	SEDUICES
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2020 - Q3 National Registry of Emergency Medical Technicians® **Emergency Medical Technician Psychomotor Examination** Seated

# SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate:	Examiner:
Date:	Signature:

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

### **CRITICAL CRITERIA**

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

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



National Registry of Emergency Medical Technicians<sup>®</sup> Emergency Medical Technician Psychomotor Examination 2020 - Q3

CPR

# CARDIAC ARREST MANAGEMENT / AED

Jate:	Signature:	 
Date:	Signature:	 
Candidate:	Examiner:	 

Actual Time Started:	Points	Awarded	
Takes or verbalizes appropriate PPE precautions	1		
Determines the scene/situation is safe	1		
Checks patient responsiveness	1		
Direct assistant to retrieve AED	1		
Requests additional EMS assistance	1		
Checks breathing and pulse simultaneously	1		
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 second examiner informs candidate, "The patient is unresponsive, apneic and pulseless."	onds,		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1		
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5		
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.			
Turns on power to AED	1		
Follows prompts and correctly attaches AED to patient	1		
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1		
Ensures that all individuals are clear of the patient and delivers shock from AED	1		
Immediately directs rescuer to resume chest compressions	1		
Actual Time Ended: TOTAL	. 17		

#### **Critical Criteria**

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

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



National Registry of Emergency Medical Technicians Advanced Level Psychomotor Examination

SUPRAGLOTTIC AIRWAY DEVICE



Candidate:	Examiner:
Date:	Signature:
Device:	

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "\*\*" so long as first ventilation is delivered within 30 seconds.

Actual Time Started:	Possible Points	Points Awarded	
Takes or verbalizes appropriate PPE precautions	1		
Opens the airway manually	1		
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1		
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct			
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1		
**Ventilates patient with room air	1		
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that p the patient's blood oxygen saturation is 85%	ulse oximetry	/ indicates	
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute]	1		
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds) with appropriate volumes	1		
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterall has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.	y and medica	l direction	
Checks/prepares supraglottic airway device	1		
Lubricates distal tip of the device [may be verbalized]	1		
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.			
Positions head properly	1		
Performs a tongue-jaw lift	1		
Inserts device to proper depth	1		
Secures device in patient [ <del>inflates cuffs with proper volumes and immediately removes syringe</del> or secures strap]	1		
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over the epigastrium	1		
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1		
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1		
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Secures device or confirms that the device remains properly secured	1		
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1		
Actual Time Ended: TOTAL	18		

#### **Critical Criteria**

- \_\_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize appropriate PPE precautions
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of 10 12/minute (1 ventilation every 5 6 seconds)
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- Failure to inflate cuffs properly and immediately remove the syringe
- Failure to secure the strap (if present) prior to cuff inflation
- Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over the epigastrium
- \_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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2020 - Q3

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate:	Examiner:		
Date:	Signature:		
Scenario # Long Fall / Pediatric T	rauma		
	d by "**" may be integrated within sequence of Primary Survey/Resuscitation	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP		r	
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional EMS assistance if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION		1	1
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway -Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Initiates appropriate oxygen therapy (1 point)	-Assures adequate ventilation (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1point) -Assess skin [either skin color, temperature or cond -Assesses for and controls major bleeding if presen -Initiates shock management [positions patient prop	ition] (1 point) t (1 point)	4	
Identifies patient priority and makes treatment/transpor	t decision (based upon calculated GCS)	1	
HISTORY TAKING		•	-
Obtains baseline vital signs [must include BP, P and R	] (1 point)	1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head -Inspects and palpates scalp and ears (1 point) ** -Inspects mouth**, nose** and assesses facial area	-Assesses eyes (1 point) (1 point)	3	
Neck** -Checks position of trachea (1 point)	-Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest**		3	
-Inspects chest (1 point)	-Palpates chest (1 point) -Auscultates chest (1 point)	5	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Verbalizes assessment of genitalia/perineum as ne	-Assesses pelvis (1 point) eeded (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory a		2	
Upper extremities		2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm) Posterior thorax, lumbar and buttocks**		2	
-Inspects and palpates posterior thorax (1 point)	-Inspects and palpates lumbar and buttocks areas (1 point)		
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT		1	
Demonstrates how and when to reassess the patient		1	ļ
Actual Time Ended: CRITICAL CRITERIA	TOTAL	42	
URITUAL URITERIA			

Failure to initiate or call for transport of the patient within 10 minute time limit

Failure to take or verbalize appropriate PPE precautions

Failure to determine scene safety

Failure to assess for and provide spinal protection when indicated

Failure to voice and ultimately provide high concentration oxygen

Failure to assess/provide adequate ventilation

Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock

Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene

Performs other assessment before assessing/treating threats to airway, breathing and circulation

Failure to manage the patient as a competent EMT

Exhibits unacceptable affect with patient or other personnel

Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Technicians<sup>®</sup> 2020 - Q3

SPINAL IMMOBILIZATION (SUPINE PATIENT)

# Supine

Examiner:

Candidate:
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Date:

Signature:

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

## CRITICAL CRITERIA

Failure to immediately direct or take manual stabilization of the head

Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization

Released or ordered release of manual stabilization before it was maintained mechanically

Manipulated or moved the patient excessively causing potential spinal compromise

Head immobilized to the device before device sufficiently secured to the torso

Patient moves excessively up, down, left or right on the device

Head immobilization allows for excessive movement

Upon completion of immobilization, head is not in a neutral, in-line position

Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device

Failure to manage the patient as a competent EMT

Exhibits unacceptable affect with patient or other personnel

Uses or orders a dangerous or inappropriate intervention

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