



**National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses breathing and pulse simultaneously – Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)] (1 point) – Checks carotid pulse [no more than 10 seconds] (1 point)	2	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR – Adequate depth and rate (1 point) – Correct compression-to-ventilation ratio (1 point) – Allows the chest to recoil completely (1 point) – Adequate volumes for each breath (1 point) – Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes “All clear” and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	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 EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
VITAL SIGNS		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____		TOTAL 42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate body substance isolation precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration of oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	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 EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 15 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to determine scene safety before approaching patient
- ___ Failure to voice and ultimately provide appropriate oxygen therapy
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ___ Orders a dangerous or inappropriate intervention
- ___ Failure to provide accurate report to arriving EMS unit
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

BVM VENTILATION OF AN APNEIC PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Actual Time Started: _____		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."			
Opens airway properly		1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."			
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]		1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Actual Time Ended: _____		TOTAL	17

CRITICAL CRITERIA

- ____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ____ Failure to take or verbalize appropriate body substance isolation precautions
- ____ Failure to suction airway **before** ventilating the patient
- ____ Suctions the patient for an excessive and prolonged time
- ____ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- ____ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- ____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ____ Insertion or use of any adjunct in a manner dangerous to the patient
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL	11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate body substance isolation precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to assure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	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	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved patient excessively causing potential spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Device moves 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 a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
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 device 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	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	14	
TOTAL		

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ 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 a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible	Points
	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

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

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions 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 distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the bone above and below the injury site
- ___ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions 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 hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



Appendix C
National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

SKILLS LAB SKILL SHEETS: TABLE OF CONTENTS

History Taking and Physical Examinations	Page
Obtain a Patient History from an Alert and Oriented Patient	1
Comprehensive Normal Adult Physical Assessment Techniques	5
Comprehensive Normal Pediatric Physical Assessment Techniques	9
Airway, Oxygenation, and Ventilation	
Direct Orotracheal Intubation Adult	13
Direct Orotracheal Intubation Pediatric	15
Nasotracheal Intubation Adult	17
Supraglottic Airway Device Adult (Combitube, LMA, King, Cobra, etc.)	19
Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	21
CPAP and PEEP	23
Trauma	
Trauma Adult Physical Assessment	25
Trauma Endotracheal Intubation Adult	29
Pleural Decompression (Needle Thoracostomy)	31
Basic Skills Lab overseen by instructor as students check off each other in:	
Spinal Immobilization Adult (Supine Patient)	33
Spinal Immobilization Adult (Seated Patient)	35
Joint Splinting	37
Long Bone Splinting	39
Traction Splinting	41
Hemorrhage Control	43
Medical	
Medical and Cardiac Physical Assessment	45
Intravenous Therapy	49
Intravenous Bolus Medication Administration	51
Intravenous Piggyback Infusion	53
Intraosseous Infusion	57
Intramuscular and Subcutaneous Medication Administration	59
Intranasal Medication Administration	61
Inhaled Medication Administration	63
Glucometer	65
Cardiac	
12-lead ECG	67
Synchronized Cardioversion	69
Defibrillation (Unwitnessed Arrest)	71
Transcutaneous Pacing	73
Obstetrics	
Normal Delivery with Newborn Care	75
Abnormal Delivery with Newborn Care	77

This page is intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

OBTAIN A PATIENT HISTORY FROM AN ALERT AND ORIENTED PATIENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Demographic data	
Age	
Weight – estimated/translated to kg	
Sex	
Ethnic origin	
Source of referral	
“Who called EMS?”	
Source of historical information	
Who is telling you the information?	
Reliability	
Do you believe the patient?	
Does the patient have appropriate decision-making capacity to consent for care?	
Is the patient oriented appropriately?	
Chief complaint	
“Why did you call us?”	
Duration of this episode/complaint	
History of the present illness	
Onset	
“When did this begin?”	
“Was it sudden or gradual?”	
Provocation	
“What brought this on?”	
“Is there anything that makes it better or worse?”	
Quality	
“How would you describe your pain or symptoms?”	
“Has there been any change in your pain or symptoms since it began?”	
Region/Radiation	
“Can you point and show me where your pain or symptoms are located?”	
“Does the pain move or radiate anywhere else?”	
Severity	
“How would you rate your level of discomfort right now on a 0 – 10 scale?”	
“Using the same scale, how bad was your discomfort when this first began?”	
Timing	
“When did your pain or symptoms begin?”	

“Is it constant or how does it change over time?”	
Setting	
Is there anything unique to place or events with this episode?	
Treatments	
“Have you taken anything to treat this problem?”	
Pertinent negatives	
Notes any signs or symptoms not present	
Converges	
Moves history from broad to focused to field impression	
Past medical history	
General health status	
What does the patient say about his/her health?	
Current medications	
“What prescribed medications do you currently take?”	
“What over-the-counter medications or home remedies do you currently take?”	
“When did you take you last dose of medications?”	
“Do you take all your medications as directed?”	
Adult illnesses	
“What other similar episodes were present?”	
“Is this an acute or chronic illness?”	
“What medical care do you currently receive for this illness?”	
“What medical care do you currently receive for other illnesses?”	
Allergies	
“Do you have any allergies to any medications, foods or other things?”	
Operations	
“What previous surgeries have you had?”	
Environmental	
Patient nutritional status	
“Do you have any habitual activities, such as drugs, alcohol or tobacco use?”	
Family history	
Questions patient about pertinent family medical history	
Psychological history	
Asks appropriate related history questions based upon patient presentation	
Verbal report	
Completes succinct report	
Identifies pertinent findings	
Identifies pertinent negatives	
Organization	
Organizes report in logical sequence	
Affective	
Makes the patient feel comfortable	
Uses good eye contact	
Establishes and maintains proper distance	
Uses techniques that show interest in the patient	
Professional appearance	
Takes notes of findings during history	
Preferably uses open-ended questions	
Follows patient lead to converge questions	

This page is intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

**COMPREHENSIVE NORMAL ADULT PHYSICAL ASSESSMENT TECHNIQUES SKILLS
LAB**

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

NOTE: The student is to perform a comprehensive physical examination (well physical examination) on a patient who has no complaint or distress.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Initial general impression	
Appearance	
Speaks when approached	
Facial expression	
Skin color	
Eye contact	
Weight - estimated/translated to kg	
Work of breathing	
Posture, ease of movement	
Odors of body or breath	
Dress, hygiene, grooming	
Level of consciousness/mental status	
Speech	
Quantity	
Rate	
Volume	
Articulation of words	
Fluency	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	

Assesses baseline vital signs	
Vital signs	
Blood pressure	
Pulses – radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature – oral, tympanic, rectal	
SpO ₂	
Secondary physical examination	
Skin	
Colors – flushed, jaundiced, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, location, arrangement	
Nails – condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Appearance – color, iris clear	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	

Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	
Lower Airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S ₁	
S ₂	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inquires about:	
Wounds, rashes, external lesions	
Drainage	
Female genitalia (non-pregnant) – inquires about:	
Wounds, rashes, external lesions	
Drainage	
Asks about bleeding or discharge	

Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	
Arms and hands	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Brachial	
Radial	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner, i.e. uses appropriate name, explains procedures, maintains modesty	

Actual Time Ended: _____

TOTAL

/208

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to adequately assess airway, breathing or circulation
- ___ Performs assessment in a disorganized manner
- ___ Failure to assess the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Performs assessment inappropriately resulting in potential injury to the patient
- ___ Failure to receive a total score of 160 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

