BTLS. If no pain is present, then gently compress the pelvis downward and inward to look for tenderness and instability.				
7.	Assess all four extremities, looking and feeling for DCAP-BTLS. Also assess bilaterally for distal pulses and motor and sensory function.				
8.	Assess the back and buttocks, looking and feeling for DCAP-BTLS. In all trauma patients, maintain in-line stabilization of the spine while log rolling the patient on the side in one motion. Do not log roll the patient if any instability in the pelvis is present. Instead, gently run your hands under each side of the patient as far as possible to note any obvious injuries or bleeding.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 10-1 Performing a Rapid Full-Body Scan, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 10-2 Assessing Blood Glucose Level

Evaluator Instructions: Assess the blood glucose level.					
Performance Observations: The candidate shall be able to correctly assess blood glucose level.					
Candidate Directive: "Assess the blood glucose level."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Select, check, and assemble the equipment (glucometer, test strip, needle or spring-loaded puncture device, alcohol prep pads). Turn on the glucometer and insert a test strip. Cleanse the fingertip with an alcohol prep pad.				
2.	Puncture the prepped site with lancet needle or puncture device, drawing capillary blood. Place blood on the test strip.				
3.	Dispose of the lancet needle in a sharps container.				
4.	Insert the test strip into the glucometer and activate the device per the manufacturer's instructions, applying the blood sample to the test strip when indicated.				
5.	Dress the fingertip wound with pressure and an alcohol prep pad, then place a bandage over the puncture site. Record the reading from the glucometer and document appropriately.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 10-3 Performing the Full-Body Exam

Task: Perform the full-body exam.					
Performance Observations: The candidate shall be able to correctly perform a rapid full-body exam.					
Candidate Directive: "Properly perform the full-body exam."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Examine the face for obvious lacerations, bruises, and deformities. Maintain manual stabilization if spinal injury is suspected.				
2.	Inspect the area around the eyes and eyelids.				
3.	Examine the eyes for redness and for contact lenses. Assess pupils using a penlight.				
4.	Look behind the ears to assess for bruising (Battle sign).				
5.	Use the penlight to look for drainage of spinal fluid or blood in the ears.				
6.	Examine the head for bruising and lacerations. Palpate for tenderness, depressions of the skull, and deformities.				
7.	Palpate the zygomas (cheekbones) for tenderness or instability.				
8.	Palpate the maxillae.				
9.	Check the nose for blood and drainage.				
10.	Palpate the mandible.				
11.	Assess the mouth and nose for cyanosis, foreign bodies (including loose teeth or dentures), bleeding, lacerations, and deformities.				
12.	Check for unusual odors on the patient's breath.				
13.	Inspect the neck for obvious lacerations, bruises, and deformities. Observe for jugular vein distention and/or tracheal deviation. Apply a cervical collar if spinal injury is suspected.				
14.	Palpate the front and back of the neck for tenderness and deformity.				
15.	Inspect the chest for obvious signs of injury before you begin palpation. Watch for movement of the chest with respirations. Assess the work of breathing.				
16.	Gently palpate over the ribs to elicit tenderness. Avoid pressing over obvious bruises and fractures.				
17.	Listen to anterior breath sounds over the major airways (midaxillary and midclavicular lines).				

Skill Drill 10-3 Performing the Full-Body Exam, continued

18.	Listen to posterior breath sounds over the lower lungs (bases) and upper lungs (apices). At this point, also assess the back for tenderness and deformities, so you log roll the patient only once. Remember, if you suspect a spinal cord injury, then use spinal precautions as you log roll the patient.				
19.	Look at the abdomen and pelvis for obvious lacerations, bruises, and deformities. Gently palpate the abdomen for tenderness. If the abdomen is unusually tense, then describe the abdomen as rigid.				
20.	Gently compress the pelvis from the sides to assess for tenderness.				
21.	Gently press the iliac crests to elicit instability, tenderness, and/or crepitus.				
22.	Inspect all extremities for lacerations, bruises, swelling, deformities, and medical alert anklets or bracelets. Also assess distal pulses and motor and sensory function in all extremities.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 10-4 Obtaining Blood Pressure by Auscultation

Evaluator Instructions: Obtain blood pressure by auscultation.					
Performance Observations: The candidate shall be able to correctly obtain blood pressure by auscultation.					
Candidate Directive: "Properly obtain blood pressure by auscultation."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Check for ports, central lines, mastectomy, dialysis fistula, and injury to the arm. If any are present, then use the brachial artery on the other arm. Apply the cuff snugly. The lower border of the cuff should be about 1 inch (2.5 cm) above the antecubital space (the crease at the inside of the patient's elbow). Ensure the center of the inflatable bladder, which is usually marked by an arrow on the cuff, lies over the brachial artery.				
2.	Support the exposed arm at the level of the heart. With your nondominant hand, palpate the brachial artery (in the antecubital fossa, the anterior aspect of the elbow) to determine where to place the stethoscope.				
3.	Place the bell (if one is present) of the stethoscope over the brachial artery, and hold it firmly against the artery with the fingers of your nondominant hand. Hold the rubber ball-pump in the palm of your other hand and the turn-valve between your thumb and first finger.				
4.	Close the valve tightly, and pump to 30 mm Hg above the point at which you stop hearing pulse sounds. Next, slowly turn the valve, opening it until air is steadily escaping from the cuff and you see the needle of the gauge slowly drop. The systolic pressure is the first time you hear the Korotkoff sound. The diastolic pressure is the last time it is heard.				
5.	As soon as the pulse sounds stop, open the valve, and quickly release remaining air. After you have finished measuring the blood pressure, document your findings and the time at which the blood pressure was taken.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 10-4 Obtaining Blood Pressure by Auscultation, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 10-5 Obtaining Blood Pressure by Palpation

Evaluator Instructions: Obtain blood pressure by palpation.					
Performance Observations: The candidate shall be able to correctly obtain blood pressure by palpation.					
Candidate Directive: "Properly obtain blood pressure by palpation."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Secure the appropriately sized cuff around the patient's upper arm in the manner previously described.				
2.	With your nondominant hand, palpate the patient's radial pulse on the same arm as the cuff . After you have located it, do not move your fingertips until you have completed taking the blood pressure.				
3.	While holding the ball-pump in your other hand, close the turn-valve and slowly inflate the cuff until the pulse disappears and then continue to inflate another 30 mm Hg. As the cuff inflates, you will no longer feel the pulse under your fingertips.				
4.	Open the turn-valve so that air slowly escapes from the cuff, and carefully observe the gauge. When you can again feel the radial pulse under your fingertips, note the reading on the gauge as the patient's systolic blood pressure.				
5.	Next, open the turn-valve further, and completely deflate the cuff. Document your findings, including the time, and note that the pressure was taken by palpation.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-1 Positioning an Unresponsive Patient

Task: Position an unresponsive patient.					
Performance Observations: The candidate shall be able to correctly position an unresponsive patient.					
Candidate Directive: "Properly position an unresponsive patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Kneel beside the patient. Kneel far enough away so that the patient, when rolled toward you, does not come to rest in your lap. Place your hands behind the back of the patient's head and neck to provide in-line stabilization of the cervical spine as your partner straightens the patient's legs.				
2.	Have your partner place his or her hands on the patient's far shoulder and hip.				
3.	As you call the count to control movement, have your partner turn the patient toward you by pulling on the far shoulder and hip. Control the head and neck so that they move as a unit with the rest of the torso. In this way, the head and neck stay in the same vertical plane as the back. This single motion will minimize aggravation of any spinal injury. Replace the patient's farther arm back at the side.				
4.	After the patient is positioned, maintain an open airway and assess the patient's airway and breathing status.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-2 Suctioning a Patient's Airway

Task: Suction a patient's airway.					
Performance Observations: The candidate shall be able to correctly suction a patient's airway.					
Candidate Directive: "Properly suction a patient's airway."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Make sure the suctioning unit is properly assembled, and turn on the suction unit. Test the suction by clamping the tubing and making sure the unit generates a vacuum of more than 300 mm Hg.				
2.	Measure the catheter from the corner of the patient's mouth to the tip of the earlobe or angle of the jaw.				
3.	Before applying suction, turn the patient's head to the side (unless you suspect cervical spine injury). Open the patient's mouth by using the cross-finger technique or tongue-jaw lift, and insert the catheter to the depth measured, without using force. Do not suction while inserting the catheter.				
4.	Insert the catheter to the premeasured depth, and apply suction in a circular motion as you withdraw the catheter. Remember that you are removing oxygen while suctioning, so limit suctioning time to no more than 15 seconds in an adult, 10 seconds in a child, and 5 seconds in an infant.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-3 Inserting an Oral Airway Into an Adult

Task: Insert an oral airway.					
Performance Observations: The candidate shall be able to correctly insert an oral airway.					
Candidate Directive: "Properly insert an oral airway."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	To select the proper size, measure the distance from the patient's earlobe to the corner of the mouth. Another acceptable method is to measure from the center of the mouth to the angle of the jaw.				
2.	Open the patient's mouth with the cross-finger technique. Hold the airway upside down with your other hand. Insert the airway with the tip facing the roof of the mouth and slide it in until it touches the roof of the mouth.				
3.	Rotate the airway 180° after it passes the soft palate. When inserted properly, the airway device will rest in the mouth with the curvature of the airway device following the contour of the anatomy. The flange should rest against the patient's lips or teeth. In this position, the airway will hold the tongue forward.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator
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Retest Evaluator
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Retest Candidate
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Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-4 Inserting an Oral Airway With a 90° Rotation

Task: Insert an oral airway with a 90° rotation.					
Performance Observations: The candidate shall be able to correctly insert an oral airway with a 90° rotation.					
Candidate Directive: "Properly insert an oral airway with a 90° rotation."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Use a tongue depressor or bite stick to depress the tongue, ensuring the tongue remains forward.				
2.	Insert the oral airway sideways from the corner of the mouth, until the flange reaches the teeth.				
3.	Rotate the oral airway 90°, removing the depressor or bite stick as you exert gentle backward pressure on the oral airway until it rests securely in place against the lips and teeth.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-5 Inserting a Nasal Airway

Task: Insert a nasal airway.					
Performance Observations: The candidate shall be able to correctly insert a nasal airway.					
Candidate Directive: "Properly insert a nasal airway."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Before inserting the airway device, be sure you have selected the proper size. Measure the distance from the tip of the patient's nose to the earlobe or the angle of the jaw. The diameter should be roughly equal to the diameter of the patient's little finger. If the nasopharyngeal airway is too long, it will obstruct the patient's airway. Coat the tip with a water-soluble lubricant.				
2.	In almost all patients, one nostril is slightly larger than the other. Insert the lubricated airway device into the larger nostril with the curvature following the floor of the nose. If using the right nare, the bevel should face the septum. If using the left nare, insert the airway with the tip of the airway pointing upward, which will allow the bevel to face the septum.				
3.	Gently advance the airway. If using the left nare, insert the nasopharyngeal airway until you feel resistance. Then rotate the nasopharyngeal airway 180° into position. This rotation is not required if using the right nare.				
4.	Continue until the flange rests against the skin. If you feel any resistance or obstruction, remove the airway and insert it into the other nostril. When completely inserted, the flange rests against the nostril. The other end of the airway opens into the posterior pharynx. If the patient becomes intolerant of the nasal airway, you may have to remove it. Precautions similar to those used when removing an oral airway should be followed.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-6 Placing an Oxygen Cylinder Into Service

