



**EMERGENCY MEDICAL TECHNICIAN
(EMT) PSYCHOMOTOR SKILLS
EXAMINATION REPORT**

State Form 54502 (R6 / 1-17)

INDIANA DEPARTMENT OF HOMELAND SECURITY
EMERGENCY MEDICAL SERVICES CERTIFICATION
302 West Washington Street, Room E239
Indianapolis, IN 46204
Telephone: 1-800-666-7784



- INSTRUCTIONS:** 1. Please type or print clearly.
2. Candidates must read and sign where indicated before examination begins.

REGISTRANT INFORMATION			
Course number		Driver's license number	
Name (last, first, middle initial)			Public Safety Identification (PSID) number
Address (number and street, city, state, and ZIP code)			
Date of birth (month, day, year)	E-mail address		Telephone number ()
Name of training institution		Examination site	

EXAMINATION RESULTS			
	Date of examination (month, day, year):	Initial:	Retest number:
Section 1	Patient Assessment / Management - Trauma	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 2	Patient Assessment / Management - Medical	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 3	Cardiac Arrest Management / AED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 4	BLS Airway Management	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 5	Spinal Immobilization (Seated)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 6	Spinal Immobilization (Supine)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 7	Random Skill: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PRACTICAL SKILLS EXAMINATION PASS / FAIL CRITERIA	
1.	Candidates failing three (3) or fewer stations may re-test the skill(s) failed on the same day of the examination.
2.	Candidates failing a same day re-test must re-test those failed skills on a different day with a different examiner.
3.	Candidates failing a single skill three (3) times, or fails four (4) or more stations constitutes failure of the practical skills examination.
4.	Candidates who fail the Practical Skills Examination may re-test the entire examination only after documented remedial training.
5.	Candidates who must take the entire Practical Skills Examination a second time, items 1-3 above apply.
6.	Failure to pass the Practical Skills Examination a second time constitutes failure of the Practical Skills Examination and requires the candidate to take the entire EMT Training Program over.
7.	Test results announced on the day of the examination are PRELIMINARY AND UNOFFICIAL . Results are not final until reviewed by Indiana Department of Homeland Security Certifications staff. The Candidate will be notified by mail in the event the preliminary results of the examination ARE NOT upheld upon review.

EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE	
By my signature below, I acknowledge that I have read and understand the Pass / Fail testing criteria listed in items 1-7 above.	
Signature of EMT candidate	Date (month, day, year)
State representative comments:	
Signature of representative	Date (month, day, year)

FOR OFFICE USE ONLY			
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Staff initials	Date (month, day, year)

What You Need To Know as an Indiana EMT Practical Exam Candidate

Your Indiana Practical Exam Representatives and the Indiana Department of Homeland Security want to wish you well in the practical exam process. We understand that this is a stressful process. It is our job to ensure that the practical exam is well-conducted, which will reduce the stress you experience. However, this is still a testing process so there must be some ground rules. Please review this document and comply with these rules. Doing so will help us make your practical exam as successful as possible.