**COMPREHENSIVE NORMAL PEDIATRIC PHYSICAL ASSESSMENT TECHNIQUES
SKILLS LAB**

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: The student is to perform a comprehensive physical examination (well physical examination) on a toddler or school-aged child who has no complaint or distress.
***Choose appropriate age level**

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Initial general impression	
Appearance	
Facial expression	
Skin color	
Work of breathing	
Odors of body or breath	
*If toddler or school-aged child:	
Activity level	
Speaks when addressed	
*If school-aged child:	
Eye contact	
Mood	
Orientation	
Time	
Place	
Person	
Memory	
Recent	
Long term	
Assesses baseline vital signs	
Vital signs	
Blood pressure	
Pulses – brachial, radial, carotid	
Pulse rate	
Pulse amplification	
Respirations	
Respiratory rate	
Tidal volume	
Temperature – oral, tympanic, rectal	
SpO ₂	

Secondary physical examination	
Somatic growth	
Length	
Weight	
Head circumference	
Skin	
Colors – flushed, jaundiced, pallor, cyanotic	
Moisture – dryness, sweating, oiliness	
Temperature – hot or cool to touch	
Turgor	
Lesions – types, location, arrangement	
Nails – condition, cleanliness, growth	
Head and neck	
Hair	
Scalp	
Skull	
Face	
Eyes	
Acuity – vision is clear and free of disturbance	
Appearance – color, iris clear	
Pupils – size, reaction to light	
Extraocular movements – up, down, both sides	
Ears	
External ear	
Ear canal – drainage, clear	
Hearing – present/absent	
Nose	
Deformity	
Air movement	
Mouth	
Opens willingly	
Jaw tension	
Mucosal color	
Moisture	
Upper airway patent	
Neck	
Trachea – midline	
Jugular veins – appearance with patient position	
Chest	
Chest wall movement – expansion	
Skin color – closed wounds	
Integrity	
Open wounds	
Rib stability	
Presence/absence of pain	

Lower airway	
Auscultation – anterior and posterior	
Normal sounds and location	
Tracheal	
Bronchial	
Bronchovesicular	
Vesicular	
Heart and blood vessels	
Heart	
Apical pulse	
Sounds	
S ₁	
S ₂	
Arterial pulses	
Locate with each body area examined	
Abdomen	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Distention	
Auscultation	
Palpation – quadrants, masses, tenderness, rigidity	
Back	
Color – closed wounds	
Open wounds	
Size, symmetry, shape	
Scars	
Palpation – tenderness, rigidity, masses	
Pelvis	
Stability	
Male genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	
Female genitalia – inspects for:	
Wounds, rashes, external lesions, drainage	
Musculoskeletal	
Legs and feet	
Symmetry	
Range of motion	
Deformity	
Skin	
Color	
Closed wounds	
Open wounds	
Pulses	
Femoral	
Popliteal	
Dorsalis pedis	



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

DIRECT OROTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO ₂ reading	
Preoxygenates patient	
Performs intubation	
Positions head properly	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Suctions secretions from tube	
Recognizes need to suction	
Identifies/selects flexible suction catheter	
Inserts catheter into ET tube while leaving catheter port open	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

DIRECT OROTRACHEAL INTUBATION PEDIATRIC SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tubes and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 12 – 20/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	
Performs intubation	
Places patient in neutral or sniffing position by padding between scapulae to elevate shoulders and torso as needed	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe (only if cuffed tube is used)	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended:

TOTAL /52

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ If used, suctions the patient for more than 10 seconds
- ___ If used, stylette extends beyond end of ET tube
- ___ Failure to preoxygenate patient prior to intubation
- ___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube (only if cuffed tube is used)
- ___ Uses teeth or gums as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 12/minute and no more than 20/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Attempts to use any equipment not appropriate for the pediatric patient
- ___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 40 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful ☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

NASOTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
ET tubes	
Medications (viscous lidocaine, water soluble jelly, nasal spray)	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts adjunct (nasopharyngeal airway)	
Assists patient ventilations at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	
Auscultates breath sounds	
Performs intubation	
Lubricates tube and prepares nostril	
Positions head properly	
Inserts ET tube into selected nostril and guides it along the septum	
Pauses to assure that tip of ET tube is positioned just superior to the vocal cords (visualizes misting in the tube, hears audible breath sounds from proximal end of ET tube)	
Instructs patient to take a deep breath while passing ET tube through vocal cords	
Inflates cuff to proper pressure and immediately removes syringe	
Assists patient ventilations and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium; observes for misting in tube; listens for audible breath sounds from proximal end of ET tube; and assures that patient is aphonic	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures ET tube	
Assists patient ventilations patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

SUPRAGLOTTIC AIRWAY DEVICE ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Supraglottic airway device	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	
Performs insertion of supraglottic airway device	
Lubricates distal tip of the device	
Positions head properly	
Performs a tongue-jaw lift	
Inserts device to proper depth	
Secures device in patient (inflates cuffs with proper volumes and immediately removes syringe or secures strap)	
Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures device	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

**NEEDLE CRICOTHYROTOMY (PERCUTANEOUS TRANSLARYNGEAL VENTILATION)
SKILLS LAB**

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Oxygen source capable of 50 psi	
Oxygen tubing	
Manual jet ventilator device (Y-connector or push button device)	
Bag-valve-mask device	
Large bore IV catheter	
10 – 20 mL syringe	
3.0 mm ET adapter	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Places the patient supine and hyperextends the head/neck (neutral position if cervical spine injury is suspected), manages the patient's airway with basic maneuvers and supplemental oxygen	
Palpates neck locating the cricothyroid membrane (between the thyroid and cricoid cartilages)	
Performs needle cricothyrotomy	
Cleanse the insertion site with appropriate solution	
Stabilizes site and inserts needle through cricothyroid membrane at midline directing at a 45° angle caudally	
Aspirates syringe to confirm proper placement in trachea	
Advances catheter while stabilizing needle	
Removes needle and immediately disposes in sharps container	
Attaches ventilation device and begins ventilation (1 second for inflation, 2 seconds for exhalation using jet ventilator, manually triggered ventilation device, BVM)	
Secures catheter	
Observes chest rise and auscultates lungs to assess adequacy of ventilation	
Continues ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kink, false placement)	



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

CPAP AND PEEP SKILLS LAB FORM

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Assures adequate blood pressure	
Positions patient in a position that will optimize ease of ventilation (high Fowler's)	
Assesses patient to identify indications for CPAP:	
Congestive heart failure	
Pulmonary edema	
Asthma	
Pneumonia	
COPD	
Assesses patient to identify contraindications for CPAP:	
Unconscious, unresponsive, inability to protect airway or inability to speak	
Inability to sit up	
Respiratory arrest or agonal respirations	
Nausea/vomiting	
Hypotension (systolic blood pressure < 90 mmHg)	
Suspected pneumothorax	
Cardiogenic shock	
Penetrating chest trauma	
Facial anomalies/trauma/burns	
Closed head injury	
Active upper GI bleeding or history of recent gastric surgery	
Selects, checks, assembles equipment	
Assembles mask and tubing according to manufacturer instructions	
Coaches patient how to breathe through mask	
Connects CPAP unit to suitable O ₂ supply and attaches breathing circuit to device (not using oxygen regulator or flow meter)	
Turns on power/oxygen	
Sets device parameters:	
Turns the rate (frequency) dial to 8 – 12 per minute (based on local protocols)	
Turns the oxygen concentration dial to the lowest setting (28 – 29% oxygen)	
Titrates oxygen concentration to achieve an SpO ₂ > 94%	
Sets tidal volume to 10 – 12 mL/kg (based on local protocols)	
Sets pressure relief valve at ± 4 cm/H ₂ O (based on local protocols)	
Occludes tubing to test for peak pressure required to activate pressure relief valve and adjusts as necessary	



