

### PATIENT ASSESSMENT - MEDICAL

2022-Q2: Patient Assessm				iner:			
Candidate:			Signa	ture:			
Date:					F	ossible	Points
Scenario:						Points	Awarded
Actual Time Started:							
Takes or verbalizes appropriate PPE	precautions					1	
SCENE SIZE-UP							1
Determines the scene/situation is saf						1	
Determines the mechanism of injury/	hature of illness					1	
Determines the number of patients	,					1	
Requests additional help if necessary Considers stabilization of spine						1	
PRIMARY SURVEY						1	
Verbalizes general impression of the	nationt					1	1
Determines responsiveness/level of o						1	
Determines chief complaint/apparent						1	
Assesses airway and breathing							
-Assessment (1 point)							
-Assures adequate ventilatio	n (1 point)					3	
-Initiates appropriate oxygen	,						
Assesses circulation							
-Assesses/controls major ble	eding (1 point) -Asse	sses skin [eithe	er skin color, t	temperature, or condition] (1 po	int)	3	
-Assesses pulse (1 point)	0(1)		,		,		
Identifies priority patients/makes trans	sport decision					1	
HISTORY TAKING AND SECONDAR	YASSESSMENT						•
History of present illness							
-Onset (1 point) -S	Severity (1 point)						
	Fime (1 point)					8	
	Clarifying questions of a	associated sign:	s and sympto	oms as related to OPQRST (2 p	oints)		
-Radiation (1 point)							
Past medical history						_	
	Past pertinent history (1		-Events le	ading to present illness (1 point	.)	5	
	ast oral intake (1 point	,	dianta di nama				
Performs secondary assessment [as -Cardiovascular -N		-		-Reproductive		5	
	Neurological Musculoskeletal	-Integumer -GI/GU	mary	-Reproductive -Psychological/Social		5	
Vital signs	nusculoskeletai	-91/90		-F sychological/Social			
-Pulse (1 point)	-Respiratory rate a	and quality (1 p	oint each)			5	
-Blood pressure (1 point)	-AVPU (1 point)		onit eacity			0	
Diagnostics [blood glucose test, pulse		ated				2	
States field impression of patient	, ,					1	
Verbalizes treatment plan for patient	and calls for appropriat	e intervention(s	s) (Internasal	Narcan Administrations)		1	
Transport decision re-evaluated				· · · ·		1	
REASSESSMENT					· · · ·		
Repeats primary survey						1	
Repeats vital signs						1	
Evaluates response to treatments						1	
Repeats secondary assessment rega	rding patient complaint	or injuries				1	
Actual Time Ended: CRITICAL CRITERIA					TOTAL	48	
Failure to initiate or call for trai	nsport of the patient wit	thin 15 minute t	ime limit				on
Failure to take or verbalize app	• •						
Failure to determine scene saf							
Failure to voice and ultimately							
Failure to assess/provide adec							
				g, hemorrhage or shock [hypop			
Failure to differentiate patient's	s need for immediate tr	ansportation ve	ersus continue	ed assessment and treatment a	t the scene	е	

Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation

\_\_\_\_\_Failure to determine the patient's primary problem

Orders a dangerous or inappropriate intervention

\_\_\_\_\_Failure to provide for spinal protection when indicated



#### National Registry of Emergency Medical Technicians<sup>®</sup> Emergency Medical Responder Psychomotor Examination CARDIAC ARREST MANAGEMENT / AED

# 2022-Q2: CPR

Candidate:	Examiner:		
Date:	Signature:		
Actual Time Started:		Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
Determines the scene/situation is safe		1	
Checks patient responsiveness		1	
Direct assistant to retrieve AED		1	
Requests additional EMS assistance		1	
Checks breathing and pulse simultaneously		1	
NOTE: After checking responsiveness, then checking breathing examiner informs candidate, "The patient is unresponsive, apnea	ic and pulseless."	ds,	1
Immediately begins chest compressions [adequate depth and rate; allo	ows the chest to recoil completely]	1	
<ul> <li>Performs 2 minutes of high-quality, 1-rescuer adult CPR</li> <li>-Adequate depth and rate (1 point)</li> <li>-Correct compression-to-ventilation ratio (1 point)</li> <li>-Allows the chest to recoil completely (1 point)</li> <li>-Adequate volumes for each breath (1 point)</li> <li>-Minimal interruptions of no more than 10 seconds throughout (1 point)</li> </ul>	pint)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient ar candidate operates AED.	nd second rescuer resumes compress	ions while	
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	elessness is confirmed PR rthm analysis and before delivering shock	nds	orm.



## National Registry of Emergency Medical Technicians Advanced Level Psychomotor Examination

## SUPRAGLOTTIC AIRWAY DEVICE

## 2022-Q2:SGA

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 medical	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.		1
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Properly secures device per manufacturer's instructions	1	
Ventilates patient and confirms proper ventilation by auscultation bilaterally over lungs and over the epigastrium	1	
Adjusts ventilation as necessary	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 each ventilation?"	te volumes wi	th
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: TOTA	L 18	
Critical Critoria		

#### Critical Criteria

- Failure to initiate ventilations within 30 seconds after using appropriate PPE 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 properly secure device per manufacturer's instructions
- \_\_\_\_\_Failure to confirm that patient is being ventilated properly 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

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