Cerro Coso College

Course Outline of Record Report

10/08/2021

EMTCC105 : Emergency Medical Technician

General Information

Author:	• Tech Support
Course Code (CB01) :	EMTCC105
Course Title (CB02) :	Emergency Medical Technician
Department:	Allied Health
Proposal Start:	Fall 2015
TOP Code (CB03) :	(1250.00) Emergency Medical Services
SAM Code (CB09) :	Advanced Occupational
Distance Education Approved:	Yes
Course Control Number (CB00) :	CCC000530563
Curriculum Committee Approval Date:	12/02/2016
Board of Trustees Approval Date:	03/09/2017
External Review Approval Date:	03/09/2017
Course Description:	This course provides instruction in pre-hospital techniques in the evaluation and emergency medical care through the recognition of signs and symptoms of illnesses and injuries. This course also includes instruction in the care rendered on scene and during transportation by EMT personnel. The student shall meet health requirements to participate in the clinical section of the course. Any expenses involved in meeting the health requirements are at the student's expense. Failure to meet the health requirements results in student ineligibility for clinical objectives. Upon successful completion of the mandated course criteria the student receives a Certificate of Completion and this qualifies the student to apply and take the national exam for the Emergency Medical Technician, to ultimately qualify for application within the State of California to become certified. The student must provide a valid American Heart Association Healthcare Provider CPR/AED card to the instructor at the first class session to remain enrolled in this course.
Submission Type:	New Course
Author:	No value

Faculty Minimum Qualifications

Master Discipline Preferred:	• Emergency Medical Technologies
Alternate Master Discipline Preferred:	No value
Bachelors or Associates Discipline Preferred:	No value
Additional Bachelors or Associates Discipline Preferred:	No value

Course Development Options

Basic Skills Status (CB08)	Course Special Class Status (CB13)	Grade Options

Course is not a basic skills course.

Course is not a special class.

Allow Students to Gain Credit by Exam/Challenge

Allowed Number of Retakes

0

Course Prior To College Level (CB21)

Not applicable.

Rationale For Credit By Exam/Challenge

No value

Retake Policy Description

No value

Allow Students To Audit Course

Course Support Course Status (CB26)

No value

Associated Programs

Course is part of a program (CB24)

Associated Program

No value

Award Type

No value

Active

Transferability & Gen. Ed. Options

Course General Education Status (CB25)

No value

Transferability

Transferable to CSU only

Transferability Status

Approved

Units and Hours:

Summary

Minimum Credit Units (CB07)	9.5
Maximum Credit Units (CB06)	9.5
Total Course In-Class (Contact) Hours	189
Total Course Out-of-Class Hours	324
Total Student Learning Hours	513
Faculty Load	0

Credit / Non-Credit Options

Course Credit Status (CB04)

Credit - Degree Applicable

Course Non Credit Category (CB22)

Credit Course.

Non-Credit Characteristic

No Value

Course Classification Status (CB11)

Credit Course.

Funding Agency Category (CB23)

Not Applicable.

Cooperative Work Experience Education Status (CB10)

Variable Credit Course

Weekly Student Hours

	In Class	Out of Classs
Lecture Hours	9	18
Laboratory Hours	1.5	0
Activity Hours	0	0

Course Student Hours

Course Duration (Weeks)	18
Hours per unit divisor	0
Course In-Class (Contact) Hours	
Lecture	0
Laboratory	0
Activity	0
Total	189
Course Out-of-Class Hours	
Lecture	0
Laboratory	0
Activity	0
Total	324

Time Commitment Notes for Students

No value

Faculty Load

Extra Duties: 0

Faculty Load: 0

Units and Hours: - Weekly Specialty Hours

Activity Name	Type	In Class	Out of Class
No Value	No Value	No Value	No Value

Pre-requisites, Co-requisites, Anti-requisites and Advisories

Advisory

ENGLC070 - Introductory Composition

Students in this course will read technical language in texts and other resource materials written at the college level. Students must be able to have a college level competency in reading to interpret, identify central points, and disseminate the material presented to progress throughout the course.

Students in this course must be able to articulate information related to patient evaluation and care in a written form using the English language, medical terminology and anatomical terms. Students must have the ability to provide written patient information in a clear, concise, structured, and logical manner. The analysis of college-level reading, practice in expository and argumentative essay writing, and implementation and documentation of outside sources covered in English 70 will insure that students are prepared for EMTC C105 assignments.

AND

Advisory

HCRSC150 - Medical Terminology for Health

Students must have the ability to articulate information related to patient evaluation and care using the appropriate medical terminology and anatomical terms.

Entrance Skills

Entrance Skills	Description
No value	No value

Limitations on Enrollment

Limitations on Enrollment	Description
No value	No value

Specifications

Methods of Instruction

Methods of Instruction	Audiovisual
Rationale	No value
Methods of Instruction	Case Study
Rationale	No value
Methods of Instruction	Demonstration
Rationale	No value
Methods of Instruction	Discussion
Rationale	No value

Methods of Instruction	Group Work
Rationale	No value
Methods of Instruction	Informational Interviews
Rationale	No value
Methods of Instruction	Instruction through examination or quizzing
Rationale	No value
Methods of Instruction	Job Shadowing
Rationale	No value
Methods of Instruction	Laboratory
Rationale	No value
Methods of Instruction	Lecture
Rationale	No value
Methods of Instruction	Outside reading
Rationale	No value
Methods of Instruction	Peer analysis, critique & feedback
Rationale	No value
Methods of Instruction	Performance
Rationale	No value
Methods of Instruction	Problem Solving
Rationale	No value
Methods of Instruction	Skills Development and Performance
Rationale	No value

Methods of Instruction	Written work
Rationale	No value

Assignments

Required readings provide updated material related to the knowledge attainment required to perform and define relevant medical signs and symptoms of patient problems. Skill practice should include practicing medical and trauma patient scenarios using mannequins, live persons, and computer simulations. Writing assignments include completion of case scenario questions followed with reflective discussions. Workbook completion provides repetition and self-grading leading to better retainment of course material. Supervised online exams provide students access to test in a less stressful environment. A minimum of 24 clinical experience hours is required in the emergency room, ambulance or at other clinical providers. Students perform basic evaluations in
a controlled environment under the direct supervision of licensed preceptors. One to three essays may be required by students completing research, analysis and writing papers relating to the evaluation, management and treatment of medical and trauma patients.

Methods of Evaluation	Rationale
Tests	Students are assessed by a cognitive exam meeting or exceeding national and state criteria. Students are assessed by modules exams. Students are assessed using performance based exams complying with the standards established by the National Highway Traffic Safety Administration's National Standard Curriculum for the EMT. Students are assessed with problem solving activities and/or exercises related to patient assessment and treatment meeting or exceeding national and state criteria.
Participation	Students are assessed using skill practical application of mandated techniques in the Emergency Medical Technician scope of practice meeting or exceeding national and state criteria.