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

TRAUMA ADULT PHYSICAL ASSESSMENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Scene size-up	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	
Hazards – chemical, thermal, atmospheric, electrical, weapons	
Environment – bystanders, hostile, ambient temperature, adequate space, day/night	
Number of patients and location	
Additional resources – Hazmat, heavy rescue, power company, bystanders, historians, air medical	
Determines mechanism of injury – height of fall, intrusion, ejection, vehicle telemetry data	
Patient assessment and management	
Begins spinal precautions if indicated	
Primary survey/resuscitation	
General impression – patient appearance	
Estimates age, gender and weight of patient	
Manages any gross visible hemorrhage – direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Response to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway – position, obstructions	
Manages airway as appropriate – suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Palpates for instability that impairs breathing – sternum and ribs	
Auscultates lung sounds – presence, clarity, abnormal sounds	
Notes minute volume – rate, tidal volume and equal chest rise and fall	
Manages any injury compromising ventilations	
Administers oxygen or ventilates with appropriate device – BVM, NRB	

Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Capillary refill	
Removes patient's clothing	
Performs a rapid, full-body sweep for major hemorrhage or other life-threatening injuries	
Controls major hemorrhage when found	
Manages life-threatening injuries if necessary	
Disability	
GCS – calculates score	
Pupils – size, equality, reactivity to light	
Transport decision	
Critical – begins immediate packaging for transport	
Non-critical – continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO ₂	
Pain – if appropriate	
Secondary assessment	
Obtains an oral history – pertinent to situation	
History of the present illness/injury	
SAMPLE – signs/symptoms; allergies; medications; past medical history; last meal; events leading up to injury	
OPQRST – onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, inspects and palpates	
Scalp/skull	
Facial bones	
Jaw	
Eyes – PERLA	
Mouth	
Ears	
Nose	
Neck	
Trachea	
Jugular vein status	
Cervical spine processes	
Manages wounds or splints/supports fractures	
Chest	
Inspects	
Palpates	
Auscultates – credit awarded if already performed in Primary survey	

Manages any wound not previously treated	
Abdomen and pelvis	
Inspects	
Assesses pelvic stability	
Manages any wound not previously treated	
Lower extremities	
Inspects and palpates	
Assess distal function – pulse, motor, sensory, perfusion	
Manages wounds or splints/supports fractures	
Upper extremities	
Inspects and palpates	
Assesses distal function – pulse, motor, sensory, perfusion	
Manages wounds or splints/supports fractures	
Posterior thorax, lumbar and buttocks	
Inspects and palpates posterior thorax	
Inspects and palpates lumbar and buttocks	
Transportation decision	
Verbalizes destination decision	
Other assessments and interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer, capnography	
Performs appropriate treatment at the correct time – IVs, splinting, bandaging	
Affective	
Explains verbally the use of team members appropriately	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /152

Critical Criteria

- ___ Failure to recognize life-threatening injuries
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to provide spinal precautions according to scenario
- ___ Failure to assess or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to perform primary survey/management prior to secondary assessment/management
- ___ Failure to attempt to determine the mechanism of injury
- ___ Failure to assess, manage and package a critical patient within 10 minutes
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 116 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful

This page intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

TRAUMA ENDOTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____

Signature

Signature

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment

BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	

Prepares patient

Takes appropriate PPE precautions	
Manually maintains in-line immobilization and opens airway using jaw thrust maneuver	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO ₂ reading	
Preoxygenates patient	

Performs intubation

Maintains head in neutral, in-line position	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective

Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/52

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ If used, suctions the patient for more than 10 seconds
- ___ Failure to preoxygenate patient prior to intubation
- ___ If used, stylette extends beyond end of ET tube
- ___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- ___ Uses teeth as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to assure that the head is in a neutral, in-line position throughout
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to receive a total score of 40 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

PLEURAL DECOMPRESSION (NEEDLE THORACOSTOMY) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

	SCORE
Manages the patient's airway with basic maneuvers and supplemental oxygen; intubates as necessary	
Appropriately recognizes signs of tension pneumothorax	
Selects, checks, assembles equipment	
14 – 16 ga. X 2 inch over-the-needle catheter (adult) or 16 – 18 ga. X 1½ – 2 inch over-the-needle catheter (pediatric)	
10 mL syringe	
4x4s	
Antiseptic solution	
Tape	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Palpates the chest locating the second or third intercostal space on the midclavicular line (the second rib joins the sternum at the angle of Louis, the second intercostal space is located between 2 nd & 3 rd ribs while the third intercostal space is between 3 rd & 4 th ribs)	
Properly cleanses the insertion site with appropriate solution	
Performs needle thoracostomy	
Reconfirms the site of insertion and directs the needle over the top of the rib on the midclavicular line	
Listens for a rush of air or watches for plunger in syringe to withdraw and aspirates air	
Removes needle/syringe leaving only the catheter in place	
Disposes of the needle in proper container	
Stabilizes the catheter hub with 4x4s and tape	
Reassesses adequacy of ventilation, lung sounds, blood pressure and pulse for improvement in patient condition	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to dispose of the needle in proper container
- ___ Failure to correctly locate the site for insertion
- ___ Failure to properly cleanse site prior to needle insertion
- ___ Incorrect procedure relating to needle insertion (inserting below the rib, incorrect anatomical location, etc.)
- ___ Failure to assess the need for needle decompression (diminished or absent breath sounds, signs of hemodynamic compromise, etc.)
- ___ Failure to reassess patient condition following procedure
- ___ Failure to receive a total score of 30 or greater

Comments:[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

SPINAL IMMOBILIZATION ADULT (SUPINE PATIENT) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Long spine immobilization device with straps	
Cervical collar	
Head immobilizer (commercial or improvised)	
Padding material	
Immobilizes patient	
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Directs movement of the patient onto the device without compromising the integrity of the spine	
Applies padding to voids between the torso and the device as necessary	
Secures the patient's torso to the device	
Evaluates and pads behind the patient's head as necessary	
Immobilizes the patient's head to the device	
Secures the patient's legs to the device	
Secures the patient's arms	
Reassesses motor, sensory and circulatory function in each extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /44

Critical Criteria

- ☐ Did not immediately direct or take manual stabilization of the head
- ☐ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ☐ Released or ordered release of manual stabilization before it was maintained mechanically
- ☐ Manipulated or moved the patient excessively causing potential for spinal compromise
- ☐ Head immobilized to the device **before** patient's torso sufficiently secured to the device
- ☐ 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 a neutral, in-line position
- ☐ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device
- ☐ Failure to receive a total score of 34 or greater