Task: Place an oxygen cylinder into service.					
Performance Observations: The candidate shall be able to correctly place an oxygen cylinder into service.					
Candidate Directive: "Properly place an oxygen cylinder into service."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Inspect the cylinder and its markings. If the cylinder was commercially filled, it will have a plastic seal around the valve stem covering the opening in the stem. Remove the seal, and inspect the opening to make sure that it is free of dirt and other debris. The valve stem should not be sealed or covered with adhesive tape or any petroleum-based substances. These can contaminate the oxygen and can contribute to combustion when mixed with pressurized oxygen.</p> <p>"Crack" the cylinder by slowly opening and then reclosing the valve to help make sure that the dirt particles and other possible contaminants do not enter the oxygen flow. Never face the tank toward yourself or others when cracking the cylinder. Open the tank by attaching a tank key (wrench) to the valve and rotating the valve counterclockwise. You should be able to hear clearly the rush of oxygen coming from the tank. Close the tank by rotating the valve clockwise.</p>				
2.	<p>Attach the regulator/flowmeter to the valve stem after clearing the opening. On one side of the valve stem, you will find three holes. The larger one, on top, is a true opening through which the oxygen flows. The two smaller holes below it do not extend to the inside of the tank. They provide stability to the regulator. Following the design of the pin-indexing system, these two holes are very precisely located in positions that are unique to the oxygen cylinders.</p> <p>Above the pins on the inside of the collar is the actual port through which oxygen flows from the cylinder to the regulator. A metal-bound elastomeric sealing washer (also called a gasket) is placed around the oxygen port to optimize the airtight seal between the collar of the regulator and the valve stem. In the past, crush gaskets made of plastic and nylon were used, but are no longer recommended. If used, crush gaskets can be used only once and then they must be replaced.</p>				
3.	<p>Place the regulator collar over the cylinder valve, with the oxygen port and pin-indexing pins on the side of the valve stem that has the three holes. Open the screw bolt just enough to allow the collar to fit freely over the valve stem. Move the regulator so that the oxygen port and the pins fit into the correct holes on the valve stem. The screw bolt on the opposite side should be aligned with the dimple depression. As you hold the regulator securely against the valve stem, hand tighten the screw bolt until the regulator is firmly attached to the cylinder. At this point, you should not see any open spaces between the sides of the valve stem and the interior walls of the collar.</p>				

Skill Drill 11-6 Placing an Oxygen Cylinder Into Service, continued

4.	<p>With the regulator firmly attached, open the cylinder completely, check for air leaking from the regulator-oxygen cylinder connection, and read the pressure level on the regulator gauge. Most portable cylinders have a maximum pressure of approximately 2,000 psi. Most EMS systems consider a cylinder with less than 500 to 1,000 psi to be too low to keep in service. Learn your department's policies in this regard and follow them.</p> <p>The flowmeter will have a second gauge or a selector dial that indicates the oxygen flow rate. Several popular types of devices are widely used. Attach the selected oxygen device to the flowmeter by connecting the universal oxygen connecting tubing to the "Christmas tree" nipple on the flowmeter. Most oxygen-delivery devices come with this tubing permanently attached; however, some oxygen masks do not. You must attach this tubing to the oxygen-delivery device if it is not already attached.</p>				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-7 Mouth-to-Mask Ventilation

Task: Perform mouth-to-mask ventilation.					
Performance Observations: The candidate shall be able to correctly perform mouth-to-mask ventilation.					
Candidate Directive: "Properly perform mouth-to-mask ventilation."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Kneel at the patient's head. Open the airway using the head tilt-chin lift maneuver or the jaw-thrust maneuver if trauma is suspected. Insert an oral or nasal airway, if possible, to help maintain airway patency. Connect the one-way valve to the face mask and place the mask on the patient's face. Make sure the top is over the bridge of the nose and the bottom is in the groove between the lower lip and the chin. Hold the mask in position by placing your thumbs over the top part of the mask and your index fingers over the bottom half. Grasp the lower jaw with the remaining three fingers on each hand, making an airtight seal by pulling the lower jaw into the mask. Maintain an upward and forward pull on the lower jaw with your fingers to keep the airway open. This method of securing the mask to the patient's face is known as the EC-clamp method.				
2.	Take a deep breath and exhale through the open port of the one-way valve. Breathe slowly into the patient's mask until you observe adequate chest rise.				
3.	Remove your mouth from the valve, and watch the patient's chest fall during passive exhalation.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-8 Using CPAP

Task: Use CPAP.					
Performance Observations: The candidate shall be able to correctly use CPAP.					
Candidate Directive: "Properly use CPAP:"					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Assess the patient for indications and contraindications for CPAP. Confirm the patient's blood pressure, and explain the procedure. Check your equipment, then connect the circuit to the CPAP device.				
2.	Connect the face mask to the circuit tubing. After the system is connected, look for an on/off button or switch. Some models have this feature. Confirm the device is powered on and working before you apply CPAP to the patient.				
3.	Connect the tubing to the oxygen tank.				
4.	Place the mask over the patient's mouth and nose, creating as much of an airtight seal as possible. Place the patient in a high Fowler position to facilitate breathing, and coach the patient through the initial application of the mask. To reduce some of the stress and anxiety associated with the application of CPAP, it may be beneficial to initially allow the patient to hold the mask to the face. Allow the patient to get used to the mask.				
5.	After the mask is placed on the face and the patient adjusts to it, use the strapping mechanism to secure it to the patient's head. Ensure the seal between the mask and face remains intact. Consult the manufacturer's guidelines for specific strapping instructions.				
6.	Adjust the PEEP valve and the FIO ₂ level according to the manufacturer's recommendations to maintain adequate oxygenation and ventilation. With CPAP in place, the patient's oxygenation saturation level should improve, the work of breathing should decrease, the ease of speaking should increase, and breath sounds should improve. Constantly reassess the patient for signs of clinical deterioration and/or complications (ie, pneumothorax).				
Retest Approved By:			Retest Evaluation:		

Skill Drill 11-8 Using CPAP, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-9 Suctioning of a Stoma

Task: Suction a stoma.					
Performance Observations: The candidate shall be able to correctly suction a stoma.					
Candidate Directive: "Properly suction a stoma."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions.				
2.	Inject 3 mL of sterile saline through the stoma and into the trachea.				
3.	Instruct the patient (if responsive) to exhale, and insert the catheter without providing suction until resistance is felt (no more than 12 cm).				
4.	Suction while withdrawing the catheter.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-10 Ventilating Through a Stoma Using a Resuscitation Mask

Task: Ventilate through a stoma using a resuscitation mask.					
Performance Observations: The candidate shall be able to correctly ventilate through a stoma using a resuscitation mask.					
Candidate Directive: "Properly ventilate through a stoma using a resuscitation mask."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Position the patient's head in a neutral position with the shoulders slightly elevated.				
2.	Locate and expose the stoma site.				
3.	Place the resuscitation mask over the stoma, and ensure an adequate seal. For best results, use a pediatric mask.				
4.	Maintain the patient's neutral head position, and ventilate the patient by exhaling directly into the resuscitation mask. Assess the patient for adequate ventilation by observing chest rise and feeling for air leaks around the mask.				
5.	If air leakage is evident, then seal the patient's mouth and nose and ventilate.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-11 Ventilating a Stoma With a Bag-Mask Device

Task: Ventilate a stoma with a bag-mask device.					
Performance Observations: The candidate shall be able to correctly ventilate a stoma with a bag-mask device.					
Candidate Directive: "Properly ventilate a stoma with a bag-mask device."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	With the patient's head in a neutral position, locate and expose the stoma.				
2.	Place the bag-mask device (with a pediatric mask) over the stoma, and ensure an adequate seal. Ventilate the patient by squeezing the bag-mask device, and assess for adequate ventilation by observing chest rise and feeling for air leaks when using a mask. Seal the mouth and nose if an air leak is evident from the upper airway.				
3.	Auscultate over the lungs to confirm adequate ventilation.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-12 Insertion of a King LT Airway

Task: Insert a King LT airway.					
Performance Observations: The candidate shall be able to correctly insert a King LT airway.					
Candidate Directive: "Properly insert a King LT airway."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions.				
2.	Preoxygenate the patient with a bag-mask device and 100% oxygen.				
3.	Gather your equipment. Choose the proper size of King LT airway for the patient. Test the cuff for proper inflation. Ensure all air is removed from the cuff before insertion. Lubricate the tip of the device with a water-soluble gel for easy insertion and minimal airway damage.				
4.	Place the patient's head in a neutral position, unless contraindicated (use the jaw-thrust maneuver if you suspect trauma). In your dominant hand, hold the King LT at the connector. With your other hand, hold the patient's mouth open while positioning the head. Insert the tip of the King LT airway into the midline of the mouth.				
5.	Advance the tip behind the base of the tongue. If you meet resistance, then rotate the device slightly, change your angle, and advance it again. Continue to gently advance the device until the base of the connector is aligned with the patient's teeth or gums. Do not use excessive force. Inflate the cuff with the recommended amount of air or just enough to seal the device.				
6.	Attach the tube to the ventilation device, and confirm tube placement by auscultating the lungs and epigastrium and attaching waveform capnography. Add additional air to the cuff to maximize airway seal, if needed; however, avoid exceeding the manufacturer's recommended maximum amount of air. After placement is confirmed, continue to ventilate the patient.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 11-13 LMA Insertion

Task: Insert an LMA.					
Performance Observations: The candidate shall be able to correctly insert an LMA.					
Candidate Directive: "Properly insert an LMA."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Check the cuff of the LMA by inflating it with 50% more air than is required for the size of airway to be used.				
2.	Deflate the cuff completely so that no folds appear near the tip. Deflation is best accomplished by pressing the device, cuff down, on a flat surface to remove all wrinkles from the cuff.				
3.	Lubricate the outer rim of the device.				
4.	Preoxygenate the patient before insertion. Do not interrupt ventilations for more than 30 seconds to accomplish airway placement. Place the patient in the sniffing position.				
5.	Insert your finger between the cuff and the tube. Place the index finger of your dominant hand in the notch between the tube and the cuff. Open the patient's mouth. Lift the jaw with one hand, and begin to insert the device with the other hand.				
6.	Insert the LMA along the roof of the mouth. The key to proper insertion is to slide the convex surface of the airway along the roof of the mouth. Use your finger to push the airway against the hard palate. After it slides past the tongue, the LMA will move easily into position.				
7.	Inflate the cuff with the amount of air indicated for the airway being used. If the LMA is properly positioned, then it will move out of the airway slightly (0.5 to 0.75 inch [1 to 2 cm]) as it moves into position (a good indication that the LMA is in the correct position).				
8.	Begin to ventilate the patient. Confirm chest rise and the presence of breath sounds. Continuously and carefully monitor the patient. Monitor ETCO ₂ if available.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 11-13 LMA Insertion, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

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Skill Drill 11-14 Inserting an i-gel Supraglottic Airway

Task: Insert an i-gel supraglottic airway.					
Performance Observations: The candidate shall be able to correctly insert an i-gel supraglottic airway.					
Candidate Directive: "Properly insert an i-gel supraglottic airway."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions.				
2.	Lubricate the back, sides, and front of the cuff with a thin layer of water-soluble gel.				
3.	Preoxygenate the patient before insertion. Do not interrupt ventilation for more than 30 seconds to accomplish airway placement. Place the patient in the sniffing position.				
4.	Open the airway with the tongue-jaw lift maneuver and position the i-gel so that the cuff outlet is facing toward the patient's chin.				
5.	Introduce the leading soft tip of the i-gel into the patient's mouth, directing it toward the hard palate.				
6.	Glide the i-gel downward and backward along the hard palate with a continuous but gentle push until a definitive resistance is felt.				
7.	Begin to ventilate the patient. Confirm chest rise and the presence of breath sounds. Ensure proper tube placement with waveform capnography. Continuously and carefully monitor the patient's condition.				
8.	Secure the i-gel in place with the provided strap.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 11-14 Inserting an i-gel Supraglottic Airway, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-1 Spiking the Bag

Task: Spike a bag with the administration set.					
Performance Observations: The candidate shall be able to correctly spike a bag with the administration set.					
Candidate Directive: "Properly spike a bag with the administration set."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Ensure you've chosen the correct administration set, tubing is not tangled, and protective covers are in place. Ensure you have the proper solution, that it is clear and has not expired, and that the protective tail port covers are in place. Move the roller clamp to the off (or open) position.				
2.	Remove the protective covering found on the end of the IV bag. The bag is still sealed and will not leak until the piercing spike punctures this port. Remove the protective cover from the piercing spike (remember, this spike is sterile and sharp!) and slide the spike into the IV bag port until it is seated against the bag.				
3.	Squeeze the drip chamber to fill to the line marking the chamber (half full) and then run fluid into the line to flush the air out of the tubing.				
4.	Twist the protective cover on the opposite end of the IV tubing to allow air to escape. Do not remove this cover yet because the cover keeps the tubing end sterile until it is needed. Let the fluid flow until air bubbles are removed from the line before turning the roller clamp wheel to stop the flow.				
5.	Next, go back and check the drip chamber; it should be only half filled. The fluid level must be visible to calculate drip rates. If the fluid level is too low, squeeze the chamber until it fills properly; if the chamber is too full, with the roller clamp in the off (open) position, invert the bag and the chamber and squeeze the chamber to empty the fluid back into the bag. Hang the bag in an appropriate location with the end of the IV tubing easily accessible.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-1 Spiking the Bag, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-2 Obtaining Vascular Access