Equipment

No Value

Textbooks

Author	Title	Publisher	Date	ISBN
American Academy of Orthopedic Surgeons	Emergency Care and Transportation of the Sick and Injured textbook	Jones and Bartlett	2016	
American Academy of Orthopedic Surgeons.	Emergency Care and Transportation of the Sick and Injured workbook	Jones and Bartlett	2016	

Other Instructional Materials

No Value

Materials Fee

No value

Learning Outcomes and Objectives

Course Objectives

No value

CSLOs

Explain how the human organ systems react in various medical and traumatic conditions. Expected SLO Performance: 70.0

Demonstrate knowledge and ability that meet or exceed national and state criteria by passing the cognitive and practical final exams. Expected SLO Performance: 70.0

Identify the basic topographical anatomy of the human body organ systems. Expected SLO Performance: 70.0

Demonstrate appropriate scene survey, patient assessment, management and treatment of medical and trauma patients, in a safety conscious manner, to the training level of an EMT. Expected SLO Performance: 70.0

Recognize minor to major medical and trauma patient conditions. Expected SLO Performance: 70.0

Outline

Course Outline

B. Roles and responsibilities of the Emergency Medical Technician (EMT) and other prehospital care providers.
I. Introduction
A. Emergency Medical Services (EMS) systems.
A. B. C. D. E. F. G. H. I. J. K.
EMT scope of practice. ImportanceofDoNotResuscitate[DNR](advancedirectives)andlocalorstateprovisionsregardingEMSapplication.
Consent and the methods of obtaining consent. Expressedandimpliedconsent.
The role of consent of minors in providing care. Implications for the EMT in patient refusal of transport.
Issuesofabandonment,negligence,andbatteryandtheirimplicationstotheEMT. TheEMTsdutytoact.
Importance, necessity and legality of patient confidentiality.
Considerations of the EMT in issues of organ retrieval. Recognitionandpreservationofacrimescene.
IV. The Human Body
A. Identify the following topographic terms:
III. Medical Legal and Ethical Issues
D.
A.
B.
D.
I.
C.
Roles and responsibilities related to personal safety and the special nature of response. Roles and responsibilities of the EMT towards the safety of the crew, the patient and bystanders.
E.
F.
G. H.
J.
Roles and responsibilities of the EMT toward safety of the scene. Quality improvement and the EMT's role in the process Medical direction and discuss the EMT's role in the process. Statutes and regulations in your state regarding the EMS system.
I. Personal attitude and conduct of the EMT. Methods used to access the EMS system in your community.
II. Well Being of the EMT
Emotional reactions that the EMT may experience when faced with trauma, illness, death and dying. Possible reactions that a family member may exhibit when confronted with death and dying.
C. Steps in the EMT's approach to the family confronted with death and dying.
Possible reactions that the family of the EMT may exhibit due to their outside involvement in EMS.
E. Recognize the signs and symptoms of critical incident stress. Possible steps that the EMT may take to help reduce/alleviate stress.

G. The need to determine scene safety.
H. The importance of body substance isolation (BSI).
F.
Steps the EMT should take for personal protection from airborne and bloodborne pathogens.
J.
Personal protective equipment necessary for each of the following i. Hazardous materials
B. Describetheanatomyandfunctionofthefollowingmajorbodysystems:
i. ii. iii. iv. v. vi. vii. viii.
ix. x. xi. xii.
Medial Lateral
Proximal Distal
Superior Inferior
Anterior
Posterior
Midline
Right and left Mid-clavicular Bilateral, mid-axillary
i. ii. iii. iv.
V.
Respiratory Circulatory
Musculoskeletal Nervous and endocrine
Baseline Vital Signs and SAMPLE History
A. Components of vital signs.
B. Methodsofobtainingabreathingrate.
C.
D.
E.
F.
G.
H.
I.
J.
K. Normalandabnormalskintemperature.
L. Differentiate between hot, cool and cold skin temperature.
Attributes that should be obtained when assessing breathing. Shallow,laboredandnoisybreathing.
Strong,weak,regularandirregularpulse. Methodstoassesstheskincolor,temperature,conditioncapillaryrefillininfantsandchildren. Normal and abnormal skin colors.
Differentiate between pale, blue, red and yellow skin color.
Methods to obtain a pulse rate.
Information obtained when assessing a patient's pulse.
v. vi.
ii. Rescue operations iii. Violent scenes iv. Crime scenes
Exposure to bloodborne pathogens Exposure to airborne pathogens
M. Normal and abnormal skin conditions.
N.
O.
P.
Q.
R.
S.
T.
U.
V.
W. The components for the mnemonic SAMPLE (sign/symptoms, allergies, medications, past medical history, last oral intake, events leading to the call) history.
X. Y. Z.
A. B. C. D. E. F. G. H. I. J. K. L.
Differentiatebetweenasignandasymptom.
State the importance of accurately reporting and recording the baseline vital signs. The need to search for additional medical identification.
VI. Lifting and Moving Patients
Body mechanics. Guidelinesandsafetyprecautionsthatneedtobefollowedwhenliftingapatient.
Safe lifting of cots and stretchers. Guidelinesandsafetyprecautionsforcarryingpatientsand/orequipment.
One-handed carrying techniques.
Correct and safe carrying procedures on stairs.
Guidelinesforreachingandtheirapplication. Correctreachingforlogrolls.
Guidelines for pushing and pulling.
General considerations of moving patients. Situationsthatmayrequiretheuseofanemergencymove. Identify the following patient carrying devices:
Normalandabnormalcapillaryrefillininfantsandchildren. Methodstoassessthepupils.

Differentiate between dilated (big) and constricted (small) pupil size. Differentiatebetweenreactiveandnon-reactivepupilsandequalandunequalpupils.
Normal and abnormal pupil size.
Diastolicpressure.
The difference between auscultation and palpation for obtaining a blood pressure.
Methods to assess blood pressure. Systolic pressure.
i. ii. iii. iv. v. vi. vii.
Wheeled ambulance stretcher Portable ambulance stretcher
Stair chair Scoop stretcher
Long spine board Basket stretcher
Flexible stretcher
VII. Airway
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
M. Signs of adequate artificial ventilation using the bag-valve-mask.
N. O. P. Q. R. S. T. U. V.
Signsofinadequateartificialventilationusingthebag-valve-mask. Stepsinartificiallyventilatingapatientwithaflowrestricted,oxygen-poweredventilationdevice.
Steps in performing the actions taken when providing mouth-to-mouth and mouth-to-stoma artificial ventilation.
How to measure and insert an oropharyngeal (oral) airway. Howtomeasureandinsertanasopharyngeal(nasal)airway.
Components of an oxygen delivery system.
Nonrebreather face mask and the oxygen flow requirements needed for its use.
Indicationsforusinganasalcannulaversusanonrebreatherfacemask. Nasal cannula and the flow requirements needed for its use.
VIII. Scene Size-up
The major structures of the respiratory system Signsofadequatebreathing.
Signs of inadequate breathing. Stepsinperformingthehead-tiltchin-lift.
Theimportanceofhavingasuctionunitreadyforimmediateusewhenprovidingemergencycare. Techniquesofsuctioning.
How to artificially ventilate a patient with a pocket mask.
Steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust. Partsofabag-valve-masksystem.
Relating mechanism of injury to opening the airway. Steps in performing the jaw thrust.
Steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.
A.
B.
C.
active shooter.
D. Maintainingthesafetyoftheindividualofficer,medicalandfirepersonnel,victims,bystandersandsuspects E. Determining if the scene is safe to enter.
F. Common mechanisms of injury/nature of illness.
G. Reasonsforidentifyingthetotalnumberofpatientsatthescene. H. Reasonsforidentifyingtheneedforadditionalhelporassistance.
Hazards/potential hazards. Commonhazardsfoundatthesceneofatraumaandamedicalpatient.
Performing a threat assessment of the scene to determine potential high risk situations such as a terrorist attack or
IX. Patient Assessment: Initial Assessment
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
M. Differentiating between obtaining a pulse in an adult, child and infant patient.
N. O. P. Q. R. S.
A. B. C. D. E. F.
Assessingthepatientforexternalbleeding. Normalandabnormalfindingswhenassessingskincolor.
Normal and abnormal findings when assessing skin temperature.