Comments:[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

SPINAL IMMOBILIZATION ADULT (SEATED PATIENT) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment	
Short spine immobilization device with straps	
Cervical collar	
Padding material	
Immobilizes patient	
Takes or verbalizes appropriate PPE precautions	
Directs assistant to place/maintain head in the neutral, in-line position	
Directs assistant to maintain manual stabilization of the head	
Assures that patient is a reliable historian (sensorium not currently altered by drugs or alcohol; no recent loss of consciousness)	
Assesses motor, sensory and circulatory functions in each extremity	
Applies appropriately sized extrication collar	
Positions the immobilization device appropriately	
Secures the device to the patient's torso	
Evaluates torso fixation and adjusts as necessary	
Evaluates and pads behind the patient's head as necessary	
Secures the patient's head to the device	
Reevaluates and assures adequate immobilization	
Reassesses motor, sensory and circulatory functions in each extremity	
Properly moves patient onto a long backboard	
Releases/loosens leg straps	
Secures patient to the long backboard	
Reassesses motor, sensory and circulatory function in each extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/46

Critical Criteria

- ☐ Did not immediately direct or take manual stabilization of the head
- ☐ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ☐ Released or ordered release of manual stabilization before it was maintained mechanically
- ☐ Manipulated or moved the patient excessively causing potential for spinal compromise
- ☐ Head immobilized to the device **before** device sufficiently secured to torso
- ☐ Device moves 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 a neutral, in-line position
- ☐ Did not reassess motor, sensory and circulatory functions in each extremity after securing the patient to the device and to the long backboard
- ☐ Failure to receive a total score of 36 or greater

Comments:[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

JOINT SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Cravats	
Roller gauze	
Splinting material	
Padding material	
Splints joint	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Selects appropriate splinting material	
Immobilizes the site of the injury and pads as necessary	
Immobilizes the bone above the injury site	
Immobilizes the bone below the injury site	
Secures the entire injured extremity	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /32

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the bones above and below the injury site
- ___ Did not reassess motor, sensory and circulatory functions in the injured extremity **before and after** splinting
- ___ Did not secure the entire injured extremity upon completion of immobilization
- ___ Failure to receive a total score of 24 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful

This page intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

LONG BONE SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment	
Cravats	
Roller gauze	
Splinting material	
Padding material	
Splints long bone	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injury	
Assesses motor, sensory and circulatory functions in the injured extremity	
Measures the splint	
Applies the splint and pads as necessary	
Immobilizes the joint above the injury site	
Immobilizes the joint below the injury site	
Secures the entire injured extremity	
Immobilizes the hand/foot in the position of function	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/34

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess motor, sensory and circulatory functions in the injured extremity **before and after** splinting
- ___ Did not secure the entire injured extremity upon completion of immobilization
- ___ Failure to receive a total score of 26 or greater



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

TRACTION SPLINTING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE

Selects, checks, assembles equipment	
Traction splint with all associated equipment (ankle hitch, straps, etc.)	
Padding material	
Splints femur	
Takes or verbalizes appropriate PPE precautions	
Directs application of manual stabilization of the injured leg (not necessary when using a unipolar device [Sagar® or similar] that is immediately available)	
Directs application of manual traction (not necessary when using a unipolar device, but must be applied before elevating the leg if the leg is elevated at all)	
Assesses motor, sensory and distal circulation in the injured extremity	
Prepares/adjusts the splint to proper length	
Positions the splint at the injured leg	
Applies proximal securing device (e.g., ischial strap)	
Applies distal securing device (e.g., ankle hitch)	
Applies appropriate mechanical traction	
Positions/secures support straps	
Re-evaluates proximal/distal securing devices	
Reassesses motor, sensory and circulatory functions in the injured extremity	
Secures patient to the long backboard to immobilize the hip	
Secures the traction splint/legs to the long backboard to prevent movement of the splint	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

Critical Criteria

- ___ Loss of traction at any point after it is assumed or applies inadequate traction
- ___ Failure to apply manual traction before elevating the leg
- ___ Did not reassess motor, sensory and circulatory functions in the injured extremity **after** splinting
- ___ The foot is excessively rotated or extended after splinting
- ___ Final immobilization failed to support the femur or prevent rotation of the injured leg
- ___ Failure to receive a total score of 30 or greater



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

HEMORRHAGE CONTROL SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Field dressings (various sizes)	
Kling®, Kerlix®, etc.	
Bandages (various sizes)	
Tourniquet (commercial or improvised)	
Controls hemorrhage	
Takes or verbalizes appropriate PPE precautions	
Applies direct pressure to the wound	
Bandages the wound	
Applies tourniquet	
Properly positions the patient	
Administers high concentration oxygen	
Initiates steps to prevent heat loss from the patient	
Indicates the need for immediate transportation	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /30

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Did not administer high concentration oxygen
- ___ Did not control hemorrhage using correct procedures in a timely manner
- ___ Did not indicate the need for immediate transportation
- ___ Failure to receive a total score of 24 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful

This page intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

MEDICAL AND CARDIAC PHYSICAL ASSESSMENT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Scene size-up	
Safety	
Takes appropriate PPE precautions – gloves, gown, goggles, vest, helmet	
Hazards – chemical, thermal, atmospheric, electrical, weapons	
Environment – bystanders, hostile, ambient temperature, adequate space, day/night, patient prone to sudden behavior change	
Number of patients and location	
Clues/evidence at the scene – medication bottles, chemical containers, syringes, illicit drug paraphernalia, etc.	
Additional resources – Hazmat, heavy rescue, law enforcement, bystanders, historians, air medical	
Nature of illness – determines reason for call	
Patient assessment and management	
Begins spinal precautions if indicated	
Primary survey/resuscitation	
General impression	
Patient appearance – posture, position, obvious distress, incontinence, vomiting, odors, pain	
Estimates age, gender and weight of patient	
Manages any gross visible hemorrhage – direct pressure, tourniquet	
Level of responsiveness	
Awake and oriented	
Response to verbal stimuli	
Opens eyes	
Follows simple commands	
Responds to painful stimuli	
Acknowledges presence of stimuli	
Responds to irritation stimuli	
Unresponsive	
Airway	
Assesses airway – position, obstructions	
Manages airway as appropriate – suction, adjunct, modified jaw thrust	
Breathing	
Exposes the chest and inspects for injuries	
Auscultates lung sounds – presence, clarity, abnormal sounds	
Notes minute volume – rate, tidal volume and equal chest rise and fall	

Manages any injury compromising ventilations	
Administers oxygen or ventilates with appropriate device – BVM, NRB	
Circulation	
Pulse	
Presence, rate, quality	
Skin	
Color, moisture, temperature	
Turgor, edema	
Capillary refill	
Disability	
GCS – calculates score	
Pupils – size, equality, reactivity to light	
Chief complaint	
Determines chief complaint	
Transport decision	
Critical – begins immediate packaging for transport or resuscitation	
Non-critical – continued assessment on scene	
Vital signs	
Blood pressure	
Pulse	
Respirations	
SpO ₂	
Pain – if appropriate	
Secondary assessment – performs secondary physical examination and assesses affected body part(s) or system(s)	
Obtains an oral history – pertinent to situation	
History of the present illness	
SAMPLE – signs/symptoms; allergies; medications; past medical history; last meal; events leading up to injury	
OPQRST – onset; provocation; quality; region/radiation; severity; timing	
Head and Neck	
Immobilization as necessary	
Interviews for pain, recent trauma, events	
Inspects and palpates	
Scalp/skull	
Facial bones	
Facial muscles – symmetry	
Jaw	
Eyes – PERLA, pupil size, ocular movements, visual acuity, position of eyes	
Mouth – assess tongue, says “Ah,” color of palate	
Ears – aligns to open canal, discharge	
Nose – discharge, obstruction, nasal flaring	
Neck – lumps, hard nodules	
Trachea – checks for stoma	
Jugular vein status	
Cervical spine processes	