Ground rules

1. The following behavior may result in your removal from the practical exam and will constitute a failure of the entire exam:
 - a. **Use of an electronic device in any way (phone calls, texting, internet, etc.).** Electronic devices must be left at home or in your vehicle.
 - b. **Leaving the practical exam before completion of the full exam.** You may not proceed to any station until directed to do so. You may not leave the candidate staging area without permission. Going outside to smoke is not permitted. Only one person may go to the restroom at any given time.
 - c. **Discussing the practical exam or what happens in any particular station with other candidates.**
 - d. **Failure to comply with rules as directed by the Practical Exam Representative.**
2. You may review your skill sheets when in the candidate staging area. You may not take your skill sheets to a station.
3. Any notes that you take in a station must be left in that station. You may not leave a station with any materials.
4. Station evaluators are not permitted to comment on your performance.
5. Unprofessional behavior will not be tolerated. This includes cheating, displaying anger or aggressive behavior, and being impaired in any way. Unprofessional behavior may lead to loss of all future test attempts and certification in Indiana.
6. The following guidelines apply to retesting failed stations:
 - a. Failure of three (3) or less skill stations entitles you to a retest of those skills failed. Retests may or may not be offered the day you take your initial practical exam. If you have elected to retest, you must retest all failed stations, and retests must be taken with a different examiner. Failure of a same-day retest entitles you to a retest of those skills failed on a different date with a different examiner. Failure of the retest on a different date constitutes a complete failure of the practical exam.
 - b. Failures of four (4) or more skill stations constitutes complete failure of the entire practical exam and the student is required to have remediation by a primary instructor before you are allowed to test again.
 - c. You are allowed to test a single skill station a maximum of three (3) times before you must retest the entire practical exam. You must document remedial training over all skills before re-attempting the entire practical exam.
 - d. Failure to pass all stations by the end of two (2) full exam attempts constitutes a complete failure of the skills testing process, and you must complete a new EMT training program to be eligible for future testing for certification.
7. If you wish to file a complaint concerning the practical exam, you must do so with the Practical Exam Representative as soon as you leave that skill station. You may file a complaint for only two (2) reasons:
 - a. You feel you have been discriminated against or have any concern regarding the skill station. Any situation in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory.
 - b. There was an equipment problem or malfunction in your station.

If you feel either of these two things occurred, you must contact the Practical Exam Representative immediately to initiate the written complaint process. The Practical Examination Representative, Exam Coordinator, and the Medical Director will review your concerns and determine how the issue will be resolved.

Practical exam tips

1. Don't expect to do well by simply memorizing the forms. You need to be able to perform the skills properly, explain what you are doing and why, and determine the correct course of treatment. Memorizing the form won't get you there.
2. Once you finish a station, move on. There is no benefit to dwelling on things you think you did wrong or right in a station.
3. If there is a problem with equipment or a station, report it to the Indiana Practical Exam Representative immediately.
4. Pay attention to instructions, scenarios, and equipment in the room.
5. Be confident. Take your time. Verbalize everything you are doing and why.
6. Most failures involve critical criteria. Know them ... and avoid them.
7. Don't be offended if the evaluator does not appear overly friendly in the station. Don't try to gauge your success on the evaluator's behavior.

I understand these rules and agree to abide by them. I understand that violation of these rules may lead to a loss of the test attempt and possibly loss of future test attempts.

Printed name	Signature	Date (month, day, year)
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INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
PATIENT ASSESSMENT / MANAGEMENT - TRAUMA		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:		Points Possible	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions.		1	
Scene Size-up			
Determines the scene / situation is safe.		1	
Determines the mechanism of injury.		1	
Determines the number of patients.		1	
Requests additional help, if necessary.		1	
Considers stabilization of the spine.		1	
Primary Survey / Resuscitation (Initial Assessment)			
Verbalizes general impression of the patient.		1	
Determines responsiveness / level of consciousness.		1	
Determines chief complaint / apparent life threats.		1	
Airway	Opens and assesses the airway.	1	
	Inserts an adjunct as indicated.	1	
Breathing	Assesses breathing.	1	
	Assures adequate ventilation.	1	
	Confirms or initiates appropriate oxygenation or therapy based upon scenario.	1	
	Manages any injury which may compromise breathing / ventilation.	1	
Circulation	Checks for pulse.	1	
	Assesses skin (color, temperature, and condition).	1	
	Assesses for and controls major bleeding, if present.	1	
	Evaluates for and initiates shock management, if applicable (includes patient positioning, oxygen, and body heat conservation).	1	
Identifies patient priority and makes treatment / transport decision.		1	
History Gathering			
Selects appropriate assessment (focused or rapid assessment).		1	
Attempts to obtain a SAMPLE history.		1	
Secondary Assessment (Detailed Examination) * Credit should be given to candidates that use a brief examination for life-threatening injuries in the Primary Survey so long as it does not delay appropriate care.			
Head	Inspects mouth, nose, and assesses facial area.	1	
	Inspects and palpates scalp and ears.	1	
	Assesses eyes.	1	
Neck	Checks position of trachea.	1	
	Checks jugular veins.	1	
	Palpates cervical spine.	1	
Chest	Inspects chest.	1	
	Palpates chest.	1	
	Auscultates chest.	1	
Abdomen / Pelvis	Inspects and palpates abdomen.	1	
	Assesses pelvis.	1	
	Verbalizes assessment of genitalia / perineum, as needed.	1	
Lower Extremities	Inspects, palpates, and assesses motor, sensory, and distal function (1 point per each leg).	2	
Upper Extremities	Inspects, palpates, and assesses motor, sensory, and distal function (1 point per each arm).	2	
Posterior	Inspects and palpates posterior thorax.	1	
	Inspects and palpates lumbar and buttocks regions.	1	
Vital Signs			
Obtains baseline vitals (minimum is heart rate, blood pressure, and respiratory).		1	
Manages secondary injuries and wounds appropriately.		1	
Reassessment			
Verbalizes / demonstrates how and when to reassess the patient.		1	
Actual time ended:		TOTAL:	43