Normal and abnormal findings when assessing skin condition. Normalandabnormalfindingswhenassessingskincapillaryrefillintheinfantandchildpatient.
Reasons for prioritizing a patient for care and transport.
X. Focused History and Physical Exam: Trauma
Reasons for reconsideration concerning the mechanism of injury. Reasonsforperformingarapidtraumaassessment.
Providing a rapid trauma assessment. Areasincludedintherapidtraumaassessmentandproperevaluation.
When the rapid assessment may be altered in order to provide patient care. Reasons for performing a focused history and physical exam.
XI. Focused History and Physical Exam: Medical
A. B. C. D. E.
A. B. C.
XII. Detailed Physical Exam
Components of the detailed physical exam. Areasofthebodythatareevaluatedduringthedetailedphysicalexam.
Additional care provided while performing the detailed physical exam. Detailedphysicalexamperformedonatraumapatient.
Detailed physical exam performed on the medical patient.
XIII. On-Going Assessment
Reasons for repeating the initial assessment as part of the on-going assessment. Componentsoftheon-goingassessment.
Trending of assessment components.
XIV. Communications
Reasons for forming a general impression of the patient. Methodsofassessingalteredmentalstatus.
Differentiating between assessing the altered mental status in the adult, child and infant patient.
Methodsofassessingtheairwayintheadult,childandinfantpatient.
Reasons for management of the cervical spine once the patient has been determined to be a trauma patient. Methods used for assessing if a patient is breathing.
Carethatshouldbeprovidedtotheadult,childandinfantpatientwithadequatebreathing.
Carethatshouldbeprovidedtotheadult,childandinfantpatientwithoutadequatebreathing. Differentiating between a patient with adequate and inadequate breathing.
Distinguish between methods of assessing breathing in the adult, child and infant patient.
Methodsofprovidingairwaycaretotheadult,childandinfantpatient.
Methods used to obtain a pulse.
Assessing an individual with a specific chief complaint with no known prior history.
Performinghistoryandphysicalexamforresponsivepatientswithnoknownpriorhistoryandresponsivepatients
A.
B.
with a known prior history.
C. Assessing an individual who is unresponsive.
D. Assessmentsthatareperformedforapatientwhoisunresponsiveorhasanalteredmentalstatusandother medical patients requiring assessment.
A.
B.
C.
D.
E.
F.
G.
H.
agencies while providing patient care and the difference between skills used to interact with the patient and those used to interact with others.
I. Correct radio procedures in the following phases of a typical call:
Proper methods of initiating and terminating a radio call. Propersequencefordeliveryofpatientinformation.
Importance of effective communication of patient information in the verbal report. Essentialcomponentsoftheverbalreport.
Communicationskillsthatshouldbeusedtointeractwiththepatient.
Communicationskillsthatshouldbeusedtointeractwiththefamily,bystanders,andindividualsfromother
Attributes for increasing effectiveness and efficiency of verbal communications. Legal aspects to consider in verbal communication.
i. ii. iii. iv. v. vi.
To the scene. At the scene. To the facility. At the facility.
To the station. At the station.
XV. Documentation
A. Components of the written report and list the information that should be included in the written report. B. Sectionsofthewrittenreport.
C. D. E. F.
A. B. C. D. E.
Information that is required in each section of the prehospital care report and how it should be entered.
Specialconsiderationsconcerningpatientrefusal.
Legal implications associated with the written report. State and/or local record and reporting requirements.
XVI. GeneralPharmacology
Medications carried on the unit. Medicationscarriedontheunitbythegenericname.
Medications with which the EMT may assist the patient with administering. Medications the EMT can assist the patient with by the generic name.
The forms in which the medications may be found.
H. I.
Distinguishingbetweentheemergencymedicalcareoftheinfant,childandadultpatientwithbreathingdifficulty. Differentiating between upper airway obstruction and lower airway disease in the infant and child patient.

XVIII. Cardiac Emergencies
XVII. Respiratory Emergencies
Structure and function of the respiratory system. Signsandsymptomsofapatientwithbreathingdifficulty.
Emergency medical care of the patient with breathing difficulty. Emergencymedicalcareofthepatientwithbreathingdistress.
Relationship between airway management and the patient with breathing difficulty. Signs of adequate air exchange.
Thegenericname,medicationforms,dose,administration,action,indicationsandcontraindicationsforthe
A.
B.
C.
D.
E.
F.
G.
prescribed inhaler.
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
prehospital setting.
M. Types of automated external defibrillators.
N. Proceduresthatmustbetakenintoconsiderationforstandardoperationsofthevarioustypesofautomated external defibrillators.
Structure and function of the cardiovascular system. Emergencymedicalcareofthepatientexperiencingchestpain/discomfort.
Impact of age and weight on defibrillation. Positionofcomfortforpatientswithvariouscardiacemergencies.
Relationshipbetweenairwaymanagementandthepatientwithcardiovascularcompromise. Relationship between the patient experiencing cardiovascular compromise and basic life support. Fundamentals of early defibrillation.
ImportanceofprehospitalACLSinterventionifitisavailable.
Importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the
Indications for automated external defibrillation (AED). Contraindicationsforautomatedexternaldefibrillation. The role of EMT in the emergency cardiac care system.
O.
P.
Q.
R.
S.
T.
U.
V.
W. Standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS.
Reasonsforassuringthatthepatientispulselessandapneicwhenusingtheautomatedexternaldefibrillator. Circumstances which may result in inappropriate shocks.
Considerations for interruption of CPR, when using the automated external defibrillator.
Advantagesanddisadvantagesofautomatedexternaldefibrillators. Speed of operation of automated external defibrillation.
Use of remote defibrillation through adhesive pads. Specialconsiderationsforrhythmmonitoring.
Steps in the operation of the automated external defibrillator.
X. Standardofcarethatshouldbeusedtoprovidecaretoapatientwithrecurrentventricularfibrillationandno available ACLS.
Y. Differentiating between the single rescuer and multi-rescuer care with an automated external defibrillator. Z. Reasons for pulses not being checked between shocks with an automated external defibrillator. AA.Importance of coordinating ACLS trained providers with personnel using automated external defibrillators. BB.Importance of post-resuscitation care.
CC. Components of post-resuscitation care.
DD. Importance of frequent practice with the automated external defibrillator.
EE. Completing the Automated Defibrillator: Operator's Shift Checklist.
FF. Role of the American Heart Association (AHA) in the use of automated external defibrillation.
GG.
HH.
II.
JJ. Goalofqualityimprovementinautomatedexternaldefibrillation.
Reasons why a case review should be completed following the use of the automated external defibrillator. Components that should be included in a case review.
Role medical direction plays in the use of automated external defibrillation.