Chest and cardiovascular	
Interviews patient – pain, history, current medications	
Inspects – rate, rhythm, depth, symmetry, effort of breathing, color, scars, lumps	
Palpates – tenderness, lumps	
Auscultates – vesicular, bronchial, bronchovesicular breath sounds in proper locations anteriorly and posteriorly, notes adventitious breath sounds	
Percussion – symmetry of sounds	
Oxygenation/ventilation – adjusts oxygen flow, changes adjunct accordingly, administers appropriate respiratory medications	
Auscultates heart sounds – S ₁ , S ₂	
Cardiac management – monitor/12-lead ECG, medications	
Abdomen and pelvis	
Interviews patient – location, type of pain, duration, events leading up to current complaint, food or products ingested	
Inspects – scars, distention, pulsations, color, including flanks and posterior	
Auscultation – bowel sounds	
Palpation – guarding, tenderness with cough or increasing pressure, pulsations, rigidity	
Assesses pelvic stability	
Extremities	
Interviews patient – location, type of pain, duration, events	
Arms – pulses, edema, capillary refill, grip strength, drift	
Legs – pulses, edema, pressure sores, extension/contraction of legs/feet	
Manages wounds or splints/supports fractures	
Mental status examination	
Appearance – dress, eye contact, posture, depression, violence, facial grimaces, actions, mannerisms	
Speech – spontaneous, slow/fast, volume, clarity, appropriate	
Mood – depressed, euphoric, manic, anxious, angry, agitated, fearful, guilty	
Thoughts – racing, hallucinations, delusions, suicidal, unconnected, disturbed, homicidal	
Neurological	
Interviews patient – pain, paralysis; location, duration, events leading up to, changes over time, past medical history, medications	
Stroke scale – facial droop, arm drift, abnormal speech	
Motor system – posturing, involuntary movements, strength, coordination, flaccid, seizures, gait	
Transportation decision	
Verbalizes destination decision	
Other assessments and interventions	
Utilizes proper diagnostic tools at the appropriate time – ECG, glucometer, capnography	
Performs appropriate treatment at the correct time – IVs, oxygenation/ventilation, medication administration	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRAVENOUS THERAPY SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Clearly explains procedure to patient

Selects, checks, assembles equipment

IV solution

Administration set

Catheter

Sharps container

Universal start kit (antiseptic swabs, gauze pads, venous tourniquet, occlusive bandage, antibiotic gel, syringe, etc.)

Spikes bag

Checks solution for:

Proper solution

Clarity or particulate matter

Expiration date

Protective covers on tail ports

Checks administration set for:

Drip rating

Tangled tubing

Protective covers on both ends

Flow clamp up almost to drip chamber and closed

Removes protective cover on drip chamber while maintaining sterility

Removes protective cover on IV bag tail port while maintaining sterility

Inserts IV tubing spike into IV solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility

Turns IV bag upright

Squeezes drip chamber and fills half-way

Turns on flow and bleeds line of all air while maintaining sterility

Shuts flow off after assuring that all large air bubbles have been purged

Performs venipuncture

Tears sufficient tape to secure IV

Opens antiseptic swabs, gauze pads, occlusive dressing

Takes appropriate PPE precautions

Identifies appropriate potential site for cannulation

Applies tourniquet properly

Palpates and identifies suitable vein

Cleanses site, starting from the center and moving outward in a circular motion

Removes IV needle and catheter from package and while maintaining sterility



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRAVENOUS BOLUS MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Clearly explains procedure to patient	
Selects, checks, assembles equipment	
IV medication	
Sharps container	
Alcohol swabs	
Administers medication	
Confirms medication order	
Asks patient for known allergies	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Assembles prefilled syringe correctly and dispels air	
Takes or verbalizes appropriate PPE precautions	
Identifies and cleanses most proximal injection site (Y-port or hub)	
Reconfirms medication	
Stops IV flow	
Administers correct dose at proper push rate	
Disposes/verbalizes proper disposal of syringe and other material in proper container	
Turns IV on and adjusts drip rate to TKO/KVO	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/48

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to adequately dispel air resulting in the potential for air embolism
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- ___ Failure to turn on IV after administering medication
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 36 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRAVENOUS PIGGYBACK INFUSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Clearly explains procedure to patient	
Assures that patent primary IV line is established	
Selects, checks, assembles equipment	
Medication	
IV solution	
Administration set	
Needle (if needleless set is not available)	
Sharps container	
Alcohol swabs	
Tape	
Medication label	
Adds medication to secondary IV solution and spikes bag	
Confirms medication order	
Asks patient for known allergies	
Explains procedure to patient	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Check medication for:	
Clarity	
Expiration date	
Assembles prefilled syringe correctly and dispels air while maintaining sterility	
Checks IV solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	

Removes protective cover on secondary IV bag medication port and cleanses while maintaining sterility	
Reconfirms medication	
Injects medication into secondary IV bag while maintaining sterility	
Disposes/verbalizes proper disposal of syringe in proper container	
Gently agitates secondary bag to mix medication	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on secondary IV bag tail port while maintaining sterility	
Inserts IV tubing spike into secondary IV bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns secondary IV solution bag upright	
Squeezes drip chamber and fills half-way	
Turns on flow of secondary line and bleeds line of all air while maintaining sterility with minimal loss of fluid	
Shuts flow off after assuring that all large air bubbles have been purged from secondary line	
Infuses medication	
Attaches needle to adapter end of secondary line administration set while maintaining sterility (if needleless set is not available)	
Takes or verbalizes appropriate PPE precautions	
Reconfirms medication	
Identifies and cleanses most proximal injection site of primary line (Y-port or hub if needleless set is not available)	
Inserts needle into port of primary line while maintaining sterility	
Turns on flow, calculates and adjusts flow rate of secondary line as necessary	
Stops flow of primary line	
Securely tapes needle to injection port of secondary line while maintaining sterility (if needleless set is not available)	
Checks and adjusts flow rate of secondary line	
Labels medication fluid bag (date, time, medication, concentration, dosage, initials)	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/110

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to dispose of any blood-contaminated sharp **immediately at the point of use**
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- ___ Performs any improper technique resulting in the potential for air embolism (failure to flush tubing of secondary line, etc.)
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 84 or greater

Comments:[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful

This page is intentionally blank.