Task: Obtain vascular access.					
Performance Observations: The candidate shall be able to correctly obtain vascular access.					
Candidate Directive: "Properly obtain vascular access."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Choose the appropriate fluid and examine for clarity and expiration date. Ensure that no particles are floating in the fluid and that the fluid is appropriate for the patient's condition. Choose the appropriate drip set and attach it to the fluid. A macrodrip set (eg, 10 gtt/mL) should be used for a patient who needs volume replacement, and a microdrip set (eg, 60 gtt/mL) should be used for a patient who mainly needs a route for medication. If an IV extension set is available, attach it to the end of the tubing to assist the hospital staff in manipulating the IV tubing at the hospital. Fill the drip chamber by squeezing it together.				
2.	Flush or "bleed" the tubing to remove any air bubbles by opening the roller clamp. Make sure no errant bubbles are floating in the tubing.				
3.	Tear tape prior to venipuncture or have a commercial device available. Collect and open antiseptic swabs, gauze pads, and anything else needed for vascular access per local practice.				
4.	Take standard precautions before making contact with the patient. Palpate a suitable vein. Veins should be "springy" when palpated. Stay away from areas that are hard when palpated.				
5.	Apply the constricting band above the intended IV site. It should be placed approximately 4 to 8 inches (10 to 20 cm) above the intended site.				
6.	Clean the area using an aseptic technique. Use an alcohol pad to cleanse in a circular motion from the inside out. Use a second alcohol pad to wipe straight down the center.				
7.	Choose the appropriate sized catheter, and twist the catheter to break the seal. Do not advance the catheter upward as this may cause the needle to shear the catheter. Examine the catheter and discard it if you discover any imperfections, such as "burrs" on the edge of the catheter. Loosen the catheter hub.				
8.	Advise the patient to expect a needlestick. While applying distal traction at the site with one hand, insert the catheter at approximately 45° with the bevel up. This traction will stabilize the vein and help to keep it from "rolling" as you stick.				

Skill Drill 13-2 Obtaining Vascular Access, continued

9.	<p>Feel for a “pop” as the stylet enters the vein, and observe for “flashback” as blood enters the catheter. The clear chamber at the top of the catheter should fill with blood when the catheter enters the vein immediately drop the angle down to approximately 15 degrees. If you note only a drop or two, you should gently advance the catheter farther into the vein, approximately 1/8 to 1/4 inch (0.3 to 0.6 cm).</p> <p>Apply pressure to occlude the catheter to prevent blood leaking while removing the stylet. Place the thumb of the hand not holding the catheter over the end of the catheter that is currently situated inside the vein, so as not to pull the catheter and to prevent blood running out when you remove the needle. With practice, you will be able to feel the catheter.</p>				
10.	Immediately dispose of all sharps in the proper container.				
11.	Attach the prepared IV line. Hold the hub of the catheter while connecting the IV line.				
12.	Remove the constricting band. Hold the hub of the catheter while connecting the IV line.				
13.	Open the IV line to ensure fluid is flowing and the line is patent. Observe for any swelling or infiltration around the IV site. If the fluid does not flow, check to see if the constriction band has been released. If infiltration is noted, immediately stop the infusion and remove the catheter while holding pressure over the site with a piece of gauze to prevent bleeding.				
14.	Secure the catheter with tape or a commercial device.				
15.	Secure IV tubing and adjust the flow rate while monitoring the patient.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-3 Gaining IO Access With an EZ-IO Device

Task: Gain intraosseous access with an EZ-IO device.					
Performance Observations: The candidate shall be able to correctly gain intraosseous access with an EZ-IO device.					
Candidate Directive: "Properly gain intraosseous access with an EZ-IO device."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Check the selected IV fluid for proper fluid, clarity, and expiration date. Look for discoloration and for particles floating in the fluid. If particles are found in the fluid, discard the bag and choose another bag of fluid.</p> <p>Select the appropriate equipment, including an IO needle, syringe, saline, extension set, antiseptic swabs, and gauze pads.</p> <p>A three-way stopcock may also be used to facilitate easier fluid administration.</p> <p>Select the proper administration set. Connect the administration set to the bag. Prepare the administration set. Fill the drip chamber and flush the tubing. Ensure all air bubbles are removed from the tubing.</p> <p>Prepare the syringe and extension tubing. Ensure the tubing is not tangled.</p> <p>Cut or tear the tape and prepare bulky dressings. This can be done at any time before IO puncture.</p>				
2.	Take standard precautions.				
3.	<p>Identify the proper anatomic site for IO puncture. Palpate the landmarks and then prepare the site.</p> <ul style="list-style-type: none"> ▪ Tibia placement. This site is reserved for the EZ-IO and the BIG. ▪ Humerus placement. Humeral placement is typically reserved for adults when using the EZ-IO or the BIG. 				
4.	Cleanse the site appropriately. Follow aseptic technique by cleansing in a circular manner from the inside out.				
5.	Attach the needle to the EZ-IO gun and remove the protective cover. Examine the needle. If you find any imperfections, discard the needle and select another one.				
6.	Perform the IO puncture by first stabilizing the tibia, then placing a folded towel under the knee, and finally holding the extremity in a manner to keep your fingers away from the site of puncture. For humeral placement, continue to apply pressure on the anterior and inferior aspects of the humerus. Insert the needle at a 90° angle to the insertion site. Advance the needle with a twisting motion until a "pop" is felt. Unscrew the cap, and remove the stylet from the needle.				

Skill Drill 13-3 Gaining IO Access With an EZ-IO Device, continued

7.	Remove the stylet from the catheter.				
8.	<p>Attach the syringe and extension set to the IO needle. Pull back on the syringe to aspirate blood and particles of bone marrow to ensure proper placement. The absence of marrow does not mean the access failed. Check the site for other signs of extravasation.</p> <p>Slowly inject saline to ensure proper placement of the needle. Responsive patients should receive 1% lidocaine prior to infusion of fluids. Watch for extravasation, and stop the infusion immediately if any evidence of extravasation is noted. It is possible to fracture the bone during insertion of the IO needle. If this happens, then remove the IO needle and switch to the other insertion site.</p> <p>Connect the administration set and adjust the flow rate as appropriate. Fluid does not flow as rapidly through an IO catheter as through an IV line; therefore, crystalloid boluses should be given with a syringe in children and a pressure infuser device (a sleeve placed around the IV bag and inflated to force fluid from the IV bag) in adults.</p> <p>Secure the needle with tape, and support it with a bulky dressing. Stabilize in place in the same manner that an impaled object is stabilized. Use bulky dressings around the catheter, and tape securely in place. Be careful not to tape around the entire circumference of the leg because this could impair circulation and potentially result in compartment syndrome.</p> <p>Dispose of the needle in the proper container.</p>				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-4 Drawing Medication From an Ampule

Task: Draw medication from an ampule.					
Performance Observations: The candidate shall be able to correctly draw medication from an ampule.					
Candidate Directive: "Properly draw medication from an ampule."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Check the medication to be sure that the expiration date has not passed and that it is the correct medication and concentration.</p> <p>Shake the medication down into the base of the ampule. If some of the medication appears to be stuck in the neck, gently thump or tap the stem.</p>				
2.	<p>Using a 4-inch × 4-inch (10-cm × 10-cm) gauze pad or an alcohol prep, grip the neck of the ampule and snap it off where the ampule is scored. If the ampule is not scored and an attempt is made to break it, some sharp edges may be present. Drop the stem in the sharps container.</p>				
3.	<p>Insert a filtered needle into the ampule without touching the outer sides of the ampule. Draw the solution into the syringe, and dispose of the ampule in the sharps container.</p>				
4.	<p>Hold the syringe with the needle pointing up, and gently tap the barrel to loosen air trapped inside and cause it to rise.</p>				
5.	<p>Press gently on the plunger to dispel any air bubbles. Recap the needle using the one-handed method to avoid contamination.</p> <p>Dispose of the needle in the sharps container and attach a standard hypodermic needle to the syringe if necessary to administer the medication.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-4 Drawing Medication From an Ampule, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-5 Drawing Medication From a Vial

Task: Draw medication from a vial.					
Performance Observations: The candidate shall be able to correctly draw medication from a vial.					
Candidate Directive: "Properly draw medication from a vial."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Check the medication to be sure that the expiration date has not passed, and that it is the correct medication and concentration. Check that it is not discolored. Remove the sterile cover, or clean the top with alcohol if it was previously opened.				
2.	Determine the amount of medication that you will need, and draw that amount of air into the syringe. Allow a little extra room to expel some air while removing air bubbles.				
3.	Invert the vial, clean the rubber stopper with an alcohol prep, and insert the needle through the rubber stopper into the medication. Expel the air in the syringe into the vial and then withdraw the amount of medication needed.				
4.	After you have the correct amount of medication in the syringe, withdraw the needle and expel any air in the syringe.				
5.	Recap the needle using the one-handed method and avoiding contamination. Label the syringe if it is not immediately given to the patient.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-6 Administering Medication Via the Subcutaneous Route

Task: Administer a medication via the subcutaneous route.					
Performance Observations: The candidate shall be able to correctly administer a medication via the subcutaneous route.					
Candidate Directive: "Properly administer a medication via the subcutaneous route."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Follow standing orders, or contact medical control for permission. Check the medication to be sure that it is not cloudy, that the expiration date has not passed, and that it is the correct medication and concentration, and determine the appropriate dose.				
2.	Advise the patient of potential discomfort while explaining the procedure. Assemble and check the equipment: alcohol preps and a 3-mL syringe with a 24- to 26-gauge needle. Draw up the correct dose of medication.				
3.	Cleanse the area for the administration (usually the upper part of the arm or thigh) using aseptic technique.				
4.	Pinch the skin surrounding the area, advise the patient of a stick, and insert the needle at a 45° angle. Pull back on the plunger to aspirate for blood. The presence of blood in the syringe indicates you may have entered a vein. Remove the needle, and hold pressure over the site. Discard the syringe and needle in the sharps container. Prepare a new syringe and needle and select another site. If there is no blood in the syringe, inject the medication and remove the needle. Immediately place it in the sharps container.				
5.	To disperse the medication through the tissue, rub the area in a circular motion with your gloved hand. Properly store any unused medication. Monitor the patient's condition, and document the medication given, route, administration time, and patient response.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-6 Administering Medication Via the Subcutaneous Route, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-7 Administering Medication Via the IM Route

Task: Administer an IM injection.					
Performance Observations: The candidate shall be able to correctly administer an IM injection.					
Candidate Directive: "Properly administer an IM injection."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Follow standing orders, or contact medical control for permission. Check the medication to be sure it is the correct one, that it is not discolored, and that the expiration date has not passed, and determine the appropriate dose.</p> <p>Advise the patient of potential discomfort while explaining the procedure.</p> <p>Assemble and check equipment needed: alcohol preps and a 3- to 5-mL syringe with a 21-gauge, 1-inch or 2-inch (4-cm or 5-cm) needle. Draw up the correct dose of medication and dispel air while maintaining sterility.</p>				
2.	Cleanse the area for the administration (usually the upper arm or the hip) using aseptic technique.				
3.	<p>Stretch the skin over the cleansed area, advise the patient of a stick, and insert the needle at a 90° angle.</p> <p>Pull back on the plunger to aspirate for blood. The presence of blood in the syringe indicates you may have entered a blood vessel. Remove the needle, and hold pressure over the site. Discard the syringe and needle in the sharps container. Prepare a new syringe and needle, and select another site.</p> <p>If there is no blood in the syringe, inject the medication and remove the needle.</p>				
4.	Cover the puncture site. Immediately dispose of the needle and syringe in the sharps container. Store any unused medication properly. Monitor the patient's condition, and document the medication given, route, administration time, and patient response.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-7 Administering Medication Via the Intramuscular Route, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-8 Administering Medication via the Sublingual Route