XIX. DiabeticEmergenciesandAlteredMentalStates
A. Patients taking diabetic medications with altered mental status and the implications of a diabetes history.
B. Stepsintheemergencymedicalcareofthepatienttakingdiabeticmedicinewithanalteredmentalstatusanda history of diabetes.
C. Relationship between airway management and the patient with altered mental status.
D. Genericandtradenames,medicationforms,dose,administration,action,andcontraindicationsfororalglucose. E. Need for medical direction in the emergency medical care of the diabetic patient.
XX. Allergies
A. Patients experiencing an allergic reaction.
B. Emergencymedicalcareofthepatientwithanallergicreaction.
C. Relationship between the patient with an allergic reaction and airway management.
D. Mechanismsofallergicresponseandtheimplicationsforairwaymanagement.
E. Generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector.
F. Need for medical direction in the emergency medical care of the patient with an allergic reaction.
G. Differentiating between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector.
XXI. PoisoningandOverdose
A. Various ways that poisons can enter the body.
B. Signs/symptomsassociatedwithpoisoning.
C. Emergency medical care for the patient with possible overdose.
D. Stepsintheemergencymedicalcareforthepatientwithsuspectedpoisoning.
E. Relationship between the patient suffering from poisoning or overdose and airway management.
F. Generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal.
G. Medical direction in caring for the patient with poisoning or overdose.
H. Generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector.
A. B. C. D. E. F. G. H.
A. B. C. D. E. F. G. H. I.
A.
XXII. Environmental Emergencies
Various ways that the body loses heat. Signsandsymptomsofexposuretocold.
Steps in providing emergency medical care to a patient exposed to cold. Signsandsymptomsofexposuretoheat.
Steps in providing emergency care to a patient exposed to heat. Signs and symptoms of water-related emergencies.
Complicationsofneardrowning. Emergency medical care of bites and stings.
XXIII. Behavioral Emergencies
Behavioral emergencies. Generalfactorsthatmaycauseanalterationinapatient'sbehavior.
Various reasons for psychological crises. Characteristicsofanindividual'sbehaviorwhichsuggeststhatthepatientisatriskforsuicide.
Special medical/legal considerations for managing behavioral emergencies. Scene safety when dealing with an Emotionally Disturbed Person (EDP).
Specialconsiderationsforassessingapatientwithbehavioralproblems.
Generalprinciplesofindividualbehaviorwhichsuggeststhattheyareatriskforviolence. Methods to calm behavioral emergency patients.
XXIV. Obstetrics and Gynecology
Identifying the following structures:
i. ii. iii. iv. v. vi. vii.
Uterus Vagina
Fetus Placenta
Umbilical cord Amniotic sac
Perineum Contentsanduseofanobstetricskit.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
M. Summarize neonatal resuscitation procedures.
N. Proceduresforthefollowingabnormaldeliveries:
i. Breech birth
ii. Prolapsed cord
iii. Limb presentation
iv. Special considerations for multiple births.
Predelivery emergencies. Indicationsofanimminentdelivery.
Emergency medical care provided to a patient with predelivery emergencies versus a normal delivery. Steps in the predelivery preparation of the mother.
Establishingtherelationshipbetweenbodysubstanceisolationandchildbirth. Stepstoassistinthedelivery.

Care of the baby as the head appears.
How and when to cut the umbilical cord.
Stepsinthedeliveryoftheplacenta.
Steps in the emergency medical care of the mother post-delivery.
A. B. C. D. E. F. G. H. I. J.
Structure and function of the circulatory system. Differentiatingbetweenarterial,venousandcapillarybleeding.
Methods of emergency medical care of external bleeding. Relationshipbetweenbodysubstanceisolationandbleeding.
Relationship between airway management and the trauma patient. Relationship between mechanism of injury and internal bleeding.
Signsofinternalbleeding. Stepsintheemergencymedicalcareofthepatientwithsignsandsymptomsofinternalbleeding. Signs and symptoms of shock (hypoperfusion).
Steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion).
XXVI. Soft Tissue Injuries
A. B. C. D. E. F. G. H.
XXVII. Musculoskeletal Care
Function of the muscular system. Functionoftheskeletalsystem.
Major bones and bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities.
Openandaclosedpainful,swollen,deformedextremity.
Reasons for splinting. General rules of splinting.
Complicationsofsplinting. Emergencymedicalcareforapatientwithapainful,swollen,deformedextremity.
XXVIII. Injuries to the Head and Spine
v. vi. vii.
Special considerations of meconium. Special considerations of a premature baby.
Emergency medical care of a patient with a gynecological emergency.
XXV. Trauma: Bleeding and Shock
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
M. Characteristics of a superficial burn. N. Partialthicknessburn.
O. Characteristicsofapartialthicknessburn.
P. Full thickness burn.
P.Characteristics of a full thickness burn.
Q. Emergency medical care of the patient with a superficial burn.
R. Emergencymedicalcareofthepatientwithapartialthicknessburn. S. Emergency medical care of the patient with a full thickness burn.
T. Functions of dressing and bandaging.
U. Purposeofabandage.
V. Steps in applying a pressure dressing.
W. Relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries. X. Effectsofimproperlyapplieddressings,splintsandtourniquets.
Y. Emergency medical care of a patient with an impaled object. Z. Emergency medical care of a patient with an amputation. AA.Emergency care for a chemical burn.
BB.Emergency care for an electrical burn.
Major functions of the skin. Layersoftheskin.
Relationship between body substance isolation (BSI) and soft tissue injuries. Typesofclosedsofttissueinjuries.
Emergencymedicalcareofthepatientwithanopensofttissueinjury. Emergencymedicalcareconsiderationsforapatientwithapenetratingchestinjury.
Emergency medical care considerations for a patient with an open wound to the abdomen. Differentiating the care of an open wound to the chest from an open wound to the abdomen. Classificationsofburns.
Superficial burn.
Emergency medical care of the patient with a closed soft tissue injury. Types of open soft tissue injuries.
A.
B.
C.
D.
E.
F.
G.
H.
I.
J.

