

NAME <small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner(s), proper equipment and a patient with upper body trauma, demonstrate appropriate assessment and treatment as outlined in CBT 445-EMT12 and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

- BSI
 Scene Safety
 Determines MOI/NOI
 Number of Patients
 Additional Resources

INITIAL ASSESSMENT (must verbalize)

- | | | | | | |
|--|----------------------------------|------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Mental Status | <input type="checkbox"/> Airway | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine | | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Body Position | <input type="checkbox"/> NOT SICK |

SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and **appreciates MOI**
- Follows **SAMPLE** and **OPQRST** investigation (*if possible*)
- Obtains names/dosages of current **medications** (*if possible...to include anti-coagulants*)

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs**
- Performs appropriate **medical / trauma exam** - exposes/checks for bleeding and/or injuries
- Notes/records any **neurologic deficits**
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes **impression** (appreciates **MOI**)
- Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) | <input type="checkbox"/> Properly positions patient |
| <input type="checkbox"/> Reports APS to Dispatch | <input type="checkbox"/> Performs proper spinal immobilization |
| <input type="checkbox"/> Immediately stabilizes the head in a neutral in-line position | <input type="checkbox"/> Prevents pt. heat loss |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (<i>as indicated</i>) | <input type="checkbox"/> Monitors patient vital signs |
| <input type="checkbox"/> Applies dressings/bandage to wound (<i>as indicated</i>) | <input type="checkbox"/> Considers MOI, IOS |
| | <input type="checkbox"/> Glucometry (<i>if indicated</i>) |
| | <input type="checkbox"/> Oximetry |
| | <input type="checkbox"/> Performs pt. reassessment |

CRITICAL (FAIL) CRITERIA

DID NOT...

- Take/verbalize **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Properly administers **oxygen**
- Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

MEETS STANDARDS (RECERT)

- YES NO
2nd ATTEMPT
 YES NO

<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>	<small>IF NO EXPLAIN</small>
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