Task: Administer a sublingual medication.					
Performance Observations: The candidate shall be able to correctly administer a sublingual medication.					
Candidate Directive: "Properly administer a sublingual medication."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Follow standing orders, or contact medical control for permission. Check the medication to make sure that it is the correct one and that its expiration date has not passed, and determine the appropriate dose.				
2.	Ask the patient to rinse the mouth with a little water if the mucous membranes are dry. Explain the procedure, and ask the patient to lift the tongue. Place the tablet or spray the dose under the tongue, or ask the patient to do so. Advise the patient not to chew or swallow the tablet, but to let it dissolve slowly. Monitor the patient's condition, and document the medication given, route, administration time, and patient response.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-9 Administering Medication via the Intranasal Route

Task: Administer a medication via the intranasal route.					
Performance Observations: The candidate shall be able to correctly administer a medication via the intranasal route.					
Candidate Directive: "Properly administer a medication via the intranasal route."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Assemble and collect the needed equipment, including the mucosal atomizer device. Follow standing orders, or contact medical control for permission. Check the rights of medication administration out loud with your partner.				
2.	Draw up the appropriate dose of medication in the syringe, dispel air, and reconfirm medication. Dispose of the needle properly.				
3.	Attach the mucosal atomizer device to the syringe, maintaining sterility.				
4.	Explain the procedure to the patient (or to a relative if the patient is unresponsive) and the need for the medication. Stop ventilation of the patient if necessary; remove any masks. Insert the mucosal atomizer device into the larger and less deviated or less obstructed nostril while pinching off the opposite nostril. Quickly spray the medication dose into a nostril.				
5.	Dispose of the atomizer device and syringe in the appropriate container.				
6.	Monitor the patient's condition, and document the medication given, route, time of administration, and patient response.				
Retest Approved By:			Retest Evaluation:		

**Skill Drill 13-9 Administering Medication
via the Intranasal Route, continued**

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-10 Assisting a Patient With a Metered-Dose Inhaler

Task: Assist a patient with a metered-dose inhaler.					
Performance Observations: The candidate shall be able to correctly assist a patient with a metered-dose inhaler.					
Candidate Directive: "Properly assist a patient with a metered-dose inhaler."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions. Obtain an order from medical control or follow local protocol. Assemble the needed equipment.</p> <p>Ensure you have the right medication, right patient, right dose, right route, and that the medication is not expired. Ensure the patient is alert enough to use the inhaler. Check to see whether the patient has already taken any doses. Obtain baseline breath sounds for comparison after a few minutes of inhaler use.</p> <p>Ensure inhaler is at room temperature or warmer.</p>				
2.	<p>Shake the inhaler vigorously several times. Stop administering supplemental oxygen and remove any mask from the patient's face. Ask the patient to exhale deeply and, before inhaling, to put the lips around the opening of the inhaler.</p>				
3.	<p>If the patient has a spacer, then attach it to allow more effective use of the medication. Have the patient depress the handheld inhaler and begin to inhale deeply.</p> <p>Instruct the patient to not breathe for as long comfortably possible to help the lungs absorb the medication.</p>				
4.	<p>Continue administering supplemental oxygen.</p> <p>Allow the patient to breathe a few times, then give the second dose per direction from medical control or according to local protocol. Monitor the patient's condition, and document the medication given, route, administration time, and response of the patient.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-10 Assisting a Patient With a Metered-Dose Inhaler, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-11 Administering a Medication via a Small-Volume Nebulizer

Task: Administer medication via a small-volume nebulizer.					
Performance Observations: The candidate shall be able to correctly administer medication via a small-volume nebulizer.					
Candidate Directive: "Properly administer medication via a small-volume nebulizer."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions. Determine the need for an inhaled bronchodilator based on patient presentation. Obtain a history, including any medication allergies and vital signs.</p> <p>Follow standing orders, or contact medical control for permission. Check the rights of medication administration. Assemble and check needed equipment.</p>				
2.	<p>If the medication is in a premixed package, then add it to the bowl of the nebulizer. If it is not premixed, then add the medication to the bowl and mix it with the specified amount of normal saline, usually 2.5 to 3 mL.</p>				
3.	<p>Connect the T piece with the mouthpiece to the top of the bowl, or the mask to the bowl, and connect it to the oxygen tubing.</p> <p>Set the flowmeter at 6 L/min to produce a steady mist. Remove the oxygen mask from the patient if oxygen is being administered.</p>				
4.	<p>With the MDI or handheld nebulizer in position, instruct the patient on the proper way to breathe. Have the patient breathe as deeply as possible and wait for 3 to 5 seconds before exhaling. Continue to coach the patient as needed.</p> <p>Monitor the patient's condition, and document the medication given, route, time of administration, and response of the patient to the medication.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-11 Administering a Medication via a Small-Volume Nebulizer, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-12 Administering Medication via the IV Bolus Route

Task: Administer a medication via the IV bolus route.					
Performance Observations: The candidate shall be able to correctly administer a medication via the IV bolus route.					
Candidate Directive: "Properly administer a medication via the IV bolus route."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Follow standing orders, or contact medical control for permission.</p> <p>Check the medication to be sure that it is the correct one, that it is not cloudy or discolored, and that its expiration date has not passed, and determine the appropriate dose.</p> <p>Explain the procedure to the patient and the need for the medication. Assemble needed equipment, and draw up the medication. Expel any air in the syringe. Draw up 20 mL of normal saline to use as a flush for the medication.</p> <p>Cleanse the injection port with alcohol, or remove the protective cap if using the needleless system.</p>				
2.	<p>Insert the needle into the port (or screw the syringe into the needleless hub), and pinch off the IV tubing proximal to the administration port. Failure to shut off the line will result in the medication taking the pathway of least resistance and flowing into the bag instead of into the patient.</p> <p>Administer the correct dose of the medication at the appropriate rate. Some medications must be administered very quickly, whereas others must be pushed slowly to prevent adverse effects.</p>				
3.	<p>Place the needle and syringe into the sharps container.</p> <p>Unclamp the IV line to flush the medication into the vein. Allow it to run briefly wide open, or flush with a 20-mL bolus of normal saline.</p> <p>Readjust the IV flow rate to the original setting. Properly store any unused medication.</p> <p>Monitor the patient's condition, and document the medication given, route, time of administration, and patient response.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-12 Administering Medication via the IV Bolus Route, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 13-13 Administering Medication via the IO Route

Task: Administer a medication via the intraosseous route.					
Performance Observations: The candidate shall be able to correctly administer a medication via the intraosseous route.					
Candidate Directive: "Properly administer a medication via the intraosseous route."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions. Determine the need for the medication based on patient presentation. Obtain a history, including any medication allergies and vital signs. Follow standing orders, or contact medical control for permission. Check the medication to ensure that it is the correct one, that it is not cloudy or discolored, and that the expiration date has not passed, and determine the appropriate amount and concentration for the correct dose.</p> <p>Explain the procedure to the patient and/or parent and the need for the medication. Assemble needed equipment and draw up the medication. Also draw up 20 mL of normal saline for a flush.</p>				
2.	Cleanse the injection port of the extension tubing with alcohol, or remove the protective cap if using the needleless system.				
3.	<p>Insert the needle into the port, and clamp off the IV tubing proximal to the administration port. This is usually managed with a three-way stopcock. Failure to shut off the line will result in the medication taking the pathway of least resistance and flowing into the bag instead of into the patient.</p> <p>Administer the correct dose of the medication at the proper push rate. Some medications must be administered quickly, whereas others must be pushed slowly to prevent adverse effects.</p>				
4.	<p>Place the needle and syringe into the sharps container. Unclamp the IV line to flush the medication into the site. Flush with at least a 20-mL bolus of normal saline. Readjust the IV flow rate to the original setting. Store any unused medication properly.</p> <p>Monitor the patient's condition, and document the medication given, route, time of administration, and response of the patient.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 13-13 Administering Medication via the IO Route, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-1 Performing Chest Compressions

Task: Perform chest compressions.					
Performance Observations: The candidate shall be able to correctly perform chest compressions.					
Candidate Directive: "Properly perform chest compressions."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Place the heel of one hand on the center of the chest over the lower half of the sternum.				
2.	Place the heel of your other hand over the first hand.				
3.	With your arms straight, lock your elbows, and position your shoulders directly over your hands so the thrust of each compression is straight down on the sternum. Do not rock forward on the ribs during compressions. Depress the sternum at a rate of 100 to 120 compressions per minute and to a depth of 2 inches to 2.4 inches (5 cm to 6 cm) using a downward movement. Allow the chest to return to its normal position; do not lean on the patient's chest between compressions. Compression and relaxation should be of equal duration.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-2 Performing One-Rescuer Adult CPR

Task: Perform one-rescuer adult CPR.					
Performance Observations: The candidate shall be able to correctly perform one-rescuer adult CPR.					
Candidate Directive: "Properly perform one-rescuer adult CPR."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Establish unresponsiveness and call for additional help				
2.	Position the patient properly (supine) on a flat surface. Check for breathing and a carotid pulse for no more than 10 seconds.				
3.	If pulse and breathing are absent, then perform CPR until an AED is available. Kneel at the patient's side. Place your hands in the proper position for delivering external chest compressions, as described previously. Give 30 chest compressions at a rate of 100 to 120 per minute for an adult. Each set of 30 compressions should take about 17 seconds.				
4.	Open the airway according to your suspicion of spinal injury.				
5.	Give two ventilations of 1 second each and observe for visible chest rise. Continue cycles of 30 chest compressions and two ventilations until additional personnel arrive or the patient starts to move.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-3 Performing Two-Rescuer Adult CPR

Task: Perform the full-body exam.					
Performance Observations: The candidate shall be able to correctly perform two-rescuer adult CPR.					
Candidate Directive: "Properly perform two rescuer CPR."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Establish unresponsiveness while your partner moves to the patient's side to be ready to deliver chest compressions.				
2.	If the patient is unresponsive, then simultaneously check for breathing and palpate for a carotid pulse; take no more than 10 seconds to do this.				
3.	If the patient is not breathing and has no pulse, then begin CPR, starting with chest compressions. Give 30 chest compressions at a rate of 100 to 120 per minute. If an AED is available, then apply it and follow its voice prompts. Do not interrupt chest compressions to apply the AED pads.				
4.	Open the airway according to your suspicion of spinal injury.				
5.	Give two ventilations of 1 second each and observe for visible chest rise. Perform five cycles of 30 compressions and two ventilations (this should take about 2 minutes). After 2 minutes of CPR, the compressor and ventilator should switch positions. It should not take longer than 5 seconds to switch positions. Reanalyze the patient's cardiac rhythm with the AED every 2 minutes and deliver a shock if indicated. Continue cycles of 30 chest compressions and two ventilations until other providers take over or the patient starts to move.				
Retest Approved By:				Retest Evaluation:	

Skill Drill 15-3 Performing Two-Rescuer Adult CPR, continued

Evaluator Comments:

Candidate Comments:

_____ Evaluator	_____ Date	_____ Candidate	_____ Date
_____ Retest Evaluator	_____ Date	_____ Retest Candidate	_____ Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-4 Performing Infant Chest Compressions

Task: Perform chest compressions on an infant.					
Performance Observations: The candidate shall be able to correctly perform chest compressions on an infant.					
Candidate Directive: "Properly perform chest compressions on an infant."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Place the infant on a firm, flat surface, and keep the head in an open airway position. You can also use a pad or wedge under the shoulders and upper body to keep the head from tilting forward.				
2.	A single provider may use the two-fingers technique or the two-thumb-encircling-hands technique (preferred), as performed with two providers. If using the two-finger technique, imagine a horizontal line drawn between the nipples. Place two fingers in the middle of the sternum, just below the nipple line. Use two fingers to compress the sternum at least one-third the anterior-posterior diameter of the chest (approximately 1.5 inches [4 cm] in most infants). Compress the chest at a rate of 100 to 120 per minute. After each compression, allow the sternum to return briefly to its normal position. Allow equal time for compression and relaxation of the chest. Do not remove your fingers from the sternum, and avoid jerky movements.				
Retest Approved By: _____			Retest Evaluation: _____		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-5 Performing CPR on a Child

