# State of New Hampshire Department of Safety

Division of Fire Standards and Training & Emergency Medical Services

# EMT Practical Examination



September 2013

Updated with 2010 Cardiac Arrest Skill Sheet

#### **PATIENT ASSESSMENT / MANAGEMENT - TRAUMA**

CANDIDATE #: DATE			
EVALUATOR NAME:			
		STOP:	
INITIA	L RETEST TOTAL	START:	
	TOTA	AL TIME: _	
Time allowed: 10 minutes	SCENARIO #		
CANDIDATE MUST PERFORM (*) ITE	M WITHOUT ASSISTANCE	Points	Points
		Possible	Awarded
•	on will be provided by the Evaluator)		
Verbalizes body substance isolation	precautions	1	
PRIMARY ASSESSMENT			
Verbalizes general impression of th		1	
Stabilizes or directs stabilization of	•	1	
Determines responsiveness / level of		1	
Airway	Assesses	1	
	Manages	1	
Breathing	Assesses Manages	1	
	Assesses Bleeding, Pulse & Skin (color – temp – moisture)	1	
Circulation	Manages	1	
Identifies priority patient / makes tra	¥	1	
HISTORY TAKING			
Investigates chief complaint by perf	orming 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	ounds appropriately	1	
REASSESSMENT			
Verbalizes reassessment		1	
	TOTAL	17	
CRITICAL CRITERIA			
Did not establish spinal stab	ilization upon initial contact with patient		
Did not maintain spinal stabi	lization throughout		
Did not assess or manage p	roblems associated with airway		
Did not assess or manage p	roblems associated with breathing		
Did not assess or manage p	roblems associated with bleeding, pulse and skin (color – $temp$ – $temp$	noisture)	
Did not differentiate patient's	need for transportation versus continued assessment at the scen	е	
Did other physical examinati	on before assessing and managing the airway, breathing and circ	ulation	
Obtains baseline vital signs	prior to completion of primary assessment		

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

#### **CARDIAC ARREST MANAGEMENT**

CANDIDATE #:	DATE:		
EVALUATOR NAME:			
		STOP:	
INITIAL RETEST		START:	
Time allowed: 10 minutes	TOTA	AL TIME:	
CANDIDATE MUST PERFORM (*) ITEMS WITHOUT ASSISTANCE		Points Possible	Points Awarded
SCENE SIZE UP (scene information will be provided by the Evaluator)			
Verbalizes body substance isolation precautions		1	
Checks level of consciousness and assesses for breathing		1	
Checks pulse		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		1	
CONVERSION – Evaluator states signs of life are present			
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 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	n 2 minutes (	maximum	4 errors
in 2 minutes).			
During rescue breathing, did not ventilate at a rate of 10 – 12 times per minute (ma	iximum of 4	errors per	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.			

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#### **AIRWAYS - SUCTION - OXYGEN**

CANDIDATE #:			
EVALUATOR NAME:			
		STOP:	
INITIAL RETEST		START:	
Time allowed: 10 minutes		TAL TIME: _	
OROPHARYNGEAL and NASOPHARYNGEAL AIRWAYS	Points Possible	Points ORAL	Points NASAL
Verbalizes body substance isolation precautions	1		
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 airway			
Turns on / prepares suction device	1		
Assures presence of mechanical suction	1		
Inserts suction tip without suctioning	1	ı	
Applies suction to the oropharynx for 10-15 seconds	1	ı	
OXYGEN ADMINISTRATION			
Cracks tank valve	1		
Assembles the regulator to the tank	1		
Opens tank – Checks for leaks – Checks tank pressure (1 point each)	3		
Adjusts liter flow to minimum 10 liters / minute	1	1	
Attaches non-rebreather mask to O <sub>2</sub> 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 <sub>2</sub> regulator	1	1	
Adjust liter flow to six (6) or less	1	1	
Applies nasal cannula to mannequin	1	1	
Advise Candidate to discontinue oxygen therapy			
Removes nasal cannula	1		
Shuts off tank, relieves pressure within the regulator (1 point each)	2		
TOTAL ORAL+NASAL+SUCTION+O <sub>2</sub>	28		
CRITICAL CRITERIA			
Did not select or properly insert proper size airway (oral or nasal)			
Did not provide proper O2 flow rate (10 liters / minute minimum for NRB, six (6) lit	ers or less for	or nasal)	
Suctioned for greater than 15 seconds		,	
Did not pre fill reservoir			
Failure to correct conditions that result in tank / regulator leaks			
You <u>must</u> factually document on the back of the sheet the reason(s) for not awarding points or for	checking any	critical criter	ria.

State of New Hampshire BUREAU OF EMS Department of Safety

**EMT Skill Sheet Packet** 

#### **FEMUR FRACTURE**

CANDIDATE #: DAT		TE:	
FVΔI	UATOR NAME:		
		STOP:	
	INITIAL RETEST	START:	
<b>-</b> .		AL TIME:	
Time	allowed: 10 minutes	_	
Devic	e Used: - HARE SAGER KTD OTHER - (Circle One)		
		Points	Points
		Possible	
Verbal	izes body substance isolation precautions	1	
Directs	s application of manual stabilization to the injured leg	1	
Asses	ses 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	
Prepai	res / adjusts splint to the length necessary to apply mechanical traction	1	
Positio	ons the splint under / next to the injured leg	1	
Applie	s the ischial strap	1	
Applie	s the ankle hitch	1	
Applie	s the mechanical traction	1	
Positio	ons / secures the support straps	1	
Re-eva	aluates the ischial and ankle securing devices	1	
	esses pulse, movement and sensation in the injured extremity	1	
	The Evaluator acknowledges "pulse, movement and sensation are present and normal"		
	The Evaluator must ask the Candidate how he/she would prepare the patient for transpo	rtation	1
	izes securing the torso to a long board to immobilize the hip	1	
Verbal	izes securing the splint to the long board to prevent it from moving	1	
	TOTAL	14	
CDITI	CAL CRITERIA		
CKITI	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 presented.	er, the leg i	s elevated

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used to provide manual traction.

# SPLINTING SKILLS LONG BONE FRACTURE

CANDIDATE #:		
EVALUATOR NAME:		
	STOP:	
INITIAL RETEST	START:	
	TAL TIME:	
Time allowed: 10 minutes	_	
Bone Tested: - RADIUS		
	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 present 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 <b>above</b> the injury site	1	
Immobilizes the joint <b>below</b> 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 present 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 <u>must</u> 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	AL TIME:	
		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 pres	ent 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 injured extremity		1	
Note: The Evaluator acknowledges "pulse, movement and sensation are pres	ent and normal"		
	TOTAL	7	
CRITICAL CRITERIA  Immobilization process allowed for excessive movement Immobilization did not support the weight of the distal extremity Did not immobilize below the injured site			

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