State of New Hampshire Department of Safety

Division of Fire Standards and Training & Emergency Medical Services

EMT Practical Examination



JULY 2020

PATIENT ASSESSMENT / MANAGEMENT - TRAUMA

CANDIDATE #:		DATE:		
EVALUATOR NAME:				
			STOP: _	
INITIA	RETEST		START: _	
	KETEOT	TOTA	L TIME: _	
Time allowed: 10 minutes	SCENARIO #			
CANDIDATE MUST PERFORM (*) ITE	I WITHOUT ASSISTANCE		Points	Points
			Possible	Awarded
	n will be provided by the Evaluator)		_	
Verbalizes body substance isolation	precautions		1	
PRIMARY ASSESSMENT				
Verbalizes general impression of the	-		1	
Stabilizes or directs stabilization of s			1	
Determines responsiveness / level of	consciousness (AVPU)		1	
Airway	Assesses		1	
7 iii Way	Manages		1	
Breathing	Assesses		1	
	Manages		1	
Circulation	Assesses Bleeding, Pulse & Skin (color – temp	– moisture)	1	
	Manages		1	
Identifies priority patient / makes tra	sport decision		1	
HISTORY TAKING				
Investigates chief complaint by perfo	rming appropriate exam		1	
Obtains S.A.M.P.L.E. History			1	
SECONDARY ASSESSMENT				
Performs detailed physical exam			1	
Obtains quantitative vital signs (*)			1	
Manages secondary injuries and wo	unds appropriately		1	
REASSESSMENT				
Verbalizes reassessment			1	
		TOTAL	17	
CRITICAL CRITERIA		_		
Did not establish spinal stab	zation upon initial contact with patient			
Did not maintain spinal stabi	zation throughout			
Did not assess or manage p	oblems associated with airway			
Did not assess or manage p	oblems associated with breathing			
 Did not assess or manage p	oblems associated with bleeding, pulse and skin	(color - temp - m	oisture)	
 Did not differentiate patient's	need for transportation versus continued assess	ment at the scene		
·	n before assessing and managing the airway, br			
	rior to completion of primary assessment	J		
	ck of the sheet the reason(s) for not awarding points o	or for checking any c	ritical criter	ia.

State of New Hampshire Bureau of EMS Department of Safety

JULY 2020: This "Cardiac Arrest Management" skill is no longer being evaluated at the NH EMS BLS Practical Examination for the Emergency Medical Technician. All skills involved herein must have been completed during the EMS training program.

EMT Practical Examination

CARDIAC ARREST MANAGEMENT

CANDIDATE #: DATE:		
EVALUATOR NAME:		
	STOP:	
INITIAL RETEST	START:	
Time allowed: 10 minutes	AL TIME:	
CANDIDATE MUST PERFORM (*) ITEMS WITHOUT ASSISTANCE	Points	Points
		Awarded
SCENE SIZE UP (scene information will be provided by the Evaluator)		
Verbalizes body substance isolation precautions	1	
Checks patient responsiveness	1	
Assesses for breathing and pulse simultaneously	1	
Directs assistant to begin CPR starting with compressions	1	
* Turns Defibrillator power ON	1	
* Attaches automated external defibrillator pads to the patient	1	
* Initiates analysis of the rhythm and follows AED prompts	1	
* Ensures all individuals are clear of the patient	1	
* Delivers initial shock	1	
TRANSITION		
Resumes or directs resumption of CPR	1	
INTEGRATION		
* Verbalizes insertion of a simple airway adjunct	1	
* Ventilates to chest rise	1	
* Verbalizes high concentration of oxygen is delivered to patient	1	
* Assures CPR continues without a >10 second interruption	1	
* Initiates analysis of the rhythm and follows AED prompts, does not turn AED off	1	
CONVERSION - Evaluator states signs of life are present * Candidate must reassess the follow	ring:	
* Checks circulation	1	
* Checks airway	1	
* Checks breathing	1	
Performs two (2) person BVM ventilation for 30 seconds (5 - 6 breaths)	1	
TOTAL	19	
CRITICAL CRITERIA		
Did not assure all individuals were clear of patient while analyzing each rhythm		
Did not assure all individuals were clear of patient while analyzing each mythin Did not assure all individuals were clear of patient before delivering shock		
Did not apply oxygen / minimum 15 LPM		
During CPR, did not ventilate the mannequin to chest rise at a rate of 10 breaths in 2 minutes (maximum 4	4 errors in
2 minutes).		
During rescue breathing, did not ventilate at a rate of 10 – 12 times per minute (maximum of 4	errors per i	minute)
CPR continued or shock attempted after detection of pulse		
Did not perform or direct CPR / AED application to standards as appropriate		
Performs skill in manner that would be harmful to the patient.		
You <u>must</u> factually document on the back of the sheet the reason(s) for not awarding points or for checking any	critical crite	ia.