Task: Perform CPR on a child.					
Performance Observations: The candidate shall be able to correctly perform CPR on a child.					
Candidate Directive: "Properly perform CPR on a child."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Place the child on a firm, flat surface. Place the heel of one or two hands (if treating a larger child) in the center of the chest, in between the nipples. Avoid compression over the lower tip of the sternum, which is called the xiphoid process.				
2.	Compress the chest at least one-third the anteriorposterior diameter of the chest (approximately 2 inches [5 cm] in most children) at a rate of 100 to 120 times/min. Coordinate compressions with ventilations in a 30:2 ratio for one rescuer or 15:2 ratio for two rescuers, making sure the chest rises with each ventilation. At the end of each cycle, pause for two ventilations. Reassess for a pulse after 2 minutes. If there is no pulse and an AED is available, resume CPR and apply the AED pads.				
3.	If the child regains a pulse of greater than 60 beats/min and resumes effective breathing, then place the child in a position that allows for frequent reassessment of the airway and vital signs during transport.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 15-6 Removing a Foreign Body Airway Obstruction in an Unresponsive Child

Task: Remove a foreign body airway obstruction in an unresponsive child.					
Performance Observations: The candidate shall be able to correctly remove a foreign body airway obstruction in an unresponsive child.					
Candidate Directive: "Properly remove a foreign body airway obstruction in an unresponsive child."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Carefully place the child in a supine position on a firm, flat surface.				
2.	Perform 30 chest compressions (15 compressions if two rescuers are present) using the same landmark as you would for CPR (lower half of the sternum). Do not check for a pulse before performing chest compressions.				
3.	Open the airway and look inside the mouth.				
4.	If an object is visible and can easily be removed, then remove it with your fingers and attempt to ventilate.				
5.	If you do not see an object in the mouth, then resume chest compressions. Continue the sequence of chest compressions, opening the airway, and looking inside the mouth until the obstruction is relieved or the patient is transferred to a higher level of care.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 15-6 Removing a Foreign Body Airway Obstruction in an Unresponsive Child, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 18-1 Administering Nitroglycerin

Task: Administer nitroglycerin.					
Performance Observations: The candidate shall be able to correctly administer nitroglycerin.					
Candidate Directive: "Properly administer nitroglycerin."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Obtain an order from medical control—online or off-line protocol. Take the patient's blood pressure. Administer NTG only if the systolic blood pressure is greater than 100 mm Hg.</p> <p>Attempt IV access prior to administration of NTG in patients who have not received it previously or who are known to respond to NTG with hypotension. If the patient has a prescription for NTG and you are assisting with the patient's own medication, an IV line should not be necessary first.</p>				
2.	<p>Check that you have the right medication, the right patient, and the right delivery route. Check the expiration date. Make sure the patient has no contraindications, such as having taken a medication for erectile dysfunction in the past 24 to 72 hours.</p> <p>Ask the patient about the last dose taken and its effects. Make sure that the patient understands the route of administration. Be prepared to have the patient lie down to prevent fainting if the NTG substantially lowers the patient's blood pressure (the patient gets dizzy or feels faint).</p>				
3.	<p>Ask the patient to lift the tongue. Place the tablet or spray the dose under the tongue (while wearing gloves), or have the patient do so. Have the patient keep the mouth closed with the tablet or spray under the tongue until it is dissolved and absorbed. Caution the patient against chewing or swallowing the tablet.</p>				
4.	<p>Recheck the blood pressure within 5 minutes. Record the medication and the time of administration. Reevaluate the chest pain and blood pressure, and note the response to the medication. If the chest pain persists and the patient still has a systolic blood pressure of greater than 100 mm Hg, repeat the dose every 5 minutes as authorized by medical control. In general, a maximum of three doses of NTG is given for any one episode of chest pain. If protocols allow, consider administering 162 to 324 mg of aspirin.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 18-1 Administering Nitroglycerin, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 18-2 AED and CPR

Task: Use an AED and perform CPR.					
Performance Observations: The candidate shall be able to correctly use an AED and perform CPR.					
Candidate Directive: "Properly use an AED and perform CPR."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Assemble equipment, including AED, AED pads, oxygen, and oxygen administration device. Take standard precautions. Ensure scene safety.				
2.	Assess responsiveness. If the patient is responsive, do not apply the AED. Gather additional information about the arrest event.				
3.	Check for a carotid pulse while assessing the patient's breathing.				
4.	If CPR is in progress, assess the effectiveness of chest compressions. If the patient is pulseless and CPR has not been started yet, begin providing chest compressions and rescue breaths at a ratio of 30 compressions to 2 breaths, continuing until an AED arrives and is ready for use. It is important to start chest compressions and use the AED as soon as possible. Compressions provide vital blood flow to the heart and brain, improving the patient's chance of survival.				
5.	Turn on the AED. Remove clothing from the patient's chest area. With gloves, remove medication paste or patches from the patient's chest, if present, and wipe away any residue.				
6.	Apply the AED pads to the chest and attach the pads to the AED: one just to the right of the breastbone (sternum) just below the collarbone (clavicle), the other on the left lower chest area with the top of the pad 2 to 3 inches below the armpit. Do not place the pads on top of breast tissue. If necessary, lift the breast out of the way and place the pad underneath. Ensure that the pads are attached to the patient cables (and that they are attached to the AED in some models). Plug in the pads' connector to the AED.				
7.	Stop CPR. Verbally and visually clear the patient by stating aloud, "Clear the patient," and ensure that no one is touching the patient. Push the analyze button, if there is one. Wait for the AED to determine whether a shockable rhythm is present. If no shock is advised, perform five cycles (2 minutes) of CPR beginning with chest compressions, then reanalyze the cardiac rhythm. If a shock is advised, restart compressions until the AED is charged, reconfirm that no one is touching the patient, and push the shock button.				

Skill Drill 18-2 AED and CPR, continued

No.	Task Steps	First Test		Retest	
8.	After the shock is delivered, immediately resume CPR beginning with chest compressions. After five cycles (2 minutes) of CPR, reanalyze the cardiac rhythm. Do not interrupt chest compressions for more than 10 seconds. After five cycles (2 minutes) of CPR, reanalyze the cardiac rhythm. Repeat the cycle of 2 minutes of CPR, one shock (if indicated), and 2 minutes of CPR. Transport and contact medical control as needed.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 18-3 Performing Cardiac Monitoring

Task: Perform cardiac monitoring.					
Performance Observations: The candidate shall be able to correctly perform cardiac monitoring.					
Candidate Directive: "Properly perform cardiac monitoring."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions.				
2.	Explain the procedure to the patient. Prepare the skin for electrode placement.				
3.	Attach the electrodes to the leads before placing them on the patient.				
4.	Position the limb electrodes on the patient, on the torso if performing continuous monitoring, on the limbs if you will be acquiring a 12-lead ECG. The RA (right arm) electrode goes on the right arm distal to the shoulder or on the wrist (avoid placing it directly over a bone). The LA (left arm) electrode goes on the left arm at the same location as you placed the RA electrode on the right arm. The LL (left leg) electrode is placed on the left leg on the thigh or ankle, although if you do not plan to obtain a 12-lead ECG tracing, this electrode is often placed on the lower left side of the abdomen (slightly lower than an AED pad would be placed). Place the RL (right leg) electrode at the same location on the right side of the body as the LL electrode on the left.				
5.	<p>If you plan to obtain a 12-lead ECG tracing, place the chest leads on the chest as shown.</p> <ul style="list-style-type: none"> ▪ The V₁ electrode is placed on the right side of the sternum between the fourth and fifth ribs. ▪ The V₂ electrode is placed on the left side of the sternum directly across from V₁. ▪ The V₄ is placed next, between the fifth and sixth ribs in a straight line down from the middle of the clavicle. ▪ The V₃ is then placed halfway between V₂ and V₄. ▪ The V₆ is placed next and is located horizontally even with V₄ in a straight line down from the middle of the armpit. ▪ Finally, V₅ is placed halfway between V₄ and V₆. 				
6.	Turn on the monitor.				

Skill Drill 18-3 Performing Cardiac Monitoring, continued

7.	Record tracings. As soon as a rhythm is visible on the screen, press the print button on the monitor and print a strip while counting slowly to six or seven. Then press the print button again to stop the printout. If the time is not printed correctly on the strip, write it on the edge of the strip. If you are obtaining a 12-lead ECG tracing, ask the patient to hold his or her breath or to take very shallow breaths. Press the 12-lead button and wait for the machine to acquire, analyze, and print or transmit the 12-lead ECG tracing. Gently tear off the tracing when the printer automatically stops.				
8.	Label each strip.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 22-1 Using an EpiPen Auto-injector

Task: Use an EpiPen auto-injector.					
Performance Observations: The candidate shall be able to correctly use an EpiPen auto-injector.					
Candidate Directive: "Properly use an EpiPen auto-injector."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Remove the auto-injector's safety cap. Expose and quickly wipe the thigh with antiseptic, if time permits.				
2.	Place the tip of the auto-injector against the lateral part of the thigh. Push the auto-injector firmly against the thigh until a click is heard. Hold it in place until all the medication has been injected (3 seconds). Ensure the patient's leg does not move during administration.				
3.	Rub the area for 10 seconds.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 27-1 Managing External Hemorrhage

Task: Manage external hemorrhage.					
Performance Observations: The candidate shall be able to correctly manage external hemorrhage.					
Candidate Directive: "Properly manage external hemorrhage."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Maintain the airway with cervical spine immobilization if the MOI suggests the possibility of spinal injury. Apply direct, even pressure over the wound with a dry, sterile dressing.				
2.	If the bleeding stops, apply a pressure dressing and/or splint. Hold the pressure dressing in place using gauze.				
3.	If direct pressure does not rapidly control bleeding on an extremity injury, apply a tourniquet to the axilla or groin region of the bleeding extremity.				
4.	Tighten the tourniquet until the bleeding stops. Write "TK" and the exact time (hour and minute) that you applied the tourniquet on the patient's forehead. Position the patient supine unless contraindicated. Administer oxygen as necessary. Keep the patient warm, transport promptly, monitor the serial vital signs, and watch diligently for developing shock.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 27-2 Packing a Wound

Task: Pack a wound.					
Performance Observations: The candidate shall be able to correctly pack a wound.					
Candidate Directive: "Properly pack a wound for bleeding control."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Expose the wound and wipe away any pooled blood.				
2.	Pack the wound with hemostatic gauze (preferred), plain gauze, or a clean cloth.				
3	Apply steady pressure by pressing with both hands directly on top of the bleeding wound.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

_____ Evaluator	_____ Date	_____ Candidate	_____ Date
_____ Retest Evaluator	_____ Date	_____ Retest Candidate	_____ Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 27-3 Applying a Commercial Tourniquet (Combat Application Tourniquet)

Task: Apply a commercial tourniquet.					
Performance Observations: The candidate shall be able to correctly apply a commercial tourniquet.					
Candidate Directive: "Properly apply a commercial tourniquet."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Place the tourniquet proximal to the injury. Wrap the band around the limb and fasten it to the buckle.				
2.	Pull the band tightly and secure the band back on itself.				
3.	Tighten the rod (windlass) until the bleeding stops.				
4.	Secure the rod inside the clip. Ensure bleeding is still controlled and assess for a distal pulse.				
5.	Wrap the rest of the band through the clips. Secure the rod with the strap labeled "TK" (for "tourniquet") and the exact time (hour and minute) that you applied the tourniquet.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 27-4 Managing Internal Hemorrhage

Task: Manage internal hemorrhage.					
Performance Observations: The candidate shall be able to correctly manage internal hemorrhage.					
Candidate Directive: "Properly manage internal hemorrhage."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Maintain the airway with cervical spine immobilization as indicated. Administer supplemental oxygen, and assist ventilation if necessary.				
2.	Control all obvious external bleeding, and treat suspected internal bleeding using a splint, if possible. Apply a tourniquet for severe bleeding from an extremity that cannot be controlled with direct pressure.				
3.	Depending on local protocols, if a pelvic fracture is suspected, use a pelvic binder or sheets to bind the pelvic area.				
4.	Monitor and record vital signs at least every 5 minutes. Keep the patient warm and provide rapid transport.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 28-1 Stabilizing an Impaled Object