Critical Criteria:

- Failure to take or verbalize body substance isolation precautions.
- Failure to determine scene safety before approaching patient.
- Failure to initially consider and/or provide for stabilization of the spine when indicated.
- Failure to assess / provide adequate ventilations.
- Failure to verbalize or confirm appropriate oxygenation via assessment, or failure to apply appropriate oxygen therapy when indicated by and based upon the assessment.
- Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.
- Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.
- Requests, uses or orders a dangerous or inappropriate intervention.
- Failure to initiate or call for transport of the patient within the ten (10) minute time limit.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below, being specific about what occurred or did not occur versus repeating the statement above.

Critical Criteria explanation:

OR

There were NO observed Critical Criteria per my evaluation.

Signature of examiner

Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
PATIENT ASSESSMENT / MANAGEMENT - MEDICAL		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:	Points Possible	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions.	1	
Scene Size-up		
Determines the scene / situation is safe.	1	
Determines the mechanism of injury / nature of illness.	1	
Determines the number of patients.	1	
Requests additional help, if necessary.	1	
Considers stabilization of the spine.	1	
Primary Survey / Resuscitation (Initial Assessment)		
Verbalizes general impression of the patient.	1	
Determines responsiveness / level of consciousness.	1	
Determines chief complaint / apparent life threats.	1	
Airway	Opens and assesses the airway.	1
	Inserts an adjunct as indicated.	1
Breathing	Assesses breathing.	1
	Assures adequate ventilation.	1
	Confirms or initiates appropriate oxygenation or therapy based upon scenario.	1
Circulation	Checks for pulse.	1
	Assesses skin (color, temperature, and condition).	1
	Assesses for and controls major bleeding and/or shock, if present.	1
Identifies patient priority and makes treatment / transport decision.	1	
History Taking – History of Present Illness		
Candidate should ask pertinent signs and symptoms questions related to illness (such as OPQRST).	No questions about present illness asked.	Critical Fail / 0 points
	One question about present illness asked.	Award 1 point
	Two questions about present illness asked.	Award 2 points
	Three questions about present illness asked.	Award 3 points
	Four or more questions about present illness asked.	Award 4 points
	Examiner should award 0-4 points.	4
Past Medical History		
Allergy questions asked.	1	
Medication questions asked.	1	
Past pertinent medical history questions asked.	1	
Last oral intake questions asked.	1	
Events leading to present illness questions asked.	1	
Secondary Assessment		
Assesses appropriate body part / systems related to the present illness. * Could include: cardiovascular, pulmonary, neurological, musculoskeletal, skin, GI/GU, reproductive, and psychological / social.	1	
Vital Signs / Application of Assessment		
Obtains baseline vitals (minimum is heart rate, blood pressure, and respiratory).	1	
States field impression of patient.	1	
Interventions: verbalizes proper interventions / treatment.	1	
Candidate demonstrates ability to give adequate verbal report to receiving facility or ALS unit (may be hospital report or report to get orders for treatment).	1	
Reassessment		
Verbalizes / demonstrates how and when to reassess the patient.	1	
Actual time ended:	TOTAL:	33