K.
L.
M. How to log roll a patient with suspected spine injury. N. Howtosecureapatienttoalongspineboard.
O. Instanceswhenashortspineboardshouldbeused.
Components of the nervous system. Functionsofthecentralnervoussystem.
Structure of the skeletal system as it relates to the nervous system. Relatingmechanismofinjurytopotentialinjuriesoftheheadandspine.
Methodofdeterminingifaresponsivepatientmayhaveaspineinjury. Airwayemergencymedicalcaretechniquesforthepatientwithasuspectedspineinjury. How to stabilize the cervical spine.
Indications for sizing and using a cervical spine immobilization device.
Relationshipbetweenairwaymanagementandthepatientwithheadandspineinjuries. Methods for sizing a cervical spine immobilization device.
Implications of not properly caring for potential spine injuries. Signs and symptoms of a potential spine injury.
Lab:
Y. Z.
A.
B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q.
Stabilizingapatient'sheadtoremovethehelmet.
Stabilizing the head with a helmet compared to without a helmet.
XXIX. Infants and Children
Developmental considerations for the following age groups:
D. E.
Contributingfactorstounsafedrivingconditions. Considerations that should be given to:
N.
A. B. C. D. E. F. G.
Howtocleanordisinfectitemsfollowingpatientcare.
How to immobilize a patient using a short spine board. Indications for the use of rapid extrication.
Stepsinperformingrapidextrication.
Circumstances when a helmet should be left on the patient.
P.
Q.
R.
S.
T.
U.
V.
W.
X. Alternative methods for removal of a helmet.
Circumstances when a helmet should be removed. Different types of helmets.
Unique characteristics of sports helmets. Preferred methods to remove a helmet.
Differencesinanatomyandphysiologyoftheinfant,childandadultpatient. Response of the ill or injured infant or child (age specific).
Variouscausesofrespiratoryemergencies.
Differentiating between respiratory distress and respiratory failure.
Steps in the management of foreign body airway obstruction. Emergencymedicalcarestrategiesforrespiratorydistressandrespiratoryfailure.
Signsandsymptomsofshock(hypoperfusion)intheinfantandchildpatient. Methods of determining end organ perfusion in the infant and child patient.
Usual causes of cardiac arrest in infants and children versus adults.
Commoncausesofseizuresintheinfantandchildpatient. Management of seizures in the infant and child patient.
Differentiating between the injury patterns in adults, infants, and children. Field management of the infant and child trauma patient.
Indicatorsofpossiblechildabuseandneglect. Legalresponsibilitiesinsuspectedchildabuse.
Need for EMT debriefing following a difficult infant or child transport.
i. ii. iii. iv. v.
Infants Toddlers
Pre-school School age Adolescent
XXX. Emergency Vehicle Operations
Medical and non-medical equipment needed to respond to a call. Phasesofanemergencycall.
General provisions of state laws relating to the operation of the patrol unit and privileges in any or all of the
A.
B.
C.
following categories:
i. ii. iii. iv. v. vi.
Speed Warning lights
Sirens Right-of-way
Parking Turning
Purpose of extrication. RoleoftheEMTinextrication.
XXXI. Gaining Access
i. ii. iii.
Request for escorts. Following an escort vehicle
Intersections

"Due Regard For Safety of All Others" while operating an emergency vehicle.
F.
G.
H.
I.
J.
K. Importanceofpreparingtheunitforthenextresponse. L. Essentials for call completion.
M. Cleaning, disinfection, high-level disinfection, and sterilization.
Essentialinformationrequiredtorespondtoacall. Varioussituationsthatmayaffectresponsetoacall.
Various methods of moving a patient to the unit based upon injury or illness. Applying the components of the essential patient information in a written report.
Equipment for personal safety that is required for the EMT. Fundamentalcomponentsofextrication.
Steps that should be taken to protect the patient during extrication. Various methods of gaining access to the patient.
Simpleandcomplexaccess.

Lab Outline

Practical skills lab includes demonstration and practice of basic emergency care techniques required of the EMT. Primary areas of practical skills are listed below but are not inclusive of all practical application check off sheets mandated by the national standard.
skills are listed below but are not inclusive of all practical application check off sheets mandated by the national standard.
Start Time:
Stop Time: Date: Candidate's Name:
OROPHARYNGEAL AIRWAY
AIRWAY, OXYGEN AND VENTILATION SKILLS UPPER AIRWAY ADJUNCTS AND SUCTION
Evaluator's Name:

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

Selects appropriately sized airway
1

page10image12280 page10im page10im

Measures airway
1

page10image14648 page10im page10im

Inserts airway without pushing the tongue posteriorly
Note: The examiner must advise the candidate that the patient is gagging and becoming conscious
1

page10im

Removes the oropharyngeal airway
1
SUCTION
NASOPHARYNGEAL AIRWAY

Note: The examiner must advise the candidate to suction the patient's airway	
Turns on/prepares suction device	1
Assures presence of mechanical suction	1
Inserts the suction tip without suction	1
Applies suction to the oropharynx/nasopharynx	1

Note: The examiner must advise the candidate to insert a nasopharyngeal airway

Selects appropriately sized airway

Verbalizes lubrication of the nasal airway
Total: 13
Critical Criteria
Did not take, or verbalize, body substance isolation precautions
Did not obtain a patent airway with the oropharyngeal airway
Did not obtain a patent airway with the nasopharyngeal airway
Did not demonstrate an acceptable suction technique Inserted any adjunct in a manner dangerous to the patient
1

Measures airway
1

1

page10image45552

Fully inserts the airway with the bevel facing toward the septum
1

page10ir
Start Time:
Stop Time: Date: Candidate's Name:

Evaluator's Name:
BAG-VALVE-MASK APNEIC PATIENT
Points Possible
Points Awarded

page10image53512 page10ir page10im
Takes, or verbalizes, body substance isolation precautions
1

page11image2000 page11ir page11im
Voices opening the airway
1

Voices inserting an airway adjunct
1

Selects appropriately sized mask
1

page11image9080 page11ir page11im
Creates a proper mask-to-face seal
1

Ventilates patient at proper rate and adequate volume (The examiner must witness for at least 30 seconds)
1

page11image14496 page11ir page11im
Connects reservoir and oxygen
1

page11image17104 page11ir page11im
Adjusts liter flow to 15 liters/minute or greater
1

The examiner indicates arrival of a second EMT. The second EMT is instructed to ventilate the patient while the candidate controls the mask and the airway

Voices re-opening the airway
1

page11image24200 page11ir page11im
Creates a proper mask-to-face seal
1
page11image26856
Instructs assistant to resume ventilation at proper rate and adequate volume (The examiner must witness for at least 30 seconds)
1

page11im
Total:
Critical Criteria
11
Did not take, or verbalize, body substance isolation precautions Did not immediately ventilate the patient
Interrupted ventilations for more than 20 seconds
Did not provide high concentration of oxygen
Did not provide, or direct assistant to provide proper volume/breath or rate (more than 2 ventilation errors per minute) Did not allow adequate exhalation
Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name:

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

page11image41032 page11im
page11im
Applies direct pressure to the wound
1

Note: The examiner must now inform the candidate that the wound continues to bleed.