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRAOSSEOUS INFUSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Solution	
Administration set	
IO needle and insertion device	
Sharps container	
Antiseptic swabs, gauze pads, bulky dressing, syringe, etc.	
Spikes bag	
Checks solution for:	
Proper solution	
Clarity or particulate matter	
Expiration date	
Protective covers on tail ports	
Checks administration set for:	
Drip rating	
Tangled tubing	
Protective covers on both ends	
Flow clamp up almost to drip chamber and closed	
Removes protective cover on drip chamber while maintaining sterility	
Removes protective cover on solution bag tail port while maintaining sterility	
Inserts IV tubing spike into solution bag tail port by twisting and pushing until inner seal is punctured while maintaining sterility	
Turns solution bag upright	
Squeezes drip chamber and fills half-way	
Turns on by sliding flow clamp and bleeds line of all air while maintaining sterility	
Shuts flow off after assuring that all large air bubbles have been purged	
Performs intraosseous puncture	
Tears sufficient tape to secure IO	
Opens antiseptic swabs, gauze pads	
Takes appropriate PPE precautions	
Identifies appropriate anatomical site for IO puncture	
Cleanses site, starting from the center and moving outward in a circular motion	
Prepares IO needle and insertion device while maintaining sterility	
Inspects for burrs	
Stabilizes the site in a safe manner (if using the tibia, does not hold the leg in palm of hand and perform IO puncture directly above hand)	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRAMUSCULAR AND SUBCUTANEOUS MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe and needle(s)	
Sharps container	
Alcohol swabs	
Adhesive bandage or sterile gauze dressing and tape	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Assembles syringe and needle	
Draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reconfirms medication	
Takes or verbalizes appropriate PPE precautions	
Identifies and cleanses appropriate injection site	
Pinches/stretchers skin, warns patient and inserts needle at proper angle while maintaining sterility	
Aspirates syringe while observing for blood return before injecting IM medication	
Administers correct dose at proper push rate	
Removes needle and disposes/verbalizes proper disposal of syringe and needle in proper container	
Applies direct pressure to site	
Covers puncture site	
Verbalizes need to observe patient for desired effect and adverse side effects	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/58

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to identify acceptable injection site
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to adequately dispel air resulting in the potential for air embolism
- ___ Failure to aspirate for blood prior to injecting IM medication
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container
- ___ Failure to observe the patient for desired effect and adverse side effects after administering medication
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 44 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INTRANASAL MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Assures that patient is being ventilated adequately if necessary	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Appropriate syringe, needle, mucosal atomizer device (MAD®)	
Sharps container	
Alcohol swabs	
Sterile gauze	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Assembles syringe and needle while maintaining sterility	
Cleanses rubber stopper, draws appropriate amount of medication into syringe and dispels air while maintaining sterility	
Reaffirms medication	
Disposes of needle in proper container and attaches mucosal atomizer device	
Takes or verbalizes appropriate PPE precautions	
Stops ventilation of patient if necessary and removes any mask	
Inspects nostrils to determine largest and least deviated or obstructed nostril	
Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger	
Disposes/verbalizes proper disposal of syringe and mucosal atomizer device in proper container	
Resumes ventilation of the patient if necessary	
Verbalizes need to observe patient for desired effect and adverse side effects	



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

INHALED MEDICATION ADMINISTRATION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Assures that patient is being ventilated adequately	
Asks patient for known allergies	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Medication	
Nebulizer unit (medication cup, mouthpiece/mask, extension tube, etc.)	
Oxygen supply tubing	
Administers medication	
Selects correct medication by identifying:	
Right patient	
Right medication	
Right dosage/concentration	
Right time	
Right route	
Also checks medication for:	
Clarity	
Expiration date	
Places medication into nebulizer unit	
Reaffirms medication	
Attaches mouthpiece/mask and extension tube to the nebulizer unit	
Attaches oxygen supply tubing to nebulizer unit and turns on oxygen until tube/mask is filled with mist of medication	
Takes or verbalizes appropriate PPE precautions	
Removes oxygen mask and directs patient to firmly hold nebulizer unit	
Coaches patient how to breathe correctly to inhale all medication	
Resumes oxygen administration	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/50

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Administers improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
- ___ Failure to coach patient to breathe correctly to inhale all medication
- ___ Failure to observe the patient for desired effect and adverse side effects after administering medication
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 38 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

GLUCOMETER SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Identifies the need for obtaining a blood glucose level	
Identifies the normal parameters for blood glucose level	
Identifies contraindications	
Identifies potential complications:	
Erroneous reading	
BSI exposure	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Glucometer	
Test strip	
Needle or spring-loaded puncture device	
Alcohol swabs	
Checks blood glucose level	
Takes or verbalizes appropriate PPE precautions	
Turns on glucometer and inserts test strip	
Preps fingertip with alcohol prep	
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	
Expresses blood sample and transfers it to the test strip	
Applies pressure and dresses fingertip wound	
Records reading from glucometer and documents appropriately	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/42

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to dispose of blood contaminated sharps immediately at the point of use
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to identify 2 indications
- ___ Failure to identify 2 potential complications
- ___ Failure to identify normal blood glucose parameters
- ___ Failure to obtain a viable capillary blood sample on first attempt
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to receive a total score of 32 or greater

Comments:[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

12-LEAD ECG SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment	
Explains procedure to patient	
Prepares the patient (shaving and cleansing as needed)	
Places limb leads on the limbs	
Places precordial leads at their appropriate locations:	
V1 – attaches positive electrode to the right of the sternum at the 4th intercostal space	
V2 – attaches positive electrode to the left of the sternum at the 4th intercostal space	
V4 – attaches positive electrode at the midclavicular line at 5th intercostal space	
V3 – attaches positive electrode at the line midway between V2 & V4	
V5 – attaches positive electrode at the anterior axillary line at the same level as V4	
V6 – attaches positive electrode to the midaxillary line at the same levels V4	
Ensures the patient is sitting or lying still, breathing normally and not talking	
Turns on ECG machine	
Ensures all leads are still connected and no error message displayed	
Obtains 12-lead ECG recording	
Examines tracing for acceptable quality	
Interprets 12-lead ECG to local standard and reports findings as needed	
Voices repeating 12-lead ECG every 5 – 10 minutes in high risk patients and post-treatment	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

Critical Criteria

- ___ Failure to properly attach leads to patient
- ___ Failure to obtain a legible 12-lead ECG recording
- ___ Failure to correctly interpret 12-lead ECG recording
- ___ Failure to receive a total score of 30 or greater



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

SYNCHRONIZED CARDIOVERSION SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Monitor/defibrillator with defibrillation pads	
Medication to sedate patient (if necessary)	
Oxygen with appropriate administration device	
Performs synchronized cardioversion	
Assures adequate oxygenation and patent IV established	
Correctly identifies arrhythmia and condition that requires synchronized cardioversion	
Takes or verbalizes appropriate PPE precautions	
Assesses patient condition to include pulse and BP	
Asks patient or determines known allergies	
Considers appropriate medication to sedate patient	
Attaches defibrillation pads	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Sets cardioverter to appropriate energy setting	
Activates synchronizer mode	
Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes	
Verbalizes “All clear” and visually ensures that all individuals are clear of the patient	
Delivers shock	
Reassesses rhythm	
Reassesses patient condition to include pulse and BP	
Verbalizes need to observe patient for desired effect and adverse side effects	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /44

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to assess the patient's hemodynamic status **before and after** delivering the shock
- ___ Failure to verify rhythm before delivering a shock
- ___ Failure to ensure the safety of self and others (verbalizes "All clear" and observes)
- ___ Failure to ensure a safe environment **before** delivering a shock (sparks, combustibles, oxygen-enriched atmosphere)
- ___ Failure to resume oxygen therapy at the proper time
- ___ Inability to deliver a synchronized shock (does not use machine properly)
- ___ Failure to set the appropriate energy level **before** engaging the synchronized mode of operation
- ___ Failure to demonstrate acceptable shock sequence
- ___ Failure to observe the patient for desired effect and adverse side effects after delivering a shock
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 34 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