Critical Criteria:

- Failure to take or verbalize body substance isolation precautions.
- Failure to determine scene safety before approaching patient.
- Failure to assess / provide adequate ventilations.
- Failure to verbalize or confirm appropriate oxygenation via assessment, or failure to apply appropriate oxygen therapy when indicated by and based upon the assessment
- Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.
- Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.
- Requests, uses or orders a dangerous or inappropriate intervention.
- Failure to initiate or call for transport of the patient within the ten (10) minute time limit.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.
- Failure to ask any questions concerning present illness.

You must factually document your rationale for checking any of the above Critical Criteria below, being specific about what occurred or did not occur versus repeating the statement above.

Critical Criteria explanation:

OR

There were NO observed Critical Criteria per my evaluation.

Signature of examiner

Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
CARDIAC ARREST MANAGEMENT / AED		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started: <input style="width: 100px; height: 20px;" type="text"/>	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Determines the scene / situation is safe.	1	
Attempts to question bystanders about arrest events.	1	
Directs rescuer to stop CPR / checks patient for responsiveness.	1	
Note: The examiner must now inform the candidate: "The patient is unresponsive."		
Assesses patient for spontaneous signs of breathing.	1	
Note: The examiner must now inform the candidate: "The patient is apneic."		
Checks carotid pulse (no more than ten (10) seconds).	1	
Note: The examiner must now inform the candidate: "The patient is pulseless."		
Immediately begins chest compressions. * Adequate depth and rate must be performed with chest recoil.	1	
Candidate performs or directs two (2) minutes of high quality, two-rescuer CPR.		
Adequate depth and rate observed.	1	
Correct compression to ventilation ratio observed.	1	
Candidate allows the chest to recoil completely.	1	
Directs or controls adequate oxygenation delivered with airway adjuncts / devices in accordance with current local or AHA standards.	1	
Minimal interruptions of less than ten (10) seconds throughout.	1	
Note: After two (2) minutes (five (5) cycles), patient is assessed and remains apneic.		
Candidate turns power on AED.	1	
Candidate follows prompts and correctly attaches AED pads to patient.	1	
Directs CPR to be halted and ensures all individuals are clear for rhythm analysis.	1	
Ensures all individuals are clear of the patient and delivers AED shock.	1	
Immediately directs rescuer to resume chest compressions.	1	
Minimal interruptions of less than ten (10) seconds throughout.	1	
Transition		
During scenario, verbalizes or directs insertion of airway adjunct (OP or NP).	1	
Assures high flow / concentration of oxygen is delivered to the patient.	1	
Confirms effectiveness of CPR compressions.	1	
Reevaluates the patient.	1	
Repeats defibrillator sequence.	1	
Immediately directs rescuer to resume chest compressions.	1	
Verbalizes technique for transport of patient.	1	
Actual time ended: <input style="width: 100px; height: 20px;" type="text"/>	TOTAL: 25	

Critical Criteria:

- Did not confirm patient to PULSELESS and APNEIC.
- Failure to initiate or resume CPR at appropriate periods.
- Interrupts CPR for more than ten (10) seconds at any point.
- Failure to demonstrate CPR rates and depths as well as oxygenation / ventilation consistent with current AHA guidelines or citing local protocol.
- Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).
- Failure to attach AED pads correctly on the patient.
- Failure to provide high flow / concentration of oxygen.
- Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s).
Must verbalize and observe "All clear."
- Requests, uses or orders a dangerous or inappropriate intervention.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below, being specific about what occurred or did not occur versus repeating the statement above.

Critical Criteria explanation:

OR

There were NO observed Critical Criteria per my evaluation.