Task: Stabilize an impaled object.					
Performance Observations: The candidate shall be able to correctly stabilize an impaled object.					
Candidate Directive: "Properly stabilize an impaled object."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Do not attempt to move or remove the object, unless it is impaled through the cheek or mouth and is causing airway obstruction, or it is embedded in the chest otherwise positioned such that it interferes with cardiopulmonary resuscitation (CPR). In most cases, a surgeon will have to remove the object; removing it in the field may cause more bleeding or damage nerves, blood vessels, or muscles within the wound. Stabilize the object in place using soft dressings, gauze, and/or tape.				
2.	Remove any clothing covering the injury. Control bleeding with direct pressure, and apply a bulky dressing to stabilize the object. Some combination of soft dressings, gauze, and tape may be effective, depending on the location and size of the object. To prevent further injury, manually secure the object by incorporating it into the dressing.				
3.	Protect the impaled object from being bumped or moved during transport by taping a rigid item such as a plastic cup, a section of a plastic water bottle, or a supply container over the stabilized object and its bandaging.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 28-2 Caring for Burns

Task: Care for burns.					
Performance Observations: The candidate shall be able to correctly care for burns.					
Candidate Directive: "Properly care for burns."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Follow standard precautions to help prevent infection. Because a burn destroys the patient's protective skin layer, always wear gloves and eye protection when treating a burn patient. If safe to do so, move the patient away from the burning area. If any clothing is on fire, wrap the patient in a blanket or follow specific guidelines outlined by your local fire department protocol to put out the flames, and then remove any smoldering clothing and/or jewelry.</p> <p>If allowed by local protocol, immerse the area in cool, sterile water or saline solution or cover with a clean, wet, cool dressing if the wound or clothing is still hot. This not only stops the burning but also relieves pain.</p> <p>Prolonged immersion, however, increases the risk of infection and hypothermia. For this reason, you should not keep the affected part under water for longer than 10 minutes. Moist, sterile dressings may be used if a burn covers less than 10% of the BSA. If the burning has stopped before you arrive, do not immerse the burned part at all. As an alternative to immersion, irrigation of the burned area until the burning stops may also be used, followed by the application of a sterile dressing.</p>				
2.	<p>Provide high-flow oxygen. Remember that more fire victims die of smoke inhalation than of skin burns. Respiratory distress may develop in a patient who has burns about the face or has inhaled smoke or fumes. Therefore, you should provide high-flow oxygen. Keep in mind that a patient who appears to be breathing well at first may suddenly have severe respiratory distress. Therefore, you must continue to reassess the airway for possible problems. Remember that pulse oximetry may be misleading if the patient is experiencing smoke inhalation, because of the potential for carbon monoxide poisoning.</p>				
3.	<p>Rapidly estimate the burn's severity. Then cover the burned area with a dry, sterile dressing to prevent further contamination. Sterile gauze is best if the area is not too large. You may cover larger areas with a clean, white sheet. Do not put anything else on the burned area. Never use ointments, lotions, or antiseptics of any kind (these products only increase the risk of infection and will have to be removed at the hospital), and do not intentionally break any blisters.</p>				

Skill Drill 28-2 Caring for Burns, continued

4.	<p>Prepare for transport. Cover the stretcher with a burn sheet prior to placing the patient on it. Treat the patient for shock if necessary. Provide circulatory support, including establishing IV access using an isotonic crystalloid solution, proper positioning, and keeping the patient warm. An extensive burn can produce hypothermia (loss of body heat); prevent further heat loss by covering the patient with warm blankets.</p> <p>Provide prompt transport by local protocol. Do not delay transport to do a prolonged assessment or to apply coverings to burns in a critically burned or injured patient. Transport to the closest, most appropriate facility in the proper mode based on the patient's condition. Provide psychological support en route.</p>				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

_____ Evaluator	_____ Date	_____ Candidate	_____ Date
_____ Retest Evaluator	_____ Date	_____ Retest Candidate	_____ Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 29-1 Removing a Foreign Object From Under the Upper Eyelid

Task: Remove a foreign object from under the upper eyelid.					
Performance Observations: The candidate shall be able to correctly remove a foreign object from under the upper eyelid.					
Candidate Directive: "Properly remove a foreign object from under the upper eyelid."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Have the patient look down, grasp the upper lashes, and gently pull the lid away from the eyeball.				
2.	Place a cotton-tipped applicator horizontally on the outer surface of the upper eyelid.				
3.	Pull the eyelid forward and up, fold it back over the applicator and expose the undersurface of the eyelid.				
4.	Gently remove the foreign object from the eyelid with a moistened, sterile, cotton-tipped applicator.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 29-2 Stabilizing a Foreign Object Impaled in the Eye

Task: Stabilize a foreign object impaled in the eye.					
Performance Observations: The candidate shall be able to correctly stabilize a foreign object impaled in the eye.					
Candidate Directive: "Properly stabilize a foreign object impaled in the eye."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	To prepare a doughnut ring, wrap a 2-inch (5-cm) roll around your fingers and thumb seven or eight times. Adjust the diameter by spreading your fingers or squeezing them together.				
2.	Remove the gauze from your hand and wrap the remainder of the gauze roll radially around the ring that you have created.				
3.	Work around the entire ring to form a doughnut.				
4.	Carefully place the ring over the eye and impaled object to stabilize the impaled object in place, and then secure it with a roller bandage.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 29-3 Controlling Bleeding From a Neck Injury

Task: Control bleeding from a neck injury.					
Performance Observations: The candidate shall be able to correctly control bleeding from a neck injury.					
Candidate Directive: "Properly control bleeding from a neck injury."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Apply direct pressure to the bleeding site using a gloved fingertip if necessary to control bleeding.				
2.	Apply a sterile occlusive dressing to ensure air does not enter a vein or artery. Secure the dressing in place with roller gauze, adding more dressings if needed.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-1 Performing Manual In-Line Stabilization

Task: Perform manual in-line stabilization.					
Performance Observations: The candidate shall be able to correctly perform manual in-line stabilization.					
Candidate Directive: "Properly perform manual in-line stabilization."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Begin by holding or having someone firmly hold the head with both hands. Whenever possible, kneel at the head of the patient, and place your hands firmly around the base of the skull on either side.				
2.	Support the lower jaw with your index and long fingers, while you are supporting the head with your palms. Gently lift the head until the patient's eyes are looking straight ahead and the head and torso are in line. This neutral, eyes-forward position makes immobilization easier. Align the nose with the navel. Do not move the head or neck excessively, forcefully, or rapidly.				
3.	Manually maintain this position while your partner places a rigid cervical collar around the neck to provide more stability. Do not remove your hands from the patient's head until the patient's torso and head have been secured to a backboard or other appropriate device. The patient must remain immobilized until an examination at the hospital has been completed.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-2 Application of a Cervical Collar

Task: Apply a cervical collar.					
Performance Observations: The candidate shall be able to correctly apply a cervical collar.					
Candidate Directive: "Properly apply a cervical collar."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	One AEMT provides continuous manual in-line support of the head while the other prepares the collar.				
2.	Measure the proper collar size according to the manufacturer's specifications. It is essential that the cervical collar fits properly.				
3.	Place the chin support snugly underneath the chin.				
4.	Maintaining head stabilization and neutral neck alignment, wrap the collar around the neck, and secure the collar to the far side of the chin support.				
5.	Ensure that the collar fits properly and recheck that the patient is in a neutral, in-line position. Maintain in-line stabilization until the patient is secured to a backboard or other appropriate device.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-3 Performing SRM of a Supine Adult Patient

Task: Perform spinal motion restriction of a supine adult patient.					
Performance Observations: The candidate shall be able to correctly perform spinal motion restriction of a supine patient.					
Candidate Directive: "Properly perform spinal motion restriction of a supine adult patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Apply and maintain manual in-line stabilization at the patient's head, as previously discussed.				
2.	Assess distal PMS in each extremity.				
3.	Apply a well-fitting cervical collar as previously discussed.				
4.	Rescuers position the backboard or immobilization device beside the patient, kneeling on one side of the patient and placing their hands on the far side of the patient to increase their leverage. Rescuers use their body weight, shoulders, and back muscles to ensure a smooth, coordinated pull. The pull should concentrate on the heavier portions of the body.				
5.	On count/command of the person holding manual in-line stabilization, rescuers roll the patient toward themselves. This rolling technique prevents the patient from twisting. One rescuer should quickly examine the back while the patient is rolled onto the side, then slide the backboard behind and under the patient. The team should then roll the patient onto the backboard, avoiding rotation of the head, shoulders, and pelvis.				
6.	Center the patient on the board with no lateral movement.				
7.	Apply padding as necessary to fill the voids between the patient and the device. When possible, prepare blanket rolls ahead of time and have them ready to go. When you have the blankets prepared, you need only seconds to place them.				
8.	Secure the upper torso to the backboard.				
9.	Secure the pelvis and upper legs, using padding as needed. For the pelvis, use straps over the iliac crests and/or groin loops (leg straps).				
10.	Pad behind the patient's neck and head area as needed to maintain a neutral in-line position.				

Skill Drill 30-3 Performing SMR of a Supine Adult Patient, continued

11.	Immobilize the head to the backboard with a commercial immobilization device per the manufacturer's instructions. Alternatively, rolled towels may be used. Secure the head to the backboard only after the entire torso has been secured. If the head is secured first and the body shifts, the spine may be compromised. Securing most of the body weight first creates better protection.				
12.	Secure the patient's lower legs to the backboard.				
13.	Secure the patient's arms with a single strap.				
14.	Check and readjust straps as needed to ensure the entire body is snugly secured and will not slide during movement of the backboard or during patient transport. Reassess distal PMS in each extremity and repeat periodically.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-4 Using a Scoop Stretcher

Task: Use a scoop stretcher.					
Performance Observations: The candidate shall be able to correctly use a scoop stretcher.					
Candidate Directive: "Properly use a scoop stretcher."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	With the scoop stretcher separated, measure the length of the scoop and adjust to the proper length.				
2.	Position the stretcher, one side at a time. Lift the patient's side slightly by pulling on the far hip and upper arm, while your partner slides the stretcher into place.				
3.	Lock the stretcher ends together by engaging their locking mechanisms one at a time, and continue to lift the patient slightly as needed to avoid pinching the patient or your fingers.				
4.	Apply and tighten straps to secure the patient to the stretcher before transferring to the stretcher.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-5 Placing a Patient on a Full-Body Vacuum Mattress

Task: Place a patient on a full-body vacuum mattress.					
Performance Observations: The candidate shall be able to correctly place a patient on a full-body mattress.					
Candidate Directive: "Properly place a patient on a full-body mattress."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Place the mattress on a flat surface near the patient. Make sure the head end of the mattress is at the patient's head.				
2.	Allow air to enter the mattress. Keep the valve stem open until the mattress is soft and pliable.				
3.	Smooth the mattress so that it is flat and level. Remove any sharp or bulky items that may damage the mattress.				
4.	Connect the pump to the mattress.				
5.	Determine which method you will use to move the patient onto the mattress. If you use the log roll method, evacuate the mattress until it is partially rigid. (This step is not needed if using the scoop stretcher method.) The surface should be smooth and the beads should be spread out as evenly as possible.				
6.	<p>Move the patient onto the vacuum mattress using one of the two methods: scoop stretcher or log roll. Throughout this procedure, maintain spinal alignment.</p> <p>For the scoop stretcher method, the mattress does not need to be partially rigid:</p> <ol style="list-style-type: none"> Apply the scoop stretcher to the patient, then lift and transfer the patient onto the mattress. Position the patient so the head is in the head area of the mattress or very close to the mattress's top edge. Remove the scoop stretcher from around the patient and proceed with application of the vacuum mattress. <p>For the log roll method, the mattress should be partially rigid:</p> <ol style="list-style-type: none"> Place the mattress on a backboard or transfer device. Hold the mattress in place on the backboard, and log roll the patient onto the backboard with the mattress on top of it. (The long backboard is used only for stabilization.) Position the patient so his or her head is very close to the top edge. 				
7.	If the vacuum mattress is partially rigid, open the valve to allow air to enter. Keep the valve open until the mattress is pliable.				