DEFIBRILLATION (UNWITNESSED ARREST) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
Monitor/defibrillator with defibrillation pads	
Oxygen with appropriate administration device	
Performs defibrillation	
Takes or verbalizes appropriate PPE precautions	
Determines the scene/situation is safe	
Attempts to question bystanders about arrest events	
Checks responsiveness	
Requests additional assistance	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)]	
Checks carotid pulse (no more than 10 seconds)	
Immediately begins chest compressions	
Adequate depth and rate	
Correct compression-to-ventilation ratio	
Allows the chest to recoil completely	
Adequate volumes for each breath	
Minimal interruptions of less than 10 seconds throughout	
Attaches defibrillator	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Stops CPR and observes rhythm	
Verbalizes “All clear” and visually ensures that all individuals are clear of the patient	
Delivers shock	
Immediately resumes chest compressions	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /48

Critical Criteria

- ___ Failure to initiate CPR without delay
- ___ Interrupts CPR for more than 10 seconds
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to deliver shock in a timely manner
- ___ Failure to demonstrate acceptable high quality adult CPR
- ___ Failure to operate the defibrillator properly
- ___ Failure to correctly attach the defibrillator to the patient
- ___ Failure to verify rhythm before delivering a shock
- ___ Failure to demonstrate acceptable shock sequence
- ___ Failure to assure that all individuals were clear of patient during rhythm interpretation **and** before delivering shock (verbalizes “All clear” and observes)
- ___ Failure to ensure a safe environment **before** delivering shock (sparks, combustibles, oxygen-enriched atmosphere)
- ___ Failure to immediately resume chest compressions after shock delivered
- ___ Failure to resume ventilation with oxygen at the proper time
- ___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 36 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

TRANSCUTANEOUS PACING SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

NOTE: A properly trained person must be present to supervise the practice of this skill.

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

Selects, checks, assembles equipment	
Monitor/defibrillator with pacing pads	
Medication to reduce pain or sedate patient (if necessary)	
Oxygen with appropriate administration device	
Assures adequate oxygenation and patent IV established	
Performs transcutaneous pacing	
Identifies arrhythmia and condition that requires transcutaneous pacing	
Takes or verbalizes appropriate PPE precautions	
Assesses patient condition to include pulse and BP	
Administers appropriate oxygen therapy	
Attaches pacing pads	
Assures safe environment – evaluates the risk of sparks, combustibles, oxygen-enriched atmosphere	
Activates pacemaker function of device	
Notes marker on ECG screen and adjusts amplitude until machine appropriately reads QRS complexes	
Sets appropriate pacer rate	
Sets current to be delivered to the minimum setting	
Gradually increase delivered current until capture is achieved (observes pacer spikes followed by wide QRS complexes at tall “T” waves)	
Reassesses patient condition to include pulse and BP	
Asks patient or determines known allergies (if considering medication administration)	
Administers appropriate medication to reduce pain or sedate patient (if necessary)	
Verbalizes need to continuously monitor the patient’s condition	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/44

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to assess the patient's hemodynamic status before and after administering transcutaneous pacing
- ___ Failure to document rhythm before administering transcutaneous pacing
- ___ Failure to ensure the safety of self and others
- ___ Failure to ensure a safe environment **before** pacing initiated (sparks, combustibles, oxygen-enriched atmosphere)
- ___ Inability to deliver transcutaneous pacing (does not use machine properly)
- ___ Failure to demonstrate acceptable electrical capture
- ___ Failure to observe the patient for desired effect and adverse side effects
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 34 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

NORMAL DELIVERY WITH NEWBORN CARE SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	
Prepares for delivery	
Prepares appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal head	
Checks for nuchal cord	
Manages nuchal cord if present	
Assesses for and notes the presence of meconium	
Delivers the shoulders	
Delivers the remainder of the body	
Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	

Actual Time Ended:

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to identify or manage a nuchal cord
- ___ Failure to immediately suction the newborn nose and mouth
- ___ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- ___ Failure to provide appropriate newborn care
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 70 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

ABNORMAL DELIVERY WITH NEWBORN CARE SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Takes appropriate PPE precautions	
Obtains a history relevant to the pregnancy	
Estimated date of confinement	
Frequency of contractions	
Duration of contractions	
Intensity of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Assessment	
Vital signs (BP, P, R, Temperature)	
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)	
Prepares for delivery	
Prepares appropriate delivery area	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Delivers newborn	
During contractions, urges patient to push	
Delivers and supports the emerging fetal presenting part if not the head	
Recognizes abnormal presentation that requires immediate care and transport (prolapsed cord, hand, foot, shoulder dystocia)	
Delivers legs and body if possible and continues to support fetus	
Delivers head	
If fetal head is not promptly delivered, inserts gloved fingers/hand to establish a space for breathing/relieve pressure on umbilical cord	
Assesses for and notes the presence of meconium	
Initiates rapid transport	
Delivers the shoulders if not previously delivered	
Delivers the remainder of the body if not previously delivered	

Places newborn on mother's abdomen or level with mother's uterus	
Notes the time of birth	
Controls hemorrhage as necessary	
Reassesses mother's vital signs	
Newborn care (Birth – 30 seconds postpartum):	
Warm, dry, and stimulate the newborn	
Clears airway if obvious obstruction to spontaneous breathing or requires PPV	
Wraps newborn in blanket or towels to prevent hypothermia	
Newborn care (30 – 60 seconds postpartum):	
If heart rate is less than 100, gasping or apneic:	
Provides PPV without supplemental oxygen	
Monitors SpO ₂ in neonate	
Clamps and cuts umbilical cord	
Places on mother's chest to retain warmth (if not actively resuscitating the neonate)	
Determines 1 minute APGAR score	
Newborn care (after 1 minute postpartum):	
If heart rate is less than 100:	
Takes ventilation corrective steps and continues PPV with supplemental oxygen	
If heart rate is less than 60:	
Considers intubation if no chest rise with PPV	
Begins chest compressions	
If heart rate remains less than 60 after chest compressions and PPV:	
Administers epinephrine IO	
Determines 5 minute APGAR score	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /98

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to identify or appropriately manage an abnormal presentation
- ___ Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
- ___ Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 74 or greater

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful



Appendix G
National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

TEAM MEMBER EVALUATION – SCENARIO LAB

Student Name: _____ Date: _____

Evaluator: _____ Signature _____

☐ Instructor ☐ Peer

Age Group: ☐ Pediatric ☐ Adult ☐ Geriatric

Scenario Topic Area

☐ Respiratory Distress/Failure ☐ Chest Pain ☐ Cardiac Rhythm Disturbance ☐ Stroke ☐ Overdose ☐ Seizure
☐ Abdominal Pain ☐ Allergic Reaction/Anaphylaxis ☐ OB/GYN ☐ Psychiatric Condition
☐ Diabetic Emergency ☐ Blunt Trauma ☐ Penetrating Trauma ☐ Burns ☐ Hemorrhage

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent marginal or inconsistent; includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____

SCORE

FOLLOWERSHIP CATEGORY	
Demonstrates followership (is receptive to position as a Team Member by not interfering with Team Leader's assessment or management plan unless dangerous, speaking up when patient care will be negatively affected, etc.)	
Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
COMMUNICATION	
Uses closed-loop communication (repeats order, announces when order complete, confirms Team Leader understands task complete or results of delegated tasks)	
Immediately suggests corrective action if a harmful intervention is ordered/performed by others	
Communicates clearly and professionally with Team Leader, crew, bystanders and others, and accepts feedback	
AFFECT	
Demonstrates confidence, compassion, maturity	
Leaves ego/rank at the door (does not offer opinion unless a danger exists even if Team Leader is less experienced; willing to perform tasks delegated by Team Leader of lesser rank/certification level)	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members	