Signature of examiner

Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
BLS AIRWAY MANAGEMENT		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Checks responsiveness.	1	
Checks breathing.	1	
Checks for pulse for at least five (5) but no more than ten (10) seconds.	1	
Note: The examiner must now inform the candidate: "You palpate a weak carotid pulse of 60."		
Candidate opens the airway manually.	1	
Note: The examiner must now inform the candidate: "The mouth is full of secretions and vomitus."		
Candidate turns on / prepares the suction device.	1	
Candidate assures presence of mechanical suction.	1	
Candidate attaches and inserts rigid suction catheter without applying suction.	1	
Candidate suction the mouth and oropharynx.	1	
Note: The examiner must now inform the candidate: "The mouth and oropharynx are now clear."		
Candidate reopens the airway manually.	1	
Candidate measures the airway and selects an appropriately sized OP airway.	1	
Candidate inserts OP airway without pushing the tongue to the posterior.	1	
Note: The examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct without difficulty."		
Candidate ventilates the patient immediately (within thirty (30) seconds) with a BVM device.	1	
Candidate attaches the BVM assembly to high flow oxygen (fifteen (15) liters per minute).	1	
Note: The examiner must now inform the candidate that ventilation is being performed without difficulty and that a non-visualized airway should be inserted.		
Directs assistant to pre-oxygenate patient at a rate of ten (10) to (20) per minute.	1	
Checks / prepares airway device.	1	
Lubricates distal tip of the device.	1	
Positions the head properly.	1	
Performs a tongue-jaw lift.	1	
Inserts device in accordance with manufacturer's instructions.	1	
Adequately inflates cuff(s), removes syringes.	1	
Attaches / directs attachment of BVM to the device and ventilates.	1	
Confirms placement and ventilation by observing chest rise, breath sounds, and listening over the epigastrium.	1	
Ventilates the patient with adequate volume to produce chest rise.	1	
Ventilates patient at proper rate (ten (10) to twelve (12) per minute, not to exceed twelve (12) per minute).	1	
Candidate must correct / adjust the device as needed to assure adequate rise / fall of the chest and not gastric ventilations.		
Ventilates patient at proper rate (ten (10) to twelve (12) per minute, not to exceed twelve (12) per minute).	1	
Actual time ended:	TOTAL:	26

Critical Criteria:

- Failure to initiate ventilations within thirty (30) seconds after suctioning or interrupts ventilations for greater than thirty (30) seconds.
- Failure to suction **before** ventilating the patient.
- Did not demonstrate acceptable suction technique (including suctioning for prolonged time).
- Failure to check responsiveness, breathing or pulse for a period of between five (5) to ten (10) seconds.
- Inserts any adjunct in a manner dangerous to the patient.
- Failure to voice and ultimately provide high flow / concentration of oxygen.
- Failure to ventilate the patient at a rate of at least ten (10) per minute and no more than twelve (12) per minute.
- Failure to insert the non-visualized airway device properly within three (3) attempts.
- Failure to inflate cuff(s) properly, MUST remove syringes for cuff(s) to remain inflated.
- Failure to provide adequate volumes per breath (maximum of two (2) errors per minute permissible).
- Failure to confirm that patient is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below, being specific about what occurred or did not occur versus repeating the statement above.

Critical Criteria explanation:

OR

There were NO observed Critical Criteria per my evaluation.

Signature of examiner

Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
SPINAL IMMOBILIZATION (SEATED PATIENT)		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position.	1	
Assesses motor, sensory, and circulatory function in each extremity.	1	
Appropriately sizes and correctly applies extrication collar.	1	
Positions the immobilization device behind the patient.	1	
Secures the device to the patient's torso (ALL straps).	1	
Evaluates torso fixation and adjusts as necessary.	1	
Evaluates and VERBALIZES need for padding and pads as necessary.	1	
Secures the patient's head to the device.	1	
Reassesses motor, sensory, and circulatory function in each extremity.	1	
Verbalizes moving the patient to a long backboard.	1	
Actual time ended:	TOTAL:	11