Skill Drill 30-5 Placing a Patient on a Full-Body Vacuum Mattress, continued

8.	Conform the mattress to each side of the patient’s head, close to the shoulders but not the top of the head. Continue to hold these “head blocks” that you have formed, and have a second person hold up the sides of the mattress to the patient’s hips until the mattress is evacuated of air completely. Always form the mattress to meet the needs of the patient. Use additional rescuers if needed. Some patients may be more comfortable with their knees slightly bent.				
9.	Secure the patient’s chest, hips, and legs in the mattress.				
10.	Secure the patient’s head with medical tape. Pad any voids at the top of the shoulders.				
11.	Ensure the patient is as comfortable as possible, then evacuate the remaining air to achieve immobilization. (A portable suction unit can be used to evacuate some mattresses; see manufacturer recommendations.)				
12.	Disconnect the vacuum pump and ensure that the valve is closed or secured so the mattress is not accidentally deflated.				
13.	Reassess and adjust the straps around the chest, hips, and legs.				
14.	Check the patient’s neurovascular status and recheck all straps prior to lifting or moving the patient.				
Retest Approved By:		Retest Evaluation:			

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-6 Performing Immobilization of a Seated Adult Patient

Task: Perform immobilization of a seated patient.					
Performance Observations: The candidate shall be able to correctly perform immobilization of a seated patient.					
Candidate Directive: "Properly perform immobilization of a seated patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Take standard precautions and direct another rescuer to place and maintain manual in-line stabilization of the patient's head and neck. Evaluate the patient's reliability as a historian. Assess distal PMS in each extremity.</p> <p>Apply a properly sized cervical collar. Because the cervical collar does not completely immobilize the cervical spine, continue manual stabilization of the head and neck until the patient is fully immobilized and secured on a backboard.</p>				
2.	Insert the immobilization device between the patient's upper back and the seat back.				
3.	Open the device's side flaps (if present) and position them around the patient's torso, snug under the armpits.				
4.	When the device is properly positioned, secure the upper torso straps.				
5.	Position and fasten both groin loops (leg straps). Pad the groin as needed. Check all torso straps and make sure they are secure. Make any necessary adjustments without excessively moving the patient.				
6.	Pad any space between the patient's head and the device. Secure the forehead strap or tape the head securely and then fasten the lower head strap around the cervical collar. Reevaluate the patient to ensure adequate immobilization. Reassess distal PMS in each extremity.				
7.	Place a long backboard next to the patient's buttocks, perpendicular to the trunk.				
8.	Turn and lower the patient parallel to the long backboard and slowly lower the patient onto it. Lift the patient and the vest-type board together as a unit (without rotating the patient), and slip the long backboard under the patient and the immobilization device. Slide the patient onto the backboard as a unit using any handles that may be built into the device. Release the leg straps and loosen the chest strap to allow the legs to straighten and give the chest room to fully expand.				
9.	Secure the device and the long backboard together. Do not remove the vest-type board from the patient. Reassess distal pulse and motor and sensory function in each extremity. Note your findings on the patient care report and prepare for transport.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 30-6 Performing Immobilization of a Seated Adult Patient, continued

Evaluator Comments:

Candidate Comments:

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Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 30-7 Removing a Helmet

Task: Remove a helmet.					
Performance Observations: The candidate shall be able to correctly remove a helmet.					
Candidate Directive: "Properly remove a helmet."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Begin by kneeling at the patient's head. Your partner should kneel on one side of the patient, at the shoulder area. Open the face shield, if there is one, and assess the patient's airway and breathing. Remove eyeglasses if the patient is wearing them.				
2.	Prevent head movement by placing your hands on either side of the helmet, with your fingers on the patient's lower jaw. After your hands are in position, your partner can loosen the face strap.				
3.	After the strap has been loosened, your partner should place one hand on the patient's lower jaw at the angle of the lower jaw and the other behind the head at the occipital region. After your partner's hands are in position, you may pull the sides of the helmet away from the patient's head.				
4.	Gently slip the helmet about halfway off the patient's head, stopping when the helmet reaches the halfway point.				
5.	Your partner then slides the hand from the occiput to the back of the head. This will prevent the head from snapping back after the helmet has been completely removed.				
6.	With your partner's hand in place, remove the helmet, taking care to work over the occiput and nose, and immobilize the cervical spine. Apply a cervical collar, and then secure the patient to a long backboard. With large helmets or small patients, you may need to pad under the shoulders to prevent flexion of the neck. If shoulder pads or heavy clothing are in place, you may need to pad behind the patient's head to prevent extension of the neck.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 30-7 Removing a Helmet, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-1 Assessing Neurovascular Status

Task: Assess neurovascular status.					
Performance Observations: The candidate shall be able to correctly assess neurovascular status.					
Candidate Directive: "Properly assess neurovascular status."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Palpate the radial pulse in the upper extremity.				
2.	Palpate the posterior tibial and dorsalis pedis pulses in the lower extremity.				
3.	Assess capillary refill by blanching a fingernail or toenail. If normal color does not return within 2 seconds after you release the nail, then assume circulation is impaired. This test is typically recommended for children, although it can be used in adults as well.				
4.	Assess sensation on the flesh near the tip of the index finger and thumb, as well as the little finger. The patient's ability to sense a light touch in the fingers or toes distal to the site of a fracture is a good indication that the nerve supply is intact.				
5.	On the foot, check sensation on the flesh near the tip of the big toe.				
6.	Check sensation on the medial side of the foot.				
7.	For an upper extremity injury, evaluate motor function by asking the patient to open the hand. (Perform motor tests only if the hand or foot is not injured. Stop a test if it causes pain.)				
8.	Ask the patient to make a fist.				
9.	For a lower extremity injury, ask the patient to flex the foot and toes downward.				
10.	Ask the patient to extend the foot and ankle and pull the toes and foot upward.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 33-1 Assessing Neurovascular Status, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-2 Caring for Musculoskeletal Injuries

Task: Care for musculoskeletal injuries.					
Performance Observations: The candidate shall be able to correctly care for musculoskeletal injuries.					
Candidate Directive: "Properly care for musculoskeletal injuries."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Cover open wounds with a dry, sterile dressing, and apply direct pressure to control bleeding. Assess distal pulse and motor and sensory function. If bleeding cannot be controlled, then apply a tourniquet.				
2.	Apply a splint, and elevate the extremity approximately 6 inches (15 cm) (slightly above the level of the heart). Assess distal pulse and motor and sensory function.				
3.	Apply cold packs if there is swelling, but do not place them directly on the skin.				
4.	Position the patient for transport, and secure the injured area. Consider requesting paramedic backup for additional pain management.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-3 Applying a Hare Traction Splint

Task: Apply a Hare traction splint.					
Performance Observations: The candidate shall be able to correctly apply a Hare traction splint.					
Candidate Directive: "Properly apply a Hare traction splint."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions. Expose the injured limb and check the pulse and motor and sensory functions. Place the splint beside the uninjured limb, adjust the splint to the proper length, and prepare the straps.				
2.	Support the injured limb as your partner fastens the ankle hitch about the foot and ankle. Usually, the patient's shoe is removed for this procedure.				
3.	Continue to support the limb as your partner applies gentle in-line traction to the ankle hitch and foot.				
4.	Slide the splint into position under the injured limb until it seats against the ischial tuberosity, while your partner supports the heel and underneath the calf.				
5.	Pad the groin and fasten the ischial strap.				
6.	Connect the loops of the ankle hitch to the end of the splint as your partner continues to maintain traction. Carefully tighten the ratchet to the point that the splint holds adequate traction. Adequate traction has been applied when the leg is the same length as the uninjured leg or when the patient's pain is relieved.				
7.	Secure and check support straps take care not to place a strap over the fracture site. Reassess the patient's pulse and motor and sensory function.				
8.	Secure the patient and splint to the backboard in a way that will prevent movement of the splint during patient movement and transport.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 33-3 Applying a Hare Traction Splint, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-4 Applying a Sager Traction Splint

Task: Apply a Sager traction splint.					
Performance Observations: The candidate shall be able to correctly apply a Sager traction splint.					
Candidate Directive: "Properly apply a Sager traction splint."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions and expose the injured area. Check the patient's pulse and motor and sensory functions. Adjust the thigh strap so it lies anteriorly when secured.				
2.	Estimate the proper length of the splint by placing it next to the uninjured limb. Fit the ankle pads to the ankle.				
3.	Place the splint at the inner thigh, apply the thigh strap at the upper thigh so the perineal cushion is snug against the groin and the ischial tuberosity, and secure the splint snugly.				
4.	Tighten the ankle harness just above the malleoli. Pull and secure the cable ring against the bottom of the foot.				
5.	Extend the splint's inner shaft to apply traction of approximately 10% of the patient's body weight, using a maximum of 15 pounds (7 kg).				
6.	Secure the splint with elasticized cravat bandages.				
7.	Secure the patient to a long backboard. Reassess pulse and motor and sensory functions.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-5 Applying a Rigid Splint

Task: Apply a rigid splint.					
Performance Observations: The candidate shall be able to correctly apply a rigid splint.					
Candidate Directive: "Properly apply a rigid splint."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Provide gentle support and in-line traction for the limb. Assess distal pulse and motor and sensory function.				
2.	Place the splint alongside or under the limb. Pad between the limb and the splint as needed to ensure even pressure and contact. Pad any bony prominences.				
3.	Secure the splint to the limb with bindings.				
4.	Assess and record distal neurovascular function.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-6 Applying a Vacuum Splint

Task: Apply a vacuum splint.					
Performance Observations: The candidate shall be able to correctly apply a vacuum splint.					
Candidate Directive: "Properly apply a vacuum splint."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Assess distal pulse and motor and sensory functions. Have your partner stabilize and support the injury, applying traction if needed.				
2.	Place the splint and wrap it around the injured limb.				
3.	Draw out the air from the splint through the suction valve, and then seal the valve. Reassess distal pulse and motor and sensory function.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 33-7 Splinting the Hand and Wrist

Task: Splint the hand and wrist.					
Performance Observations: The candidate shall be able to correctly splint the hand and wrist.					
Candidate Directive: "Properly splint the hand and wrist."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Take standard precautions and cover open wounds with a dry, sterile dressing. Assess pulse and motor and sensory function. Support the injured limb and move the hand into the position of function. Place a soft roller bandage in the palm of the patient's injured hand.				
2.	Apply a padded board splint on the palmar side of the wrist, leaving the fingers exposed.				
3.	Secure the entire length of the splint with a soft roller bandage. Apply a sling and swathe or prop the splinted hand and wrist on a pillow or on the patient's chest during transport.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 34-1 Treating for Heat Exhaustion

Task: Treat for heat exhaustion.					
Performance Observations: The candidate shall be able to correctly treat for heat exhaustion.					
Candidate Directive: "Properly treat for heat exhaustion."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Promptly remove the patient from the hot environment, preferably into the back of the air-conditioned ambulance. If outdoors, move out of direct sunlight. Remove any excessive layers of clothing, particularly around the head and neck.				
2.	Administer oxygen if indicated and if this was not already done as part of the primary survey. If the patient has an altered mental status, check the blood glucose level. Cool the patient with misting and administration of ice packs to the trunk of the patient's body. Use an ice bath or similar facility if available, per local protocol. Encourage the patient to lie down. Loosen any tight clothing, and cool the patient by manually or mechanically fanning.				
3.	If the patient is fully alert, encourage the patient to sit up and slowly drink up to 1 liter of water, as long as nausea does not develop. Never force fluids by mouth on a patient who is not fully alert, or allow drinking while supine, because the patient could aspirate the fluid into the lungs. If the patient does become nauseated, transport the patient on the left side to prevent aspiration. Gain IV access, and administer normal saline fluid boluses of 20 mL/kg as needed if the patient is nauseated or unable to take fluid by mouth.				
4.	Transport the patient on the left side if you think the patient may be nauseated, but make certain that the patient is secured.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 34-1 Treating for Heat Exhaustion, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
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Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 34-2 Stabilizing a Suspected Spinal Injury in the Water