page11image45336 page11im
page11im
Applies tourniquet
1

Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion

Properly positions the patient
1

Administers high concentration oxygen
1

Initiates steps to prevent heat loss from the patient
1

page11image56872 page11im
page11im
Indicates the need for immediate transportation
Total:
7
BLEEDING CONTROL/SHOCK MANAGEMENT
1

page11im
Critical Criteria
Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name:
ASSESSMENT
Did not take, or verbalize, body substance isolation precautions
Did not apply high concentration oxygen
Did not control hemorrhage using correct procedures in a timely manner Did not indicate a need for immediate transportation
CARDIAC ARREST MANAGEMENT/AEDWITH BYSTANDER CPR IN PROGRESS

Takes, or verbalizes, body substance isolation precautions
1

Briefly questions the rescuer about arrest events
1

Turns on AED power
1

Attaches AED to the patient
1

Directs rescuer to stop CPR and ensures all individuals are clear of the patient
1

Initiates analysis of the rhythm
1

Delivers shock
1

Directs resumption of CPR
1

TRANSITION

Gathers additional information about the arrest event
1

Confirms effectiveness of CPR (ventilation and compressions)
1

INTEGRATION

Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)
1

Ventilates, or directs ventilation of the patient
1

Assures high concentration of oxygen is delivered to the patient
1

Assures adequate CPR continues without unnecessary/prolonged interruption
1

Continues CPR for 2 minutes
1

Directs rescuer to stop CPR and ensures all individuals are clear of the patient
1

Initiates analysis of the rhythm
1

Delivers shock
1

Directs resumption of CPR
1

TRANSPORTATION

Verbalizes transportation of the patient
1

Total: 20

Points Possible
Points Awarded

Critical Criteria
Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name:
Did not take, or verbalize, body substance isolation precautions
Did not evaluate the need for immediate use of the AED Did not immediately direct initiation/resumption of CPR at appropriate times
Did not assure all individuals were clear of patient before delivering a shock
Did not operate the AED properly or safely (inability to deliver shock) Prevented the defibrillator from delivering any shock
IMMOBILIZATION SKILLS JOINT INJURY

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

Directs application of manual stabilization of the shoulder injury
1

page13image15080 page13ir
Assesses motor, sensory and circulatory function in the injured extremity
1

Note: The examiner acknowledges "motor, sensory and circulatory function are presentand normal."

Selects the proper splinting material
1

Immobilizes the site of the injury
1

Immobilizes the bone above the injured joint

Immobilizes the bone below the injured joint
1

1

page13image28904 page13ir
Reassesses motor, sensory and circulatory function in the injured extremity
1

Note: The examiner acknowledges "motor, sensory and circulatory function are presentand normal."
Total: 8
Critical Criteria
Did not support the joint so that the joint did not bear distal weight
Did not immobilize the bone above and below the injured site
Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
Start Time:
IMMOBILIZATION SKILLS LONG BONE INJURY
Stop Time: Date: Candidate's Name:
Evaluator's Name:

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

page14image8064 page14ir page14ir
Directs application of manual stabilization of the injury
1

page14image10672 page14ir page14ir
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

Immobilizes the joint below the injury site
1

Applies the splint
1

Immobilizes the joint above the injury site
1

1

Secures the entire injured extremity
1

Immobilizes the 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"
Total 10 Critical Criteria
Grossly moves the injured extremity
Did not immobilize the joint above and the joint below the injury site
Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
Start Time:
Stop Time: Candidate's Name:
Evaluator's Name:
IMMOBILIZATION SKILLS TRACTION SPLINTING
Date:
Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

Directs application of manual stabilization of the injured leg
1

Directs the application of manual traction
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"

Prepares/adjusts splint to the proper length
1

Positions the splint next to the injured leg
1

Applies the proximal securing device (e.g..ischial strap)
1

Applies the distal securing device (e.g..ankle hitch)
1

Applies mechanical traction
Positions/secures the support straps
1

Re-evaluates 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"

Note: The examiner must ask the candidate how he/she would prepare the patient for transportation

Verbalizes securing the torso to the long board to immobilize the hip
1

Verbalizes securing the splint to the long board to prevent movement of the splint
1

Total: 14 Critical Criteria
Loss of traction at any point after it was applied
Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
The foot was excessively rotated or extended after splint was applied
Did not secure the ischial strap before taking traction
Final immobilization failed to support the femur or prevent rotation of the injured leg Secured the leg to the splint before applying mechanical traction
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 were applied.
Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch maybe applied before elevating the leg and used to provide manual traction.
Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name:
MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

Connects one-way valve to mask
1

Opens patient's airway or confirms patient's airway is open (manually or with adjunct)
1

Establishes and maintains a proper mask to face seal
1

Ventilates the patient at the proper volume and rate
1

Connects the mask to high concentration or oxygen
1

Adjusts flow rate to at least 15 liters per minute
1

Continues ventilation of the patient at the proper volume and rate
1

Note: The examiner must witness ventilations for at least 30 seconds
Total: 8
Critical Criteria
Did not take, or verbalize, body substance isolation precautions Did not adjust liter flow to at least 15 liters per minute
Did not provide proper volume per breath
(more than 2 ventiliation errors per minute)
Did not ventilate the patient at a rate of 10-12 breaths per minute Did not allow for complete exhalation

1

page15im

Start Time:

Stop Time: Date: Candidate's Name:

Evaluator's Name:

OXYGEN ADMINISTRATION

Points Possible

Points Awarded

page16image6416 page16im page16im

Takes, or verbalizes, body substance isolation precautions

1

page16image8984 page16im page16im

Assembles the regulator to the tank

1

Opens the tank

1

Checks for leaks

1

Checks tank pressure

1

Attaches non-rebreather mask to oxygen

1

page16image20616 page16im page16im

Prefills reservoir

1

page16image22984 page16im page16im

Adjusts liter flow to 12 liters per minute or greater

1

page16image25832 page16im page16im

Applies and adjusts the mask to the patient's face

1

Note: The examiner must advise the candidate that the patient is not tolerating thenon-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient.

Attaches nasal cannula to oxygen

1

page16image33128 page16im page16im

Adjusts liter flow to 6 liters per minute or less

page16im

Applies nasal cannula to the patient

1

page16image36888 page16im

1

Note: The examiner must advise the candidate to discontinue oxygen therapy

Removes the nasal cannula from the patient

1

Shuts off the regulator

1

page16image44544

Relieves the pressure within the regulator

1

Total: 15 Critical Criteria

Start Time:

Stop Time: Date:

Did not take, or verbalize, body substance isolation precautions

Did not assemble the tank and regulator without leaks

Did not prefill the reservoir bag

Did not adjust the device to the correct liter flow for the non-rebreather mask (12 liters per minute or greater) Did not adjust the device to the correct liter flow for the nasal cannula (6 liters per minute or less)

Patient Assessment/Management - Medical

Candidate's Name:
Evaluator's Name:

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1
SCENE SIZE-UP

Determines the scene is safe
1

Determines the mechanism of injury/nature of illness

Verbalizes general impression of the patient
1

Determines the number of patients
1

Requests additional help if necessary
1

Considers stabilization of spine
1
INITIAL ASSESSMENT

1

Determines responsiveness/level of consciousness
1

Determines chief complaint/apparent life threats
1

Assesses airway and breathing
Assessment Indicates appropriate oxygen therapy Assures adequate ventilation
11 1

Assesses circulation
Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)
11 1

Identifies priority patients/makes transport decisions
1
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT

Signs and symptoms (Assess history of present illness)

Past pertinent history
1

Respiratory
Cardiac
Altered Mental Status
AllergicReaction
Poisoning/Overdose
Environmental Emergency
Obstetrics
Behavioral

*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?
*Description of the episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?
*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?
*Substance? When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight?
*Source? *Environment? *Duration? *Loss of consciousness? *Effectsgeneral or local?
*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period?
*How do you feel? *Determine suicidal tendencies. *Is the patient a threat to self or others? Is there a medical problem? Interventions?