Critical Criteria:

- Did not immediately direct, take, or maintain manual immobilization of the head.
- Released or ordered release of manual stabilization before it was maintained mechanically.
- Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- Manipulated or moved the patient excessively causing potential spinal compromise.
- Torso fixation inhibits chest rise, resulting in respiratory compromise.
- Upon completion of immobilization, device allows for excessive patient movement.
- Head immobilized to the device **before** device sufficiently secured to the torso.
- Head immobilization allows for excessive movement.
- Upon completion of immobilization, head is not in a neutral, in-line position.
- Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the short board device.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
SPINAL IMMOBILIZATION (SUPINE PATIENT)		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:		Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1		
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position.	1		
Assesses motor, sensory, and circulatory function in each extremity.	1		
Appropriately sizes and correctly applies extrication collar.	1		
Directs / supervises assistants to assist with moving the patient onto the device in a manner that prevents compromising the integrity of the spine.	1		
Evaluates and VERBALIZES need for padding of voids and pads as necessary.	1		
Immobilizes the patient's torso (chest AND hip straps) to the device.	1		
Evaluates and VERBALIZES need for padding behind the head and pads as needed.	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:	12	

Critical Criteria:

- Did not immediately direct, take, or maintain manual immobilization of the head.
- Released or ordered release of manual stabilization before it was maintained mechanically.
- Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- Manipulated or moved the patient excessively causing potential spinal compromise.
- Upon completion of immobilization, device allows for excessive patient movement.
- Head immobilized to the device **before** device sufficiently secured to the torso.
- Head immobilization allows for excessive movement.
- Upon completion of immobilization, head is not in a neutral, in-line position.
- Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the long board device.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
OXYGEN PREPARATION AND APPLICATION		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started: <input style="width: 100px; height: 20px;" type="text"/>	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Cracks the oxygen tank valve before attaching the regulator	1	
Attaches the regulator to the oxygen tank	1	
Opens the oxygen tank valve with the regulator attached	1	
Checks oxygen regulator and tank for leaks	1	
Check and verbalizes the oxygen tank pressure	1	
Attaches non-breather mask to oxygen	1	
Prefills the oxygen reservoir mask with oxygen	1	
Adjusts the regulator to assure oxygen flow rate between 10-15 liters per minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Note: The examiner must now inform the candidate that the patient is not tolerating the non-rebreather mask and that a nasal cannula should be applied to the patient.		
Removes non-rebreather mask and then attaches nasal cannula to oxygen	1	
Adjusts liter flow between 2-6 liters per minute	1	
Applies nasal cannula to the patient properly	1	
Note: Examiner must now instruct the candidate to discontinue oxygen therapy.		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
Actual time ended: <input style="width: 100px; height: 20px;" type="text"/>	TOTAL:	16

**** Examiner must list times above and then sign below after reviewing Critical Criteria ****

Critical Criteria:

- Failure to assemble the oxygen tank and regulator without leaks.
- Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.
- Failure to adjust the oxygen flow rate between 10-15 liters per minute of the non-rebreather.
- Failure to adjust the oxygen flow rate for the nasal cannula to between 2-6 liters/minute.
- Candidate does not utilize mask or cannula in a manner that provides proper oxygen delivery.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to perform as a competent EMT.

You must factually document your rationale for checking any of the above criteria items in the space below, specific to the candidate's performance.