Appendix G

SCENE SIZE-UP CATEGORY	
Advocates safety concerns and is safety conscious at all times	
Follows instructions of Team Leader and suggests corrective action as needed	
PATIENT MANAGEMENT CATEGORY	
Performs tasks in a timely manner when directed by Team Leader	
Performs all skills in an acceptable manner based on related skill evaluation instruments	
Reports progress on tasks	
Anticipates needs of the Team Leader by preparing equipment based upon patient information obtained by the Team Leader	
Utilizes appreciative inquiry (asks Team Leader for clarification or suggests a correction if directions are unclear or not safe for patient or team)	
Actual Time Ended: _____	TOTAL /30

Critical Criteria

- ___ Failure to recognize life-threatening injuries or illness
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to address safety concerns
- ___ Failure to correct any dangerous or inappropriate intervention
- ___ Performs any action or uses any equipment in a dangerous or inappropriate manner
- ___ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
- ___ Failure to function as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to receive a total score of 22 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
 ☐ Unsuccessful



Appendix G
**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual**

TEAM LEADER EVALUATION – SCENARIO LAB

Student Name: _____ Date: _____

Evaluator: _____ Signature: _____

☐ Instructor ☐ Peer

Age Group: ☐ Pediatric ☐ Adult ☐ Geriatric

Scenario Topic Area

- ☐ Respiratory Distress/Failure ☐ Chest Pain ☐ Cardiac Rhythm Disturbance ☐ Stroke ☐ Overdose ☐ Seizure
☐ Abdominal Pain ☐ Allergic Reaction/Anaphylaxis ☐ OB/GYN ☐ Psychiatric Conditions
☐ Diabetic Emergency ☐ Blunt Trauma ☐ Penetrating Trauma ☐ Burns ☐ Hemorrhage

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent; marginal or inconsistent; includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

LEADERSHIP CATEGORY	
COORDINATION OF TREATMENT	
Directs Team Members to perform tasks with appropriate timeliness, prioritization/sequence	
Maintains accountability for team's actions/outcomes	
Demonstrates confidence, compassion, maturity and command presence	
Loss of situational awareness (task overload, unresolved conflict, tunnel vision, distracted, unclear orders, false sense of comfort, failed to recognize danger to crew, patient, or bystander)	
<i>Critical Prompts by team: <input type="checkbox"/> Timeliness <input type="checkbox"/> Sequence <input type="checkbox"/> Transport decision (specify in comments) Should only be checked if they are serious to this particular scenario</i>	
FLEXIBILITY	
Adapts treatment plan and sequence as information becomes available, listens to teammates	
Reconciles incongruent information (reassesses, asks again, engages family or medical record to confirm information, checks him or herself if delegated information doesn't fit presentation)	
COMMUNICATION AND DOCUMENTATION	
Uses closed-loop communication (orders tasks, verifies they were completed, verbally acknowledges results or completion of task)	
Reports progress on tasks	
Communicates accurately and concisely while listening and encouraging feedback	
Provides succinct and accurate verbal report	
AFFECT	
Establishes basic rapport with the patient and interacts professionally with all on scene (Uses Pt's name, Eye contact, Introduces self)	
Leaves ego/rank at the door (carefully considers information from every rank/level person on scene, willing to delegate to those of both higher and lower rank or provider level, does not demonstrate attitude or arrogance)	

Appendix G

SCENE SIZE-UP CATEGORY	
Takes charge (steps forward, asks questions of bystanders and patient, gives directions to others)	
Takes appropriate safety precautions and begins to manage scene by delegating tasks and requesting necessary resources	
Addresses safety concerns and is safety conscious at all times (scene hazards, agitated bystanders, sharps handling, etc.)	
<i>Critical Prompts by team: <input type="checkbox"/> Safety <input type="checkbox"/> PPE <input type="checkbox"/> Number of patients <input type="checkbox"/> Additional resources Should only be checked if they are serious to this particular scenario</i>	
PATIENT ASSESSMENT AND MANAGEMENT CATEGORY	
PRIMARY SURVEY/RESUSCITATION (3 minutes to complete)	
Addresses spinal stabilization, airway, ventilation, oxygenation, circulation and hemorrhage management	
<i>Critical Prompts by team: <input type="checkbox"/> AVPU <input type="checkbox"/> Airway/Reposition/Adjunct <input type="checkbox"/> Breathing/O₂/BVM <input type="checkbox"/> Pulse check/CPR start Should only be checked if they are serious to this particular scenario</i>	
Creates, implements and revises an acceptable action plan according to patient presentation	
Assesses situation and resources and modifies accordingly	
Performs tasks accurately and in a timely manner	
Utilizes appreciative inquiry (speaking directly and respectfully, asks if others see anything else that should be considered, solicits input and feedback from Team Members)	
HISTORY TAKING	
Determines chief complaint, mechanism of injury, associated symptoms	
Receives, processes, verifies and prioritizes information	
SECONDARY ASSESSMENT	
Obtains vital signs; assesses and manages injuries to HEENT, thorax, abdomen, pelvis, extremities, posterior body; identifies pertinent negatives	
PERTINENT PAST MEDICAL HISTORY	
Obtains pertinent SAMPLE/OPQRST history	
<i>Critical Prompts by team: <input type="checkbox"/> BP, P, R <input type="checkbox"/> SpO₂ <input type="checkbox"/> Lung sounds <input type="checkbox"/> ECG <input type="checkbox"/> 12-lead ECG Should only be checked if they are serious to this particular scenario</i>	
FIELD IMPRESSION AND TREATMENT PLAN CATEGORY	
DIFFERENTIAL DIAGNOSIS	
Creates an appropriate list of differential diagnoses	
<i>Critical Prompts by team: <input type="checkbox"/> Critical Differential (specify in comments) Should only be checked if they are serious to this particular scenario</i>	
ACUITY	
Makes accurate clinical judgments about patient acuity	
<i>Critical Prompts by team: <input type="checkbox"/> Critical <input type="checkbox"/> Not Critical (specify in comments) Should only be checked if they are serious to this particular scenario</i>	
THERAPEUTIC INTERVENTIONS AND MONITORING	
Develops treatment plan and implements appropriate treatments based on history, physical exam and monitoring devices	
<i>Critical Prompts by team: <input type="checkbox"/> Treatment (specify in comments) Should only be checked if they are serious to this particular scenario</i>	
Actual Time Ended: _____ TOTAL	/54

Appendix G

Critical Criteria

- ___ Failure to recognize life-threatening injuries or illness
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to address safety concerns
- ___ Failure to provide spinal precautions when indicated
- ___ Failure to assess or appropriately manage problems with airway, breathing, oxygenation or ventilation
- ___ Failure to complete management of the patient within the given time limit
- ___ Failure to initiate transport within 10 minutes for a critical trauma patient
- ___ Performs any action or uses any equipment in a dangerous or inappropriate manner
- ___ Failure to suggest corrective action if a harmful intervention is ordered/performed by others
- ___ Requires excessive prompting or a single critical prompt by team members
- ___ Failure to function as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to receive a total score of 40 or greater

[illegible]

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? ☐ Successful
☐ Unsuccessful