Task: Stabilize a suspected spinal injury in the water.					
Performance Observations: The candidate shall be able to correctly stabilize a suspected spinal injury in the water.					
Candidate Directive: "Properly stabilize a suspected spinal injury in the water."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Turn the patient supine. Two rescuers are usually required to turn the patient safely, although in some cases one rescuer will suffice. Always rotate the entire upper half of the patient's body as a single unit. Twisting only the head, for example, may aggravate any injury to the cervical spine.				
2.	Restore the airway and begin ventilation. Immediate ventilation is the primary treatment of all drowning patients as soon as the patient is face up in the water. Use a pocket mask if available. Have the other rescuer support the head and trunk as a unit while you open the airway and begin artificial ventilation.				
3.	Float a buoyant backboard under the patient as you continue ventilation.				
4.	Secure the head and trunk to the backboard to stabilize the cervical spine. Do not remove the patient from the water until this is done.				
5.	Remove the patient from the water, on the backboard.				
6.	Cover the patient with a blanket. Give oxygen if the patient is breathing spontaneously. Begin CPR if there is no pulse. Effective chest compressions are extremely difficult to perform when the patient is still in the water so remove the patient as quickly as possible. Consider paramedic backup for endotracheal intubation to maintain the airway if needed.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 34-2 Stabilizing a Suspected Spinal Injury in the Water, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 35-1 Delivering a Newborn

Task: Deliver a newborn.					
Performance Observations: The candidate shall be able to correctly deliver a newborn.					
Candidate Directive: "Properly deliver a newborn."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	<p>Control the delivery. When crowning occurs, place gentle pressure on the newborn's head with the palm of your gloved hand to prevent the head from delivering too quickly and tearing the woman's vagina.</p> <p>As the newborn's head begins to emerge from the vagina, it will start to turn. Support the head as it turns. Do not attempt to pull the newborn from the vagina! If the membranes cover the head after it emerges, tear the amniotic sac with your fingers or forceps to permit escape of amniotic fluid and enable the newborn to breathe.</p> <p>Slip your middle finger alongside the newborn's head to check for a nuchal cord. If you find a nuchal cord, try to slip it gently over the newborn's shoulder and head. Should this maneuver fail, and if the cord is wrapped tightly around the neck, place umbilical clamps 2 inches (5 cm) apart and cut the cord between the clamps.</p> <p>If the airway appears to be obstructed, cradle and support the newborn's head in your hand, and clear the airway by suctioning with the bulb syringe.</p>				
2.	Gently guide the head downward to allow delivery of the upper shoulder. Do not pull on the newborn to facilitate the delivery.				
3.	Gently guide the head upward to allow delivery of the lower shoulder.				
4.	<p>After the shoulders are delivered, the newborn's trunk and legs will follow rapidly. Be prepared to grasp and support the newborn as it emerges. Handle the newborn firmly but carefully. Newborns will be slippery and usually covered with a harmless, white, cheesy substance called vernix caseosa.</p> <p>After the newborn is delivered, maintain its body position at the same level as the vagina to prevent blood drainage from the umbilical cord.</p> <p>Wipe any blood or mucus from the newborn's nose and mouth with a sterile gauze. If airway obstruction is noted, use the bulb syringe to suction the mouth and nostrils. Be sure to squeeze the bulb before inserting the tip, and only then place the tip in the newborn's mouth or nostril and release the bulb slowly. Withdraw the bulb, expel its contents into a waste container, and repeat suctioning as needed.</p> <p>Dry the newborn with sterile towels (wet newborns lose heat faster than dry ones), and either wrap the newborn with a dry blanket or place skin-to-skin on the mother's abdomen to encourage breastfeeding.</p> <p>Record the time of birth for your patient care report.</p>				
Retest Approved By:			Retest Evaluation:		

Skill Drill 35-1 Delivering a Newborn, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-1 Positioning the Airway in a Pediatric Patient

Task: Position the airway in a pediatric patient.					
Performance Observations: The candidate shall be able to correctly position the airway in a pediatric patient.					
Candidate Directive: "Properly position the airway in a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Place the pediatric patient on a firm surface such as the ground or a short backboard or pediatric immobilization device.				
2.	Fold a small towel, about 1 inch (2.5 cm) thick, and place it under the pediatric patient's shoulders and back.				
3.	Stabilize the forehead to limit movement of the head during transport. Use the head tilt–chin lift maneuver to open the airway.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-2 Inserting an Oropharyngeal Airway in a Pediatric Patient

Task: Insert an oropharyngeal airway in a pediatric patient.					
Performance Observations: The candidate shall be able to correctly insert an oropharyngeal airway in a pediatric patient.					
Candidate Directive: "Properly insert an oropharyngeal airway in a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Determine the appropriate size airway by placing the airway next to the face with the flange at the level of the central incisors and the bite block segment parallel to the hard palate. The tip of the airway should reach the angle of the jaw. Or, use a length-based resuscitation tape to determine the appropriate size airway.				
2.	Position the patient's airway. In medical patients, use the head tilt–chin lift maneuver, avoiding hyperextension; you may place a towel under the patient's shoulders to assist in holding the position. If the patient has a traumatic injury, use the jaw-thrust maneuver and provide manual in-line stabilization.				
3.	Open the mouth by applying pressure on the chin with your thumb. Insert the airway by depressing the tongue with a tongue blade applied to the base of the tongue and inserting the airway directly over the tongue blade. Insert the airway until the flange rests against the lips. Reassess the airway after insertion.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-3 Inserting a Nasopharyngeal Airway in a Pediatric Patient

Task: Insert a nasopharyngeal airway in a pediatric patient.					
Performance Observations: The candidate shall be able to correctly insert a nasopharyngeal airway in a pediatric patient.					
Candidate Directive: "Properly insert a nasopharyngeal airway in a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Determine the appropriate size airway by comparing its diameter with the opening of the nostril (naris). Place the airway next to the patient's face to confirm correct length. Position the airway appropriately, using the techniques described for the oropharyngeal airway.				
2.	Lubricate the airway with a water-soluble lubricant. Insert the tip into the right naris (nostril opening) with the bevel pointing toward the septum, or central divider in the nose.				
3.	Carefully advance the airway, following the curvature of the anatomy, until the flange rests against the outside of the nostril.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-4 One-Person Bag-Mask Device Ventilation on a Pediatric Patient

Task: Perform one-person bag-mask device ventilation on a pediatric patient.					
Performance Observations: The candidate shall be able to correctly perform one-person bag-mask device ventilation on a pediatric patient.					
Candidate Directive: "Properly perform one-person bag-mask device ventilation on a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Open the airway and insert the appropriate airway adjunct.				
2.	Hold the mask on the pediatric patient's face with a one-handed head tilt-chin lift maneuver (EC clamp technique). Ensure a good mask-to-face seal while maintaining the airway.				
3.	Squeeze the bag using the correct ventilation rate of 1 breath every 2 to 3 seconds, or 20 to 30 breaths/min. Allow adequate time for exhalation.				
4.	Assess the effectiveness of the ventilation by watching for adequate bilateral rise and fall of the chest.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-5 Pediatric IO Access and Infusion

Task: Establish an IO infusion in a pediatric patient.					
Performance Observations: The candidate shall be able to correctly establish an IO infusion in a pediatric patient.					
Candidate Directive: "Properly establish an IO infusion in a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Ensure you have selected the proper IV fluid. Check for clarity and expiration date. Select the appropriate equipment, including an IO needle, syringe, saline, and extension set. A threeway stopcock may also be used to facilitate easier fluid administration.				
2.	Select the proper administration set. Connect the administration set to the bag. Prepare the administration set. Fill the drip chamber and flush the tubing. Make sure all air bubbles are removed from the tubing. Prepare the syringe and extension tubing.				
3.	Cut or tear the tape. Follow standard precautions (this must be done before IO puncture). Identify the proper anatomic site for IO puncture. To miss the epiphyseal (growth) plate, you should measure two fingerbreadths below the knee on the medial side of the leg.				
4.	Cleanse the site appropriately. Perform the IO puncture as follows: Stabilize the tibia. Place a folded towel underneath the knee and hold in such a manner as to keep your fingers away from the site of puncture. Insert the needle at a 90° angle to the leg. Advance the needle with a twisting motion until a "pop" is felt.				
5.	Unscrew the cap, and remove the stylet from the needle.				
6.	Attach the syringe and extension set to the IO needle. Pull back on the syringe to aspirate blood and particles of bone marrow to ensure placement. Slowly inject saline to ensure proper placement of the needle. Watch for infiltration, and stop the infusion immediately if noted. Connect the administration set, and adjust the flow rate as appropriate. Fluid does not flow well through an IO needle, and boluses are given by administering the fluid using the syringe.				
7.	Secure the needle with tape, and support it with a bulky dressing. Stabilize in place in the same manner that an impaled object is stabilized. Dispose of the needle in the proper container.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 36-5 Pediatric IO Access and Infusion, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-6 Immobilizing a Pediatric Patient

Task: Immobilize a pediatric patient.					
Performance Observations: The candidate shall be able to correctly immobilize a pediatric patient.					
Candidate Directive: "Properly immobilize a pediatric patient."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Maintain the child's head in a neutral position by placing a towel under the torso, from the shoulders to the hips.				
2.	Apply an appropriate-size cervical collar.				
3.	Log roll the child onto the short backboard or pediatric immobilization device.				
4.	Secure the pediatric patient's torso to the short backboard or pediatric immobilization device first.				
5.	Secure the child's head to the short backboard or pediatric immobilization device.				
6.	Ensure that the child is strapped in properly.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 36-7 Immobilizing a Patient Found in a Car Seat

Task: Immobilize a patient found in a car seat.					
Performance Observations: The candidate shall be able to correctly immobilize a patient found in a car seat.					
Candidate Directive: "Properly immobilize a patient found in a car seat."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Carefully stabilize the patient's head in a neutral position. Leave all car seat straps in place.				
2.	Lay the car seat down into a reclined position on a hard surface. Position a short backboard or pediatric immobilization device between the patient and the surface on which the patient is resting.				
3.	Slide the patient into position on the short backboard or pediatric immobilization device. Remove the patient and device from the car seat as one unit.				
4.	Place a towel under the back, from the shoulders to the hips, to ensure neutral head position.				
5.	Secure the torso first and place padding to fill any voids.				
6.	Secure the patient's head to the short backboard or pediatric immobilization device.				
Retest Approved By:			Retest Evaluation:		

Evaluator Comments:

Candidate Comments:

Evaluator	Date	Candidate	Date
Retest Evaluator	Date	Retest Candidate	Date

Candidate: _____ Date: _____

ID#: _____

Skill Drill 38-1 Suctioning and Cleaning a Tracheostomy Tube

Task: Suction and clean a tracheostomy tube.					
Performance Observations: The candidate shall be able to correctly suction and clean a tracheostomy tube.					
Candidate Directive: "Properly suction and clean a tracheostomy tube."					
No.	Task Steps	First Test		Retest	
		P	F	P	F
1.	Wash your hands, and apply a mask, goggles, and clean nonlatex gloves. Remove the inner cannula, and place the device to soak in the proper solution. If the caregiver is not available, then use a mixture of one-half hydrogen peroxide and one-half water. Placing the cannula in plain water is acceptable in short-term situations. (With one-piece tracheostomy tubes, this step is unnecessary.) If the patient is dependent on a ventilator, then have a replacement cannula immediately available.				
2.	Attach the catheter to negative pressure. Check the suction, and clear the catheter by drawing up a small amount of saline.				
3.	Have the patient take a deep breath or preoxygenate the patient using the ventilator.				
4.	Insert the catheter into the trachea without suction. Apply intermittent suction while removing the catheter. Repeat as necessary. Keep the patient well oxygenated during the procedure.				
5.	Clean the inner cannula with the tracheostomy brush. Rinse, replace, and lock into place. (Omit this step for a one-piece tracheostomy tube.) Remove your gloves, and wash your hands. Document the procedure and assessment.				
Retest Approved By:			Retest Evaluation:		

Skill Drill 38-1 Suctioning and Cleaning a Tracheostomy Tube, continued

Evaluator Comments:

Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date