Allergies
1

Medications
1

1

Last oral intake
1

Event leading to present illness (rule out trauma)
1

Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)
1

Vitals (obtains baseline vital signs)
1

Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)
1

Transport (re-evaluates the transport decision)
1

Verbalizes the consideration for completing a detailed physical examination
1
ONGOING ASSESSMENT (verbalized)

Repeats initial assessment
1

Repeats vital signs
1

Repeats focused assessment regarding patient complaint or injuries
1

Critical Criteria Total: 30
Did not take, or verbalize, body substance isolation precautions when necessary
Did not determine scene safety
Did not obtain medical direction or verbalize standing orders for medical interventions
Did not provide high concentration of oxygen
Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion) Did not differentiate patient's need for transportation versus continued assessment at the scene

Did detailed or focused history/physical examination before assessing the airway, breathing and circulation Did not ask questions about the present illness
Administered a dangerous or inappropriate intervention
Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name: Points
precautions
SCENE SIZE-UP
Determines the scene is safe
Determines the mechanism of injury
INITIAL ASSESSMENT
Verbalizes general impression of the patient consciousness
threats
Points Possible
Awarded Takes, or verbalizes, body substance isolation
Patient Assessment/Management -Trauma
Initiates appropriate oxygen therapy
1 Determines the number of patients
1 Requests additional help if necessary 1 Considers stabilization of spine
1
1 Determines responsiveness/level of
1 Determines chief complaint/apparent life
1 Assessment
1 Assesses airway and breathing
1 Assures adequate ventilation
1 Injury management
1 Assesses/controls major bleeding
1
1
Assesses pulse
1 Assesses skin (color, temperature and conditions) 1 Identifies priority patients/makes transport
decision
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT Selects appropriate assessment
(focused or rapid assessment) vital signs
DETAILED PHYSICAL EXAMINATION
1
1 Obtains, or directs assistance to obtain, baseline
1 Obtains S.A.M.P.L.E. history 1
1 Assesses the head
1 Assesses the facial areas including oral and 1 nasal areas Inspects and palpates the neck 1 Assesses the neck
1 Assesses for tracheal deviation 1 Inspects
1 Assesses the chest
1 Auscultates
1 Assesses the abdomen
1 Assesses the abdomen/pelvis
1 Verbalizes assessment of genitalia/perineum 1 as needed 1 point for each extremity
4 Assesses the extremities
Inspects and palpates the scalp and ears
Assesses the eyes
Assesses for JVD
Palpates
Assesses the pelvis
includes inspection, palpation, and assessment of motor, sensory and circulatory function Assesses the posterior Assesses thorax
appropriately
1 point for appropriate management of the secondary injury/wound
Verbalizes re-assessment of the vital signs
Critical Criteria
1 Assesses lumbar
1 Manages secondary injuries and wounds
1
1 Total:
40
Did not take, or verbalize, body substance isolation precautions Did not determine scene safety Did not assess for spinal protection Did not provide for spinal protection when indicated Did not provide high concentration of oxygen Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion) Did not differentiate patient's need for transportation versus continued assessment at the scene Did other detailed physical examination before assessing the airway, breathing and circulation Did not transport patient within (10) minute time limit
Start Time:

Stop Time: Date: Candidate's Name:
SPINAL IMMOBILIZATION SEATED PATIENT
1 Assesses circulation

Evaluator's Name:

Takes, or verbalizes, body substance isolation precautions

Applies appropriately sized extrication collar
1

Directs assistant to place/maintain head in the neutral in-line position
1

Directs assistant to maintain manual immobilization of the head
1

Reassesses motor, sensory and circulatory function in each extremity
1

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

Secure the patient's head to the device

Total: 12 Critical Criteria
Did not immediately direct, or take, manual immobilization of the head
Released, or ordered release of, manual immobilization before it was maintained mechanically Patient manipulated, or moved excessively, causing potential spinal compromise
Device moved 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 the neutral position
Did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board
Immobilized head to the board before securing the torso
Applies appropriately sized extrication collar
Points Possible
1
Points Awarded

Verbalizes moving the patient to a long board
1

Reassesses motor, sensory and circulatory function in each extremity
1

Start Time:
Stop Time: Date: Candidate's Name:
Evaluator's Name:

Points Possible
Points Awarded

Takes, or verbalizes, body substance isolation precautions
1

Directs assistant to place/maintain head in the neutral in-line position
1

Directs assistant to maintain manual immobilization of the head
1

Reassesses motor, sensory and circulatory function in each extremity
1

1

page20image58056 page20in page20im
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 voids between the torso and the board 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

page20image78328 page20in page20im
Reassesses motor, sensory and circulatory function in each extremity
1

page20im
Total: 14
SPINAL IMMOBILIZATION SUPINE PATIENT
Critical Criteria
Did not immediately direct, or take, manual immobilization of the head
Released, or ordered release of, manual immobilization before it was maintained mechanically Patient manipulated, or moved excessively, causing potential spinal compromise
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 the neutral position
Did not assess motor, sensory and circulatory function in each extremity after immobilization to the device Immobilized head to the board before securing the torso
Start Time:
Stop Time:
Candidate's Name: Evaluator's Name:
VENTILATORY MANAGEMENT
DUAL LUMEN DEVICE INSERTION FOLLOWING
AN UNSUCCESSFUL ENDOTRACHEAL INTUBATION ATTEMPT
Date:

Points Possible
Points Awarded

Continues body substance isolation precautions
1

Confirms the patient is being properly ventilated with high percentage oxygen
1

Directs the assistant to pre-oxygenate the patient
1

Checks/prepares the airway device
1

page21in page21in
Lubricates the distal tip of the device (may be verbalized)
1
Note: The examiner should remove the OPA and move out of the way when the candidate is prepared to insert the device

Positions the patient's head properly
page21in
Performs a tongue-jaw lift
1

page21in
1
page21image31888
USES COMBITUBE
USES THE PTL
Inserts the device in the mid-line until the 1 bite block flange is at the level of the teeth

Inserts device in the mid-line and to the depth so that the printed ring is at the level of the teeth