State of New Hampshire Form B30 EMT_Skill Sheet_CAM Bureau of EMS

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Department of Safety

Date Approved: 11/01/13

Revised: 3/31/2018, 4/30/18, 8/31/18, 07/2020

AIRWAYS - SUCTION - OXYGEN

CANDIDATE #: DA		DATE:		
EVALUATOR NAME:				
			STOP:	
INITIAL	RETEST	T 0:	START:	
Time allowed: 10 minutes		TOTAL TIME:		
OROPHARYNGEAL and NASOPH	ADVNGEAL AIDWAYS	Points Possible	Points ORAL	Points NASAL
Verbalizes body substance isolation precautions	AKTHOLAL AKWATO	1	ONAL	NASAL
Measures airway		1 each		
Selects appropriately sized airway		1 each		
Inserts airway without pushing tongue posteriorly		1		
Advise Candidate to insert other airway				
Removes oropharyngeal airway		1		
Verbalizes lubrication of nasal airway		1		
Inserts nasal airway		1		
SUCTION				
Advise Candidate to suction the mannequin's a	irway			
Turns on / prepares suction device		1		
Assures presence of mechanical suction		1		
Inserts suction tip without suctioning		1		
Applies suction to the oropharynx for 10-15 second	ls	1		
OXYGEN ADMINIST	RATION			
Cracks tank valve		1		
Assembles the regulator to the tank		1		
Opens tank - Checks for leaks - Checks tank pres	ssure (1 point each)	3		
Adjusts liter flow to minimum 10 liters / minute		1		
Attaches non-rebreather mask to O_2 regulator and	pre fills reservoir (1 point each)	2		
Applies and adjusts mask to mannequin's face		1		
Advise Candidate to apply a nasal cannula				
Removes non-rebreather, attaches nasal cannula	to O ₂ regulator	1		
Adjust liter flow to six (6) or less		1		
Applies nasal cannula to mannequin		1		
Advise Candidate to discontinue oxygen therap	ру	1		
Removes nasal cannula		1		
Shuts off tank, relieves pressure within the regulate	• • • • • • • • • • • • • • • • • • • •	2		
٦	TOTAL ORAL+NASAL+SUCTION+O ₂	28		
CRITICAL CRITERIA Did not select or properly insert proper size Did not provide proper O2 flow rate (10 liter Suctioned for greater than 15 seconds Did not pre fill reservoir Failure to correct conditions that result in ta	s / minute minimum for NRB, six (6) lite	ers or less fo	or nasal)	
You must factually document on the back of the sheet t		checking anv	critical crite	ria.
	Bureau of EMS		Department	
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Form B40 Date Approved: 11/01/13

