

| 2012 CBT 450-EMT 12 Endocrine Emergencies EMERGENCY MEDICAL SERVICES (11/21/2011) MH | | | SKILLS CHECKLIST FOR RECERTIFICATION | | | | | |
|--|---------------------------------------|---|---|---|--|---|--|--|
| NAME | ID # | DATE | | | | | | |
| Objective: Given a partner, appropriate equipment and a patient with an endocrine emergency, demonstrate appropriate assessment and treatment as outlined in CBT 450-EMT 12 and EMT Patient Care Guidelines. | | | | | | | | |
| SCENE SIZE-UP (must verbalize) | | | | | | | | |
| <input type="checkbox"/> BSI | <input type="checkbox"/> Scene Safety | <input type="checkbox"/> Determines MOI/NOI | <input type="checkbox"/> Number of Patients | <input type="checkbox"/> 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) | | | | | | | | |
| <input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines time of onset of complaint, signs or symptoms <input type="checkbox"/> Obtains names/dosages of current medications and were any taken | | | | | | | | |
| OBJECTIVE (PHYSICAL EXAM) | | | | | | | | |
| <input type="checkbox"/> Records and documents baseline vital signs - confirms patient's ability to swallow (<i>as indicated</i>) <input type="checkbox"/> Performs appropriate medical / trauma exam – exposes/checks for bleeding and/or injuries <input type="checkbox"/> Performs blood glucometry and records findings (<i>if trained to do so</i>) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline | | | | | | | | |
| ASSESSMENT (IMPRESSION) | | | | | | | | |
| <input type="checkbox"/> Verbalizes impression (i.e.: hypoglycemia) <input type="checkbox"/> Determines if ALS is needed — states rationale _____ | | | | | | | | |
| PLAN (TREATMENT) | | | | | | | | |
| GENERAL CARE (<i>Check all that apply</i>) <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Reports APS to Dispatch <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs blood glucometry records: (<i>findings/time [Pre/Post]</i>) | | | <input type="checkbox"/> Provides oral glucose (<i>if indicated</i>) <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Oximetry <input type="checkbox"/> Follows proper “ after-care ” procedures (<i>if indicated</i>) <input type="checkbox"/> Performs pt. reassessment | | | CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Properly administers oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK) | | |
| COMMUNICATION AND DOCUMENTATION | | | MEETS STANDARDS (RECERT) | | | | | |
| <input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form | | | <input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| <small>PRINT EVALUATOR'S NAME</small> | <small>EVALUATOR'S SIGNATURE</small> | <small>EVALUATOR ID #</small> | <small>IF NO EXPLAIN</small> | | | | | |