Inflates the pharyngeal cuff with the proper volume and removes the syringe
Secures the strap
1

Inflates the distal cuff with the proper volume and removes the syringe
Blows into tube #1 to adequately inflate both cuffs
1

page21in page21in
Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates
1


Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung
1
Note: The examiner states, "You do not see rise and fall of the chest and hear sounds only over epigastrium"

page21in page21in
Attaches/directs attachment of BVM to the second (endotracheal placement) lumen and ventilates
1


Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung
1
Note: The examiner states, "You see rise and fall off the chest, there are no sounds over the epigastrium and breath sounds are equal over each lung"

Secures device or confirms that the device remains properly secured
1
Total:
15
25.
METHODS OF INSTRUCTION--Course instructional methods may include but are not limited to
Critical Criteria
Did not take or verbalize body substance isolation precautions
Did not initiate ventilations within 30 seconds Interrupted ventilations for more than 30 seconds at any time
Did not pre-oxygenate the patient prior to placement of the dual lumen airway device
Did not provide adequate volume per breath (maximum 2 errors/minute permissable)

Did not ventilate the patient at a rate of 10-12 breaths per minute Did not insert the dual lumen airway device at a proper depth or at the proper place within 3 attempts
Did not inflate both cuffs properly
Combitube – Did not remove the syringe immediately following inflation of each cuff
PTL - Did not secure the strap prior to cuff inflation
Did not confirm, by observing chest rise and auscultation over the epigastrium and bilaterally over each lung that the proper lumen of the device was being used to ventilate the patient Inserted any adjunct in a manner that was dangerous to the patient
VENTILATORY MANAGEMENT ENDOTRACHEAL INTUBATION
Start Time:
Stop Time: Date: Candidate's Name: Evaluator's Name:

Note: If a candidate elects to initially ventilate the patient with a BVM attached to a reservoir and oxygen, full credit must be awarded for steps denoted by "**" provided first ventilation is delivered within the initial 30 seconds
Takes, or verbalizes, body substance isolation precautions
Points Possible
Points Awarded

1

page22ir page22in
Opens the airway manually
1

Elevates the patient's tongue and inserts a simple airway adjunct (oropharyngeal/nasopharyngeal airway)
1

Note: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airwayadjunct."

**Ventilates the patient immediately using a BVM device unattached to oxygen
1

page22ir page22in
**Ventilates the patient with room air
1

Note: The examiner must now inform the candidate that ventilation is being properly performed without difficulty

page22ir page22in
Attaches the oxygen reservoir to the BVM
1

Attaches the BVM to high flow oxygen (15 liter per minute)
1

page22ir page22in
Ventilates the patient at the proper volume and rate of 10-12 breaths per minute
1
Note: After 30 seconds, the examiner must auscultate the patient's chest and inform the candidate that breathsounds are present and equal bilaterally and medical direction has ordered endotracheal intubation. The examiner must now take over ventilation of the patient.

Directs assistant to pre-oxygenate the patient
1

Identifies/selects the proper equipment for endotracheal intubation
1

page22image49880
page22image50472 page22ir page22in
Checks equipment
Checks for cuff leaks Checks laryngoscope operation and bulb tightness
1

page22ir page22in
1
Note: The examiner must remove the OPA and move out of the way when the candidate is prepared to intubate the patient.

Positions the patient's head properly
1

Inserts the laryngoscope blade into the patient's mouth while displacing the patient's tongue laterally
1

Elevates the patient's mandible with the laryngoscope

Disconnects the syringe from the cuff inlet port
1

Introduces the endotracheal tube and advances the tube to the proper depth
1

Inflates the cuff to the proper pressure
1

1

Directs assistant to ventilate the patient
1

Confirms proper placement of the endotracheal tube by auscultation bilaterally and over the epigastrium
1
Note: The examiner must ask, "If you had proper placement, what would you expect to hear?"

Secures the endotracheal tube (may be verbalized)
1
Total: 21
Critical Criteria
Did not take or verbalize body substance isolation precautions when necessary
Did not initiate ventilation within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at a time Did not voice or provide high oxygen concentrations (15 liter/minute or greater)
Did not ventilate the patient at a rate of 10-12 breaths per minute
Did not provide adequate volume per breath (maximum of 2 errors per minute permissible)
Did not pre-oxygenate the patient prior to intubation Did not successfully intubate the patient within 3 attempts
Used the patient's teeth as a fulcrum
Did not assure proper tube placement by auscultation bilaterally over each lung and over the epigastrium
The stylette (if used) extended beyond the end of the endotracheal tube
Inserted any adjunct in a manner that was dangerous to the patient
Did not immediately disconnect the syringe from the inlet port after inflating the cuff

Delivery Methods and Distance Education

Delivery Method: Please list all that apply -Face to face -Online (purely online no face-to-face contact) -Online with some required face-to-face meetings (“Hybrid”) -Online course with on ground testing -iTV – Interactive video = Face to face course with significant required activities in a distance modality -Other

Face 2 Face
Hybrid
Interactive

Rigor Statement: Assignments and evaluations should be of the same rigor as those used in the on-ground course. If they are not the same as those noted in the COR on the Methods of Evaluation and out-of-class assignments pages, indicate what the differences are and why they are being used. For instance, if labs, field trips, or site visits are required in the face to face section of this course, how will these requirements be met with the same rigor in the Distance Education section?

Through utilization of lecture series, Moodle forums, discussions, email, online meetings (Adobe Connect), and other resources deliver and evaluation of students is similar to that of a face-to-face course. Students testing is completed with online proctored exams for the didactic portions of the course. Students are required to complete practical lab portions of the course to practice and ultimately pass practical skills exams.

Effective Student-Instructor Contact: Good practice requires both asynchronous and synchronous contact for effective contact. List the methods expected of all instructors teaching the course. -Learning Management System -Discussion Forums -Moodle Message -Other Contact -Chat/Instant Messaging -E-mail -Face-to-face meeting(s) -Newsgroup/Discussion Board -Proctored Exam -Telephone -iTV -Interactive Video -Other (specify)

forums
message
chat
email
face2face
discussion
proctored
phone
other

Software and Equipment: What additional software or hardware, if any, is required for this course purely because of its delivery mode? How is technical support to be provided?

software The package fee for the textbook and workbook provides access to all required online access from the book company to include: audio book, online workbook, testing site, and review testing program.

Accessibility: Section 508 of the Rehabilitation Act requires access to the Federal government's electronic and information technology. The law covers all types of electronic and information technology in the Federal sector and is not limited to assistive technologies used by people with disabilities. It applies to all Federal agencies when they develop, procure, maintain, or use such technology. Federal agencies must ensure that this technology is accessible to employees and the public to the extent it does not pose an "undue burden". I am using -iTV—Interactive Video only -Learning management system -Publisher course with learning management system interface.

itv
LMS
publisher

Class Size: Good practice is that section size should be no greater in distance ed modes than in regular face-to-face versions of the course. Will the recommended section size be lower than in on-ground sections? If so, explain why.

class_size None.