EMT_Skill Sheet_Airways

FEMUR FRACTURE

CANDIDATE #:	TE:	
EVALUATOR NAME:		
PLEASE WRITE LEGIBLY	STOP:	
INITIAL RETEST	START:	
	AL TIME:	
Time allowed: 10 minutes	_	
Device Used: - HARE SAGER KTD OTHER - (Circle One)		
	Points Possible	Points Awarded
Verbalizes body substance isolation precautions	1	
Directs application of manual stabilization to the injured leg	1	
Assesses pulse, motion and sensation function in the injured extremity	1	
Note: The Evaluator acknowledges "pulse, movement and sensation are present and normal"		
Directs the application of manual traction **	1	
Prepares / adjusts splint to the length necessary to apply mechanical traction	1	
Positions the splint under / next to the injured leg	1	
Applies the ischial strap	1	
Applies the ankle hitch	1	
Applies the mechanical traction	1	
Positions / secures the support straps	1	
Re-evaluates the ischial and ankle securing devices	1	
Reassesses pulse, movement and sensation in the injured extremity	1	
Note: The Evaluator acknowledges "pulse, movement and sensation are present and normal"		
Note: The Evaluator must ask the Candidate how he/she would prepare the patient for transpor	tation	
Verbalizes securing the torso to a long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent it from moving	1	
TOTAL	14	
CRITICAL CRITERIA		
Lost traction at any point after it was applied Failed to maintain stabilization during application of device		
Did not secure the proximal strap before taking mechanical traction		
Secured the leg to the splint before applying mechanical traction		
Failed to immobilize adjacent joints		
Immobilization process allowed for excessive movement		
**Note: If the Sager splint or Kendrick Traction Device is used without elevating the patient's leg, application is not necessary and the candidate will be awarded the one (1) point for manual traction. If however at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied princed to provide manual traction.	er, the leg is	s elevated

 $You\ \underline{\textit{must}}\ \mathsf{factually}\ \mathsf{document}\ \mathsf{on}\ \mathsf{the}\ \mathsf{back}\ \mathsf{of}\ \mathsf{the}\ \mathsf{sheet}\ \mathsf{the}\ \mathsf{reason}(\mathsf{s})\ \mathsf{for}\ \mathsf{not}\ \mathsf{awarding}\ \mathsf{points}\ \mathsf{or}\ \mathsf{for}\ \mathsf{checking}\ \mathsf{any}\ \mathsf{critical}\ \mathsf{criteria}.$

State of New Hampshire Bureau of EMS Department of Safety

Form B90 EMT_Skill Sheet_ Femur Date Approved: 7/26/13 Revised: 10/16/15

SPLINTING SKILLS LONG BONE FRACTURE

CANDIDATE #:	DATE:		
EVALUATOR NAME:			
		STOP:	
INITIAL RETEST		START:	
	TOTA	AL TIME:	
Time allowed: 10 minutes		_	
Bone Tested: - RADIUS ULNA TIBIA FIBULA - (Circle	One)		
		Points Possible	Points Awarded
Verbalizes body substance isolation precautions		1	
Directs application of manual stabilization to the injury		1	
Assesses pulse, movement and sensation in the injured extremity		1	
Note: The Evaluator acknowledges "pulse, movement and sensation are prese	ent and normal"		
Prepares and measures the splint (one point each)		2	
Applies and secures the splint (one point each)		2	
Secures the entire injured extremity		1	
Immobilizes the joint above the injury site		1	
Immobilizes the joint below the injured site		1	
Immobilizes the hand / foot in the position of function		1	
Reassesses pulse, movement and sensation in the injured extremity		1	
Note: The Evaluator acknowledges "pulse, movement and sensation are prese	ent and normal"		
	TOTAL	12	
CRITICAL CRITERIA			
Failed to maintain stabilization during application of splint Did not immobilize the broken bone Splinting device not secure			
Did not immobilize the joints above and below to the injury site Immobilization process allowed for excessive movement			

You $\underline{\textit{must}}$ factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.

SPLINTING SKILLS SHOULDER DISLOCATION

CANDIDATE #: DATE:				
EVALUATOR NAME:				
			STOP:	
INITIAL	RETEST		START:	
Time allowed: 10 minutes		TOTA	TOTAL TIME:	
Time anowed. To minutes				
			Points Possible	Points Awarded
Verbalizes body substance isolation precautions			1	
Directs application of manual stabilization to the injury			1	
Assesses pulse, movement and sensation in the injure	ed extremity		1	
Note: The Evaluator acknowledges "pulse, moven	nent and sensation are prese	nt and normal"		
Selects the proper splinting material			1	
Immobilizes the site of the injury			1	
Immobilizes below the injured joint			1	
Reassesses pulse, movement and sensation in the inj	ured extremity		1	
Note: The Evaluator acknowledges "pulse, moven	nent and sensation are prese	nt and normal"		
		TOTAL	7	
CRITICAL CRITERIA Immobilization process allowed for excessive r Immobilization did not support the weight of the				
Did not immobilize below the injured site				

State of New Hampshire Bureau of EMS Department of Safety

Date Approved: 11/01/13

You <u>must</u> factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.