Critical Criteria Documentation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
--	-----------------------

Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
TRACTION SPLINTING		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started: <input style="width: 100%;" type="text"/>	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Candidate directs application of manual stabilization to the injury.	1	
Assesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."		
Applies the distal securing device (e.g. ankle hitch).	1	
Directs application of manual traction. * (See note below.)	1	
Prepares / adjusts splint to the proper length by measuring with the UNINJURED leg.	1	
Positions the splint appropriately to the injured leg.	1	
Applies the proximal securing device (e.g. ischial strap).	1	
Applies mechanical traction.	1	
Positions / secures the support straps.	1	
Reevaluates the proximal / distal securing devices.	1	
Reassesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal;" and asks the candidate how he/she would prepare the patient for transport.		
Verbalizes correctly securing the patient and splint to a long backboard.	1	
Actual time ended: <input style="width: 100%;" type="text"/>	TOTAL:	13

Critical Criteria:

- Did not secure the ischial strap before taking traction.
- Secured the leg to the splint before applying mechanical traction.
- Loss of traction at any point after it was applied.
- The foot was excessively rotated or extended after the splint was applied.
- Final immobilization failed to support the femur or prevent rotation of injured leg.
- Did not assess motor, sensory, and circulatory function in the injured extremity **BOTH BEFORE AND AFTER** splinting.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

* **Note:** If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction has been applied. If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
LONG BONE IMMOBILIZATION		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started: <input style="width: 100px; height: 20px;" type="text"/>	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Candidate directs application of manual stabilization to the injury.	1	
Assesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."		
Measures the splint.	1	
Applies the splint.	1	
Immobilizes the joint above the injury site.	1	
Immobilizes the joint below the injury site.	1	
Secures the entire injured extremity.	1	
Immobilizes the affected hand / foot in the position of function.	1	
Reassesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."		
Actual time ended: <input style="width: 100px; height: 20px;" type="text"/>	TOTAL:	10

Critical Criteria:

- Grossly moves the injured extremity.
- Did not immobilize the joint above and the joint below the injury site.
- Did not immobilize the affected hand or foot in a position of function.
- Uses or orders a dangerous or inappropriate intervention.
- Did not assess motor, sensory, and circulatory function in the injured extremity **BOTH BEFORE AND AFTER** splinting.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
JOINT IMMOBILIZATION		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started: <input style="width: 100%;" type="text"/>	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Candidate directs application of manual stabilization of the injured joint.	1	
Assesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."		
Selects the proper splinting material.	1	
Immobilizes the site of the injury.	1	
Immobilizes the bone above the injury site.	1	
Immobilizes the bone below the injury site.	1	
Secures the entire injured extremity.	1	
Reassesses motor, sensory, and circulatory function in the injured extremity.	1	
Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."		
Actual time ended: <input style="width: 100%;" type="text"/>	TOTAL:	9

Critical Criteria:

- Grossly moves the injured joint or affected extremity.
- Did not immobilize the bone above and the bone below the injury site.
- Did not support the joint so that the joint did not bear distal weight.
- Uses or orders a dangerous or inappropriate intervention.
- Did not assess motor, sensory, and circulatory function in the injured extremity *BOTH BEFORE AND AFTER* splinting.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:

INSTRUCTIONS: The examiner must list starting and ending times and sign after reviewing the Critical Criteria.

EMT PSYCHOMOTOR SKILLS EXAMINATION		
BLEEDING CONTROL / SHOCK MANAGEMENT		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued consideration of BSI precautions.	1	
Candidate applies direct pressure to the wound.	1	
Note: The examiner must now inform the candidate that the wound continues to heavily bleed.		
Candidate applies tourniquet in an appropriate manner and location.	1	
Note: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.		
Candidate properly positions the patient.	1	
Candidate administers high concentration of oxygen.	1	
Candidate initiates steps to prevent heat loss from the patient.	1	
Candidate indicates need for immediate transport.	1	
Actual time ended:	TOTAL:	7

Critical Criteria:

- Did not apply high flow oxygen with an appropriate mask.
- Failure to take or verbalize body substance isolation precautions.
- Did not control hemorrhage using correct procedures in a timely manner.
- Did not indicate the need for immediate transport.
- Uses or orders a dangerous or inappropriate intervention.
- Exhibits unacceptable affect with patient or other personnel.
- Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above Critical Criteria below.
Critical Criteria explanation:

OR

<input type="checkbox"/> There were NO observed Critical Criteria per my evaluation.	Signature of examiner
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Notes or clarifications:
